

## ILLNESS, ALLERGIES AND MEDICATION POLICY

### POLICY STATEMENT

We aim to promote good health in all children who attend the setting through preventing cross-infection of viruses and bacterial infections and through identifying allergies and preventing contact with the allergenic substance.

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 prescribed medication as part of our commitment to maintaining their health and well-being, or when they are recovering from an illness.

*Designated Special Medical Needs Person: Rachael Richards*

*Designated Health and Safety Coordinator: Amy Kent*

### Procedures for Children with Allergies and Intolerances

During enrolment, Parents are required to disclose any allergies or intolerances their child may have and this is documented on the child's Early Years Passport, located in their 'Welcome Pack'. This information is communicated with all members of staff and displayed in the relevant areas for Staff to refer to.

*If a child has an allergy, a risk assessment form is completed to detail with the following:*

- The allergen – the substance, the material or living creature. Such as, nuts, eggs, bee stings, dairy, etc.
- The nature of the allergic reaction – anaphylactic shock reaction, rash, reddening of the skin, swelling, breathing problems.
- Steps to follow in case of allergic reaction, any medication that is used and how it used (a care plan may be appropriate)
- Control measures – such as how the child can be prevented from contact with the allergen

This form will be kept in the child's personal file and updated as and when advised by the Parents/Carers. A copy will be displayed in all relevant areas, for Staff members to refer to. This will include their name and photo. A brief description of their allergy or intolerance. The name of any medication, along with information about its purpose and when to be administered. A list of any known triggers and reactions. The designated special medical needs person, Rachel Richards, will undertake any necessary training on how to administer special medication in the event of an allergic reaction,

### Procedure in the Case of an Allergic Reaction

The child's details of allergy will be visibly displayed within the setting where staff can access it.

Parents demonstrate to Staff how to administer special medication in the event of an allergic reaction if applicable.

All food on the premises will be checked to ensure no allergens are present. This includes items and materials used in the messy play and investigation trays.

We are a nut-free Pre-school. Parents are made aware of this information during enrolment, so that under no circumstances are nuts accidentally brought into the setting. Should this happen, they will be removed immediately.

Oral medication Asthma inhalers are now regarded as 'Oral Medication', these must be prescribed to the child by a Doctor, Dentist, Nurse or Pharmacist. They must be labelled with the child's name, Doctor's name, dose and expiry date, as well as the Manufacturer's instructions clearly written on them. The setting must be provided with clear, written instructions on how to administer such medication.

All risk assessment procedures will be adhered to, for the correct storage and administration of medication. Inhalers kept on the premises must be clearly named and kept in individual secure boxes, also named and stored out of reach of children.

The setting must have the Parent/Carer prior written consent. This consent will be kept on file.

Life-saving medication and invasive treatment – adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by nuts, eggs, etc), or invasive treatments such as rectal administration of Diazepam (for epilepsy). The setting must have:

- A letter from the child's GP or consultant – stating the child's condition and what medication, if any, is to be administered.
- Written consent from the Parent/Carer allowing staff to administer prescribed medication.
- Proof of training in the administration of such medication if not covered by First Aid training, by the child's GP, a district Nurse, children's Nurse specialist or a community paediatric Nurse.

Our insurance automatically includes children with any disability or allergy.

## Individual Child's Health

Children who are unwell, should not attend Pre-school. Please do not bring your child if they are suffering from an infectious diseases or viruses. For example:

- Sickness / Diarrhoea
- Conjunctivitis
- Chickenpox
- Measles
- Tonsillitis
- Scabies

Your doctor can advise you when your child is no longer infectious. If you have any doubts whether your child can return to Pre-school, please ring us before you leave home, so that a member of the team can advise you.

## Procedure for Children who are Sick or Infectious

If children appear unwell during the day whilst at Pre-school, including having a temperature, sickness, diarrhoea, pains in their stomach or head, we will call the Parent/Carer as soon as possible to ask that they collect their child. If we cannot get hold of them, we will then contact the emergency numbers provided on their Early Years Passport.

Whilst waiting for the child to be collected, we will ensure that they are looked after by a member of Staff. The Staff member will continually monitor the child and ensure that they are kept comfortable. If a child has a temperature, they will be kept cool, and Staff will follow NHS guidelines when needed. In extreme cases of emergency, the child should be taken to the nearest Doctor's surgery or hospital and the Parent will be informed.

The setting can refuse admittance to children displaying visible signs of infection, guidance will be taken from 'Public Health England'.

We always ask that children do not return to Pre-school until at least 48 hours after their last bout of sickness or diarrhoea.



Where children have been prescribed any antibiotic treatment or medication for the first time, Parents are advised to keep their children at home for the first 48 hours from the start of the medication, before returning to the setting in case of a reaction.

## Reporting a 'Notifiable Disease'

Following the guidelines of the Health Protection Agency (HPA), and under the Public Health (Control of Diseases) Regulations 2010, when the setting becomes aware or formally informed of the notifiable disease, a member of the Management team will inform Ofsted within 14 days of notice and will act upon the advice provided by Public Health England.

HIV/AIDS/Hepatitis – HIV virus, like other viruses such as Hepatitis, (A, B and C) are spread through bodily fluids. Hygiene precautions for dealing with bodily 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 is soiled with urine, blood, faeces or vomit. Soiled clothing is bagged ready to Parents to collect at the end of the session.

Spills of blood, urine, faeces or vomit are cleared and cleaned using a mild disinfectant solution. Tables, furnishings, furniture and toys that have been affected by these spills are also cleaned using a disinfectant.

## Headlice

Children with headlice will not be excluded from the setting. However, we expect Parents to be vigilant and take appropriate action to address the situation. In exceptional circumstances, a Parent may be asked to keep the child away from the setting until the infestation has cleared. If you identify a case of headlice, we advise that all family members are treated. Please ask a member of Staff for a headlice information letter, if you require more guidance on how to treat your child.

## Administering Medicines

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 possible that the prescribed medicine can be taken before after Pre-school hours. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given at the setting.

We request that if a child has not had medication before, that parents keep the child at home for the first 48 hours to ensure there are no adverse side effects as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings'. The Manager is responsible for ensuring that all staff understand and follow these procedures.

All staff are responsible for the correct administration of medication to the children. This includes ensuring that parent consent forms have been completed, the medicines are stored correctly and that records are kept according to procedures. The Management Team are responsible for overseeing all procedures and the administration of medicine.

## Procedures for Administering Medicine

Children taking medication must be well enough to attend St. Eval Pre-school. Only medication prescribed by a doctor (or another medically qualified person) can be administered. The medication must be in-date and prescribed for the current condition.

Please note, we cannot administer 'Calpol' or 'Nurofen', unless prescribed by a GP.

If we feel a child is in need of one of these medications, we will call the Parent.



Children's prescribed medicines will be stored in their original containers and will be clearly labelled with the child's name. They will always be kept inaccessible to children.

Parents will be required to give written permission for the administration of medication. Upon arrival, the Parent will be requested to fill out one of our 'Medical Administration' forms. This will include details of the child's name - date of birth - name of medication - expiry date - how dose is given - what dose is needed. The Parent will sign and date the form. Please note, no medication will be administered without this permission form. When medication is administered, the staff member will then record the time – and the dose given on the record log on the back of the permission form. This will then be signed by the staff member and a witness staff member, which will then be verified by the Parent at the end of the session.

## Storage of Medicines

All medication will be stored safely in a clear-labelled container, in the refrigerator where appropriate. Staff are responsible to hand all medication back to the Parent / Carer at the end of the day.

For some conditions, medication will need to be kept at the setting. Staff will be required to check that medication is to be administered on a 'as and when' required basis, or on a regular basis. They will be required to check that the medication is in date and return out-of-date medication back to the Parent / Carer.

If the administration of prescribed medication requires medical knowledge, individual training is provided by all staff by a health professional. No child will ever be asked to self-administer.

Staff must always be vigilant in knowing and responding when a child may require medication.

A risk assessment is completed for each child with long term medical conditions that require ongoing medication. Other medical advisors and Parents may be involved in the risk assessment. They will be informed of routines and activities and given the opportunity to point out any factors that be a risk to the child's health needs. For some medical conditions, key staff will need to have training in basic understanding of the condition, including how to administer their medication correctly.

## Managing Medicine on Trips and Outings

When children are on outings, outside of the setting; Staff are required to include the child's risk assessment and be fully informed about the child's needs and medication. Any medication needed will be clearly labelled and kept in the First Aid bag. A copy of the Medical Administration and log form will also be taken.