

**Beaumont Community Preschool & Childcare Groups**

**6.1 Administering medicines**

**6.2 Managing children who are sick, infectious, or with allergies**

(Including reporting notifiable diseases)

***Policy statement***

While it is not Beaumont Community Preschool and Childcare Groups 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 prescribed medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

Beaumont Community Preschool & Childcare Groups 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 substance.

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

**During the current pandemic the following procedures will be followed alongside any relevant procedures in the existing policy.**

During the COVID-19 outbreak, any child showing symptoms, such as a high temperature; a new, continuous cough; loss or taste or smell, the following sequence of actions need to be taken:

1. Child presents with symptoms; parents are requested to collect child and advised to obtain a tested via the NHS website.
2. Child’s parents are requested to inform setting of outcome/diagnosis and keep child at home for the recommended exclusion period. For cases of suspected Coronavirus, staff and service users must adhere to current Government advice regarding self-exclusion even if no symptoms are present.
3. For confirmed cases of a notifiable disease and Coronavirus the setting must contact their local Health Protection Team (HPT) as soon as possible for further guidance and inform any other relevant agencies such as Ofsted and Department of Education. The manager will inform the committee chairperson and retain a confidential record.
4. Acting on the advice of the local HPT, the setting will either:

* close for a set period and undertake a deep clean
* carry on as usual but also undertake a deep clean

1. If a notifiable disease is confirmed, staff must inform the manager immediately and Ofsted must be informed within 14 days. Cases of confirmed Coronavirus should be treated as a notifiable disease.
2. A deep clean is undertaken at the soonest opportunity following any illness outbreak. Hand hygiene messages are reinforced and staff are vigilant to any further signs of infection.
3. The manager continues to liaise with the HPT as required and keeps a full record of children affected, how long they are away from the setting and the date on which they return.

**Procedures after the COVID-19 pandemic unless any of the above procedures are required to be maintained (Policy changes will be carried out in line with government guidance)**

* If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager/deputy manager calls 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 we take measures to keep them cool for example by removing top clothing.
* Temperature are taken using an ear/forehead thermometer kept near to 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 verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
* In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
* Parents are advised where necessary to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
* If your child is not well enough to go outside, then they are not well enough to be within the setting.
* Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for **48 hours** before returning to the setting.
* After diarrhoea and/or sickness, 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.
* The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from
* [www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities) and includes common childhood illnesses such as measles.

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

* If a child or adult is diagnosed 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, our manager informs Ofsted and contacts Public Health England, and act[s] on any advice given.

***Procedures on administering medications***

***At all times the administration of medication must be compliant with the Safeguarding and 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)***

In many cases, it is possible for children’s GPs 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, especially a baby/child under two, 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.

Medication will only be administered by a competent Level 3 childcare qualified member of staff or senior staff member. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

* 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.
* Teething gel (non-prescribed medication), may be administered, but only with prior written consent of the parent and only when there is a health reason to do so. The administering of un-prescribed medication is recorded in the same way as any other medication.
* Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor
* Non-prescription medication, such as Calpol is administered only for children with the written consent of the parents in the case of a high temperature that has developed whilst attending the setting, this is to prevent febrile convulsion and where a parent or named person is on their way to collect the child. Children’s paracetamol will not be given to a child if they have arrived at the setting with a high temperature and has needed it prior to attending the setting to bring the temperature down.

***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’ prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.
* Children's prescribed medicines and inhalers must be clearly labelled with the doctor’s prescription label or in the original labelled box
* Parents must give prior written permission for the administration of medication. The staff member receiving the medication will 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 and times to be given in the setting
* the method of administration
* how the medication should be stored and its expiry date
* any possible side effects that may be expected
* the signature of the parent, their printed name and the date
* Where medication labels state ‘when necessary’ or ‘as directed’ we ask for parents to obtain clarification from the person prescribing the medication to clarify the correct dosages or applications to be given.

*Where possible medications should be given by the parent to a qualified member of staff, who will complete the consent forms with the parent.*

*The qualified member of staff is responsible for informing all members of staff, writing the information on the medicine board and ensuring the medicine is given.*

* The administration of medicine is recorded accurately in our medication record file each time it is given and is signed by the person administering the medication [and a witness]. Parents are shown the record at the end of the day and asked to sign the record to acknowledge the administration of the medicine. The medication record file records the:
* name of the child
* name and strength of the medication
* name of the doctor that prescribed it
* date and time of the dose
* dose given and method
* signature of the person administering the medication and a witness who verifies that the medication has been given correctly
* parent’s signature (at the end of the day).
* 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.
* We monitor the medication record file to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

***Procedures for children with allergies***

* When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form, is displayed within the rooms and all staff are made aware.
* If a child has an allergy, a risk assessment form 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.
* Review measures..
* This form is kept in the child’s personal file and a copy is displayed where staff can see it.
* A health care plan will also be completed.
* Generally, no nuts 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.

***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.

***Lifesaving medication & invasive treatments***

Adrenaline injections (EpiPen) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or such as medications for the treatment of epilepsy.

* The provider 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 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 letters relating to these children will be sent to our insurance provider and confirmation will then be issued in writing confirming that the insurance has been extended.
* Treatments, such as inhalers or Epipens are immediately accessible in an emergency.

#### *Key person for special needs children* - 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.
* Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians.
* Copies of all letters relating to these children will be sent to our insurance provider and written confirmation that the insurance has been extended will be issued by return.

***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 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.

***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.
* Bag soiled clothing for parents to take home for cleaning.
* 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.
* Where applicable during toothbrushing we ensure that children do not share tooth brushes, which are also soaked weekly in sterilising solution.

***Storage of medicines***

* All medications (including inhalers) are stored safely and are inaccessible to the children and are always stored in their original labelled containers in a designated storage container or fridge if required.
* Where the refrigerator is not used solely for storing medicines, they are kept in a marked plastic box within the fridge.
* The child’s key person where possible 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. Key persons check that any medication held to administer on as and when required basis or on a regular basis, is in date and returns any out-of-date medication back to the parent. The first aid co-ordinator **Toomey Donachie** also regularly checks medications are in date alongside first aid box checks.

***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, the original pharmacist’s label and the name of the medication. Inside the box is a copy of the consent form and a medication record sheet to record when it has been given, including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child’s details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents
* On returning to the setting the medication record form is returned to the medicine record file 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, name of the medication. Inside the box is a copy of the consent form signed by the parent.
* This procedure is followed alongside the outings procedure.

# *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.

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.

**Legal framework**

* The Human Medicines Regulations 2012/2014

**Further guidance**

* Managing Medicines in Schools and Early Years Settings (DfES 2005)
* Health protection in schools and other childcare facitlities

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| This policy was adopted at a meeting of | **Beaumont Community Preschool & Childcare Groups** |  |
| Held on |  | (date) |
| Date to be reviewed |  | (date) |
| Signed on behalf of the management committee |  | |
| Name of signatory |  | |
| Role of signatory (e.g. chair/owner) |  | |