

**Illness, administering Medication and Individual Health Plans Policy**

**Date updated: April 2024**

**Date of next review: April 2025**

Woven Nursery Enterprise Limited aims to keep everybody, including children, staff, families and visitors as safe and healthy as possible. We are a setting focused on providing education and are not equipped to care for children and or adults who are feeling unwell. We do however have provision in place for short term care, should a child or adult become unwell. We will always do our utmost to take care of anybody who is unwell according to these policies and procedures and according to the paediatric first aid training that our staff team receive.

**Procedures**

1. **When should a person or child not attend the setting?**

The best place for a child who is not feeling well to be is at home, with his/her primary caregivers or under medical care in more severe cases. As a general rule, if a child is in need of pain relief or medication to control a fever then s/he should be kept at home.

Please do **not** give your child medication and then send them to the setting without discussing this with your child’s key person or a senior member of staff. Certain exceptions can be made, for example teething, ongoing conditions, minor injury, etc but typically the child would be required to stay at home.

Remember a fever is a sign that your child is fighting an infection. Please do not send an unwell or feverish child to nursery as it puts all of the other children and staff at risk. **For specific illness exclusions please see the guidelines in annex 1.** Children, staff and volunteers are expected to follow the same guidance for exclusion should they not be well.

If a child us unwell and will not be attending the setting, the parents should notify the nursery at their earliest convenience either via email- manager@wovennursery.com, telephone call 07544375845

If a staff member or volunteer is not able to attend the setting, then s/he must notify the nursery manager or their supervisor at their earliest convenience. It is expected that you will personally call to report your expected absence, if you need to notify during the hours of 8pm and 7am you may message and then follow up with a telephone call during the morning. Please bear in mind that late notification causes real struggles with finding replacement staff or volunteers where necessary.

1. **What if someone becomes unwell while at Nursery?**

**Children**

If a child becomes unwell or feeling poorly the key person or another member of staff will call and report this to the parents. Depending on the severity of the child’s condition the child may be able to remain at nursery under careful supervision, or the parents will be requested to collect the child. If the parents or guardians are not contactable, then we will contact the emergency contacts on record. It is VERY important to ensure that contact details for parents, guardians and emergency contacts remain up to date.

Should a child be displaying symptoms of conditions listed in (Annex 1); the child seems to be in pain; they have a fever or they are having irregular tummy issues then they will be requested to be collect ASAP.

See the guidelines below for what to do if a child develops a fever when at nursery:

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| **Body Temperature** | **What it means** | **Action** |
| 36,4° to 37,6° | Normal | Nothing |
| 37,7° to 37,9° | Low grade fever | Monitor child regularly. If temperature continues to increase or child seems unwell, give parents a courtesy call to inform them. Possibly request to collect child if other symptoms and or seems unwell. |
| 38° to 39,6° | High Fever | Contact parents and request to collect child ASAP. Enquire if they would like you to give Calpol. NB Check that child’s recent history with Calpol to ensure no overdose. If parent gives verbal consent then ensure that you only give the child the recommended does on the package instructions, or less if parent/guardian request. If parents/guardians not contactable, contact emergency contact to collect child. Note: emergency contact cannot give permission to give Calpol unless they have been caring for the child in the past 24 hours, as they may not know the child’s recent history with medication and we cannot risk an over dose of Calpol. If in doubt of what to do call 111. |
| 40° to 40,6° | Very High Fever | Administer Calpol as per ‘High Fever’ guidelines. If parents are not on their way and the child is responsive call 111 for further advice.  If you have **any further concern about the child call 999**. (e.g. stiff neck; a rash that does not fade when you press a glass against it; is bothered by light; has a febrile seizure; has unusually cold hands and feet; has pale, blotchy, blue or grey skin; has a weak or high pitched cry that’s not like their normal cry; is drowsy or hard to wake; is extremely agitated (does not stop crying); is confused; finds it hard to breathe and sucks their stomach in under their ribs; has a soft spot on their head that curves outwards (bulging fontanelle); or is not responding like they normally do, or is not interesting in feeding or normal activities) |

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| **How to Treat a Child with a Fever** | | |
| **Do** | **DO NOT** |
| Give plenty of fluids | Do not cover them up in too many clothes or bedclothes |
| Look out for signs of dehydration | Do not undress the child or sponge them down to cool them |
| Give them food if they want it | Do not give aspirin to under-16 year olds |
| Monitor the child regularly | Do not give paracetamol to a child under 2 months |
| Remove excessively warm clothing (e.g. hats, thick jumpers, etc) | Do not give ibuprofen to a child under 3 months or under 5kgs |
| Give Calpol (within recommended guidelines and settings policies and procedures) | Do not give ibuprofen to children with asthma |
| Get medical advice if you are worried about your child. **Call 111 for urgent advice or 999 in an emergency** | Panic |

**Staff / Volunteers**

Staff or volunteers who become unwell during the work day (and or who are displaying symptoms of conditions listed in Annex 1) and who are unable to continue work should report and directly to the nursery manager (or next most senior person in charge if the manager is not present) and a decision will be made if the staff member can leave immediately (ideal), or if they should remain present until a cover arrives. The decision will be weighted heavily according to the safety of the children, as well as the comfort of the staff member or volunteer.

1. **Consent and administering medication**

**Children**

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

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 requested 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 key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to these procedures. In the absence of the key person, the manager or next most senior staff member is responsible for the overseeing of administering medication.

The nursery manager will notify our insurance provider of all required conditions or allergies, as laid out in our insurance policy.

We only administer prescription medications when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.

Non-prescription medication, such as pain relief (e.g. Calpol and teething gel), may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, unrelated to illness.

If a child requires pain relief (due to illness) or medication to bring down a temperature, then s/he cannot be cared for at nursery. We never administer medicines containing aspirin unless prescribed specifically for that child by a doctor.

The administering of un-prescribed medication (e.g. teething gel, homeopathic remedies) is recorded in the same way as any other medication. The nursery reserves the right to refuse to administer any medications which are not prescribed by a doctor and a decision will be made by the nursery manager (or next most senior person on duty) on a case by case basis

We may administer children’s paracetamol (un-prescribed) for children **with the verbal consent** from a parent or guardian, in the case of a high temperature, and where they have been asked to collect their child. This is to prevent febrile convulsion. Parent’s or guardians must have agreed to this within the consent forms received when they enrol their child. (An emergency contact cannot give verbal permission to administer Calpol, unless the child was in their care for the previous 24 hours)

Topical treatments (for example: nappy cream, sunscreen, etc) can be administered to a child by a staff member, provided the parents / legal guardians have signed the ‘Permission for topical treatments form’ which is in the enrolment pack. Wherever possible use the topical treatments that have been supplied by the parents / legal guardians. In rare circumstances (such as if the child’s health or comfort is at risk) we may apply our own nursery topical treatments.

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 the child and date of birth;
* the name of the medication;
* 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 / legal guardian, their printed name and the date

The administration of medicine is recorded accurately on the same form and signed by the person administering the medication and a witness. Parents (or the person collecting the child) are shown the record at the end of the day and are asked to sign the record book to acknowledge the administration of the medicine. The medication record form records the:

* name of the child
* name of the medication
* name of the doctor that prescribed it
* date and time of the dose
* dose given and method
* signature of the person administering the medication and a witness who verifies that the medication has been given correctly
* signature of the parent / person collecting the child at the end of the nursery session

For some 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

If the administration of prescribed medication requires medical knowledge, we obtain training for the relevant staff member/s by a health professional

If rectal diazepam is given, another member of staff must be present and co-signs the record book. Additional training must be supplied to the staff members to need to administer this

No child may self-administer.

Where children can understand when they need medication, for example with asthma, they should be encouraged to tell their key person / staff member what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication

We monitor the medication records 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 a similar time may indicate a need for better infection control.

1. **Storage of medicines**

Children’s prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition

All medication is stored safely in cupboard out of reach of children or refrigerated as required. Where the refrigerator is not used solely for the use of storing medicines, they are kept in a marked plastic box

The child’s key person is responsible (or manager/next most senior member of staff) 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 to be administered on a regular or as-and-when required bases. The key person checks that any medication held in the setting is in date and return any out of date medication back to the parent

1. **Children who have long term medical conditions and who may require ongoing medication / medical attention**

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 the manager, alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment

Parents/legal guardians will also contribute to a risk assessment. They will be shown around the setting, understand the routines and activities and point out anything which they think may be a risk 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 the 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 key person’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

1. **Managing medicines on trips and outings**

If children are going on outings, the key person 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 box, clearly labelled with the child’s name, the original pharmacists’ label and the name of the medication. Inside the box is a copy of the consent form and the corresponding part of the form for the administrator to complete as usual, when in the setting.

On returning to the setting the form is filed in the medications file and the parent /person collecting the child signs to acknowledge the administering as per usual.

If a child 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.

**Legal Framework**

The Human Regulations Medication (2012)

**Other Sources**

High Temperature (Fever) in Children( <https://www.nhs.uk/conditions/fever-in-children/> )

Health Protection for Schools, Nurseries and Other Childcare Facilities (Public Health England)

Annex 1

**Annex 1: Health Protection for Schools, Nurseries and Other Childcare Facilities**

**Exclusion Table**

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| **Infection** | **Exclusion Period** | **Comments** |
| Athlete’s foot | None | Athlete’s foot is not a serious condition. Treatment is recommended. |
| Chicken Pox | Five days from the onset of rash and all the lesions have crusted over |  |
| Cold Sores (Herpes simplex) | None | Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment. |
| Conjunctivitis | None | If an outbreak/cluster occurs, consult your local HPT |
| Diarrhoea and Vomiting | Whilst symptomatic and for 48hrs after the last symptoms. | See section in chapter 9 |
| Diphtheria\* | Exclusion is essential. Always consult your HPT | Preventable by vaccination. Family contacts must be excluded until cleared to return by your HPT |
| Flu (influenza) | Until recovered | Report outbreaks to your local HPT |
| Glandular Fever | None |  |
| Hand Foot & Mouth | None | Contact your local HPT if large numbers of children are affected. Exclusion may be considered in some circumstances. |
| Head Lice | None | Treatment recommended only when live lice seen, |
| Hepatitis A\* | Exclude for 7 days after onset of jaundice, or 7 days after symptom onset if no jaundice. | In an outbreak of Hepatitis A, your local HPT will advise on control measures. |
| Hepatitis B, C or HIV\* | None | Hepatitis B, C & HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice. |
| Impetigo | Until lesions are crusted/healed or 48hrs after starting antibiotic treatment. | Antibiotic treatment speeds healing and reduces the infective period. |
| Measles\* | Four days from the onset of rash and recovered. | Preventable by vaccination (two doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP. |
| Meningococcal Meningitis\*/Septicaemia\* | Until recovered | Meningitis ACWY and B are preventable by vaccination (see national schedule www.nhs.co.uk). Your local HPT will advise on any action needed. |
| Meningitis\* due to other bacteria | Until recovered | Hib and Pneumococcal Meningitis are preventable by vaccination (see national schedule [www.nhs.co.uk](http://www.nhs.co.uk)). Your local HPT will advise on any action needed. |
| Meningitis\* Viral | None | Milder illness than bacterial meningitis. Siblings and close contacts of a case need not be excluded. |
| MRSA | None | Good hygiene, particularly handwashing and environmental cleaning are important to minimise spread. Contact your local HPT for more information. |
| Mumps\* | Five days after onset of swelling. | Preventable by vaccination (two doses of MMR). Promote MMR for all pupils and staff. |

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| **Infection** | **Exclusion Period** | **Treatment** |
| Ringworm | None | Treatment is needed. |
| Rubella (German Measles) | Five days from onset of rash. | Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife |
| Scarlet Fever | Exclude until 24 hours of appropriate antibiotic treatment administered. | A person is infectious for 2-3wks if antibiotics are not administered. In the event of two or more suspected cases please contact local health. |
| Scabies | Can return after first treatment | Household and close contacts require treatment at the same time. |
| Slapped Cheek/Fifth Disease/Parvo Virus B19 | None (once rash has developed) | Pregnant contacts should consult their GP or midwife. |
| Threadworms | None | Treatment recommended for child and household. |
| Tonsilitis | None | There are many causes, but most cases due to virus and do not require antibiotic treatment. |
| Tuberculosis (TB) | Always consult your HPT **BEFORE** disseminating information to staff/parents/carers | Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread. |
| Warts and Verrucae | None | Verrucae should be covered in swimming pools, gyms and changing rooms. |
| Whooping Cough\* (Pertussis) | Two days starting from antibiotic treatment, or 21 days from onset of symptoms if no antibiotics. | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will be able to organise any contact tracing. |

**\*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**