Unwell child & Administering medicine Policy

We recognise our responsibility to promote a learning environment that is safe and healthy for all. In order to maintain a clean and healthy environment this policy provides guidance for staff and parents as to when children should or should not be in the childcare setting if showing signs of sickness.

The health and wellbeing of all children is of paramount importance to enable them to be successful learners in everything they do.

The purpose of this policy is to:

- To ensure that sick children are appropriately and correctly identified.
- To ensure sick children are cared for appropriately.
- To protect children and adults from preventable infection.
- To enable staff and parents to be clear about the requirements and procedures when children are unwell.

Guidance:

Children should not be brought into the childcare setting l if they are displaying signs of illness.

Parents are responsible for keeping the setting informed about their child's health.

If parents do bring children to setting and staff feel that they are unfit to be here, parents / carers / emergency contacts will be contacted and requested to come and collect their child and requested not to return their child to the setting until symptom free.

We understand the needs of working parents and do not aim to exclude children from the setting unnecessarily. However, the decision of the setting is final when requesting that a child is collected due to illness or infection. Decisions will take into account the needs of the child and those of the other children and staff in preschool.

Children with infectious or contagious diseases will not be permitted to attend for certain periods. If staff suspect that a child has an infectious or contagious disease, they will request that parents / carers consult a doctor before returning the child to the setting.

Exclusion period of contagious diseases: (as advised by public health England)

Infection or complaint:	Exclusion period
Chicken Pox	Until all spots have scabbed over.
German measles	4 days from the onset
Impetigo	Until lesions are crusted and healed or 48 hours after starting antibiotic treatment.
Hand, foot and Mouth	2 days from the onset of the spots
Scabies	Child can return after first treatment
Scarlet Fever	24 hours after starting treatment
Shingles	If rash is weeping can cannot be covered
Diarrhoea/and or Vomiting	48 hours after the last bout of vomiting or diarrhoea
Mumps	5 days after onset of swelling
Meningitis	Until recovered
Flu	Until recovered
Covid - 19	Stay at home and avoid contact with other people until you no longer have a high temperature (if you had one) or until you feel better.

Further information can be found on the public health agency website.

Child becoming unwell at the setting:

- If the child has a Care plan it will be followed if relevant. This will be done in a kind and caring manner. A senior manager will be informed of any sick children.
- The situation is monitored closely, taking and recording the child's temperature where necessary.
- The child's parent/carer is informed of the situation and if the child's condition does not improve.
- If necessary and only if the parent/carer has signed the contract agreeing to us administering non-prescription medicines in an emergency (i.e. Calpol) the medicine will be administered following the guidance on bottle of dosage.
- A member of staff will contact the parent / carer / emergency contact requesting that the child is collected as soon as possible.
- Whilst awaiting the arrival of parents, the staff will ensure the comfort of the child, taking appropriate action, which would include seeking medical advice if necessary.
- If the child is in danger, the staff will seek medical advice immediately. Staff will report any worries about a child's health to the parents / carers immediately.
- If the child is sent home, it will be recorded on the register.

Symptoms requiring you to collect your child from preschool:

- **Temperature:** A temperature is defined as having a temperature of 38C or above in a child under 5 (a child needs to be fever free for a minimum of 24 hours before returning to school, that means the child is fever free without the aid of any other temperature reducing substance.
- **Fever AND sore throat**,
- **Rash**
- **Irritability or confusion**.
- **Diarrhoea:** runny, watery, bloody stools, or 2 or more loose stools within last 4 hours.
- **Vomiting:** If your child has vomited in the session, you will be called immediately. Please do not bring your child if they have vomited in the night.
- **Breathing trouble:** sore throat, swollen glands, continuous coughing.
- Frequent scratching of body, rash, or any other spots that resemble childhood diseases, including ringworm.
- Child is irritable or continuously crying.

Antibiotics:

If your child has be prescribed antibiotics your child will need to be absent from the setting for the first 48 hours of having taken the antibiotics, this is in case your child has a reaction to the antibiotic.

Coughs and colds: Coughs and colds do not normally require the child to be absent from the setting, this however depends on the severity and how the child is able to cope with the setting routine. If the child is unable to participate in the normal routine and regular day the child may be refused admission. A child who is or appears to be unwell may also be refused admission.

<u>Administering Medicine</u>

Safeguarding and welfare requirement Health providers must have and implement a policy and procedures for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up to date.

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 setting, 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 setting. If a child has not had a medication before, 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 staff are responsible for the correct administration of the medication to the child. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

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.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents 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 and date of birth;
- name of medication and strength;
- dosage/times to be given in the setting;
- how the medication should be stored and expiry date;
- signature, printed name of parent and date.

The administration is recorded accurately each time it is given and is signed by staff. Parents sign the medicine sheet to acknowledge the administration of a medicine.

Storage of medicines

- All medication is stored safely in a cupboard or refrigerated and out of reach of children.
- For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

Refrigerated medicines to be stored in pre-school fridge in kitchen.

- If the administration of prescribed medication requires medical knowledge, in consultation with parent, individual training may be provided for the relevant member of staff by a health professional.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Children who have long term medical conditions and who may require on ongoing medication

A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.

Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.

For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.

- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary, where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children should be fully informed about the child's needs and/or medication.

- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication, Inside the box is a copy of the consent form to record when it has been given, with the details as given above.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.

Reviewed by Samantha Willers
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