

**Managing sickness, infections, allergies and COVID 19**

**Policy statement**

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

**Procedures for children who are sick or infectious**

* If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – The manager or Key person will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
* The child's temperature is taken with a digital ear thermometer if we have permission from parents/carers. If the child’s temperature exceeds 38 degrees the setting will contact the parents to collect the child. At this point the parents/Carers/Emergency contact can request that we give the child Calpol- if no conflicting medication has been given to the child in line with the medication guidance (e.g Calpol cannot be re-administer more than 4 times in 24hrs and not within 4 hrs of the previous dose). This is to make the child more comfortable and to reduce the possibility of a febrile Seizure.
* Children under 16 must NOT be given asprin.
* The parents will be asked to sign the medication book upon collection.
* If a child has a temperature, they will be encouraged to rest at room temperature. Clothes will not be removed and the child will not be sponged down in line with NHS guidance. The child will be offered regular fluids.
* In extreme cases of emergency an ambulance is called and the parent/carers informed.
* We can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
* Contagious infections and diseases are manged (including exclusion periods) in line with Public Health England advise- this up to date information and guidance is available on the GOV.UK website. [Children and young people settings: tools and resources - GOV.UK](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources)
* After sickness and/or diarrhoea, we ask parents keep children home for 48 hours following the last episode.
* Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.

*Reporting of ‘notifiable diseases’*

* If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
* When we become aware, or are formally informed of the notifiable disease, our Chairperson informs Ofsted and the manager contacts Public Health England, and acts on any advice given.

*HIV/AIDS/Hepatitis procedure*

HIV 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. We;

* Wear single-use vinyl gloves and aprons when changing children’s nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
* Bag soiled clothing for parents to take home for cleaning.
* Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops.
* Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

*Nits and head lice*

* Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
* On identifying cases of head lice, we inform all parents ask them to treat their child and all the family if they are found to have head lice.

***Procedures for children with allergies and intolerances:***

**A food intolerance** often affects only the digestive system and causes less serious symptoms.

**An allergy** is a reaction of the body’s immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

**Anaphylaxis** is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Leafield Pre School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

The setting is committed to empowering children and staff to have a greater understanding of allergies and intolerances. We ensure that all children feel included. They will feel safe at preschool and be able to participate fully. We will ensure that staff are food allergy aware to help keep children with food allergies safe.

* When children start at the setting, we ask their parents if their child suffers from any known allergies or intolerances. This is recorded on the Registration Form.
* A list of food allergies and intolerance is displayed in the Kitchen area of the classroom.

**Parent Responsibilities**

* + - On entry to the school, it is the parent’s responsibility to inform the setting of any allergies on their registration form. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
		- Parents are to supply a copy of their child’s Allergy Action plan to preschool. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. GP/allergy specialist.
		- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
		- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

**Staff Responsibilities**

* + - All staff will complete anaphylaxis training. Training is provided for all staff.
		- Staff must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
		- The setting will ensure that the up-to-date Allergy Action Plan is kept in the Kitchen area of the classroom with an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.
		- It is the parent’s responsibility to ensure all medication in in date however the setting will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
		- The setting will record of use of any AAI(s) and emergency treatment given.

**Allergy awareness and nut bans:**

Leafield PreSchool supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education*.*

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils’ allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Leafield Preschool would only ban an allergen if a child or staff member had a known allergy.

*Insurance requirements for children with allergies and disabilities*

* If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance.
* At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
* Oral medication:
* Asthma inhalers are now regarded as ‘oral medication’ by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP or have manufacturer’s instructions clearly written on them.
* We must be provided with clear written instructions on how to administer such medication.
* We adhere to all manufacturer and prescribed instructions for the correct storage and administration of the medication.
* We must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.
* Life-saving medication and invasive treatments:

These include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

* We must have:
* a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
* written consent from the parent or guardian allowing our staff to administer medication; and
* proof of training in the administration of such medication by the child's GP, a district nurse, Peadiatric first aid training, children’s nurse specialist or a community paediatric nurse.
* Copies of all three documents relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
* Key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:
* Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
* The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
* Copies of all letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
* If we are unsure about any aspect, we contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk/insert.

**COVID -19**

* Regular asymptomatic testing is no longer recommended in any education or childcare setting, including in SEND, alternative provision and children’s social care settings.
* Early Years settings are no longer required to notify OCC or Ofsted of confirmed cases.
* Staff may attend the setting if they are well enough to do so. If they are too unwell to attend the setting, then sickness will be managed and recorded as per terms and conditions.

**Hygiene – General**

All employees are advised to practise good hygiene and cleanliness standards

* Regularly wash hands with soap and water for a minimum of 20 seconds
* All employees to have access to and regularly use hand sanitiser
* Use a catch it, bin it, kill it approach
* All children to be supported to wash their hands before and after eating and after coughing sneezing.
* During hot weather days children should have sun cream applied before attendance.

**Sickness Outbreak Management plan including Covid 19 and Norovirus**

In the event that staffing levels are impacted by sickness, either a staff member or their dependents, Leafield Preschool will do everything that they can to arrange cover but may work with a skeleton staff. Skeleton Staff levels must include at least 1 staff member at the setting who is level 3 trained, 1 staff member at the setting who has in date Paediatric First Aid and the Designated Safeguarding Lead will be available via phone and e mail. There must be a minimum of 2 staff members in the setting at all times.

Decisions will be made by the manager and trustees and communicated to staff and parents as promptly as possible.

To support staff the committee may be asked to volunteer -they will have full DBS checks, be always supervised, and carry out no personal care task.

Skeleton staff will not be used for any period longer than 3 days.

In the event that staffing level are low but skeleton staffing is available (e.g- 2 staff available when 3 staff are required) and there is a level 3 available the following will be initiated:

* All families informed and asked if they are willing to have their children remain home (any fees that had been paid will evoke session credit)
* If still required, the setting will give priority attendance to children over 3 who will be attending school in September, Children with SEN or who may be deemed as vulnerable.

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