

CHIDDINGSTONE NURSERY SCHOOL

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Managing Children with Allergies, or who are Sick and Infection Control Procedure and Policy

Written by	Jill McCoy
Ratified on behalf of Management Committee	September 2019
Date for Review	September 2020
Signed – Chair of Management Committee	
Signed – Nursery Leader	

This policy will be reviewed and ratified at least annually and/or following any updates to national and local guidance and procedures.

This policy has been impact assessed by Jill McCoy in order to ensure that it does not have an adverse effect on race, gender or disability equality.

Policy Statement

Chiddingstone Nursery provides care for healthy children and promotes health through identifying allergies and preventing contact with the allergenic substance and through the prevention of cross infection of viruses and bacterial infections.

Procedures for Children with Allergies

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

If a child has an allergy, a risk assessment form and/or care plan 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. The care plan will be stored in the care plan folder in the filing cupboard. A list and a photograph of every child with an allergy or condition is stored on the risk assessment clip board on the back of the door to the courtyard in the main Nursery for quick reference for all staff and visitors and in the Nursery office. A copy is also kept in the office on the inside of the kitchen cupboard and on the snack register.
- Parents train staff in how to administer special medication in the event of an allergic reaction or the Nursery seeks additional training, such as for EpiPen administration.
- We advise that no nuts, sesame seeds or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party or in packed lunches.

Insurance Requirements for Children with Allergies and Disabilities

The Nursery 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 the Nursery's insurance provider must be obtained to extend the insurance.

At all times the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage and follow procedures based on

advice given in *'Managing Medicines in Schools and Early Years Settings'* (DfES 2005)

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 and have manufacturer's instructions clearly written on them.

The Nursery 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 Nursery 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.

Staff will only administer prescribed medication with parent/carers signature, instructions, clearly labeled.

The administration is recorded accurately each time it is given and is signed by staff administering and a staff witness.

The medication book is kept in the Nursery office in the lockable filing cupboard.

Lifesaving medication & invasive treatments - 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). The Nursery must have:

1. a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
2. written consent from the parent or guardian allowing staff to administer medication; and
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.
4. Copies of all three letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them). Confirmation will then be issued in writing confirming that the insurance has been extended.

Key person for children with special needs - 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.

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Key person will have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications. In addition, another member of staff will also receive this instruction.

Clarification can be obtained from the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.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 leader or deputy calls the parents and asks them to collect the child, or request a known carer to collect on their behalf. The telephone numbers are kept in the black box in the office and in the child's individual portfolio.

If the parent/carer is unable to be contacted the authorised adult on the entrance form stored in the child's individual portfolio will be contacted.

If contact cannot be made, the child will be made comfortable while Nursery staff continue to make contact with parent/carer and or authorised adult.

If parent/carer or other authorised adult is unavailable, the child will be kept comfortable as possible until they are collected or end of the Nursery session.

Staff will not take children to the parent/carer. No other parent will be allowed to take the unwell child home to parent without permission being given by parent/carer to a member of staff either in writing or verbally over the phone.

Staff to check allergy board and entrance form in child's personal portfolio for special medical requirements or specific relevant information.

A member of staff will stay close to the unwell child checking regularly for changes in their condition and to reassure them if anxious or distressed.

All staff must be aware of hygiene procedures using gloves, aprons and anti-bacterial sprays as necessary.

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 the kitchen cupboard in the Nursery office.

In case of emergency or if staff are concerned an ambulance will be called 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/infectious condition or disease.

Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the Nursery.

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Accidents or injuries prior to arrival into the Nursery and the incident should be completed in the book with parent/carer signature also kept in the lockable filing cupboard in the Nursery office.

Children that may have a bump to the head will wear a visual sticker for all adults to see and /or wrist band - adults will monitor for symptoms of concussion. Concussion advice is available to parent/carer.

In the event of an emergency, the Nursery will contact the emergency services prior to contacting parents.

After diarrhoea, parents are asked to keep children home for 48 hours after symptoms have passed or until a formed stool is passed.

The Nursery has a list of excludable diseases and current exclusion times. The full list is obtainable from www.patient.co.uk and includes common childhood illnesses such as measles.

We do not provide care for children who are unwell, have a temperature, or sickness and/or diarrhoea or who have an infectious disease.

Parents are informed about illnesses within the nursery by a poster and information sheet in the entrance hall.

Members of the Nursery staff are not permitted to administer any over the counter medication to children without permission from parent/carer.

Ofsted must be notified of any infectious diseases that a qualified medical person considers notifiable.

Ofsted must be informed of 2 or more instances of food poisoning (it is an offence not to inform them). Parents must inform the Nursery of any instances of food poisoning.

HIV/AIDS or 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/slurping clothing after changing.

Soiled clothing is rinsed and bagged for parents to collect. Clothes soiled with faeces are double-bagged.

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.

Reporting of 'Notifiable Diseases'

If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 2010, the GP will report this to the Health Protection Agency.

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

We have agreed procedures for the control of communicable and infectious diseases and infections. The success in dealing with an outbreak depends on early recognition and prompt action. These are as follows:

- A list of all children and adults working should be maintained and updated. The list records names, addresses, telephone numbers and GP, vaccination status of pupils and staff.

The Kent Health Protection Unit will advise on the exclusion and control measures and provide the Nursery with information needed in such situations. Useful telephone numbers are listed below :

Environmental Health Officer Dept tel nos 01732 227000

Health Protection Specialist Nurse tel nos 01622 713059

Chiddingstone Nursery Management Committee Mrs Felicity Streatfeild 07811204823 or Mrs Wendy Madgwick 07900 245847

Chiddingstone Nursery Leader Mrs J McCoy 01892 871315

Community Staff Nurse Edenbridge Hospital 01732 863 164

Consultant Microbiologist Consultant in communicable Disease Control

GP or School Doctor Reported to Kent Health Protection Unit. 03442253861

Ofsted 03001231231

Reporting an Outbreak or Suspected Outbreak of Infection

- An outbreak is defined as having two or more children or staff with infections caused by the same bacteria or virus at the same time. However, a single case of a rare or serious disease such as E Coli 0157 may also necessitate an outbreak.
- Children at Nursery are particularly susceptible to food borne infections.

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- Outbreaks of viral illness and childhood diseases can spread rapidly in Nursery where children may not wash hands correctly.

Reporting to Kent Health Protection Unit if:-

- An increased number of absences for the time of year due to illness in children or staff whether or not cause known.
- Reports of vomiting or diarrhoea occurring in children and staff.
- Outbreaks of common childhood diseases provided in Guidance on Communicable Disease and Infection Control in Schools and Nursery's (see section 2, definition 83).
- KCC and Ofsted should be informed of any confirmed or suspected outbreaks of serious diseases by Nursery Leader or Management Committee.

Exclusion from Nursery

- Children with diarrhoea and /or vomiting should be excluded unless the diarrhoea is due to a non-infectious cause eg (coeliac disease). This also applies to staff.
- Children and staff recovering from diarrhoea and vomiting may return to the Nursery when they have been symptom free for 48 hours.
- Children who have been prescribed antibiotics can usually return to Nursery before they have completed the course providing they are well. Some communicable diseases require a specific exclusion period.
- Communicable diseases are common in Nursery children as the environment presents an ideal situation for disease to spread. Some diseases may present a risk to others such as pregnant women who would be notified.
- Some children may have illnesses and medical conditions that make them vulnerable due to conditions that reduce their immunity and ability to combat infection. The parents of these children should be warned of any cases of infectious diseases e.g. measles, shingles and chicken pox.
- Infections that will cause specific risks to pregnant woman will be notified as soon as possible.

General Hygiene Practices

It is essential good hygiene practices are followed. This is known as adopting universal or standard infection control precautions.

- Good hand washing and care of hands is the single most effective way to control and prevent the spread of infection. Hand washing should take place by staff and children after visiting the toilet, changing nappies, assisting children in the toilet, after any cleaning procedure, after handling soiled clothes, after dealing with waste, before preparing, serving, or eating food, after removing gloves, after handling, petting or

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caring for animals and when visibly soiled or dirty (e.g., after playing in the garden). Pictorial advice is available in the kitchen and toilet areas on the correct procedure for hand washing.

- Coughing and sneezing easily spread infection. Children are encouraged to cough and sneeze into the hollow of their elbow bend or use tissues. Washing hands after using or disposing of tissue.
- Use protective clothing when in contact with blood, body fluids or broken skin. Gloves provide a barrier and help protect staff and children from cross infection. Gloves are stored in the entrance hall on the shelf in the left toilet and under the nappy changing unit. Hands must be washed after gloves are removed.
- Disposable plastic aprons provide an effective barrier when changing nappies, likely splashes and cleaning contaminated equipment.
- Personal hygiene items should not be shared i.e. towels, face clothes. Where possible use wet wipes stored in the nappy changing unit and the shelf in the toilet.
- All changing mats must be cleaned with anti-bacterial spray or hot water and detergent and dried thoroughly between use.
- Staff should cover existing breaks or cuts with a waterproof dressing when at work.
- Spillages of blood or body fluids should be cleared up promptly and correctly a bin with a yellow sack in the toilet is provided for this purpose. Precautions to minimize cross infection include:- spillages of vomit, urine and excreta cleaned using hot water solution - paper hand towels or cloths should be used. People should be kept away from spillage until dealt with and disposable gloves worn. Large blood spills should be covered with absorbent paper and then soaked in a solution of bleach (1:10 dilution) or granules solution. The paper and spillage area should then be cleared and washed with detergent and water and wiped dry. All spillage paper gloves and any other materials used must be disposed in the sealed unit with yellow bag provided in the left toilet cubicle to be disposed of appropriately.
- Safe disposal of this contaminated waste must be followed. Yellow sack in sealed unit in the left toilet area provided for nappies and all medical waste or bodily fluids and spillages.
- Particular care in handling and disposal of sharps (eg epipens) must be exercised. Some staff members have been trained in how to administer epipen to children safely and effectively.
- Immediate action to be taken in the event of bites, injuries or splashes of blood/body fluids:- encourage bleeding by gently squeezing, wash the injury site thoroughly with soap and water, for mucous membranes irrigate the contaminated area with 0.9% saline or water and notify Nursery Leader. If the person is known to be a carrier of blood borne virus or high risk group, the injured person should seek advice and possible vaccination from the local accident and emergency department and recorded in incident

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book located in draw in filing cabinet. Further information can be obtained by telephoning 01622 713059.

General Cleaning and Disinfection

- Crockery and cutlery should be washed in hot water with washing up liquid or in dishwasher and air dried.
- All toilets stock toilet tissue, liquid soap and disposable paper hand towels.
- Normal cleaning methods using detergent solution and hot water is adequate for furniture and fixtures. A schedule of cleaning of equipment takes place at the end of each two terms.
- Toilet seats, flush handles, wash basins and toilet door handles are cleaned regularly, and the use of disposable gloves is recommended.
- If a child with diarrhoea uses the toilet, all surfaces that may have been touched should be disinfected then cleaned with hot water and detergent. The same procedure is to be used for blood and other bodily fluids.
- The Nursery has adopted the National Colour Coding Scheme for cleaning and our cleaning cloths are colour coded for appropriate use in designated areas e.g. green for food, blue for paint and general cleaning, red for toilet area and yellow for isolation areas, blood or body fluids.
- The Nursery's clinical waste is removed by a registered waste contractor. Domestic and clinical waste is kept separate.
- Appropriate bins are provided for female hygiene.
- Cleaning the Nursery environment includes toys and equipment at the end of the week, term or year depending on how often used. The Nursery employs a cleaner twice a week and a deep clean in the holidays
- Laundry is taken home and washed by Nursery leader. Children's soiled clothing is bagged and given to parent/carer for washing at home.
- The water tray is emptied and cleaned at the end of each week that it is used, and the sand replaced on a regular basis. Both containers are washed with detergent. Children are encouraged to wash hands prior and after activities. In the case of outbreak these activities would cease until outbreak over by 48 hours.
- All cleaning chemicals are stored in the lockable cupboards in the kitchen area in the office or in the boiler cupboard in original containers, carefully labeled and with manufacturer's instructions.

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First Aid Involving Bodily Fluids

- The First aid box is stored in the kitchen cupboard in the office and is checked on a regular basis.
- The risk of infection from first aid care is extremely small. Appropriate protection is provided.
- Disposable gloves are recommended to be worn in all cases of contact when cleaning wounds, cleaning spillages of blood and bodily fluids

Food Hygiene

- Staff must not handle food if suffering from skin infections, infected wounds or sores.
- Hands should be washed prior to any handling of food.
- Kitchen sinks used for cleaning kitchen equipment. A separate hand basin is provided in the toilet areas.

Animals in Nursery (permanent or visiting)

- Animals visiting the setting are free from disease and safe to be with children, and do not pose a health risk.
- Parents are notified, where possible, prior to visit and parents views are taken into account.
- Children are taught correct handling and care of the animal or creature and are supervised.
- Children wash their hands after handling the animal or creature and do not have contact with animal soil or soiled bedding.
- If animals or creatures are brought in by visitors to show the children, they are the responsibility of the owner.
- The owner carries out a risk assessment, detailing how the animal or creature is to be handled and how any safety or hygiene issues will be addressed.

Infection Control:- Human Pandemic Influenza

Most significant symptoms of influenza are:- FEVER, COUGH AND/OR SHORTNESS OF BREATH, SUDDEN ONSET OF SYMPTOMS.

Other:-ACHING MUSCLES, SORE THROAT, RUNNY NOSE, SNEEZING, LOSS OF APPETITE, HEADACHE, MALAISE (LETHARGY, LISTLESSNESS), CHILLS.

Incubation Period

The time from being exposed to the virus to showing the symptoms of infection is from one to four days. For most people it will be 2-3 days.

Infectious Period

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People are most infectious soon after they develop symptoms, and remain infectious until the symptoms disappear. In general, adults can continue to excrete viruses for up to five days, and children for up to seven days, but occasionally longer. Over this period, the amount of virus, and therefore the risk to others, will decline as the symptoms improve, however does not disappear until the symptoms themselves disappear.

Spread from Person to Person by Close Contact

Infected people can pass the virus to others through large droplets when coughing, sneezing, or even talking within close distance (1 metre or less). The virus can be passed by direct contact in the form of hand shaking or holding hands and then touching your own mouth, eyes or nose without washing your hands. Touching objects (e.g. door handles, light switches) that have previously been touched by an infected person then touching your own mouth, nose or eyes without washing hands. The virus can survive longer on a hard surface than a soft or absorbent surface.

Reduce the spread by good hygiene practices:-

- Washing hands particularly after coughing, sneezing or blowing your nose.
- If you have `flu symptoms do not attend work and inform the Nursery Leader.
- If you become ill at work inform leader and go home.
- If your child shows symptoms keep them at home.

Advance Planning

- Refresh contact list for staff and parent/children/cares
- Refresh emergency staff cover list for above levels of staff absence - these staff must all be DBS checked.
- Ensure that adequate supplies of cleaning materials are readily available and that there are procedures for the regular cleaning of hard surfaces.
- Ensure that hand hygiene facilities are adequate and working properly, and there are stocks of tissues, paper towels and soaps.
- Consider how hand cleansers could be installed in entrance areas.
- Check that procedure for isolating (with appropriate supervision) a child that falls ill during a day until their parents can collect them.
- Ensure staff are aware of relevant procedures for the control of infection.

What to do in a Pandemic Attack

- The government will advise closure through local authorities of nurseries and schools or warning of a pandemic so management can review the advance planning.

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- Reduce the risk by regular washing of hands, minimizing contact between hands and mouth/nose unless you have washed your hands, covering your nose and mouth when coughing or sneezing use a tissue promptly and carefully (bag it and bin it) and encourage the children to follow this advice.
- Staff must remain at home if they display any relevant symptoms and inform Leader and go home if display symptoms at work.
- Ensure all hard surfaces (door handles, light switches, taps, kitchen worktops) are cleaned more regularly than usual.
- Ensure that hand hygiene facilities and the disposal of tissues are adequate, accessible, and in working order.
- Promote hand hygiene without children going to a separate wash room.
- Provide an isolation room for use by any child who falls ill during the day until their parents can collect them and ensure this room is cleaned regularly, isolate child as soon as possible and inform parents.
- Remind parent/carers if children display flu symptoms to keep them at home.
- Encourage all children to clean their hands after carpet work or sit on chairs to avoid cross contamination.
- Discourage the sharing of pencils, crayons and pens during a pandemic. Encourage the wiping and cleaning of hands and objects when passing around objects like musical instruments or toys. Remove soft toys and wind instruments.
- Avoid bringing children together in large groups in enclosed spaces (e.g. school assemblies).
- Support for staff that are taken ill and time allocated for bereavement for staff.

Looking After Children Who Fall Ill in Nursery

- A member of staff is nominated to look after the child in the isolation room with the door left open.
- The staff member will not sit/stay within one metre of the child unless the child needs assistance. Staff must wear disposable apron, gloves and surgical mask and wash hands before and after contact with a symptomatic child.
- If possible the child would be encouraged to wear a surgical mask but this may be impractical.
- To remove gloves turn inside out in one single movement then apron then surgical mask using tape. No contact with outside of gloves or apron.

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- All waste for disposal to be placed in the clinical waste container in the yellow bag in the office and hands washed with soap and water or detergent, or a normal household cleaning product or disinfectant
- Staff to be trained in PPE as training becomes available.

Communication between key personnel during the closure and reopening to include :-

- Emergency contact cascade call list, local radio, text and e mail.

Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2017)