**Adminstering Medicines & Health Policy (Including provision for children with allergies, or who are sick or infectious and reporting notifiable diseases).**

**Policy statement**

We will do our very best to promote the good health of children in our setting. Our procedures which are discussed with parents and/or carers support us in responding appropriately to children who are ill or infectious. We take the necessary steps to prevent the spread of infection, and take appropriate action if children are ill (EYFS 17 3.44).

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 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, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

Parents are asked to disclose any medical conditions that will require regular medication upon the administration forms. We provide reminders to parents of the importance of updating their child’s records if there are any changes to note.

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

**Procedures**

* Children taking prescribed medication must be well enough to attend the setting.
* It must be in-date and prescribed for the current condition.
* Medicines must not usually 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) (EYFS 17 3.45).
* Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
* Some non-prescription medicine can be administered e.g. nappy rash cream. Parent must be informed if this has been administered .

INFORMATION NEEDED BEFORE AGREEING TO ADMINISTER MEDICINE

Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:

* full name of child and date of birth;
* name of medication and strength;
* who prescribed it;
* dosage to be given in the setting;
* how the medication should be stored and expiry date;
* any possible side effects that may be expected should be noted; and
* signature, printed name of parent and date.

INFORMATION RECORDED AFTER ADMINISTERING MEDICATION

Providers must keep a written record each time a medicine is administered to a child, and inform the child’s parent and /or carers on the same day, or as soon as reasonably practicable

The medication record book records:

* name of child;
* name and strength of medication;
* the date and time of dose;
* dose given and method; and is signed by key person; and is verified by parent signature at the end of the day.
* We use the Pre-school Learning Alliance’s publication *Medication Record* for recording administration of medicine .
* If the administration of prescribed medication requires medical or technical knowledge, individual training is provided for the relevant member of staff by a health professional (EYFS 17 3.45)

*Storage of medicines*

* Medicines are stored securely on the top shelf of our cupboard in a lidded plastic box, if the medicine needs refrigeration it will be stored in the original box which has been placed into a plastic box.
* The child’s key person, manager or deputy is responsible 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. Staff check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.
* All the staff will be informed that there is medication on site by our leader/deputy and the child’s key worker.
* All information is displayed on the wipe board and is updated on a regular basis.
* If rectal diazepam is given another member of staff must be present and co-signs the record book.
* No child may self-administer. Where children are capable of understanding 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.

*Children who have long term medical conditions and who may require on on-going medication*

* A risk assessment is carried out for each child with long term medical conditions that require 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 will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and 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 is 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 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 (and medical professional if appropriate); outlining the key person’s role and what information must be shared with other staff who care for the child.
* The health care plan should include the measures to be taken in an emergency.
* The health care plan is reviewed every six months or more 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 health care plan and each contributor, including the parent, signs it.

*Managing medicines on trips and outings*

* 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 sealed plastic box clearly labelled with the child’s name, name of the medication, Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
* On returning to the setting the card is stapled to the medicine record book and the parent signs it.
* If a child on medication has to be taken to hospital, the child’s medication is taken in a sealed plastic box clearly labelled with the child’s name, name of the medication. Inside the box is a copy of the consent form signed by the parent.
* As a precaution, children should not eat when travelling in vehicles

This procedure is read alongside the outings procedure.

**Children with allergies, or who are sick or infectious**

We provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections.

**Procedures for children with allergies**

* When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form.
* If a child has an allergy, a risk assessment form is completed to detail the following:
* The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
* The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
* What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).
* Control measures – such as how the child can be prevented from contact with the allergen.
* Review.
* This form is kept in the child’s personal file and a copy is displayed where staff can see it.
* Parents train staff in how to administer special medication in the event of an allergic reaction.
* We assess our use of nut products, (e.g. peanut butter at snack time), according to the children/staff/volunteers we have at the setting at that time. For example, if a child with a nut allergy attends the pre-school then we would not use nut products at all during the duration of the time they are in the setting. Parents would be made aware of our current ban so that no nut or nut products are accidently brought in, for example to a party or in lunch boxes.

*Insurance requirements for children with allergies and disabilities*

* The insurance will automatically 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 your insurance provider must be obtained to extend the insurance.

Life saving medication & invasive treatments

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).

* The setting must have:
* a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
* written consent from the parent or guardian allowing staff to administer medication; and
* proof of training in the administration of such medication by the child's GP, a district nurse, children’s’ nurse specialist or a community paediatric nurse.
* Copies of all three letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended.

Children with special needs who require extra medical help such as breathing apparatus, tubes to take nourishment, colostomy bags etc.

* Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
* Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

Copies of all letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal . Written confirmation that the insurance has been extended will be issued by return.

**Procedures for children who are sick or infectious**

* If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager or deputy calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.
* If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
* Temperature is taken using a ‘fever scan’ kept in the first aid box.
* In extreme cases of emergency an ambulance should be called and the parent informed.
* Parents are asked to take their child to the doctor before returning them to the Pre-school; the Pre-school can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
* Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
* After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
* The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/servlet/ContentServer?c=HPAweb\_C&cid=1194947358374&pagename=HPAwebFile and includes common childhood illnesses such as measles.

*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 setting becomes aware, or is formally informed of the notifiable disease, the manager 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, pants 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 either bagged for parents to collect .
* Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.
* Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

*Nits and head lice*

* Nits and head lice are not an excludable condition.
* On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

**Legal framework**

* Medicines Act (1968)
* EYFS 17

**Further guidance**

Managing Medicines in Schools and Early Years Settings (DfES 2005)  
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

www.hpa.org.uk/servlet/ContentServer?c=HPAweb\_C&cid=1194947358374&pagename=HPAwebFile

**Other useful Pre-school Learning Alliance publications**

* Medication Record (2006)
* Register and Outings Record (2006)

|  |  |  |
| --- | --- | --- |
| This policy was adopted at a meeting of | Portreath Pre-School |  |
| Held on | 29.03.2018 |  |
| Date to be reviewed | Annually in March, or before should procedures change. |  |