

Medication and Unwell Child Policy

1. Policy Statement

1.1 Sunbeam Family services ltd t/a Sunbeam/Sugar Plum Tree Nursery, acknowledges that there are times when children become unwell and it is the setting's intention to support children and families during these times as much as possible. However, the primary concern is for the welfare of all the children within the setting and for the staff team. Therefore, it is our policy that unwell children who are distressed by their symptoms or who have any infectious/contagious conditions <u>must</u> be cared for at home until they are fully recovered. Children with mild coughs and sneezes are welcome into the setting and are not distressed by their symptoms or pose a health risk to fellow children and staff. Children with symptoms of COVID 19 must follow current Government guidance.

2. EYFS Guidance

2.1 The Statutory Framework for the Early Years Foundation Stage (2021), states the following with regards to medication and unwell children;

"3.45. The provider must promote the good health, including the oral health, of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill".

"3.46. Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor)".

"3.47. Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable".

The Early Years Foundation Stage (2021) page 32-33

3. Unwell Children

- 3.1 If children are unwell, parents/carers need to consider if their child is well enough to attend the setting. The setting cannot care for children who have a raised temperature above 38C degrees, diarrhoea, vomiting or are distressed by other symptoms.
- 3.2 If parents/carers feel it is necessary to administer fever and/or pain reducing medication, such as Calpol at home to keep their child comfortable whilst in nursery, they should keep their child at home until their child is fully recovered.
- 3.3 Children with symptoms of COVID 19 must follow current Government guidance.









- 3.4 Sunbeam Family Services Itd t/a Sunbeam/Sugar Plum Tree Nursery, reserve the right to refuse entry to any child who is believed to not be well enough to attend.
- 3.5 Parent/carers are also required to refer to the attached Exclusion Table for Infectious Diseases when children are unwell and to adhere to the recommended exclusion periods set by the Health Protection Agency.
- 3.6 If children become unwell whilst at the setting the child's key-person or a member of the management team will contact the parent/carer to inform them of the situation and to request that they come to collect their child. If the child's condition deteriorates whilst in the setting's care, the management team may contact the child's GP, the NHS 111 advice line or the Emergency Services for advice and/or treatment. Attempts to contact parents/carers immediately will always be made.
- 3.7 If children are infectious they should be kept at home until the recommended exclusion period has passed or until treatment has been established, whichever action is appropriate as outlined on the Exclusion Table for Infectious Diseases or upon the instructions of a qualified medical professional.
- 3.8 A child who develops a temperature over 38C degrees when in the setting will need to be collected/kept away from the setting for at least 24 hours or until they are fully recovered after the 24-hour period. Children who have two episodes of diarrhoea or vomiting must be collected and kept away from the setting for at least 48 hours or until the child is fully recovered after this time.

Health Matter	Minimum exclusion period	When to return to nursery
Raised temperature over 38C degrees	The child must not return to the nursery for at least 24 hours or until they are fully recovered after this 24-hour period	The child must have a temperature below 38C degrees for at least 24 hours before returning to the nursery. They should return for the first full day after the 24-hour period has ended. For example, if the child has gone home with a temperature on Monday at 10am, they should return to Nursery on Wednesday morning as usual if they are fully recovered, instead of 10am on Tuesday.
Two episodes of diarrhoea or vomiting	The child must not return to the nursery for at least 48 hours or until they are fully recovered after this 48-hour period	The child must have no further episodes of diarrhoea or vomiting for at least 48 hours before returning to the nursery. They should return for the first full day after the 48-hour period has ended. For example, if the child has gone home with diarrhoea or vomiting on Monday at 10am, they should return to Nursery on Thursday morning as usual if they are fully recovered, instead of 10 am on Wednesday.









4. Administration of Medication

4.1 Prescribed medication from a doctor, nurse, pharmacist or dentist will only be administered to the child which it has been prescribed for.

4.2 Any medication which is not prescribed, will only be administered when there is a clear and appropriate reason to administer it within the setting. Additionally, only medication which is specific for the child's condition will be given, for example anti-histamine to relieve the symptoms of Hay-fever.

4.3 Medication to relieve fever or pain will not be administered except as part of our "One Off Dose" procedure or where this has been prescribed by a suitable medical professional. We are unable to care for children who are unwell and require regular administration of fever or pain-relieving medication whilst in the nursery.

4.4 All medication must be clearly labelled with the child's name, have the prescription label attached (if prescribed), include administration and storage instructions, contain the original information leaflet for the medication, be in the correct packaging and be in date. Any medication without any of the above will not be administered.

4.5 Homemade remedies, herbal remedies or medication from abroad will not be administered.

4.6 Any medication, including medication such as antibiotics or ointments must be administered for at least 24 hours at home by the parent/carer before it can be administered by staff in the setting.

4.7 All medication will be administered in accordance with the prescriber's instructions or manufacturers guidelines only. This includes the dosage to be administered and the length of time that it is safe to administer the medication. If medication needs to be administered for longer than prescribed or as recommended by the manufacturer, parents/carers must seek medical advice before this can be continued or resumed within the setting.

4.8 All medication should be handed to the nursery manager or one of the deputy managers.

4.9 The parent(s)/carer(s) with parental responsibility must complete a medication form, giving permission for the medication to be administered. All medication must be administrated for at least 24hours at home by parents/carer before it can be administrated in the setting. Parents/carers must also sign to confirm they have been informed each time the medication has been administered.

4.10 All medication will be administered by a qualified first-aider and will be witnessed by a second person.

4.10 Medication which requires technical or medical knowledge will require specific training from a qualified health professional before setting staff can administer it. Every effort will be made to ensure that the setting staff have sufficient information and knowledge in order to care for children with long-term/specific health needs and acknowledge that this may involve taking advice from parents/carers and medical professionals.









5. Emergency/Long-Term Medication

5.1 Some children require medication in order to prevent or treat life threatening conditions and to manage on-going health issues. Therefore, prescribed Emergency and Long-term medication will be administered provided staff have the necessary knowledge and skills to do so and the parent/carer have signed consent.

Emergency Medication is any medication which must be administered in an emergency situation, for example, Epi-pens for severe allergic reaction or asthma pumps during asthma attacks.

5.3 Long-Term Medication includes medication which children are required to take in order to manage long term conditions such as cream for eczema or anti-histamines for severe hay-fever.

6. Teething

6.1 Children who are teething will be given pain relieving/fever reducing medication or teething gel for three consecutive days only, when prior consent has been obtained from the parent/carer.

6.2 We will administer Calpol and teething gel to babies that are teething for three consecutive days. We will adhere to the dose and administration guidance as listed on the packaging. We cannot administer these medications for longer than three consecutive days, except where the medication has been prescribed, in which case we will follow the prescriber's instructions. After this time the parent/carer must take advise from a suitable medical professional, such as a pharmacist, health visitor, practice nurse or doctor etc.

6.3 Parents/carers must complete a medication form before the medication can be given and must sign to confirm that they have been informed that it has been administered.

7. <u>Unexpected raised temperature and the 'One Off Dose' system</u>

- 7.1 A 'one-off dose' system for children who develop a raised temperature unexpectedly whilst in the setting is operated. NHS (2021) states that a raised temperature in babies and children is a temperature of 38C and over. This means that a 'one off' dose of pain relieving/fever reducing medication (CALPOL) can be given to the child whilst waiting for the parent/carer to come and collect the child when prior written consent has been obtained.
- 7.2 The 'one-off dose' system is not a means to medicate an unwell child, but is a precautionary measure to make the child comfortable until they are collected from our setting by their parent/carer and to reduce the risk of febrile convulsion (fitting to due to a raised temperature).
- 7.3 It is strictly a one-off dose meaning that it will only be given once and, in the instance, that the child has been well beforehand. If the parent/carer has knowingly brought the child into the setting when they have previously been unwell with a temperature within the last 24 hours, then the dose <u>cannot</u> be given and the parent/carer must keep their child at home until they are fully recovered. The 'one-off dose' cannot be used to make an already unwell child comfortable whilst at the setting.
- 7.4 If the child has been sent home by the setting with a raised temperature that same day or the day before, the child must be kept at home until they no longer have a temperature and for a period of no less than 24 hours (see the table in section 3.9).









- 7.5 If parents/carers know that their child is unwell, they should <u>NOT</u> bring them into the setting but keep them at home until they have fully recovered.
 - 7.6 The 'one-off dose' will not be administered without prior written consent.
 - 7.7 We will provide age appropriate CALPOL for use in the 'one off dose' system and parents are not required to provide their own.
 - 7.8 If the child is allergic to CALPOL or cannot take it due to another medical reason, the parent/carer with parental responsibility must make this known to the Nursery Manager at enrolment or as soon as they are aware after this point in writing. If they wish for their child to be given an alternative fever reducing medication such as NUROFEN, they must bring this product into the setting and leave it on the premises. The medication must be in its original container and meet all other criteria outlined above. The parent must also complete a medication form before it can be administered. It is the responsibility of the parent/carer to make sure that this medication is suitable for their child.
 - 7.9 The 'One-off dose' <u>will not</u> be given for any other reason than for a raised temperature of 38C or above. For example, we will not give the 'one-off dose' for children who have other symptoms, such as headache, tummy ache, cough or a runny nose as means of managing their condition.
 - 7.10 Consent for the administration of the 'one off dose' will be sought at enrolment. It is the responsibility of the parent/guardian to inform the setting in writing if they no longer wish for the 'one off dose' to be given or of any changes to the child's health which makes it inappropriate for them to receive the 'one off dose'.
 - 7.11 It is the parent's responsibility to ensure that all medication used for the "One off dose" is appropriate for their child's health needs.

8. Storage of Medicines

8.1 All medication is locked in a medical cupboard, except in the instance that medication must be stored in the fridge. We will undertake monthly checks to ensure that all medication is correctly stored and in date. All medication which is no longer required or is out of date will be returned to parents/carers.

9. Maintaining health and well-being

9.1 The health and well-being of all children, staff and families is paramount. As a result, the management team ask that parents and carers adhere to the exclusion periods set by the Health Protection Agency. Additionally, the setting will adhere to all guidance from Central Government with regards to managing the risk of cross infection, for example with regards to health epidemics and pandemics. In such instances, the setting will put required measures in place in order to promote well-being and will work in partnership with parents and carers to promote good health.

10. Staff medication









- 10.1 All staff have a responsibility to only work within the nursery when they are medically fit to do so. Staff must not come into the nursery if they are infectious or too unwell to meet the demands of their job role.
- 10.2 If any staff member believes that the side effects of their medication is affecting their ability to perform appropriately within their role, they must inform the Nursery Manager or Nursery Site Coordinator immediately and seek medical advice.
- 10.3 Where staff may occasionally or regularly need to take medication during their working hours, this medication must be stored out of reach of the children in the medication cupboard and be clearly labelled with the name of the member of staff. In all cases, the Nursery Manager and Nursery Site Coordinators must be informed of any staff medication kept on site.







Health Protection for schools, nurseries and other childcare facilities

Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from 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 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a 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 until seven 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*, HIV	None	Hepatitis B and C and 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 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.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.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.







Both Sites



Infection	Exclusion period	Comments
Ringworm	Not usually required.	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 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks 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 of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local 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 from starting 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 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).

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

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References:

The Exclusion Table for Infectious Diseases provided overleaf is taken from: Guidance on health protection in schools and other childcare facilities. Available at: https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

NHS High temperature (fever) in children <u>https://www.nhs.uk/conditions/fever-in-children/</u>

NHS Paracetamol for children (including Calpol) https://www.nhs.uk/medicines/paracetamol-for-children/

The Early Years Foundation Stage (2021) https://www.foundationyears.org.uk/files/2017/03/EYFS_STATUTORY_FRAMEWORK_2021.pdf

This policy was reviewed in the Autumn Term 2022





