

**Beaumont Community Preschool & Childcare Groups**

**Administering medicines & 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.

**Consent for administering medication**

* Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent’s partner who does not have PR, cannot give consent, unless under exceptional circumstances that have been discussed/arranged with the management.
* Administering medicines during the child’s session will only be done if absolutely necessary.
* When bringing in medicine, the parent informs their key person/back up key person, or room leader if the key person is not available. The setting management should be also be informed.
* Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child’s name and original pharmacist’s label.
* Medication dispensed by a hospital pharmacy will not have the child’s details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.
* 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

**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 **Abbie Young** also regularly checks medications are in date alongside first aid box checks.
* Parents do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

**Record of administering medicines**

A record of medicines administered is kept near to the medicine cabinet or in the child’s group room, or in the setting manager’s office. Settings can choose which works best for them, as long as members of staff are aware and it is consistent.

The medicine record book records:

* name of child
* name and strength of medication
* the date and time of dose
* dose given and method
* signed by key person/setting manager
* verified by parent signature at the end of the day

A witness signs the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.

* No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
* The medication records are monitored to look at the frequency of medication being given. 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 who are sick or infectious**

* Medication will only be administered by a member of staff (Early Years Practitioner) deemed competent and will always be witnessed by another member of staff. Training will be provided for staff where the administration of medicine requires medical or technical knowledge.
* Children taking prescribed medication must be well enough to attend the setting.
* Any child who has taken any form of paracetamol or ibuprofen prior to attending the setting may be refused entry if deemed too unwell to attend following a discussion with the parents/carers regarding the reasons for administration.
* 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.
* If children appear unwell during the day – have a temperature, sickness, diarrhoea and 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’s has a temperature we take measures to keep them cool for example by removing top clothing.
* Temperature are taken regularly using an ear/forehead thermometer kept near to the first aid box.
* If a baby’s temperature does not go down, and is worryingly high, then Calpol may be given after gaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies under 2 years old. Parents will need to collect their child if paracetamol has been given and on arrival the parents sign the medication record when they collect their child.

**\*\*Paracetamol based medicines (e.g. Calpol)**

* The use of paracetamol-based medicine may not be agreed in all cases. A setting cannot take bottles of non-prescription medicine from parents to hold on a ‘just in case’ basis, unless there is an immediate reason for doing so. Settings do not normally keep such medicine on the premises as they are not allowed to ‘prescribe’. However, given the risks to very young babies of high temperatures, insurers may allow minor infringement of the regulations as the risk of not administering may be greater. Ofsted is normally in agreement with this. In all cases, parents of children under two years must sign to say they agree to the setting administering paracetamol-based medicine in the case of high temperature on the basis that they are on their way to collect. Such medicine should never be used to reduce temperature so that a child can stay in the care of the setting for a normal day. The use of emergency medicine does not apply to children over 2 years old. A child over two who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.
* 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.
* If a child has not been given a prescription medicine before, especially a baby/child under two, it is advised that parents keep them at home for **24 hours** to ensure no adverse effect, and to give it time to take effect.
* Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for **24 hours**.
* After diarrhoea and/or sickness, we ask parents keep children home for **48 hours** following the last episode.

Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period. ([www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis))

* 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.Some contagious diseases within the excludable list do not require an exclusion period however the setting reserves the right to not admit children with contagious diseases to safeguard children and minimise the risk to other children and their families.

***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 UK Health Protection Agency.
* If a notifiable disease is confirmed, staff must inform the manager immediately and Ofsted must be informed within 14 days.
* 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.
* When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and contacts UK Health Protection Agency, and act[s] on any advice given.

**Children with long term medical conditions requiring ongoing medication**

* Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.
* Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
* For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
* Risk assessment includes any activity that may give cause for concern regarding an individual child’s health needs.
* Risk assessment also includes arrangements for medicines on outings; advice from the child’s GP’s is sought if necessary, where there are concerns.
* Health care plan form is completed fully with the parent; outlining the key person’s role and what information is shared with other staff who care for the child.
* The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

**Lifesaving medication & invasive treatments**

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

* The key person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
* The child’s welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
* The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
* Children with complex and/or long-term health conditions have a health care plan in place which takes into account the principles and best practice guidance given here.
* Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
* Key persons speak directly to the child, explaining what they are doing as appropriate to the child’s age and level of comprehension.
* Children’s right to privacy and modesty is respected. Another practitioner is usually present during the process.

**Record keeping**

For a child who requires invasive treatment the following must be in place from the outset:

* 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 parents allowing members of staff to administer medication
* 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
* a healthcare plan

Copies of all letters relating to these children must be sent to the insurance provider for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended. A record is made in the medication record book of the intimate/invasive treatment each time it is given.

**Physiotherapy**

* Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.
* If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the practitioner applying the technique in the first instance.

**Safeguarding/child protection**

* Practitioners recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.
* If a practitioner has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.
* 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.

**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.
* Baby mouthing toys are kept clean and plastic toys cleaned in sterilising solution regularly.

**Staff taking medication**

* Staff taking medication must inform their manager. The medication must be stored securely in staff lockers or a secure area away from the children. The manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

**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.

**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.

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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) |  | |