

Flo's Nursery Sickness Policy

Managing children who are sick, infectious or have allergies

Policy statement

We aim to 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 trigger.

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – a member of staff calls the parents and asks them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using a thermometer. If the temperature is 38 Degrees Celsius or above, we will call their parent and ask them to collect their child as soon as possible.
- If the child's temperature does not go down and is worryingly high, then we may give them Liquid Paracetamol or another similar analgesic, after first obtaining consent from the parent where possible. This is to reduce the risk of febrile convulsions. Parents acknowledge the medication record on Family.
- In extreme cases of emergency, an ambulance is called 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 for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After sickness and/or diarrhoea, we ask parents to keep their child at 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.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/789369/Exclusion_table.pdf and includes common childhood illnesses such as measles.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as 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 acts on any advice given.

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.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents and ask them to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

- When children start at the setting we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form and on the child's record on Family.
- If a child has an allergy, we complete a risk assessment 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 measures.
- This risk assessment form is kept in the child's personal file and a copy is displayed where our staff can see it.
- 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.

- 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'. 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.

- 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 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 documents relating to these children must first be sent to our insurers for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- Keyperson for children with special needs who require 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 keyperson/First Aider 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 our 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 our Insurance Department.

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. We ensure that where medicines are necessary to maintain the health of the child, they are given correctly and in accordance with legal requirements.

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, 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.

Our staff are responsible for the correct administration of medication to children for whom they are the keyperson. This includes ensuring that parent consent forms have been completed on Family, that medicines are stored correctly and that records are kept according to procedures. In the absence of the keyperson, a designated First Aider is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.

- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must have the original label with the child's full name on it and we will follow the doctor's instructions as set out on the label. It must be in-date and prescribed for the current condition.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to complete a consent form on Family stating the following information. No medication may be given without these details being provided:
 1. the full name of child and date of birth
 2. the name of medication and strength
 3. the dosage and times to be given in the setting
 4. the method of administration
 5. how the medication should be stored and its expiry date
 6. any possible side effects that may be expected
 7. the signature of the parent (acknowledgement on Family is used in place of a signature), their name and the date
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, a member of staff checks that it is in date and prescribed specifically for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. children's paracetamol) , may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. The administering of un-prescribed medication is recorded in the same way as any other medication. We may administer children's paracetamol (un-prescribed) for children with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- The administration of medicine is recorded accurately in our medication record on Family each time it is given and is completed by the person administering the medication and a

witness. Parents will see the record on Family and are asked to acknowledge the administration of the medicine.

- If the administration of prescribed medication requires medical knowledge, we obtain individual training 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 keyperson what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- The medication record is monitored 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.

Storage of medicines

- All medication (except Epipens) is stored safely in the kitchen in a locked cupboard or refrigerator as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked container. Epipens for children with severe allergies will be kept in a bag in the nursery office.
- The child's keyperson is responsible for ensuring medicine is handed back to the parent at the end of the day.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Keypersons check that any medication held in the setting is in date and return any out-of-date medication back to the parent.

Children who have long term medical conditions and who may require 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 our manager alongside the

keyperson. 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 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 the keyperson's 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 receive a copy of the individual health plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, the keyperson for the child will accompany the children 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 container clearly labelled with the child's name, the original pharmacist's label and the name of the medication. 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.
- The usual procedures for recording administration for medicines on Family are followed.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic container clearly labelled with the child's name and the name of the medication.
- This procedure should be read alongside the outings procedure.