Ladybirds Preschool Managing Children and Staff with Allergies Policy (Revised 4th December 2024)

Working in conjunction with the Early Years Foundation Stage Statutory Framework (EYFS).

Quality and Consistency.

A Secure Foundation.

Partnership Working.

Equality of Opportunity.

Unique Child **Positive Partnerships** **Enabling Environment** **Learning and Developing**

Introduction

We provide care for healthy children and staff and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections.

Procedures

When parents start their children or staff start at our pre-school they are asked if their child or themselves suffers from any known allergies. This is recorded on the registration form.

 If a child or staff member has an allergy, a risk assessment form is completed to detail the following:

1. The allergen (ie the substance, material or living creature the child/staff member is allergic to such as nuts, eggs, bee stings, cats etc).

2. The nature of the allergic reactions eg anaphylactic shock reaction, including rash, reddening of the skin, swelling, breathing problems etc.

3. What to do in case of allergic reactions, any medication used and how it is to be used (eg EpiPen).

4. Control measures – such as how the child/staff member can be prevented from contact with the allergen.

5. Review.

 This form is kept in the child's/staff members personal file and a copy is displayed where all staff can see it.

 Parents train staff in how to administer special medication in the event of an allergic reaction.

 No nuts or nut products are used within our preschool.

 Parents are made aware so that no nut or nut products are accidentally brought in, for example, to a party.

Oral medication

Asthma inhalers are now regarded as ‘oral medication’ by insurers and so documents do not need to be forwarded to insurance providers.

 Oral medications must be prescribed by a GP or have manufacturer’s instructions clearly written on them.

 Clear written instructions on how to administer such medication must be provided to preschool staff.

 All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.

 Written parental consent must be given to the preschool. This consent must be kept on file. It is not necessary to forward copy documents to the insurance provider.

Life-saving medication and invasive treatments

Adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepan (for epilepsy).

 The preschool must have:

1. A letter from the child’s/staff members GP/consultant stating the child’s condition and what medication if any is to be administered;

2. Written consent from the parent, guardian or staff member allowing all staff to administer medication;

3. Proof of training in the administration of such medication by the child’s GP, a district nurse, children’s nurse specialist or a community paediatric nurse.

 The pre-school manager must check with the current insurance provider to find out if the insurance can be extended.

Key person for special needs children – children requiring help with tubes to help them with everyday living eg breathing apparatus, to take nourishment, colostomy bags etc.

 Prior written consent from the child’s parent or guardian to give treatment and/or medication prescribed by the child’s GP.

 Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

 The preschool manager must check with the current insurance provider to find out

if the insurance can be extended.

Procedures for children or staff members who are sick or infectious

 If children or a staff member appear unwell during the day eg have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach, the preschool manager calls the parents and asks them to collect the child or send a known carer to collect on their behalf. The staff member will be asked to return home once appropriate cover has been arranged.

 If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.

 In extreme cases of emergency, the child/staff member should be taken to the nearest hospital and the parent informed.

 Parents are asked to take their child to the doctor before returning them to our preschool; under normal circumstances, we will refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.

 Where a child has been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to our preschool.

 After diarrhoea and or vomiting, staff and parents are asked to keep themselves and/or the children at home for 48 hours.

Reporting of 'notifiable diseases'

 If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency.

 When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

HIV/AIDS/Hepatitis procedure

 HI virus, like other viruses such as Hepatitis, (A, B and C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.

 Single use vinyl gloves are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.

 Protective rubber gloves are used for cleaning/sluicing clothing after changing.

 Soiled clothing is rinsed and bagged for parents to collect.

 Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of.

 Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

Nits and head lice

 Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.

 On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

Further guidance

 Managing Medicines in Schools and Early Years Settings (DfES 2005)

Other Related Policies & Procedures

The following policies provide additional information regarding the safeguarding and welfare of the children in our care:

• *Administration of Medicines Policy*

• *Admissions Policy*

• *Children's Records Policy*

• *Children's Rights & Entitlement Policy*

• *Confidentiality & Client Access Policy*

• *Diversity & Equality Policy*

• *Employment & Staffing Policy*

• *First Aid Policy*

• *Food & Drink Policy*

• *GDPR Policy*

• *Health & Safety Policy*

• *Infection Control Policy*

• *Information Sharing Policy*

• *Key Person & Settling In Policy*

• *Looked After Children Policy*

• *Medicine Audit Policy*

• *Nappy Changing Policy*

• *Outings & Visits Policy*

• *Parent Involvement Policy*

- *Physical Contact & Handling Policy*
- *Provider Records Policy*
- *Recording & Reporting of Accidents & Incidents Policy*
- *Risk Assessment Policy*
- *Safeguarding Policy*
- *Special Education Needs & Inclusion Policy*
- *Staffing & Volunteers Policy*
- *Transfer of Records Policy*
- *Usage, Storage & Retention Policy*
- *Vaccination Policy*
- *Working in Partnership Policy*

December 2024

Review Date: December 2026

This policy will be monitored and evaluated at committee meetings. It will be reviewed bi-annually and unless new legislation or an incident occurs which requires an immediate review of this policy

This Notice was adopted by the committee on 18/11/2024

Signed: Jean De Garis_____

Reviewed Date: **Signature:**

Amendments: