



Old Oak Primary School Administering Medicines Policy

Policy Statement

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. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GPs 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, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our staff are responsible for the correct administration of prescribed medication to children for whom they are the Key Person who attend the setting. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the Key Person the Team Leader or Senior Early Years Educator are responsible for the overseeing of administering medication.

We only administer medication when it has been prescribed for a child by a doctor. It must be in-date and prescribed for the current condition

In order to control the spread of infection we need to exclude sick children with infectious illness from the Early Years. It is also our belief that sick children need to be at home in order to recover from illnesses, where they are more comfortable. Children should be well enough to be able to take part in all aspects of Early Years day including outdoor experiences.

If a child becomes ill whilst attending Early Years

If a child becomes ill or infectious disease is suspected while at the Early Years, staff will make every effort to make them comfortable, staff will contact parents or carers in order to arrange for the child to be collected. If the parents or emergency contacts cannot be contacted and the child's illness requires urgent medical attention then the person in charge will make a decision as to the necessary action to be taken in order to safeguard the child as set out in the Terms & conditions.

A child requiring emergency first aid after becoming unwell

If a child becomes unwell and needs urgent first aid assistance this will be administered immediately by the staff and emergency services called via the Team Leader or School Administrator, the parents will also be contacted as soon as reasonably practicable.

Children with high temperatures

Normal temperature usually ranges between 36.5 and 37.5 °C.

We request that children who are unwell or with high temperatures do not attend the Early Years until they are completely well and do not require medicine to control their temperature.

- If a child has a raised temperature staff will record this.
- Every effort will be made to reduce the temperature by giving cool water to drink, tepid sponging, removing clothing down to vest and underwear but keeping them away from chills.
- Parents will be informed if the temperature has not subsided after 20 minutes or if the child is clearly unwell by additional signs and symptoms they will be asked to collect their child.
- If parents have given written permission via email to administer medicine (infant Paracetamol) in the case of a high temperature this will be administered whilst waiting for the parent to arrive which is expected as soon as practicably possible.
- If parents cannot be contacted, the Team Leader/Senior Educator will make the decision whether to administer medicine for a high temperature (or as pain relief) while waiting for parent/s to arrive.

We are unable to administer medicine containing ibuprofen or aspirin to children unless this is prescribed specifically by a doctor.

Administering Medicines

Medicines will only be administered when it is essential and would be detrimental to a child's health or wellbeing if it were not administered during the early year's day.

It is imperative that parents/carers notify staff if they have administered medicine or if they suspect their child is unwell.

If it is the case that the parent has administered medicine for high temperature or pain in the morning then the child should not attend the Early Years until they are completely well and not requiring medicine to control their temperature.

- Medicines will only be accepted for children with ongoing non-infectious ailments or where a course of medicine is being completed, e.g. antibiotics.
- Medication must be prescribed by a doctor, dentist, nurse or pharmacist and be labelled with the pharmacy details, the child's name and date it was dispensed, dosage and how it must be administered.
- For safe administration of medicines these instructions must be in English and in their original container.
- Parent's must complete administering medicines form before staff can administer any medication
- An emergency supply of anti-histamines and infant Paracetamol will be stored at the EYEC.
- Ibuprofen or aspirin product will not be administered unless specifically prescribed by a doctor.
- Medicines will be stored safely away from children's reach and as per instructions for storage e.g. fridge
- A senior member of staff must be present each time any medications administered to a child.
- Details of the dosage, time, and date, signature of administrator and signature of a witness must be entered on the form after checking all details and dosage are correct.
- Where children are uncooperative in receiving medicines then parents will be contacted to advise staff.
- Early Years staff will not administer medicines and treatments that are considered invasive such as nasal sprays, mucus flushing, pessaries and some alternative medicines. In the case of children who have specific medical needs requiring such treatments then parents must arrange medical training for staff.

- In certain circumstances non-prescription medicines may be administered with written permission from parents. See table below.

List of non-prescription medicines

Non-prescription medicines may be authorised by a Team Leader for certain conditions. The list below highlighted approved brands and guidance.

Teething Bonjela teething gel Calgel Nelsons teething powder	Pain relief Teething granules	Digestion support Gripe water Infacol
Minor skin conditions Sudocream Vaseline Drapolene Aveeno E45 Aqueous cream Oilatum Bepanthen Over the counter barrier or moisturising creams	Eye drops for minor infections and inflammation Saline solution for cleaning eyes Any over the counter age appropriate eye drops	Mild allergic reactions Piriton

Antibiotics

If a child is prescribed antibiotics, we request that the child does not attend Early Years for the first 48 hours in order for the medicine to take effect and only then as in all cases of illness, if they are well enough to cope with the early year's day and are not experiencing any pain.

Immunisations

We ask that parents inform the Early Years if your child is going to have a vaccination or has had a vaccination. The NHS states that after a vaccination a baby or child may cry and maybe unsettled. A fever can be expected after any vaccination. A fever is a temperature of 38 degrees celsius. Fevers are common in young children but are usually mild. If your child's face feels hot to touch and they look red or flushed he she may have a fever. You can check their temperature with a thermometer. Your Nurse will give you more information about paracetamol at your vaccination appointment and you may be given a leaflet to take away with you with written instructions. Call the Doctor immediately if at any time your child has a temperature of 39-40 celsius or has a fit.

Vomiting and/or diarrhoea

If a child has symptoms of vomiting and or diarrhoea, parents will be asked to collect their child and they must keep them at home to recover for at least 48 hours after the last episode and when they are eating drinking and passing normal stools. This is to help reduce and eliminate the spread of infection to other children and staff.

Long-term illnesses or medical needs

Children with long term health conditions will require a Health Care Plan (HCP) which will be drawn up by the key person and parents before the child starts at the Early Years or as soon as the condition is diagnosed. Conditions may include:

- Severe allergic reactions
- Asthma
- Diabetes

- Seizures (Inc. febrile convulsions)
- Eczema

A Health Care Plan will include specific signs, symptoms and action to be taken in the event of the condition developing into a reaction or the child becoming unwell.

If the child has a condition that may escalate to become a medical emergency (Critical) then clear guidance as to the steps to be taken must be provided by the parents on the HCP. The HCP will be checked at each child's developmental meeting or before if there are any changes. Date and initial each update.

A copy of the HCP form must be kept

- In the child's folder
- Together with any medication needed
- In the register
- SEND file

Where staff need specialist training for administering medicines or procedures this must be arranged as necessary, usually by the parents.

Children with allergies

In addition to the HCP, parents of children that have allergies must also complete an allergy form. This will clearly identify the food and/or exposures to be avoided/eliminated.

Staff will display clearly in the child's room a photograph for the child and the food/exposures to avoid. A placemat for mealtimes will also contain this information.

The Allergy form will be checked at each child's developmental meeting or before if there are any changes.

All staff permanent and temporary must be made aware of any child's allergies or medical conditions as a priority.

Infectious diseases

The chart below outlines guidance on infection control and common childhood illnesses. The exclusion periods are assuming that the child is completely well otherwise in every other way.

Rashes and skin infections		
Condition	Exclusion period from EYEC	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book" - UK immunisation schedule	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the medical lead if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy

Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Diarrhoea and vomiting illness		
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC* Typhoid* [and paratyphoid*] (enteric fever) Shigella* (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea Further exclusion may be required for some children until they are no longer excreting	Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices This guidance may also apply to some contacts who may require microbiological clearance Consult Duty Room for advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
Respiratory infections		
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary
Other infections		
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of	The duty room will advise on

	jaundice (or seven days after symptom onset if no jaundice)	any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* **denotes a notifiable disease.** It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

* **Outbreaks:** if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

Taken from Public Health Agency- Guidance on Infection Control in Schools and other Childcare settings (March 2017) for further details refer to chart in rooms.

This policy was adopted by

Old Oak Early Years Education
Centre

On

30 June 2021

Date to be reviewed

30 June 2022

Signed on behalf of the provider

JF Brown

Name of signatory

Role of signatory (e.g. chair, director or owner)

Headteacher
