



General Welfare Requirement: Safeguarding and Promoting Children's Welfare

The provider must promote the good health of the children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill.

Promoting health and hygiene

Managing children with allergies, or who are sick or infectious **(Including reporting notifiable diseases)**

Policy statement

Cherry Blossom Nursery and Preschool provides care for well children and we 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 register their children at Cherry Blossom Nursery and Preschool they are asked if their child suffers from any known allergies. This is recorded on the registration form in the parent pack.
- Red aprons are provided for children with allergies to wear at meal times.
- Red aprons are also to be worn by staff who must sit next to children with allergies to ensure efficient supervision of a child with a food allergy who may be able to come into contact with other children's food.
- If a child has a serious allergy, a risk assessment form is completed to detail the following :
 - *The allergen which is the substance, material or living creature the child is allergic to e.g. bee stings, nuts, eggs, cats etc).*
 - *The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of the 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 is reviewed on a regular basis.*
 - *Specified seating arrangement at meal times agreed with the parents to ensure access to foods that are allergies to children is restricted.*
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
 - Parents train staff on how to administer special medication in the event of an allergic reaction.
 - Generally we avoid nuts/nut products in the nursery.

Insurance requirements for children with allergies and disabilities

The insurance will automatically include children with any disability or allergy but certain procedures must be strictly adhered to. 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 the administration of medication must be compliant with the Welfare Requirements of the EYFS 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 our insurance provider.

- Oral medications should be prescribed by a doctor or have the manufacturer's instructions clearly shown on them.
- Staff must be shown or be in receipt of clear instructions on administering medication, they must be confident to do so.

- Risk assessment procedures need to be followed re; correct storage.
- Nursery must have parents/carers prior written consent. The consent must be kept on file.

Life saving medication and invasive treatments - adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to eggs, nuts etc) or invasive treatments for example rectal administration of Diazepam for epilepsy.

The nursery must have...

- Letter from child's GP stating child's condition and the medication required.
- Written consent from parent/carer giving permission for staff to administer.
- Proof of training in the administration of such medication by the child's GP, district nurse or similar.
- Insurance company informed and all three letters of permission and consent forwarded to them

Key person for special needs children - who require added assistance with breathing tubes and other necessary equipment.

- Prior written consent from child's parents/carers to give treatment and/or medication prescribed by GP.
 - Key person to have medical training.
- Copies of all letters must be sent to setting's insurer and a reply will be sent - written confirmation.

Procedures for children who are sick or infectious

- If the child appears unwell - temperature , D & V, tummy/head pains - the manager contacts parents/carers and asks them to collect child.

- In extreme emergency child should be taken to hospital and parents informed.
- Parents are asked to take their child to GP before returning to nursery. The nursery is within its rights to refuse the child entry to nursery if they have a temperature, D&V or contagious infection/disease.
- When antibiotics have been prescribed the child must be at home for the first 48 hrs .
 - If D&V, 48 hrs must be left after last bout.
- Nursery has a list of excludable diseases and current exclusion times.

Reporting of' notifiable 'diseases

- If a child/adult is diagnosed with a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency.
- When setting is notified, the manager informs OFSTED and acts on advices given from Health Protection Agency.

HIV/AIDS/Hepatitis procedure

- HIV, 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/adults.
- Single use gloves/aprons are worn when changing nappies, pants, clothing that are soiled with blood, urine, faeces, vomit.
 - Soiled clothing bagged and given to parents - gloves used for all procedures.
- Spills of blood, urine etc cleaned with disinfectant - any mops, cloths used must be disposed of with clinical waste.
- Any other toy, furniture, furnishings affected by the above must be cleaned with disinfectant using gloves.
 - Toothbrushes never shared.

Nits and Headlice

- These are not excludable conditions.
- When child is noted to have headlice, parent informed and asked to treat the child.

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