

Safeguarding and Welfare Requirement: Health

The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.



Managing children who are sick, infectious, or with allergies

Policy statement

We aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger. We are aware that illnesses occur, and the purpose of this policy is to set out the procedures that are in place for these circumstances.

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 medication to children for whom they are the key person. 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 manager is responsible for the overseeing of administering medication.

Procedures

Children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – our manager, or senior member of staff, call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and spraying them with tepid water but kept away from draughts.
- If the child's temperature is worryingly high (above 38degrees), then we may give them Calpol or another similar analgesic (while a parent is on their way to collect the child), after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign an Emergency Medication Administration record when they collect their child.
- In extreme cases of emergency, an ambulance is called, and the parent informed.
- We can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease. Where a child has had a temperature prior to coming to the setting they must be 24 hours clear of the temperature.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After diarrhoea and vomiting, we ask parents keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- If it is noticed, or suspected, that a child has Threadworms, or other forms of worms, parents will be contacted and asked to collect the child. The child will need to be taken for treatment, and will need to remain off from the setting for 48 hours to ensure the treatment has had a chance to begin working. We refer to the NHS website for a list of excludable diseases and current exclusion times

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
- When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and contacts Public Health England, and acts on any advice given.

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. We:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Use protective rubber gloves for cleaning/sluicing clothing after changing.
- Rinse soiled clothing and either bag it for parents to collect or launder it in the setting.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.
- Ensure that children do not share toothbrushes, they are cleaned and put into individual sealed bags.

Nits, Head lice and Ticks

- Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared (for example if the family refuse to treat the child according to NHS guidelines).
- On identifying cases of head lice, we inform all parents ask them to treat their child and all the family if they are found to have head lice.
- Children are checked for ticks after each occasion when they have been playing outside in the grassed areas. If a child has a tick embedded in their skin then the parents are immediately called for permission to remove the tick, and we ask for written confirmation to be sent in by way of a text or email. If they do not give permission for the tick to be removed, parents will be asked to take the child home to deal with it or to remove the tick themselves.
- If, after removing the tick on site, it does not seem that all of the tick has been removed, parents will be asked to take the child to see their GP, or minor injuries for further advice.
- Once removed, child will be monitored for any sign of infection.

Broken Limbs, Casts and over injuries that limit movement

- We ask parents to inform us as soon as an injury occurs that results in a broken bone, the need for a cast, or other injuries that may limit movement.
- Although we can not exclude children for these injuries, we ask that parents keep their child at home until their pain is no longer needing management, and to give us time to put arrangements in place.
- Where possible, parents will be invited in to discuss the child's needs and requirements following their injury, and we ask for any documentation from health care professionals regarding the injury be shared with the setting.
- An individual risk assessment will be completed for every child with an injury that results in the need to wear any cast or that limits their movement.
- We may ask parents to provide a suitable pushchair or other device to support with moving their child around the setting.

- The child may need to be moved into a lower ratio to support with their needs. This will only be possible if we have the staff capacity to support this.
- Staff will be given training to support with the care of the child, whilst they are in the cast or have an injury that limits their movement.

Children who have long term medical conditions and who may require ongoing medication

- Before a child starts at Cotswold Bunnies, we will ensure that not only do we have a signed contract but that the Registration Form is completed in full.
- If a child has been identified as having an illness, for example Asthma, then the Manager and Key person will talk to the parents to find out more.
- If necessary, the Manager or key person will ask the parents to fill in an INDIVIDUAL HEALTH PLAN for all children with long term illnesses. These are found in the policy folder in Dropbox. This document is reviewed and updated every 6 months, or as and when any changes occur.
- A risk assessment may also be necessary. This is the responsibility of our 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 form part of the risk assessment.
- For conditions where medication needs to be taken regularly, we may ask for some to be kept in the setting, for example an inhaler for asthma, or emollient cream for eczema.

Administration of Medication

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- If a child has been given Calpol in the morning before starting at nursery we reserve the right to refuse entry for that child as the effects of Calpol may wear off and reveal a high temperature, or hide other symptoms.
- Antibiotics – each time a child has a new prescription for antibiotics they will not be able to attend the nursery until 48 hours after the first dose. This is in case there is a reaction to the medicine.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff will check that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:

- the full name of child and date of birth;
 - the name of medication and strength;
 - who prescribed it;
 - the dosage and times to be given in the setting;
 - the method of administration;
 - how the medication should be stored and its expiry date;
 - any possible side effects that may be expected; and
 - the signature of the parent, their printed name and the date.
- The administration of medicine is recorded accurately on a medication form each time it is given and is signed by the person administering the medication, as well as witness. Parents are shown the record at the end of the day and asked to sign the form to acknowledge the administration of the medicine. The medication form records the:
 - name of the child;
 - name and strength of the medication;
 - date and time of the dose;
 - dose given and method;
 - signature of the person administering the medication and a witness
 - If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
 - If rectal diazepam is given, a trained member of staff will administer this, with another member of staff present and co-signs the medication form.
 - 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.
 - We monitor the medication forms to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.
 - It is a senior member staff who is responsible for ensuring that all forms are completed, all medication is stored safely, and that medication is returned to parents at the end of the day.
 - Only staff who have their Level 3 qualification or above should administer medication. Level 2 staff may witness.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- A member of staff 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 to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Managing medicines on trips and outings

- If children are going on outings, the key person for the child will accompany the children 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 and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated 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 and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

Children with allergies

- Before a child starts at Cotswold Bunnies, we will ensure that not only do we have a signed contract but that the Registration Form is completed in full.
- If a child has been identified as having an allergy, then the Manager and Key person will talk to the parents to find out more.
- Before a child with an allergy is left in the care of our staff there must be an agreed plan of action between the parents and the staff at Cotswold Bunnies. This should be in the form of a Health Action plan provided by a health professional, if the allergy is severe. The Manager of the nursery will sign this form, along with the parents before the child starts with us.
- The Manager or key person will fill in with the parents an INDIVIDUAL HEALTH PLAN for all children with allergies. These are found in the policy folder in Dropbox. This document is reviewed and updated every 6 months, or as and when any changes occur.
- If a child has an allergy, we complete a risk assessment form 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 measures.
- Following the risk assessment, the Manager will draw up a plan of action for the staff to follow for each individual child with an allergy. This will also be displayed in the kitchen

- All information about the child with an allergy will be disseminated to all of the staff by the setting Manager. A copy of the Action Plan and the Individual Health Plan will be displayed in the kitchen.
- Pictures of all children (and staff) with allergies are displayed in all rooms where food is served.
- No nuts or nut products are used within the setting. Parents are informed not to bring in any products containing nuts to the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party
- In the event of a child starting with a severe allergy, we may need to ban that item from the setting. All parents will be made aware in advance, if possible.

Insurance requirements for children with allergies and disabilities

- If necessary, our insurance will 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 our insurance provider must be obtained to extend the insurance.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
- Oral medication:
 - Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
 - We must be provided with clear written instructions on how to administer such medication.
 - We adhere to all risk assessment procedures for the correct storage and administration of the medication.
 - We must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.
- Life-saving medication and invasive treatments:

These include 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).

 - We 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 our 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 documents relating to these children must first be sent to QBE UK LTD Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- Key person for special needs children requiring assistance with tubes to help them with everyday living e.g.

breathing apparatus, to take nourishment, colostomy bags etc.:


- Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
- 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.

- If we unsure about any aspect, we will contact the QBE UK LTD Insurance Department on or the Early Years Service Advice Line

Legal framework

Health and Safety at Work Act 1974

Food Information for consumers Regulation (EU FIC) 2014

This Policy was adopted by:		Cotswold Bunnies Nurseries Ltd	
On:	01.10.2024	Date to be reviewed:	01.10.2025
Signed on behalf of the Provider:			
Name of Signatory:	Pippa Collins		
Role of Signatory (e.g, Chair, Director or Manager)	Manager		