

# PATA Managed Groups 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 cross infection.
- Children who become unwell while they are at our session 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 current condition. Where medications are administered by us, we will ensure that they are given correctly and in accordance with legal requirements.

## 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. This is in line with Public Health England's 'Health Protection for schools, nurseries and other childcare facilities', updated 2017.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/691091/Exclusion\\_table.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691091/Exclusion_table.pdf)
- **Children who have sickness and/or diarrhoea must not return to our setting until 48 hours after their last episode.**
- Children with a rash should be considered infectious and assessed by their doctor.
- Children who have an infectious illness such as chicken pox should see a doctor before returning to our setting.
- Children who are unwell during the night should be kept at home for the next day to ensure they are not developing any illness.
- Children who are prescribed antibiotics for an infectious illness or other complaint, or a medication they have not taken before, must be kept at home for the first 48 hours to ensure there is no adverse reaction, and to give the medication time to take effect.
- We can refuse admittance to children who have a 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 and can be found at  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/691091/Exclusion\\_table.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691091/Exclusion_table.pdf)

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## Children who become sick while at our setting

- If a child appears unwell during the day – for example, if they have a 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 temperature they will be kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
- The child's temperature will be taken using a forehead (strip) or ear 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. Administering Infant Paracetamol based medication (e.g. Calpol) can assist in lowering the child's temperature. The setting will phone the parent/emergency contact to inform them of the situation and to gain verbal consent to administer Infant Paracetamol which the setting will hold. Written consent to administer Infant Paracetamol in these circumstances will be obtained when registering your child with the setting and if we are unable to speak to the parent/emergency contact we will proceed using this written consent. Parents **must** document on the signing in sheet if Infant Paracetamol has been administered before the child arrives in setting and the time/dosage given.
- In other 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. In these circumstances Ofsted and the LSCB will be notified as well.

## Administering prescribed medication

GPs should be asked to prescribe medicine that can be taken at home in the morning and evening if possible. If a child is prescribed medication that must be taken during the day, the following procedures will be followed.

### *Parental responsibilities*

A 'Request for Administering Medicine' 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 the last dose was given.

The parent must sign and date this 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.

Upon collection of their child, the parent must sign the 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 safely in a cupboard or refrigerated as required, in its original containers, clearly labelled and inaccessible to the children. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box/bag.

For some conditions, medication may be kept in the setting to be administered on a regular or as-required basis. Our staff will check 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.

### **Administration**

At the time that the medication is to be administered, a senior member of staff will:

- read the permission slip and directions on the bottle and check the child's name in the presence of a witness
- ensure that all details match before the medication is administered
- complete a 'Record of Medication Administered' form

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

### **Awareness**

If the administration of prescribed medication requires medical knowledge, we will obtain individual training by a health professional.

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 (e.g. Inhaler/Epi-Pen) must be taken on all trips and outings and carried by a qualified, designated first aider.

### **Administering non-prescribed medication**

We may give non-prescription medication, such as pain or fever relief (e.g. Infant Paracetamol/Calpol) see ***Children who become sick while at our setting*** section of this policy above.

### **Head lice**

On identifying cases of head lice, we will inform all parents and ask them to treat their child and the rest of their family if they are found to have head lice.

Head lice are not an excludable condition although in exceptional and persistent cases we may ask a parent to keep their child away until the infestation has cleared.

## 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. 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 or birthday cakes etc. as these will be removed.

## Long term medical conditions

### ***Risk Assessment***

We will carry out a risk assessment for each child with a long term medical condition that requires on-going medication and complete a Medical/Allergen Risk Assessment Form. This is the responsibility of the setting manager 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 Children's Dietary and Health Requirements form and displayed where all staff can see it.

### ***Individual Health Plan***

An Individual Health 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 Health Plan will include the measures to be taken in an emergency.

Each contributor, including parents, will sign the Individual Health 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/fridge as appropriate.

We will review the Individual Health 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 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 **Administering prescribed medication** section above.

## **Notifiable diseases**

If a child or adult is diagnosed as suffering from a notifiable disease under the 'Guidance on Infection Control in Schools and other Childcare Settings' Public Health England, their GP will report this to Public Health England.

When the setting becomes aware of or is formally informed of the notifiable disease, the manager will inform Ofsted and contact Public Health England, and will act on any advice given.

The setting will display the latest version of Public Health England's 'Health Protection for schools, nurseries and other childcare facilities'

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/691091/Exclusion\\_table.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691091/Exclusion_table.pdf)

## **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/I]:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Use protective rubber gloves for cleaning/sluicing clothing after changing.
- Rinse soiled clothing and double bag it for parents to collect.
- Clear 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 outside bins.
- Ensure that children do not share tooth brushes.

## **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 Public Health England and the local Environmental Health Department, who will support and advise the setting.

Ofsted will be informed of the situation by telephone. This will be followed up in writing within 48 hours and updated as necessary if there are material changes to the situation

The information required by Ofsted will be:

- Name of setting
- Setting registration number
- Infectious disease/symptoms encountered
- Number of cases
- Measures put in place to avoid further cases
- Other agencies involved

### *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 Public Health England and Gloucester Environmental Health Department. Contact details for both agencies will be provided to all parents.

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.

Where a serious outbreak is identified, the manager may take the decision to close part or all of the setting for a period of up to 72 hours 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

There will be no charge for days on which the setting is closed and where possible additional sessions will be offered to compensate for sessions lost. If a child is full time accounts will be credited for fee paying sessions.

### Setting Procedures

- 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.
- 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.
- Activities such as cooking, sand and water play may be discontinued 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 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

	Ofsted	Public Health England Avon/Glos/Wilts	Environmental Health Department Gloucester City Council
Telephone:	0300 123 1231	0300 303 8162	01452 396161
Email:	enquires@ofsted.gov.uk	enquiries@phe.gov.uk	heretohelp@gloucester.gov.uk

### Further guidance

Health protection in schools and other childcare facilities updated May 2018

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Public Health England's 'Health Protection for schools, nurseries and other childcare facilities', updated 2017.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/691091/Exclusion\\_table.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691091/Exclusion_table.pdf)

### Internal use only

This policy was adopted by	_____	(name of setting)
On	_____	(date)
Date to be reviewed	_____	(date)

Signed on behalf of the provider	_____
Name of signatory	_____
Role of signatory (Setting Manager)	_____

Signed on behalf of PATA (UK)	_____
Name of signatory	Paula Hayball
Role of signatory	Chief Executive Officer