



Spring Grove School

EYFS

MANAGING CHILDREN WITH ALLERGIES OR WHO ARE SICK OR INFECTIOUS AND ADMINISTRATION OF MEDICINES

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

PROCEDURES FOR CHILDREN WITH ALLERGIES

- When parents start their children at the school they are asked if their child suffers from any known allergies. This is recorded on the Contact Form.
- If a child has an allergy, a risk assessment form is completed to detail the following:
 - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc)
 - The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc
 - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen)
 - Control measures – such as how the child can be prevented from contact with the allergen
- This form is kept in the child's personal file and a copy is displayed where staff can see it
- Parents train staff in how to administer special medication in the event of an allergic reaction
- The setting is a nut free zone
- Parents are made aware so that no nut or nut products are accidentally brought in

Oral Medication

Asthma inhalers are now regarded as 'oral medication'.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them
- The group must be provided with clear written instructions on how to administer such medication
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication

- The group must have the parents or guardians prior written consent. This consent must be kept on file.
- Life saving medication & invasive treatments – adrenaline injections (Epipens) for anaphylactic shock reactions or invasive treatments such as rectal administration of Diazepam (for epilepsy)
- The setting 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 staff to administer medication; and
 - 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

Key person for special needs children – children requiring help with tubes to help them with everyday living e.g. 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

PROCEDURES FOR CHILDREN WHO ARE SICK OR INFECTIOUS

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child, or send a known carer to collect on their behalf
- 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
- Temperature is taken using a 'fever scan' kept near to the first aid box
- In extreme cases of emergency the child 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 nursery; the nursery can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed
- The school has a list of excludable diseases and current exclusion times
- Parents are asked to keep their child at home for a clear 24 hours after the last bout of sickness

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 school 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

- 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
- Single use vinyl gloves and aprons 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/slucing 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 with the clinical waste
- 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

ADMINISTRATION OF MEDICINES

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the school, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the school. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings': the manager is responsible for ensuring all staff understand and follow these procedures.

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
- NB Children's paracetamol (un-prescribed) is not administered to children at this setting.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents must give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - Full name of child
 - Name of medication and strength
 - Who prescribed it
 - Dosage to be given in the setting
 - How the medication should be stored and expiry date
 - Any possible side effects that may be expected should be noted: and
 - Signature, printed name of parent and date

Carol Clarke
Head of Early Years
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