



Policy Statement

Sickness

We aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promoting healthy practices. All parents are made aware of our procedures for dealing with sick children.

Parents MUST observe exclusion times for infectious diseases, as directed by their GP and let us know as soon as possible so that the staff are aware of the symptoms to look out for and so that we can inform other parents. We will respect confidentiality by not identifying the child(ren) concerned.

Guidelines/procedures for children who are sick or infectious

If a child appears unwell during the day – for example, if they have a temperature, sickness, diarrhea or pains, particularly in the head or stomach the supervisor will call the parents and ask them to collect the child or send a known carer to collect the child as soon as possible. Children will be kept in a quiet area away from others and their temperature monitored until they are collected.

To ensure the health of all our families, and to reduce the risk of further infections it is our policy that children should stay home if they exhibit any of the following symptoms or conditions. (this list covers the most common illnesses, but is not inclusive of all reasons for exclusion a full list is obtainable from www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases):

- Anything over a normal average temperature of 36.4C, we would ask that you monitor any temperature for a 24 hours period before returning your child.
- Diarrhea/vomiting: the child should only return to preschool after 48 hours symptom free.
- Unidentified rash: unless a physician has already determined it is not contagious.
- Impetigo until 48 hours after treatment.
- Strep throat: until 48 hours after treatment
- Whooping cough until after 48 hours or appropriate antibiotic treatment.
- Rotavirus until 48 hours after symptoms subside
- Chickenpox: until all lesions have dried and crusted (usually 5 days).

The above exclusion times must be adhered to or the child should only return when:

- They are able to participate comfortably in all usual preschool activities, including outdoor time.
- The child is free of open, oozing skin conditions unless:
- A health-care provider advice is that the child's condition is not contagious, and
- involved areas can be covered by a bandage without seepage or drainage through the bandage.

Head Lice & Conjunctivitis

There is no exclusion period for either of these conditions however to do ask families to start children on immediate treatment and children should only attend if the condition is not affecting your child's wellbeing to play and enjoy their time in the setting.

Reporting notifiable diseases

- If a child or adult is diagnosed suffering from a notifiable disease under the Health Protection (Notification) Regulation 2010, the GP will report this to the Public Health England.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by Public Health England and in accordance with the government guidance Health protection and government guidance in education and childcare settings.

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 used to avoid cross infection.
- Single use vinyl gloves are worn when changing children's nappies or soiled clothes.
- Soiled clothing will be bagged for parents to collect.
- Any tables, furniture, toys etc affected by bodily fluids are cleaned using Milton.

Managing a suspected case of Coronavirus

The main symptoms of coronavirus are:

- a high temperature
- a new continuous cough – this means coughing a lot, for more than an hour, or three or more coughing episodes in 24 hours
- a loss of change to smell or taste – this means they cannot smell or taste anything, or things smell or taste different to normal

Please refer to the latest government guidance on [next-steps-for-living-with-COVID](#). If it is suspected that a child has COVID, staff do not attempt to diagnose or make assumptions about symptoms presented. They should immediately respond and take action as detailed in this procedure. This includes asking parents/carers to seek further advice from a medical practitioner who may/or may not advise that the symptoms meet the criteria for testing. In which case if the child appears well and displays no further suspect symptoms, they can return to the setting within the timescale advised by the medical practitioner.

The focus on coronavirus must not detract from staff being alert to the signs and symptoms linked to other serious illness as detailed below:

Children and babies will still get illnesses that can make them very unwell quickly. It is important to get seek medical help and to contact the child's parents immediately.

Call 999 if a child:

- has a stiff neck
- has a rash that does not fade when you press a glass against it
- is bothered by light
- has a seizure or fit for the first time
- has unusually cold hands
- has pale, blotchy, blue or grey skin
- has a weak, high-pitched cry that is not like their usual cry
- is extremely agitated (does not stop crying) or is confused
- finds it hard to breathe

- has a soft spot on their head that curves outwards
- is not responding like they normally do

Being prepared

- All staff are aware of this procedure and their responsibility if a child becomes unwell with coronavirus symptoms at the setting.
- Staff are instructed in how to remove and dispose of PPE equipment safely – this includes aprons and gloves worn during routine care procedures.

If a child becomes unwell

- If a child is displaying any of the symptoms of coronavirus. The manager/deputy calls their parents to collect them immediately. Current guidance states that: 'If a child or young person has a positive COVID-19 test result they should try to stay at home and where possible avoid contact with other people for 3 days after the day they took the test. The risk of passing the infection on to others is much lower after 3 days, if they feel well and do not have a high temperature. Children and young people who usually attend an education or childcare setting and who live with someone who has a positive COVID-19 test result should continue to attend as normal'.
- We will maintain contact with the parent(s) of the child who was sent home, and ensure they know that their child is entitled to a test and encourage them to get their child tested. To access testing parents should use the [111 online coronavirus service](#).
- We will ask the parent(s) to let us know the outcome as soon as possible.
- If the test result is positive we will inform all other parents that a child has tested positive and remind them to be aware of the symptoms to look out for.
- We will inform our local authority if a child, or staff member in the setting tests positive for coronavirus.
- We will also inform Ofsted as coronavirus is now classified as a Notifiable Disease.

Procedures for children with allergies & Insurance

- 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.
- If a child has an allergy, a risk assessment is made and a plan 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.
- This plan is kept in the child's personal file and necessary information is displayed on the daily details sheet for staff to see.
- Parents will be required to train staff in how to administer special medication in the event of an allergic reaction.
- Parents are made aware that we are a no NUTS or nut products pre-school so that no other children bring them in their lunch.
- If necessary 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 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.
- 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/me] to administer medication; and
 - proof of training in the administration of such medication by the child's parent, GP, a district nurse, children's nurse specialist or a community paediatric nurse.
 - Written confirmation that we hold this information will 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.
- Treatments such as inhalers and Epipens are immediately accessible in an emergency
- 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 and supervisor 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.
- If we are unsure about any aspect, we contact [the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk/insert details of your insurance provider].

Administering Medicines

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 prescribed medication as part of maintaining their health and well-being or when they are recovering from an illness. Medications such as eczema/allergy creams may be administered with parents written consent.

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, 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.

The supervisor and/or staff are responsible for the correct administration of medication to children for whom they are the key person to. 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.
- We only administer prescribed medication which must be in-date and prescribed for the current condition.
- Any other medication such as calpol/nurofen/piridon will not be administered without a doctor's prescription. Unless there is a medical emergency reason for a child to have such medication in which case parents must have completed and signed medication form, and a full risk assessment and health care plan must be in place detailing reasons when and why this medication should be administered.
- Children's medicines are stored in their original containers, are clearly labeled, they are inaccessible to the children.
- The child's key person or the supervisor (for that session) will administer medication.
- 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 prescribed 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;
 - date and times to be given in the setting;
 - dose given and method
 - 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.
- The administration is recorded accurately each time it is given and is signed by staff.
- Parents acknowledge medication has been administered by signing a form on collection.
- 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.

Storage of medicines

- All medication is stored safely away from children. They are kept in a marked plastic zip lock bag.
- The child's key person or the 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. Key person's 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.

At Burham pre-school our medications are stored in our kitchen during a session and must be in individually named clear zip lock bags.

Children who have long term medical conditions (such as allergies) and who may require on ongoing medication

- We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. [This is the responsibility of 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 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.
- An individual health plan for the child is drawn up with the parent; outlining key persons/supervisors role and what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan 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 contribute to and sign the individual health plan.

Managing medicines on trips and outings

- If children are going on outings, supervisor will accompany the children with a risk assessment, or another the deputy 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, 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 & hospital instructions as relayed by the parents.
- On returning to the setting the card is stapled to the medicine record sheet 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.

Staff taking medication

Staff taking medication must inform their manager. The medication must be stored securely in staff bags 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.

Legal framework

- The Human Medicines Regulations (2012)

This policy was adopted by: Burham Pre-school

On _____

Date to be reviewed _____

Signed: _____ (supervisor)

_____ (chairperson committee)