



We demonstrate tolerance and respect through child-led play

Administering Medicines and the Sick Child Policy

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Administering Medicines and the Sick Child Policy

1 Scope & Purpose

- 1.1 To work in partnership with parents to provide a caring and safe setting.
- 1.2 To ensure that children who are unwell are kept at home so that infection cannot spread.
- 1.3 To ensure that children who become unwell during their time at playgroup are cared for with kindness and sensitivity whilst they await collection.

2 Sick child

- 2.1 We ask that children who are unwell do not attend playgroup. This includes symptoms such as stomach ache, head ache or being generally 'out of sorts'.
- 2.2 Young children's health can deteriorate rapidly so a child who appears only mildly unwell but wants to come into Playgroup must remain at home to reduce the risk of infection to other children and adults.
- 2.3 We reserve the right to refuse admittance to any child we feel is not well enough to attend Playgroup or who may pose a risk of infection to others.
- 2.4 Parents should notify Playgroup if their child has an infectious illness such as chickenpox, measles etc. Exclusion periods for these illnesses will be in accordance with local health authority guidelines see appendix.
- 2.5 Children should also be excluded for certain skin infections and we are required by law to report notifiable diseases to the relevant authorities.
- 2.6 We inform all parents if there is a contagious infection identified in the playgroup, to enable them to spot the early signs of this illness.
- 2.7 We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection.
- 2.8 In the event of vomiting or diarrhoea, any spilt fluids should be cleaned up using appropriate equipment and materials and staff must wear the appropriate PPE equipment. The child should be cared for and separated within reason from the other children until they can be collected.
- 2.9 Children should not return to playgroup until well again and 48 hours clear of sickness or diarrhoea.
- 2.10 A copy of the Exclusion list for illness and contagious diseases can be found on the Health and Safety board and in Appendix 1 of this policy.
- 2.11 Croft Playgroup requires all parents/carers to inform the Manager of any diagnosed infection. If appropriate, other parents are informed of the infection.
- 2.12 We follow the advice of Public Health England with regard to the exclusion period required for different illnesses.
- 2.13 Whilst their child is attending the Playgroup, parents/carers must ensure that they, or another carer, can be contacted in case of emergency or an illness. Parents/carers must notify Playgroup of any change in the child's registration details relating to contact numbers or medical history.

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- 2.14** It is expected that parents of children will not bring them to Playgroup on a particular day if already known to be unwell. However, small children can become unwell rapidly and there may be occasions in which the playgroup has to temporarily care for a sick child.
- 2.15** In the event of this happening staff will contact the parents/carers to collect the child as soon as possible.
- 2.16** There is often be a delay from the time of notification to when the child is collected. During this time staff will attempt to keep their child comfortable whilst they are waiting to be collected. If the child has developed a fever, cool clean cloths could be used or excess clothing removed. The child should be offered drinks and rested in the quiet area with 1:1 assistance as necessary.
- 2.17** In the event of a child showing signs of irritation from an allergy such as hay fever, moulds and mildew or insect sting staff will contact the child's parent/carer and ask them to seek medical advice.

3 Administering medicines

- 3.1** 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 prescribed by a medical professional as part of maintaining their health and well-being or when they are recovering from an illness.
- 3.2** We will only provide medication that has been prescribed by a medical professional with full written consent from the child's parent/carer. This consent should include:
- 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,
 - signature, printed name of parent and date.
- 3.3** 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.
- 3.4** 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.
- 3.5** Children taking prescribed medication must be well enough to attend the setting.
- 3.6** Medication must be in-date, relevant and appropriate for the condition.
- 3.7** The Keyworker, Room Leader or Manager (wherever possible an adult who the child is very comfortable with) will ensure the correct administration of medication.
- 3.8** If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- 3.9** If rectal diazepam is given another member of staff must be present and co-signs the record book.
- 3.10** 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.

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4 Storage of medicines

- 4.1 Staff must ensure that parent consent forms have been completed, the medicines are stored correctly and that records are kept according to procedures.
- 4.2 The prescribed medicines must be stored in their original containers in the medicine cabinet or refrigerated, clearly labelled and inaccessible to the children.
- 4.3 Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic bag.
- 4.4 The Room leader and the member of staff who covers the door at home time is responsible for ensuring medicine is handed back to the parent/carer at the end of the day.
- 4.5 For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer is in date and return any out-of-date medication back to the parent.

5 Children who may require long term medication

- 5.1 A risk assessment is carried out for each child with long term medical conditions that require ongoing 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.
- 5.2 The risk assessment must be carried out in full consultation with the parents/carers. 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.
- 5.3 The risk assessment includes consideration of:
 - vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs,
 - arrangements for taking medicines on outings,
 - advice from the child's GP if necessary where there are concerns'
 - whether key staff require training to ensure a basic understanding of the condition as well as how the medication should be correctly administered.
- 5.4 An Education and Health Care Plan 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.
- 5.5 The plan should include measures to be taken in an emergency.
- 5.6 Parents receive a copy of the plan and each contributor, including the parent, must sign and date it.
- 5.7 The 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.

6 Managing medicines on outings

- 6.1 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.
- 6.2 Medication for a child is taken in a sealed plastic bag clearly labelled with the child's name, name of the medication, Inside the bag is a copy of the consent form and a card to record when it has been given, with the details as given above.
- 6.3 On returning to the setting the card is stapled to the medicine record book and the parent signs it.

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- 6.4 If a child on medication has to be taken to hospital, the child's medication is taken in a clear plastic bag clearly labelled with the child's name, name of the medication. Inside the bag is a copy of the consent form signed by the parent.
- 6.5 As a precaution, children should not eat when travelling in vehicles.
- 6.6 This procedure is read alongside the outings procedure.

7 Needle stick injury and safe use of sharps

- 7.1 Every member of staff has personal responsibility to ensure they comply with these guidelines in order to comply with Health & Safety legislation, including the COSHH regulations.
- 7.2 Staff must use appropriate PPE (Personal Protective Equipment), such as mask, gloves and an apron.
- 7.3 Safe Handling- Sharps must always be handled carefully, in accordance with the following principles:
 - Never pass sharps from person to person by hand, use a receptacle or 'clear field' to place them in,
 - Never walk around with sharps in your hand,
 - Never leave sharps lying around, dispose of them yourself in the Sharps bin located in the staff room,
 - Untrained staff must not use needles and epi pens. Trained staff are identified on the white board in the main corridor outside the admin office,
 - Dispose of sharps at the point of use; take a sharps bin with you.
- 7.4 If you pierce or puncture your skin with a used needle, follow this first aid advice immediately:
 - encourage the wound to bleed, ideally by holding it under running water
 - wash the wound using running water and plenty of soap
 - don't scrub the wound while you're washing it
 - don't suck the wound
 - dry the wound and cover it with a waterproof plaster or dressing
 - You should also seek urgent medical advice: go to the nearest accident and emergency (A&E) department

8 Legal framework and further guidance

- Medicines Act (1968)
- Managing Medicines in Schools and Early Years Settings (DfES 2005)

<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

- Guidance for Coronavirus

[Coronavirus \(COVID-19\): guidance and support - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/coronavirus-covid-19-guidance-and-support)

Other useful Pre-school Learning Alliance publications

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



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This policy was adopted by Croft Playgroup

Signed on behalf of the Croft Playgroup

Croft Playgroup Committee

Croft Playgroup Manager

Print Name: Katherine Chan

Print Name: Michelle Barrow, Helen Dearlove

Signed.....

Signed.....

Dated.....

Dated.....

To be reviewed: October 2023 *or earlier if required*



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Appendix 1

LIST OF NOTIFIABLE DISEASES

Illness	Exclusion Period
Chicken Pox	5 days from onset of the rash
COVID-19	3 days from day of positive test or displaying one of the three main symptoms; Headache, Fever or Cough. Children cannot return to playgroup if they still feel unwell after the isolation period. (5 days for adults)
E. Coli 0157 VTEC	Exclusion is important for young children
'Flu' (influenza)	Until fully recovered
German Measles (Rubella)	5 days from onset of the rash
Hand Foot & Mouth	Until disease has gone
Head lice	Until appropriate treatment has been given
Impetigo	Until sores are crusted or healed
Measles	5 days from onset of the rash
Mumps	7 days from onset of swollen glands
Ringworm	Until treatment commenced
Scabies	Can return after first treatment
Scarlet Fever	5 days from commencing antibiotics
Shingles	Excluded only if rash is weeping and cannot be covered
Wars & Verrucae	None but feet should be covered
Diarrhoea and vomiting, food poisoning	Until 48 hours after symptoms have stopped
Conjunctivitis	None if treatment ongoing
Head Lice	Treatment required by parent
Mumps	5 days from onset
Whooping Cough	5 days from commencing antibiotics
Slapped Cheek Syndrome	None