Sickness, Medication and Other Health Issues Policy

Policy Aims

- We do everything we can to promote the health and wellbeing of the children in our care.
- Children who have an illness or infection need to be cared for at home until they are well enough to return, both for their own benefit and to prevent and control the spread of infection.
- Children who become unwell while they are at our setting will be cared for until an appropriate adult comes to collect them.
- We will administer prescribed medications at the discretion of the setting manager. They must be in-date and prescribed for the child for the current condition. Where medications are administered by us, we will ensure that they are given correctly and in accordance with legal requirements.
- We will follow guidance given by UK Health Security Agency – Health protection in children and young people settings, including education.

Procedures

Illnesses requiring children to be kept at home

- Children who have a high temperature, sickness, diarrhoea, an infectious disease or other illness must be kept at home.
- **Children who have sickness and/or diarrhoea must not return to our setting until 48 hours after their last episode.**
- Children with chicken pox should be kept at home for at least five days, and until all spots and blisters have crusted over.
- Children with a rash should be considered infectious and assessed by their doctor.
- Children who are prescribed antibiotics for an infectious illness or other complaint, medication they have not taken before, must be kept at home for the first 24 hours to ensure there is no adverse reaction, and to give the medication time to take effect.
- We will refuse admittance to children who have a high temperature, sickness and diarrhoea or a contagious infection or disease.
- A full list of excludable diseases which require your child to be kept away from the setting is on display.

Children who become sick while at our setting

- If a child appears unwell during the day – for example, if they have a high temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager/senior member of staff will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a high temperature, they will be kept cool by removing jumper and socks first, ensuring room is well ventilated. Staff will ensure the child is not cooled too fast thus preventing shock.
- The child's temperature will be taken using a thermometer, which is kept with the first aid box. If the child's temperature does not go down and is 38°C or higher there is an increased risk of febrile convulsion. Parents will be contacted to collect the child.
- In cases of emergency, an ambulance will be called and the parent informed. If a parent or emergency contact cannot attend the setting prior to the ambulance arriving, a member of staff will accompany the child to hospital and stay with them until a suitable adult arrives. Ofsted and

the Gloucestershire Safeguarding Children Partnership will be notified if the child remains in hospital overnight.

Administering medication

- If a child is prescribed medication that must be taken during the day, the Administration of Medication Procedures below must be followed.
- If at any time there is any doubt regarding the administration of medication to a child, we will check with the parent before continuing.

Parental responsibilities

An Administering Medication form must be completed and checked by the setting manager or senior member of staff, stating the following:

- child's name and date of birth,
- name of medication,
- reason for medication,
- expiry date of medication,
- dosage,
- time/s the medication is to be administered,
- time and date the last dose was given.
- The information leaflet that is normally supplied by the manufacturer must be made available or details of possible side effects.
- We ask that if a syringe or medication spoon is required, parents are to provide their own within the medication box.

The parent must sign and date the Administering Medication form daily if the medication is to be administered over the course of a few days. No medication may be given without this written consent.

- Parents must notify the setting IMMEDIATELY if the child's circumstances change, e.g. a dose has been given at home, or a change in strength/dose needs to be given.
- Any change in the details listed above must be recorded on a new form with counter signature from the parent.
- The setting will only administer as per the information listed on the form.

Upon collection of their child, the parent must sign the Administering Medication form to acknowledge the medicine has been administered in accordance with the original request and returned to them.

Setting responsibilities

Storage

On receiving medication, staff will check that it is in date and prescribed specifically for the child and the current condition.

All medication will be stored in accordance with the manufacturer's instructions on the container, safely together with the corresponding Administering Medication form, in a medicine cupboard, box or fridge as required, in its original containers, clearly labelled and inaccessible to the children. Where the cupboard or fridge is not used solely for storing medicines, they are kept in a marked plastic box/bag, out of reach of children.

For some conditions, medication may be kept in the setting to be administered on a regular or as required basis. Our staff will check on a monthly basis that any medication held in the setting, has the child's name and is in date, and will return any out-of-date medication to the parent.

Where the medication is an adrenaline pen or inhaler (where there may only be occasional emergency use), it will have the expiry date of the medication recorded on the appropriate form. All adrenaline pens and inhalers must be stored securely and kept permanently at the setting and taken on all outings.

Administration of Prescribed Medication

Medication will usually be administered by the Setting Manager/Deputy Manager and the Key Person for the child. If this is not the case, it must be clearly communicated to the whole team who is to be involved. At the time that the medication is to be administered, the Setting Manager/Deputy Manager will collect the medication from the medicine cupboard, box or fridge. If the Early Years Manager/Deputy Manager is not available, then a responsible person will carry out the first check. They will:

- read the Administering Medication form, and check the GP's administration procedures on the item together with the child's name in the presence of a L3 colleague,
- ensure that all details match before starting to measure the dose,
- Once the dose has been measured, the L3 colleague will check all is as per the Administering Medication form,
- The Setting Manager/Deputy Manager/L3 colleague will then ask the child to take the medicine or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form,
- The witness will watch the administration of the medication,
- The Setting Manager/Deputy Manager will complete the 'Dose Given & Time Administered' section of the Administering Medication form.
- Both staff members will sign the Administering Medication form.

The child's key person will be responsible for ensuring medicine is handed back to the parent at the end of the day.

Adrenaline pens or inhalers will be administered as necessary in accordance with the medication form and administration procedures.

If the child refuses to take the appropriate medication a note will be made on the form and the parents will be contacted.

Awareness

If the administration of prescribed medication requires medical knowledge, we will obtain individual training by a health professional. The child can only start once the required training has been undertaken.

Where children are capable of understanding when they need medication, for example with asthma, they will be encouraged to tell an adult what they need. This does not replace staff vigilance in knowing and responding when a child requires medication. In exceptional circumstances a child may be supported to self-administer medication, if required to prepare them for school transition.

Trips and Outings

A small first aid kit and prescribed medicines required for individual children and staff (e.g. Inhaler/Epi-Pen) must be taken on all trips and outings and carried by a qualified paediatric first aider.

Administering non-prescribed medication

We do not administer non-prescribed medication**.**

Head lice

Head lice is not an excludable condition. Parents will be notified if there are known cases without identifying any children.

We may offer general advice from time to time, recommending that parents check their child and family and treat as necessary.

Persistent non-treatment of head lice is recognised as an indicator of neglect and may require reporting under our safeguarding procedures.

Allergies
When children start at the setting their parents are asked to give details of any known allergies on the registration form.
If a child has an allergy, we will complete a Risk Assessment Form to detail the following:

- allergen(s) e.g. substance, material or living creature (nuts, eggs, milk, wheat, bee stings, pet hair),
- nature of reaction e.g. anaphylactic shock, rash, swelling or breathing problem,
- what to do in cases of allergic reaction including any medication used and how to use it e.g. Piriton/EpiPen,
- control measures e.g. how the child can be prevented from contact with the allergen(s),
- date for review.

This Risk Assessment Form will be kept with the child's personal file and their details will be added to the Children's Dietary and Health Requirements form and displayed where all staff can see it.

The setting does not serve nuts or nut products and therefore we ask all parents to ensure that no nut products are brought in packed lunches and snacks etc. as these will be removed.

Healthy Eating and Oral Health
As a setting we promote healthy eating in order to support general health and wellbeing. This includes the promotion of oral health through the provision of healthy snacks, good oral hygiene practices and sharing information with parents about healthy lunch box choices.
Tooth decay is recognised as an indicator of neglect and may require reporting under our Safeguarding procedures. If necessary, we may provide guidance regarding local dental services or other relevant healthcare professionals.
We will follow Department for Education's Early Years Foundation Stage Guidance for group and school-based providers and childminders in England (September 2026).

Long term medical conditions

Risk Assessment
We will carry out a risk assessment for each child with a long-term medical condition that requires ongoing medication and complete an Individual Child's Risk Assessment Form. This is the responsibility of the setting manager, deputy and the child's key person. We will ask parents to contribute to this assessment and other professionals may also need to be involved.

Parents will be shown around the setting, and its routines and activities will be explained, in order that they can identify any potential risk factors that may affect their child e.g. vigorous activities.
The Risk Assessment Form will be kept in the child's personal file and their details will be added to the setting list and displayed where all staff can see it.

Individual Healthcare Plan
An Individual Healthcare Plan for the child will be drawn up with the parent, outlining the key person's role and what information must be shared with other adults who care for the child. The Individual Healthcare Plan will include the measures to be taken in an emergency.
Each contributor, including parents, will sign the Individual Healthcare Plan and copies will be given to the parents, kept in the child's personal file and if necessary, retained with any medication in the medicine cupboard, box or fridge as appropriate.

We will review the Individual Healthcare Plan every three months or more frequently if necessary. This will include reviewing medication e.g. changes to the medication or dosage, any side effects noted etc. The procedures outlined above under, **Administering Prescribed Medication,** will be followed at all times.
For some medical conditions, key staff will be trained in a basic understanding of the condition, as well as how the medication is to be administered correctly.

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.

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).
In addition to the Administering Prescribed Medication section we also require:

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered
- an appointed key person who is trained to meet the needs of the child requiring assistance with tubes to help them with everyday living e.g. for breathing, to take nourishment or colostomy bags etc.
- If we are unsure about any aspect, we will contact our insurance provider.

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 as detailed under the **Administering Prescribed Medication** section above.
An Easy Read Medicine Card for children with asthma inhalers is available at https://www.asthma.org.uk/advice/resources/#action-plans

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 bodily fluids are the same for all children and adults. This includes:

- wearing single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- double bagging soiled clothing for parents to collect.
- clearing spills of blood, urine, faeces or vomit from any surface or toys using mild disinfectant solution and mops; any cloths used should be double bagged and disposed of in the appropriate outside bins.
- ensuring that children do not share cutlery, food or toothbrushes and toys which are prone to be chewed are appropriately cleaned regularly.

Notifiable diseases
If a child or adult is diagnosed as suffering from a notifiable disease under the UK Health Security Agency (UKHSA) 'Health protection in education and childcare settings', their medical practitioner will report this to their local authority or UKHSA.
When the setting becomes aware of or is formally informed of the notifiable disease, the manager will liaise with the Committee who will inform Ofsted and contact UKHSA, and will advise the action to be taken.

Infectious outbreaks

An outbreak is classified as 25% of children and staff within the setting being affected by the same infection/virus.

Initial Action

If it is identified that an outbreak may have occurred, measures will be taken to contain and eradicate the infection/virus from the setting.

The setting manager will liaise with the Committee, and UKHSA and the local Environmental Health Department will be contacted who will support and advise the setting.

Guidance for Parents

Any children contracting the infection/virus will be excluded from the setting for the relevant period as detailed in the Guidance on Infection Control in Schools and other Childcare Settings poster displayed for staff and parent information.

If required a letter will be sent to all parents highlighting the signs and symptoms they need to be aware of, along with the action they need to take should their child or any member of the family become ill. This will include the relevant exclusion period and any requirement by UKHSA.

If any children show any possible signs or symptoms of the relevant infection while at the setting, parents will be contacted and asked to collect their child immediately. Children awaiting collection will receive barrier care until their parent/guardian arrives. (E.g. the child will be separated from other children, where possible) and the staff member caring for them will wear personal protective equipment (apron, gloves, mask etc.) as appropriate.

Where a serious outbreak is identified, the manager may take the decision to close part or all of the setting as advised by UKHSA in order to prevent further infection and protect the children in our care and their families. In such cases the setting manager will:

- arrange for all parents to be contacted via telephone,
- ensure staff undertake a deep clean of the setting and sanitise all toys and equipment.

Setting Procedures

- Report to and follow all advice given by UKHSA and the Local Environmental Health Department as appropriate.
- Alcohol based hand gel will be made available for staff and antibacterial hand soap will be made available for children in the event of an outbreak.
- Staff to check, encourage and supervise increased handwashing for all children.
- All laundry will be washed at 60 degrees C with an anti-bacterial agent.
- Affected areas will be thoroughly cleaned/sanitised and aired before being brought back into use.
- Enhanced cleaning, using appropriate products, as and when required or as directed by UKHSA.
- Activities and resources such as cooking, sand / water play and soft toys etc. may be discontinued or removed in the event of an outbreak.
- All waste produced from the affected area and any subsequent cleaning will be dealt with and disposed of by double bagging and placing in the appropriate outside bins.

If all of the above measures fail to contain an outbreak, in exceptional circumstances the local Environmental Health Department may insist on closure for a set period to reduce the risk of further cases.

Contact Details

Organisation	Ofsted	UKHSA South West	Environmental Health Department Gloucester City Council
Telephone:	0300 123 1231	0300 303 8162	01452 396161/396396
Email:	enquires@ofsted.gov.uk	swhpt@ukhsa.gov.uk	heretohelp@gloucester.gov.uk

Medication Errors

In the rare event a medication error occurs the setting will be open and honest:

- Parents will be contacted and the mistake explained to them. (In the case of a missed dose, the dose may be able to be given at a later time. The parent may be able to advise.)
- Where a dose has been given in error, medical advice will be sought immediately, and the child monitored for any reactions.
- The parent will also be informed immediately when the error is discovered, including where they have already left the setting premises for the day.
- The setting manager will immediately inform the Committee of the incident who will report this to the appropriate people (e.g. Nominated Individual/Ofsted)
- The setting manager will investigate all medication errors with the support of the Committee and put in place preventative measures to ensure future errors do not occur.

Disposal of Medication

- Tablets and capsules are occasionally dropped on the floor or spat out. In this case we will place the tablet in a labelled envelope and hand to the parents to be disposed of later.
- In no circumstances should it be flushed down the toilet or thrown in the bin.
- When a child leaves the setting, ceases to need medication, or if a medicine has passed its expiry date, we will return any unused quantity to the parents. If this is not possible then we will take it to a local pharmacist for disposal.

Immunisations

- We strongly recommend that children have the vaccinations appropriate to their age within the NHS childhood immunisation program.
- It is important to inform us if your child has not been immunised so that we can alert you if we become aware that an infection has been brought into setting that might put them at risk. If your child comes into contact with a contagious disease, please do not bring them into setting.

Further guidance

Health protection in children and young people settings, including education updated February 2024
https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities