

Promoting Health and Hygiene

Managing Children with Allergies, or Who Are Sick or Infectious

**Unique
Child**

**1.2 Inclusive
Practice**
**1.4 Health and
Wellbeing**

**Positive
Relationships**

**2.2 Parents as
Partners**
2.4 Key Person

**Enabling
Environment**

**3.2 Support Every
Child**

**Learning
Development**

We have a responsibility to our children to keep them safe from infection. If you are unsure if your child is fit enough to be in contact with others please follow the guide lines below supplied by the Health Protection Agency.

Diarrhoea and Vomiting Illnesses

	Recommended period to be kept Away from school, pre-school or childminder	Comments
Diarrhoea and/or vomiting	48 hours after last episode of diarrhea or vomiting	
E. coli O157 VTEC	48 hours after last episode of diarrhea	Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* (and paratyphoid*) (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	This guidance may also apply to some contacts who may require microbiological clearance
Shigella (dysentery)		Please consult your local HPU for further advice
Cryptosporidiosis	48 hours after last episode of diarrhea	Exclusion from swimming is advisable for two weeks after the diarrhea has settled

Respiratory Infections

Flu (influenza)	Until Recovery	See: Vulnerable children
Tuberculosis*	Always consult your local HPU	Requires prolonged close contact for spread
Whooping Cough* (pertussis)	Five days from commencing antibiotic treatment, or 21 days from	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPU will organize any contact tracing necessary

Rashes and Skin Infections

Athletes foot	None	Athletes foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from the onset of the rash	<i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Six days from onset of rash	Preventable by immunization (MMR x 2 doses) <i>SEE: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPU if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment spreads healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by immunization (MMR x 2 doses) <i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment

Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None	<i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local HPU. <i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Wart and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Other Infections

Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPU
Diphtheria*	Exclusion is essential Always consult your local HPU	Family contact must be excluded until cleared to return by your local HPU. Preventable by vaccination. Your local HPU will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after the onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPU will advise on control measures
Hepatitis B*, C* HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills SEE: Good Hygiene Practice
Meningococcal Meningitis*/ Septicaemia*	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will give advise on any action needed
Meningitis* viral	None	Milder illness. There is no reason to exclude siblings or other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimize any danger of spread. If further information is required, contact your local HPU
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworm	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* **Denotes a notifiable disease.** It is a statutory requirement that doctors report notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organizations may be required via locally agreed arrangements to inform their local HPU.

Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreak: if a school, pre-school, nursery or childminder suspects an outbreak of infectious disease, they should inform their local HPU.

Local Health Protection Unit: 0845 279 9879
Visit www.hpa.org.uk

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/supervisor will call 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 in the first aid box.
- In extreme cases of emergency the child will be taken to the nearest hospital and the parent informed immediately. We will 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.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- A full list of excludable diseases and current exclusion times can be obtained from Haddenham Puddleducks Pre-school.

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 Haddenham Puddleducks Pre-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 and bagged for parents to collect.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

Children with allergies

When parents start their children at Haddenham Puddleducks Pre-school they are asked if their child suffers from any known allergies. This is recorded on the registration form.

If a child has an allergy their name is added to a notice which is available for all the our team to see.

On the notice is written:-

- ! 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, 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. Epi pen/Piriton).
- This notice is displayed in the kitchen where all our team can see it and a copy is kept in the register.
- Parents or specialists train our team in how to administer special medication in the event of an allergic reaction.
- Generally, if any child at Haddenham Puddleducks Pre-school has a nuts allergy, nuts or nut products are not used within the pre-school.

Our insurance will automatically 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.

Oral Medication

- Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to your insurance provider.
- 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. It is not necessary to forward copy documents to your insurance provider.

Life saving medication & invasive treatments

Adrenaline injections (Epi pens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy). Haddenham Puddleducks Pre-school 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 team 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.

Copies of all three letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended.

Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk

This policy was adopted at a meeting after the AGM of Haddenham Puddleducks Pre-school held in February 2020

Signed on behalf of Haddenham Puddleducks Pre-school by