



MANAGING ILLNESS AND ADMINISTERING MEDICINES

EYFS: 3.1, 3.2, 3.44, 3.45, 3.46

Statement of Policy

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 nursery, we will agree to administer prescribed medication as part of maintaining their health and well-being or when they are recovering from an illness.

Nursery staff will manage illness and infectious disease according to the procedures set out in the following sections of this policy.

Any decision made by nursery staff on whether a child be admitted to or remain in the nursery if they are unwell must be considered final.

Whilst the nursery understands that decisions around the exclusion of unwell children from nursery may be contentious, the directors and management request that all parents treat staff with respect and dignity at all times and refer any concerns they have to the nursery manager or deputy manager.

1. Procedures of managing illness and infectious disease

1.1 How do staff decide whether your child is well enough to attend or remain in nursery?

When considering whether a child's illness should preclude them from attending or remaining in the nursery the staff and management will take the following into consideration.

- Whether the child has a temperature, sickness, diarrhoea or pains, particularly in the head or stomach.
- The ability of the child to participate fully in the activities of nursery.
- Whether the child requires, or is likely to require, additional care and support that would prevent the staff from discharging their duty of care to all other children in the setting.
- Whether the child has an infectious illness that, according to guidance from Public Health England or NHS Direct requires that they be excluded from nursery for a specified period of time.

If after consideration of the above, if in the view of the nursery staff the child is not well enough to remain in nursery the parents are called and asked to collect the child, or to send a known carer to collect on their behalf. Staff will call a parent/carers following consultation with the Room Co-ordinator or Manager. Parents/carers must collect no later than 45 mins of being contacted unless otherwise agreed with the Manager. Failure to do so will result in the nursery logging a welfare concern form.

1.2 What happens if a child becomes unwell at nursery?

- Temperature is taken using a digital thermometer kept near the first aid box.
- If a child has a temperature extra layers of clothing are removed and water is offered to drink. If required, a parent/carers will be called and asked to collect the child.

- In extreme cases of emergency, the emergency services are called.
- Parents may be asked to seek medical attention before returning to nursery.

1.3 What are the policies surrounding the management of infectious diseases?

In the case of children being unwell with potentially infectious illnesses the following policies apply:

- The nursery will at all times follow the guidance issued by Public Health England and the Department of Education on the management of infectious diseases in nursery settings. These are set out in the posters outside the Cubs/Koalas and Polars entrance. Copies of the guidance can also be found here:
[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file350019/Guidance on infection control in schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file350019/Guidance%20on%20infection%20control%20in%20schools.pdf).
- After diarrhea or vomiting parents are asked to keep children at home for at least 48 hours following the last episode of vomiting or loose stool.
- If antibiotics are prescribed, the child must be kept at home for at least 24 hours to enable these to begin to take effect and for any adverse reaction to be noted.
- For some infectious diseases (Impetigo and whooping cough in particular) longer periods of exclusion following the commencement of antibiotic treatments are required. See public health guidance: [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file350019/Guidance on infection control in schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file350019/Guidance%20on%20infection%20control%20in%20schools.pdf).
- The nursery may in the case of a potential outbreak (2 or more cases) of an infectious disease consult public health professional, and as a result of these consultations may be required to take action more stringent than that set out above in the interests of protecting the health of both children and staff.
- If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Public Health England.
- When the nursery becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on the advice given by Public Health England.

1.4 How does the nursery manage HIV/AIDS/Hepatitis?

- 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.
- Spills of blood, urine, faeces or vomit are cleared using Milton solution and paper; Cloths 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.

1.5 How does the nursery manage nits and headlice?

On identification of headlice the parent will be informed either on collection or phoned so that treatment can be decided upon ready to implement that night. All parents will be informed that a case/cases have been found and be requested that their child or family member should be treated also upon detection. Most treatments can be implemented over night so children will not be needed to be excluded. With repeated infestations a parent may be asked to keep the child away until the infestation has cleared.

1.6 Conjunctivitis

If we suspect a child may have conjunctivitis the parent/carer will be informed and staff will monitor the child's symptoms while they are at nursery. Conjunctivitis is often caused by an infection of the eye, which may be caused by a virus or bacteria. (If you are concerned about your child's eyes, please take them to be seen by a medical Practitioner as this infection may need to have prescribed treatment). Normally, children can continue to attend nursery if they have conjunctivitis unless they are otherwise unwell. This is in accordance with the guidance on infection control in schools and other childcare settings. If, however an outbreak of conjunctivitis occurs we will contact the local Public Health England (PHE) office and follow their guidance which may include implementation of an exclusion period if the outbreak is affecting a number of children and/or staff. Under these circumstances, you may be required to keep you child away from Nursery until their infection has cleared up.

1.7 Confidential Policy

The nursery manager and staff should always treat medical information confidentially. The manager should agree with the parent/carer, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly giving medical assistance but otherwise in good faith.

2. Managing Medicines in the Nursery

The staff are responsible for the correct administration of medication to children for whom they care for. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

2.1 When and how will nursery administer medicines to your child?

- Children taking medication prescribed by a doctor *other than antibiotics* may attend nursery if they are otherwise fit and well (see Section 1.1 for guidance)
- If a child is prescribed a course of antibiotics, they must remain at home for at least 24 hours after their treatment has begun and must not return thereafter until they are fit and well (see Section 1.1 for guidance).
- Longer periods of exclusion following prescriptions of new medicines may apply in the case of some infectious diseases, see Section 1.3 above, or on the advice of health professionals.

- All parents are asked to discuss with their health professionals whether the child can be given medicine that can be taken at home in the morning and evening.
- If the child is receiving any medication (prescription or over the counter) outside the nursery setting, parents, must inform the nursery staff of the name of the medication, the purpose for which it is being administered and any significant potential side effects that they should be aware of.
- 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 nursery.
- If the administration of the medicine requires special training e.g. for use of an 'Epipen' the child may only attend nursery when there are trained members of staff present able to administer the medicine safely and effectively.
- Nursery staff will administer non-prescription creams e.g. Sudocrem for nappy rash where requested by the parents, and as judged to be required on a case-by-case basis by staff. The nursery aims to minimise the need for use of such creams, which are not intended for regular, long term use, by ensuring high standards of hygiene around nappy care.
- Nursery staff will only administer medicines if they are:
Prescribed by a doctor for the specific child;
In date.
For a current condition.
Provided stored in their original containers with the prescription label carrying the child's name and dosing information.
Accompanied by any information sheet enclosed with the medicine when dispensed in English.
- It is essential that parents provide the above to ensure that nursery staff are able to administer any medicines safely. Failure to provide medications and associated information in the form requested above will result in any request for the medication to be administered being refused by nursery management which may necessitate your child being unable to attend nursery on that day.
- Parents must give prior written permission for the administration of medication.
- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine.
- The medication record book records:
 - Name of child;
 - Name of medication;
 - The date and time of dose;
 - Dose given.
- The medication book is signed by a member of staff following administration and is countersigned by another member of staff to witness the process and is verified by the parent signature at the end of the day.
- If a child refuses to take medicine, staff should not force them to do so, but should note in the records and follow agreed procedures. These procedures may either be set out in the policy or in an individual child's health plan. Parents should be informed of the refusal on the same day. Where possible, the parent can be contacted at the time of refusal to discuss alternative actions such as coming in to administer themselves. If a refusal to take medicines results in an emergency, the nursery's emergency procedures should be followed.

2.2 Storage of medicines

- All medication is stored safely in a locked refrigerator or in the first aid unit or on a shelf inaccessible to the children.

- For some conditions, medication may be kept in the nursery. 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.
- If the administration of a prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-signs the record book.
- No child may self-administer because all medicines must be stored out of reach. 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.

2.3 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 nursery, 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 are 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 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.

2.4 Managing medicines on trips and outings

- If a child on medication is going on an outing, staff accompanying the child 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 on a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box there should be a copy of the consent form and a card to record when it has been given, with the details given above.
- On returning to the nursery 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 container clearly labelled with the child's name and 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.

2.5 Oral medication

Oral medication is referring to items prescribed to manage conditions such as Asthma, anaphylactic shock or epilepsy.

- Oral medications must be prescribed by a GP or 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 for the medication.
- The Nursery must have the parent's/carer's prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.
- This category also includes life saving medication and invasive treatments such as adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) and rectal administration of Diazepam (for epilepsy).
- The nursery 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 the child must first be sent to the current company. Confirmation will then be issued in confirming that the insurance has been extended.

2.6 Children with Special Needs

Children with special needs who require help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- The key person and 'buddy' should have the relevant medical training/experience, which may include those who have received appropriate instructions from parents guardians, or who have qualifications.

2.7 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 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 the skin, swelling, breathing problems etc.
 - What to do in case of allergic reactions, any medication used and how it is used (e.g. Epipen).
 - Control measures – such as how the child can be prevented from contact with the allergen.
 - Review.

- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Parents train staff in how to administer special medication in the event of an allergic reaction. Generally, no nuts or nut products are used within the nursery.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

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).

Contact Numbers:

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This policy was adopted on	Signed on behalf of the nursery	Date for review
July 2019	Christine Hall – Nursery Manager	July 2020