

## Promoting health and hygiene

### **Managing children with allergies; children who are sick or infectious and administering medicines (including storage of medicines)**

#### **Policy statement**

At Mr Bee's, health and hygiene is promoted by identification of allergies; preventing contact with the allergenic substance and preventing cross infection of viruses and bacterial infections. In addition, 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 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. In cases where children require life saving medicine, we will ensure staff members are trained to meet the child's needs in partnership with parents and other health care professionals, prior to a child attending.

The following procedures have been written in line with current guidance, namely 'Managing Medicines in Schools and Early Years Settings' and each Centre Lead is responsible for ensuring all staff understand and follow the following procedures.

The Room Lead/nominated room lead is responsible for the correct administration of medication to children in their room. This means ensuring that parent consent forms have been completed; that medicines are stored correctly; and that records are kept according to procedures. All administration of medicine must be witnessed by the Room Lead/nominated room lead while the child's key person or another member of staff familiar with the child physically administers the medicine.

**In the absence of the Centre Lead – the responsibilities of Centre Lead will be that of the Lead Practitioner. In the absence of a Room Lead – a member of staff will be nominated Room Lead and carry out responsibilities as outlined below.**

## **Children with allergies**

- When parents start their children at the centre they are asked if their child suffers from any known allergies. This is recorded on the registration form with relevant information being recorded onto the 'Needs List' which is kept accessible but confidentially within the individual childcare rooms.
- If a child has an allergy, a risk assessment, health plan and a 'Parental Agreement to Administer Medicine to child with Allergies/Long Term Illness form (Medicine Form 2) is completed to detail the following:
  - i. The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats, etc).
  - ii. The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - iii. What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
  - iv. Control measures – such as how the child can be prevented from contact with the allergen.
  - v. Review date.
- Health Plans and risk assessments should be read and signed by all childcare staff members at the centre. New staff members will be made aware of where these are kept at induction by the room leader and provided time to familiarise themselves with a child's condition.
- The original copy of the health plan, risk assessment and parental agreement to administer medicine to a child with Allergy/Long Term Medical Conditions form (Medicine Form 2) are kept in the child's personal file and a copy given to the parents.
- A copy of the health plan is kept in an easily accessible but confidential place which will vary from childcare room to childcare room but will be outlined in the risk assessment and must not be removed, unless authorised by the Centre Lead.
- Once authorised, the Centre Lead will inform the whole team of any changes.
- The Medicine Form 2 is kept with the medication in 'Life Saving' medicine box.
- Parents and/or health professionals train staff in how to administer special medication in the event of an allergic reaction.
- No nuts or nut products are used within the setting, including staff room, reception and office areas.

- Parents are made aware of our 'no nut' policy in the terms and conditions and on parent notice boards so that no nut or nut products are accidentally brought into the centre.
- How to inform our parents of any other allergies is set out in the individual risk assessments.

### **Child who take Life Saving Medication and Invasive Treatments:**

Additional procedures will need to be in place when meeting the needs of children who may require adrenaline injections (Epipens) for anaphylactic shock reactions which can be caused by contact with allergenic substances as outlined above; who may require invasive treatments such as rectal administration of Diazepam (for epilepsy); and have been diagnosed with asthma. The centre must have:

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
- completed a risk assessment and health plan with the parents (medical professionals if appropriate) prior to start date and reviewed every six months as outlined in the children with allergies procedures above;
- written consent from the parent or guardian using the Medicine Form 2 which must also outline who has been trained to administer medicine;
- proof of training in the administration of such medication by a medical practitioner; healthcare professional; the parent, guardian or legal representative.
- all staff members trained in paediatric first aid including the use of auto injectors.
- all forms to be completed and kept on a child's file and retained in line with our Children's Records policy.
- Made sure parents are aware that although the centre will make every effort to ensure appropriate members of staff are trained in their child's needs, if the named staff members are not present, the child will not be permitted to attend childcare.

### **Children with medical needs:**

Children requiring help with tubes to help them with everyday living (e.g. breathing apparatus, to take nourishment, colostomy bags, etc.): The centre must have:

- Prior written consent by the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- A meeting to take place between parents, medical practitioner or health professional where appropriate; the Centre Lead and both the key person and shared key person.
- A risk assessment and healthcare plan to be put in place and shared with the whole team to

ensure all staff have full instructions on how to meet the child's needs prior to the child's start date.

- Where appropriate, a Medicine Form 2 must be completed.

In any of the three above mentioned cases, parents are made aware that although the centre will make every effort to ensure appropriate members of staff are trained/instructed in their child's needs, if the named staff members are not present, the child will not be permitted to attend childcare

### **Children who are sick or infectious**

- If a child appears unwell during the day – has a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the key person, after consent of Centre Lead calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.
- If a child appears unwell but does not have any specific symptoms, their temperature will be taken with at half hourly periods using a digital or infrared thermometer kept near to the first aid box. A record of the temperature will be kept using 'Suspected Illness' form.
- Only infrared and digital thermometers to be used in line with product guidance and based on the age of the children in the room - ear thermometers are not permitted for any age child.
- If a child has a fever (over 37.5°C/99.5°F) staff recognise the need to keep them hydrated by giving them plenty of cool water to drink and kept cool by:
  - i. Removing top clothing ensuring they are appropriately dressed for their surroundings
  - ii. If sleeping, cover with a light weight sheet.
  - iii. Keep room cool – open a window if you need to but ensure child is kept away from draughts.
- If the child has a significant temperature for longer than one hour the parent will be called to collect the child.
- Parents should be advised to contact their GP or health visitor urgently if the child:
  - i. is under three months old and has a temperature of 38°C (101°F) or above
  - ii. is between three and six months old and has a temperature of 39°C (102°F) or above
  - iii. is over six months old and, as well as a fever, has other signs of being unwell, such as floppiness and drowsiness.
- In extreme cases of emergency where it has not been possible to contact parent and/or administer fever reducing medicine, the child should be taken to the nearest hospital and the

parent informed. It is at this point, should a child be at risk of febrile convulsions, the child may be cooled using a sponge and cool water.

- Parents are asked to take their child to the doctor before returning them to nursery; the nursery can refuse admittance to a child who has a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics **for the first time**, parents are asked to keep them at home for 24 hours before returning to the setting.
- After sickness and diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed and the sickness has ceased.
- The centre has a list of communicable diseases which outlines excludable diseases and current exclusion times. The full list is obtainable from reception and includes common childhood illnesses such as measles, etc.

### **Nits and head lice**

- Nits and head lice are not an excludable condition but as with any communicable condition/illness, a parent will be asked to collect their child to take home so that treatment can be carried out.
- On identifying cases of head lice, all parents at the centre are discreetly informed and asked to treat their child and all the family if they are found to have head lice (current guidance on how to treat is sent out within letter).
- As with all sickness and/or infection, children may return to the centre once treatment has taken place.

### **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 centre becomes aware **of three or more children having a notifiable disease**, or if the centre is formally informed of the notifiable disease, the Centre Lead informs Ofsted and acts on any advice given by the Health Protection Agency.

### **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, underwear and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is rinsed and double bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are double bagged and disposed in an outside bin.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant prior to washing if applicable.

### **Administering Medication:**

- Parents complete the 'Permission to Administer Medicine/Treatment' form (Medicine Form 1) when a child attends the centre and requires medicine on a short term basis.
- Children taking medication must be well enough to attend the centre and keep up with the day to day activities.
- If a child is taking **any type of** medication for the first time **ever**, they must not attend nursery for 24 hours allowing the parent to monitor the child for allergic reactions.
- Prescribed medication must be in-date and prescribed for the current condition and will only be accepted in its original containers which must be clearly labelled with child's name; name of medicine; expiry date and doctor's details.
- A Medicine Form 1 is to be completed for children who **HAVE NOT** been diagnosed with asthma, however, require an inhaler to recover after a chest infection on a short term basis.
- All children diagnosed with Asthma **MUST** not attend until the procedures outlined in the 'Life Saving' medicines procedure is completed.
- Un-prescribed pain relief medicine for teething and illnesses such as ear/throat infections will be given at the discretion of the Centre Lead and upon completion of a Medicine Form 1. In cases where medication is to be given on an 'as and when required' basis (pain relief for teething/ear infections) a Medical Form 2 form should be completed.
- Eye drops cannot be administered without a prescription from the doctor; the Centre Lead's consent and without training by the parents. **If the child resists or becomes distressed – parents will have to come into the centre to administer.**
- A medicine label must be attached to any un-prescribed medicine (see attached) prior to storing in the fridge or medicine cabinet.
- Parents give prior written consent for the administration of medication and completed forms are kept in the child's file and retained in line with our Children's records policy.

- The staff receiving the medication will ensure the parent signs a consent form stating the following information. No medication may be given without all the details being provided:
  - i. full name of child and date of birth;
  - ii. date and time medication last administered by parent;
  - iii. name of medication and strength;
  - iv. time and dosage to be given in the setting;
  - v. how the medication should be stored and expiry date;
  - vi. any possible side effects that may be expected should be noted and if first time medication used;
  - vii. time to administer;
  - viii. signature, printed name of parent and date; and
  - ix. Signature, printed name of staff member agreeing to administer medicine.
- When medicines are administered the time, by who, and witness is recorded on form.
- No child is permitted to self-administer medicine without supervision. Where children are capable of understanding (school age children) 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.
- The Room Leader/nominated room leader is responsible for ensuring parents sign medication form at the end of the day and hand medicine back to parents at the end of the day.

### **Storage of medicines**

- All medication is stored safely in a locked cupboard or refrigerated ensuring they are inaccessible by the children.
- Medicines which require cold storage can be stored in the fridge, providing they are inaccessible to the children and kept in a separate container marked 'medicines'.
- All non-life saving medicines are kept in a locked medicine cabinet.
- The Room Leader/nominated room leader checks any medication held at the centre each month as part of the monthly risk assessment ensuring it is in date and returns any out-of-date medication back to the parent.
- Medications which are not to be administered by Mr. Bee's but may need to be stored for use in another centre MUST be handed to the room leader and stored securely and not left in a child's bag.

- Any medication left at Mr. Bee's after the child has left will be disposed of in line with current best practice.

### **Children who have long term medical conditions and who may require on ongoing medication**

- A risk assessment is carried out for each child with long term medical conditions who require ongoing medication. This is the responsibility of the Centre Lead 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 will be shown around the setting, understand the routines and activities and is will 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 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 – this will also form part of the risk assessment.
- The health care plan will include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more often if necessary. This includes reviewing the medication (for example, changes to the medication or the dosage, any side effects noted, etc.).
- The Parents receives a copy of the health care plan and each contributor, including the parent, signs it.

### ***Managing medicines on trips, outings and school runs***

- If children are going on outings, staff accompanying the children must include the 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 secure container clearly labelled with the child's name; date of birth; and name of the medication. A copy of the completed Medicine Form 2 and

health plan are to be kept inside of box at all times, together with a blank copy of Medicine Form 1 should medicine need to be administered.

- If a child on medication has to be taken to hospital, medication should accompany child as above.
- This procedure is read alongside the Supervision for children on outings; visits and school run procedure.

## **Forms**

- Suspected Illness Record
- Permission to Administer Medicine/Treatment (Medicine Form 1)
- Medicine Label
- Health Plan
- Parental Agreement to administer medicine to a child with Allergy/Medical Condition (Medicine Form 2).
- Risk Assessment

## **Related Policies:**

- Supervision of Children on Outings, Visits and School Run
- Health and Safety General Standards – Childcare
- Children’s Records
- Recording and Reporting of Accident and Incidents

## **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>
- <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>
- Policy updated using information from NHS Choices website  
<http://www.nhs.uk/Pages/HomePage.aspx> on 3.3.2014.

**Re: Managing children with allergies; children who are sick or infectious and administering medicines (including storage of medicines)**

This policy was adopted at a meeting of	Mr. Bee's Family Centre
Held on	9 <sup>th</sup> March 2018
Date to be reviewed	April 2020
Signed on behalf of the Board of Trustees:	
Name of signatory	Jeanette Nowrung
Role of signatory (e.g. chair/owner)	Trustee
Centre Lead's Signature:	