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Sacred Heart Pre-school

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FY54HL

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EY 318019

**(9) Managing children who are sick, infectious or with allergies and administering medicine (EYFS - 3.26, 3.45-3.47)**

**Policy statement**

We aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger.

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 a child’s GP 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 there are no adverse effects, as well as to give time for the medication to take effect.

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication.

**Procedures for children who are sick or infectious**

* If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea, or pains, particularly in the head or stomach – the key person will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
* If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water but kept away from draughts.
* The child's temperature is taken using an in ear thermometer, kept in the first aid box.
* If the child’s temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining consent from the parent where possible. This is to reduce the risk of febrile convulsions. Parents will acknowledge the medication record on the app.
* In extreme cases of emergency, an ambulance is called, and the parent informed.
* Parents are asked to take their child to the doctor before returning them to the setting; We can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
* Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
* After sickness/diarrhoea, we ask parents keep children home for 48 hours following the last episode.
* Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
* We have a list of excludable diseases and current exclusion times which includes common childhood illnesses such as measles.

***Reporting of ‘notifiable diseases’***

* If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
* When we become aware, or are formally informed of the notifiable disease, the supervisor informs Ofsted and contacts Public Health England, and act on any advice given.

***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. We:

* Wear single-use vinyl gloves and aprons when changing children’s nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
* Use protective gloves for cleaning/sluicing clothing after changing.
* Rinse soiled clothing and either bag it for parents to collect or launder it in the setting.
* Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
* Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

***Nits and head lice***

* Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
* On identifying cases of head lice, we inform all parents ask them to treat their child and all the family if they are found to have head lice.

***Procedures for children with allergies***

* When children start at the setting, we ask their parents if their child suffers from any known allergies. This is recorded on Famly.
* If a child has an allergy, we complete a risk assessment form 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.
  + Review measures.
* This risk assessment form is recorded, and a copy is displayed where our staff can see it.
* Parents are made aware that we are a nut free setting so that no nut or nut products are accidentally brought in, for example for a party.

***Insurance requirements for children with allergies and disabilities***

* If necessary, our insurance will 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.
* At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
* 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 must be prescribed by a GP or have manufacturer’s instructions clearly written on them.
* We must be provided with clear written instructions on how to administer such medication.
* We adhere to all risk assessment procedures for the correct storage and administration of the medication.
* We must have the parents or guardians consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.
* Life-saving medication and invasive treatments:

These include 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).

* We 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 staff 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 documents relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
* Key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:
* Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
* The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
* Copies of all letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

**Procedures for administering medicine**

* Children taking prescribed medication must be well enough to attend the setting.
* Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor).
* Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, a member of staff checks that it is in date and are prescribed specifically for the current condition.
* 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:
* - the full name of child and date of birth;
* - the name of medication and strength;
* who prescribed it;
* - the dosage to be given in the setting;
* - how the medication should be stored and its expiry date;
* - any possible side effects that may be expected; and
* - the signature of the parent, their printed name and the date.
* The administration of medicine is recorded accurately on our Famly app immediately after administration where it will give the parent a notification that their child has had their medicine and detail the dosage, as well as who administered it and who witnessed it. The parent will then acknowledge this.

***Storage of medicines***

* All medication is stored safely in a marked box in a cupboard out of reach for all children or refrigerated as required.
* The child’s key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
* For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.
* If the administration of prescribed medication requires medical knowledge, individual training is 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 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 form part of the risk assessment.
* The risk assessment includes vigorous activities and any other 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 advice is sought from the child’s GP 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 frequently 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 must include the key person for the child with a risk assessment, or another member of staff who is 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 and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
* On returning to the setting the card is stapled to the medicine record book and the parent signs it.
* 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 and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
* As a precaution, children should not eat when travelling in vehicles.
* This procedure is read alongside the outings, procedure.

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**Policy adopted/implemented by SACRED HEART PRE-SCHOOL in:**

August 2023

**Date to be reviewed:**

Yearly

**Signed on behalf of management team:**

Chelsea Porter (Deputy) – 24/8/23

**Reviewed by**:

Chelsea Porter (Manager) – September 2024