



MANAGING CHILDREN WITH ALLERGIES OR WHO ARE SICK OR INFECTIOUS POLICY

Member of staff responsible	Jenny Watson
Committee member responsible	Liz Fellman/Gosia Rumsey
Date agreed with staff	
Date agreed at Committee	
Signed on behalf of Committee	
Print name & date	
Frequency of policy review	Annual
Date next review due	May 2010

Document Version Control

Issue Number	Issue Date	Summary of changes
1.0	May 2009	Checked against PSLA guidelines. Extended to include allergies. Guidance on action in a pandemic or epidemic added
1.1	May 2009	Location of risk assessments added
1.2	June 2009	Location of risk assessments amended
1.3	June 2009	Location of risk assessments clarified

Statement of Intent

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. This includes teaching the children about good hygiene. We ask parents to work with us to limit the spread of illness to other children and members of staff.

EYFS Key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.2 Inclusive practice 1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.2 Supporting every child	

Procedure for children with allergies

When a child starts at the Pre-school we ask parents whether they suffer from any known allergy. This is recorded on the registration form. If a child has an allergy, a risk assessment is carried out to detail the following:

- the allergen (the substance, material or living creature the child is allergic to, such as nuts, eggs, bee stings, cats etc)
- the nature of the allergic reaction eg rash, anaphylactic shock, breathing difficulties
- what to do in case of an allergic reaction, any medication used and how to administer it, eg Epipen
- control measures, such as how the child can be prevented from contact with the allergen
- review

This form is kept on the child's personal file and all staff are made aware which children have known allergies. A list of children's allergies/special needs is displayed on the inside of a child locked sink cabinet. All staff know where the list is displayed.

A consent form allowing staff to administer the necessary medication must be completed by the parents/guardian and kept in the child's file. For life saving medication such as Epipens, written confirmation must be obtained from our insurers to extend our insurance.

Procedure for children with sickness or infectious disease

We ask parents to inform a member of staff if their child has any illness, so that we can display a sign to inform parents, staff and visitors that we have had a case of that infection or illness in pre-school. This allows other parents to be on the lookout for the symptoms in their child.

Children who are unwell with an infectious disease should NOT be at pre-school and they should NOT return until the risk of passing on the infection has passed.

Any child who is known to have suffered from sickness or diarrhoea in the previous 48 hours will not be allowed to attend pre-school.

Where there is a risk of an epidemic or pandemic in the community, we will at all times follow the advice of the Health Protection Agency, including closing the pre-school if necessary to prevent the spread of infection. If any child or adult at the Pre-school contracts a notifiable disease, we will inform Ofsted and follow the advice given by the Health Protection Agency.

The following guidance is taken from the Children's Information Service.

RASHES AND SKIN		
	Recommended Exclusion Period	Comments
Chickenpox	5 days from onset of rash	It is necessary to wait until spots have healed or scabbed
Cold Sores	None	Many healthy children excrete this virus at some time without having a sore
German Measles	5 days from onset of rash	The child is most infectious before the diagnosis is made and most children should be immune due to immunisation so that exclusion after the rash will prevent very few cases. See 'Other Considerations'
Hand, Foot and Mouth Disease	Exclusion for pre-schoolers. None for school aged children.	Usually a mild disease not justifying time off school. Younger age group spreads rapidly.
Impetigo	Until sores are crusted or healed	Antibiotic treatment by mouth may speed healing. If sores can reliably be covered exclusion may be shortened.
Measles	5 days from onset of rash	See 'Other Considerations'
Ringworm	None	Proper treatment by the GP is important. Scalp ringworm needs treatment with an anti-fungal by mouth.
Scabies	Until treated	Outbreaks have occasionally occurred in schools and nurseries. Child can return as soon as properly treated. This should include all the persons in the household.
Scarlet Fever	5 days commencing from antibiotics	Treatment recommended for the affected child.
Warts and Verrucae	None	Affected children may go swimming but verrucae should be covered.

DIARRHOEA AND VOMITING ILLNESS		
Diarrhoea and/or vomiting (with or without a specified diagnosis)	Until diarrhoea has stopped for a minimum of 24 hours.	Children under 5 and older children who have difficulty maintaining own hygiene should stay away until symptoms have stopped for 48 hours.
Salmonella	As above	As above
E Coli 0157	See Comments in next	Seek advice from the Wiltshire Health

	column	Protection Unit.
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OTHER ILLNESSES		
Conjunctivitis	None	In the event of an outbreak contact Wiltshire Health Protection Unit.
Glandular Fever	None	In the event of an outbreak contact Wiltshire Health Protection Unit.
Head Lice	None	Treatment is recommended in all cases where lice or eggs have actually been seen.
Hepatitis A	See Comments	Older children are more infectious prior to the illness. Exclusion is justified for 5 days from onset of jaundice or stools becoming pale for the under 5's.
Meningococcal Meningitis/septicaemia	See Comments	Seek advice from Wiltshire Health Protection Unit.
Mumps	5 days from onset	Most infectious before diagnosis is made. Most children should be immune due to immunisation.
Threadworms	None	Transmission is less common in school-age children than in pre-schoolers, however, treatment is recommended for the child and all the family.
Tonsillitis	None but the child may be too unwell to attend pre-school.	Most cases are due to viruses. See GP for recommended treatment.

RESPIRATORY		
'Flu'	None	Most infectious just before and at onset of symptoms.
Tuberculosis	See Comments	Generally requires prolonged, close contact for disease to spread. Not usually spread by children. Seek advice from Wiltshire Health Protection Unit.
Whooping Cough	5 days from commencement of antibiotic treatment.	Treatment is recommended though non-infectious coughing may continue for many weeks.

Other Considerations

Infectious Diseases- Parents should inform the pre-school if their child has been diagnosed with an infection like Measles, Chickenpox, a serious stomach complaint or a contagious infection. They **MUST** inform the pre-school if their child has had Rubella (German Measles) in case they have been in contact with anyone in the early stages of pregnancy.

Head Lice- Although it is not official policy, we request that children with head lice do not attend pre-school until they have been successfully treated. The contagious nature of head lice means that it can rapidly spread among a class making it a far more difficult problem to eradicate than if it were isolated and treated in the initial stages. We ask parents to check their child's head regularly so that any outbreaks can be dealt with swiftly.

Useful contact numbers:

Wiltshire Health Protection Unit tel. 01380 733896

Children's Information Service tel. 01793 541786