



# Danbury Pre-School

Registered Charity no: 1111808  
Accredited PSLA membership no: 10584 DFES/Ofsted nos: EY418953  
Tel: 0845 643 0076

Website: <http://www.danburypreschool.org.uk>



## **Managing Children With Allergies, Or Who Are Sick Or Infectious And Administering Medicines**

Managing children with allergies, or who are sick or infectious

(Including reporting notifiable diseases)

### **Safeguarding and Welfare Requirement: Health**

The provider must promote the good health of the children attending the setting. They must have a procedure, discussed with parents and or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill.

### **Policy statement**

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

### **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
- If a child has an allergy, a risk assessment form is completed where necessary the registration 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.
- 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 setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party or for lunch.

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

- The insurance will automatically 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 your insurance provider must be obtained to extend the insurance.

**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)**

#### *Oral Medication*

Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to your insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The setting 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 of the medication.
- The setting 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 your insurance provider.

- Life saving medication & invasive treatments - 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).
- The setting 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 must first be sent to our Insurance Company for appraisal confirmation will then be issued in writing confirming that the insurance has been extended.

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, or who have qualifications.
- Copies of all letters relating to these children must first be sent to our Insurance Company for appraisal. Written confirmation that the insurance has been extended will be issued by return.

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

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the Supervisor 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, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- Temperature is taken using a 'fever scan' kept near to the first aid box.

- In extreme cases of emergency the child should be taken to the nearest hospital 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, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed. We reserve the right to not accept a child into the setting who is known not to have been symptom free for the 48 hour period required for diarrhoea and sickness.
- We retain the right to send home or refuse entry to children whose presence in the setting would be of detriment to the health of themselves or others.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from [www.patient.co.uk](http://www.patient.co.uk) 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 Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.
- For the latest recommended vaccinations please speak to a health professional whose advice you should follow.

#### *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.
- 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/slucing clothing after changing.
- Soiled clothing is bagged for parents to collect or rinsed in the nursery.

- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of appropriately.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

#### *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.

## **Administering Medicines**

### **Policy statement**

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, especially a baby/child under two, 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.

A first aider (with the knowledge of the Supervisor) is responsible for the correct administration of medication to all children. 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;
  - who prescribed it;
  - dosage to be given in the setting;
  - how the medication should be stored and expiry date;
  - any possible side effects that may be expected should be noted; and
  - signature, printed name of parent and date.

*A senior member of staff will sign in any medication and will inform all staff who are able to administer the medicine*

- 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 and strength of medication;
  - the date and time of dose;
  - dose given and method; and is
  - signed by key person//Supervisor; and is verified by parent signature at the end of the day.

- We use the recommended forms from Managing Medicines in Schools and Early Years Settings for recording administration of medicine and comply with the detailed procedures set out in that publication.

#### *Storage of medicines*

- All medication is stored safely in a secure location or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The first aider or supervisor 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. The Supervisor or Acting Supervisor 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.

Each individual case of a child needed to be medicated will be discussed with their parent/carer and the best storage location will be used, this will be cascaded to appropriate staff verbally or in a written format.

- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant members 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. 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 going medication*

- A risk assessment is carried out where necessary for each child with long term medical conditions that require ongoing medication. This is the responsibility of the Supervisor 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.

## Asthma

We recognise that Asthma is a common condition and welcome all children with asthma to the setting. We ensure all staff receive relevant guidance regarding asthma and administering emergency medication and new staff also receive appropriate guidance. When a parent/carer informs us that a child has asthma we discuss how this may affect the child. We consider any implications for learning, play and social development. The child's condition will be noted on their registration form and a consent form for administering medication. These forms are kept safe and updated as necessary. If the child's medication changes parents are asked to inform the setting. Staff will be informed of any change in the child's condition through regular staff meetings. Immediate access to reliever inhalers is vital and therefore they are kept in a readily accessible place but out of reach of the children and clearly display the child's name. They are taken with the children when they go on any outings.

In the event of an asthma attack staff will -

Deal with the child wherever the attack occurs (a change in air can make the problem worse).

Ensure the child's reliever inhaler is taken immediately.

If there is no improvement after 5 minutes give the inhaler again.

If the reliever inhaler still has no effect after a further 5 to 10 minutes, the child is distressed and unable to talk or the child is becoming exhausted we will contact the parents and call an ambulance.

Minor attacks should not interrupt a child's involvement at Pre-School and they can return to activities and parents will be informed.

### **Managing Medicines On Trips And Outings**

- If children are going on outings, staff accompanying the children must include a 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, name of the medication, Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given 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, 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.

### **Legal framework**

- Medicines Act (1968)

### **Further guidance**

- Managing Medicines in Schools and Early Years Settings (DfES 2005)  
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

## Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)  
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

This policy was adopted at a meeting of	_____	name of setting
Held on	_____	05.3.14
Date to be reviewed	_____	(date)
Signed on behalf of the management committee	_____	
Name of signatory	_____	Stacey Withey
Role of signatory (e.g. chair/owner)	_____	