Croft Playgroup
EST. 1972

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 follow EYFS guidelines for caring for sick children and managing the administration of medicines.

1.3 To ensure that children who are unwell are kept at home so that infection cannot spread.

1.4 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 With regards to health and medicines the EYFS states:

"3.51 Providers must promote the good health, including the oral health, of the children they look after.

3.52 They must have a procedure, which must be discussed with parents and/or carers, for taking appropriate action if children are ill or infectious. This procedure must also cover the necessary steps to prevent the spread of infection. *Guidance on health protection in schools and other childcare facilities which sets out when and for how long children need to be excluded from settings, when treatment/medication is required and where to get further advice can be found at https://www.gov.uk/government/publications/health-protection-in-schoolsand-other-childcare-facilities"*

2.2 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.'

2.3 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.

2.4 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.

2.5 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). Children should also be excluded for certain skin infections.

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 and are required by law to report notifiable diseases to the relevant authorities.

2.7 Children can only return to the setting once they have been well and had no further symptoms for 48 hours.

2.8 We follow the advice of Public Health England with regard to the exclusion period required for different illnesses. 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.

2.9 Parents/carers must notify playgroup of any change in their child's registration details relating to contact numbers or medical history and ensure that they, or another identified family member can be contacted in case of emergency or sudden onset of illness.

2.10 It is expected that parents will not bring children to playgroup 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.

2.11 In the event of this happening staff will contact the parents/carers to collect the child as soon as possible.

2.12 During the wait time staff will attempt to keep their child comfortable whilst they are waiting to be collected. The child should be cared for and separated, where possible and within reason, from the other children until they can be collected.

2.13 If the child has developed a fever, cool clean cloths could be used or excess clothing removed.

2.14 The child should be offered drinks and rested in the quiet area with 1:1 supervision.

2.15 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.

2.16 All equipment and resources that may have come into contact with a child who has a contagious illness will be cleaned and sterilised (following SWHPT guidance) to reduce the spread of infection.

2.17 In the event of vomiting or diarrhoea, any spilt fluids will be removed and the area cleaned using appropriate equipment and materials and following guidance from SWHPT *(Southwest Health Protection Team)*. Staff must wear the appropriate PPE equipment.

2.18 It should be noted that current guidance says that: "Diarrhoea is defined as 3 or more liquid or semi-liquid stools (type 6 or 7) within a 24-hour period in adults and older children or any change in bowel pattern in young children."
Managing specific infectious diseases: A to Z - GOV.UK (www.gov.uk)

With this in mind playgroup staff will act with caution in response to sudden changes in children's bowel movements to reduce the risk of spreading infection in the setting. This is likely to result in parents being contacted to collect their children.

2.19 Head injuries should be checked by a medical professional. Croft Playgroup will inform all parents of head injuries that have occurred. Parents and guardians will follow the NHS advice on how to treat a head injury. It is at playgroups discretion as to when a child can return to playgroup following a head injury. In most cases, at least two days of rest would be required. In cases where there is concussion playgroup and carers would use the NHS guidance to inform decision making. Playgroups decision is final.

2.20 Open wounds or wounds which have been treated with glue or steri structures require at least five days at home before children can return to playgroup. Due to the nature of the environment playgroup cannot guarantee that the wound would not be at risk of infection or re-opening upon returning after injury. It is therefore, advised that children remain at home whilst they recover fully.

2.21 Where a child has a broken bone playgroup will not accept them back into the setting until they have a permanent cast. Where a child has a temporary cast they will not be accepted into the setting due to the difficulties of keeping the broken bone safe from knocks in a busy environment and with staff ratios of 1 adult to 5 or 8 children (depending on age). A full risk assessment will be put in place to outline steps we will take to support the child in the setting during their recovery and whilst wearing a permanent cast.

3 Administering medicines

3.1 The EYFS states that:

"3.53 Providers must have and implement a policy, and procedures, for administering medicines to children. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up to date. Staff must have training if 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).

3.54 Medicine (both prescription and non-prescription) *Non-prescription medicines can include those that can be purchased from pharmacies (including some over the counter medicines which can only be purchased from a pharmacy), health shops and supermarkets. See also BMA advice: Prescribing over-the-counter medicines in nurseries and schools (bma.org.uk)* 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 the medicine has been taken, or as soon as reasonably practicable."

3.2 While it is not our policy to care for sick children, we will agree to administer medication prescribed by a medical professional where the child is fully recovered and well enough to return to playgroup, but required to complete a course of medication.

3.3 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.

3.4 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.

3.5 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.

3.6 Children taking prescribed medication must be well enough to attend the setting.

3.7 Medication must be in-date, relevant and appropriate for the condition.

3.8 The Keyworker, Room Leader or Manager (wherever possible an adult who the child is very comfortable with) will ensure the correct administration of medication.

3.9 If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

3.10 If rectal diazepam is given another member of staff must be present and co-signs the record book.

3.11 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.

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 There may be cases where a child's health needs require ongoing medication. In these cases, we will work with families and professionals as appropriate to ensure that we are able to meet the child's needs: keeping them safe and well during their time in the setting.

5.2 In such cases a risk assessment will be carried out. This is the responsibility of the manager alongside the key person.

5.3 Parents and carers must be consulted and involved in the completion of the risk assessment. They should be shown around the setting, understanding the routines, activities and resources available so that they can point out anything which may be a risk factor for their child.

5.4 Other medical or social care professionals may need to be involved in the risk assessment.

5.5 The risk assessment should include 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.

5.6 If an Education and Health Care Plan is not already in place, staff will work closely with parents and other advising professionals to implement an appropriate plan to ensure the ongoing safety of the child in an educational setting.

5.7 The plan should include measures to be taken in an emergency and should be 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 and the name of the medication. A copy of the medication consent form should be included in the bag, with the details of administration recorded whilst on an outing.

6.3 On returning to the setting parents should be shown the medication form and informed of the doses given whilst out of the setting. Parents will be asked to sign the form.

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. A copy of the consent form, signed by the parent, should also be taken.

6.5 As a precaution, children should not eat when travelling in vehicles.

6.6 This procedure is read alongside playgroup's Outings Policy.

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

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- 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

- Early Years Foundation Stage

Early years foundation stage (EYFS) statutory framework - GOV.UK (www.gov.uk)

- Medicines Act (1968)
- Preventing and controlling infections

Preventing and controlling infections - GOV.UK (www.gov.uk)

- Managing specific infectious diseases

Managing specific infectious diseases: A to Z - GOV.UK (www.gov.uk)

- Should I keep my child off school?

Shoud I keep my child off school checklist poster (publishing.service.gov.uk)

This policy was adopted by Croft Playgroup

Signed on behalf of the Croft Playgroup

Croft Playgroup Committee	Croft Playgroup Manager
Print Name: Jason Adams	Print Name: Michelle Barrow, Helen Dearlove
Signed……..	*Signed*……..
Dated……..	*Dated*……..

To be reviewed: October 2025 *or earlier if required*

Appendix 1

LIST OF NOTIFIABLE DISEASES

Health protection in education and childcare settings: exclusion table (khub.net)

Exclusion table

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

Infection	Exclusion period	Comments
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.

Infection	Exclusion period	Comments
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT).
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. For more information, see Managing outbreaks and incidents.

Infection	Exclusion period	Comments
Diptheria*	Exclusion is essential. Always consult with your UKHSA HPT.	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local HPT.
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT. For more information, see Managing outbreaks and incidents.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	

Infection	Exclusion period	Comments
Hepititis A	Exclude until 7 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 UKHSA HPT for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.

Infection	Exclusion period	Comments
Meningococcal meningitis*or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA 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 UKHSA HPT for more information.

Infection	Exclusion period	Comments
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases,

Infection	Exclusion period	Comments
		please contact your UKHSA HPT.
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB. Exclusion not required for non-pulmonary or latent TB infection. Always consult your local HPT before disseminating	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local HPT will organise any contact tracing.

Infection	Exclusion period	Comments
	information to staff, parents and carers, and students.	
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 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. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) HPT of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.

The NHS website has a useful resource to share with parents.