

## Managing Children who are Sick or Infectious and Administration of Medicines

### Policy statement

Kamelia Kids has an obligation to promote good health and hygiene for all children, parents and staff and to minimise the risk of illness and infections. If a child becomes unwell at nursery or has an illness or infection they should remain at home until they are well enough to return to the nursery. We follow guidelines issued by Public Health England.

### Procedures for children who are sick or infectious

- **CHILDREN MUST BE WELL ENOUGH TO ATTEND THE SETTING. THE NURSERY HAS A DUTY TO MINIMISE THE SPREAD OF INFECTION (E.G. HAVE A TEMPERATURE, SICKNESS AND DIARRHOEA OR A CONTAGIOUS INFECTION OR ILLNESS). PLEASE REFER TO THE EXCLUSION TABLE. PLEASE NOTE THAT IN LINE WITH HEALTH PROTECTION AGENCY GUIDELINES, WE RESERVE THE RIGHT TO EXCLUDE CHILDREN WHO ARE ILL OR INFECTIOUS PARTICULARLY IN THE CASE OF AN OUTBREAK.**
- In cases of suspected infectious illness parents may be asked to take their child to the doctor before returning them to nursery.
- If children appear unwell during the day, we will call parents/carers and asks them to collect the child. We will care for the child appropriately making them comfortable in a quiet/restful area while they are waiting to be collected.
- If a child has a temperature whilst at nursery, their temperature is taken using a digital thermometer. In children aged under 5 years a fever (high temperature) is over 37.5c. Parent/Carers will be asked to collect the child.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.

### Duty of Parents

- To inform the nursery in writing about your child's health care needs when registering with the nursery and keep us up to date.
- To provide prior written consent to administer medicines on medication forms.
- To inform us about any medication given to your child within 24 hours – this is vital as giving a child medication can mask a child's symptoms.

### **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.
- The setting uses the 'Health protection in schools and other childcare facilities' advice and guidance provided by the Health Protection England.
- 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 England.

### **Staff illness**

- To minimise the risk of illness and infection, staff that are unwell must remain home until they are well enough to return to the setting.
- Staff who experience sickness or diarrhoea must remain at home for a minimum of 24 hours.
- Staff who have been prescribed antibiotics must remain away from nursery until they are well enough to return.
- Staff have a duty or care to seek advice about and report to the manager, any medication taken and the likelihood and severity of any associated symptoms that may affect their ability to work.

### **Administering medicines**

We will usually only administer prescribed medicines (by doctor, dentist, nurse or pharmacist). Medicine must only be administered to a child where written permission for that particular medicine has been obtained by parent/carer. If a child has been prescribed antibiotics they must remain at home for a minimum of 24 hours and be well enough to attend before returning to nursery.

**NB CHILDREN WHO REQUIRE REGULAR MEDICATION FOR MEDICAL REASONS E.G. COMPLEX MEDICAL NEEDS AND/OR MEDICAL CONDITIONS ARE AN EXCEPTION. IN SUCH CASES A HEALTH CARE PLAN WILL BE DRAWN UP WITH PARENT/CARER AND RELEVANT HEALTH PROFESSIONAL INPUT AND RELEVANT TRAINING ACCESSED WHERE NECESSARY TO ADMINISTER SUCH MEDICATION.**

- We ask that parents avoid administering paracetamol (such as liquid paracetamol) prior to arriving at nursery as this may mask the child's symptoms, prevent monitoring of illness and may increase the risk of cross infection within the nursery.
- Children's paracetamol (un-prescribed) is administered only for children in exceptional circumstances, with the verbal consent of the parents in the case of a high temperature (exceeding 39c). This is to prevent in most cases, febrile convulsion and where a parent or named person is on their way to collect the child
- Children's prescribed medicines are stored in their original containers according to manufacturer's instructions, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication
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- The key person is usually responsible for the administration of medication (two staff members must be present)
- The administration is recorded each time it is given and signed by both staff.
- On collection, parents will be informed of the time and dosage of medication given and will be asked to sign to say they have received this information.
- The medicine will be returned at the end of the session.

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

- A health care plan for the child is drawn up with the parent and keyperson/supervisor. The plan will outline 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 and is to 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.
- A risk assessment for the child is drawn up and should include training needs for key staff who will need to have a basic understanding of the condition as well as how the medication is to be administered correctly. It will also include any nursery activity that may give cause for concern regarding an individual child's health needs e.g. vigorous activity.

### **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.
- The medication is taken, clearly labelled with the child's name together with the consent form and a card to record when it has been given (parent signs on collection).
- If a child on medication has to be taken to hospital, the child's medication is taken.
- This procedure is read alongside the outings procedure.

### **Staff training**

A health care plan may reveal a need for staff to receive further training and information about a child's specific condition or illness. In all cases the nursery will endeavour to access such training.

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

## Health Protection for schools, nurseries and other childcare facilities

### Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
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	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven 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 local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ) Your local 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 local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all pupils and staff.

Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two 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 necessary

**\*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

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