

# Pre School - Medication and Sickness Policy.

The Pre School provides an environment that is healthy for all attendees (employees & children). In order to maintain such an environment, all staff and children need to be fit, well and in good health; sick children i.e., those who pose a significant risk of infection to others, should remain at home.

# Medication Guidance

## **Prescription medication**

* Prescription medicine will only be given to the person named on the bottle/apparatus for the dosage stated.
* Medicines must be in their original containers or cannot be given.
* Those with parental responsibility of any child requiring prescription medication should allow a senior member of staff to have sight of the bottle/ container.
* The staff member should note the details of the administration on the appropriate form and another member of staff should witness administration and check these details.
* Those with parental responsibility must give prior written permission for the administration every medication. However, we will accept written permission once for a whole course of medication with a start and end date or for the ongoing use of a particular medication under the following circumstances:
  1. The written permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g. if the course of antibiotics changes, a new form will need to be completed
  2. The dosage on the written permission is the only dosage that will be administered. We will not give a different dose unless a new form is completed.
  3. Parents should notify us IMMEDIATELY if the child's circumstances change, e.g., a dose has been given at home, or a change in strength/dose needs to be given.
* The preschool will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by a doctor's letter.
* The parent must be asked when the child was last given the medication before coming to preschool; this information will be recorded on the medication form. Similarly, when the child is picked up, the parent or guardian must be given precise details of the times and dosage given throughout the day. The parent's signature must be obtained at both times.
* At the time of administering the medicine, a senior member of staff will ask the child to take the medicine or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. (It is important to note that staff working with children are not legally obliged to administer medication) If a child refuses we cannot force them to take it.
* If the child refuses to take the appropriate medication then a note will be made on the form and parent notified.
* Where medication is "essential" or may have side effects, discussion with the parent will take place to establish the appropriate response.

## **Non-prescription medication**

Lilly brook Childcare preschool will not administer non-prescription medication.

## Staff medication

The first aid box for staff should be kept in a readily accessible position, but out of reach of the children.

First aid boxes should only contain items permitted by the Health and Safety (First Aid) Regulations Act 1981, such as sterile dressing, bandages, and eye pads. No other medical items, such as paracetamol should be kept in the first aid box.

Staff must tell the management what medication they are on, so it can be risk assessed for any potential dangers and need for adaptions to safer working and safeguarding children.

Staff medication must be locked away but management aware of its location. Staff take responsibility for notifying management.

**Storage**

* All medication for children must have the child's name clearly written on the original container and kept in a closed box, which is always out of reach of all children and under supervision. If this box is left unguarded at any time throughout the day, we have a procedure in place to ensure the safety of any child or adult in the preschool, including visitors, parents and siblings able to access the area.

Emergency medication, such as inhalers and EpiPens, will be within easy reach of staff in case of an immediate need, but will remain out of children's reach and under supervision at all times.

Any antibiotics requiring refrigeration must be kept in an area inaccessible to children**.**

* Parents must inform us of any medication children are on and duration of taking.
* Parents must inform us of any instances of giving ibuprofen or paracetamol products before attendance and reasons for giving. This is incredibly important as if an emergency occurred and a child needed hospitalisation for any reason we would be expected to know how much and when they had a last dosage with the name of the medication.
* Medication forms must be complete.
* Children must not attend if paracetamol/ ibuprofen/ Neurofen/ Calpol product have been given to subdue a temperature. If a child discloses they have been given medicine we are not aware of ,you will be called in to discuss this and this can become a safeguarding concern.
* Medication should be clearly labelled with childs name in the container it was dispensed. Medication is only accepted if it is clearly dispensed to the child by name.
* We will not accept medication which is not clearly labelled with child’s details
* If medication is given which is not for a child or labelled for another party this may be viewed as a safeguarding concern.

## **Pre School Exclusion Periods**

The following table provides the sickness exclusion policy adopted by the Lilly Brook Childcare LTD. We have taken on board recommendations by The Health Protection Agency although we reserve the right as an independent organisation to make independent decisions.

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| --- | --- |
| Illness or Condition | Exclusion Period |
| Tonsilitis | If a child has tonsilitis and is on antibiotics please follow the antibiotics guidance below. Please return to pre school once your child is well again with no temperature and no cough.Guidance for absence of this type is 5 – 7 days from onset. |
| Bronchiolitis | Until the child has fully recovered. This meaning no temperature, child is well in themselves, and any medication has been finished. No cough and wheeze  page1image441746240 |
| Chicken pox | Until at least 5 days after the appearance of the last crop of spots, when they are fully crusted over and when the child feels well enough. No temperature |
| Conjunctivitis | Child is excluded for 48 hours after the first course of antibiotics Until the eye is treated and appears normal again. |
| Diarrhoea and/or vomiting | Until 48 Hours from the last episode of diarrhoea or sickness.  page1image464840368 |
| “Slapped cheek” disease | Until the child feels physically well, no temperature and no rash. |
| Hand foot and mouth disease | Until all the blisters have healed this usually takes between 7-10 days |
| Head lice | Until the first course of treatment has been given. Parents must repeat treatment seven days later. Hair must be up on return to pre school until the secondary treatment has been given. If children are presenting regularly with untreated hair this may become a cause for safeguarding concern. Please talk to staff or manager if your child has head lice and you have difficulty treating it for whatever reason. |
| Hepatitis A | Until the child feels well and for 5 days after the onset of the jaundice |
| Impetigo | Until the infection has completely healed. |
| Measles | 1 week (7 days min) and the child is well enough |
| Mumps | 10 days |
| Ringworm | After the first course of treatment has been given. 24 hours |
| Rubella (German Measles) | 10 days and the child is well enough |
| Scabies | 48 hours after the first course of treatment  page1image480262160 |
| Scarlet fever | 48 hours after the first course of antibiotics has been given and the child is well enough |
| Shingles | 7 days minimum or the rash is no longer weeping and does not need to be covered |
| Threadworms | After the first course of treatment has been given  page1image480565936 |
| Verrucae | The verruca must be covered with a waterproof plaster or application of proprietary treatment. |
| Whooping cough | 5 days after the first course of antibiotics has been given and the child is well enough |
| A child on antibiotics | Until at least 48 hours after the first course of antibiotics has been given and the child is well enough |
| Meningitis viral | page1image481023456  7 days minimum or Until the child is well enough |
| Meningitis (meningococcal) | A minimum of 7 days and At least 48 hours after treatment of antibiotics and only when child is fully recovered. page1image480675568 |
| Meningitis (due to other bacteria) | A minimum of 7 days and At least 48 hours after treatment of antibiotics and only when child is fully recovered. page1image480357856 |
| Cold’s / general Health and wellbeing | If a child appears generally unwell and is struggling with a session, we reserve the right to send a child home.  If a child is sent home due to being unwell, we reserve the right to ask that they are not bought back for 24 hours.  A parent may be called if a child is struggling with interactions and not accessing the environment or EYFS activities.  We will send home children who have a temperature in the red that is consistently remaining high or climbing within the red zone on the thermometer |

**Temperature monitoring**

* All children’s temperatures are recorded during the day.
* If a child is in the amber range we call/ message the parent on our parent app. Parents will be notified their child is registering in the amber zone and we are monitoring their temperature closely. If in Amber, Children will have their temperatures taken every 10 mins. If children’s temperature continues to rise and they are not interacting within the environment or inconsolable we will advise parents to collect.
* If a child is lethargic, generally unwell, not wanting to take part in activities and in amber phase we reserve the right to contact you to collect.
* If a child is in the red phase whether they appear well or not. We will call parents after the first red temperature to inform them of the temperature. We will take three more in 10 minute intervals. If the temperature remains in red you will be asked to collect.
* If we send home your child due to a high temperature we will require you to keep your child at home for 48 hours and complete absence monitoring forms to update us with any further symptoms.

## **Traffic light Temperature monitoring explained.**

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| --- | --- | --- |
| Temperature | Colour indicator | What does this mean? |
| 35.5 – 37.3 | Green | Normal average expected |
| 37.4 – 38.0 | Amber | Slight Fever |
| 38.1 – 42.9 | Red | High Fever |

Temperatures vary dependant on the thermometer. The Preschool thermometer is calibrated to turn different colours dependant on the Normal, slight or high fever. If a child is found to have an infectious disease during a Pre School session the parent/guardian will be immediately informed, the child will be excluded in accordance with the table above.

**Informing the Pre School of Child Sickness**

Parents/guardians of sick children kept at home are asked to inform the Preschool of the condition affecting the child as soon as possible.

Please report all sickness and illness absences via our website under absence reporting: <https://www.lillybrookchildcare.co.uk/absence-lateness-recording>

Parents/guardians of sick children are asked to apply the exclusion policy as detailed in the table above.

**Cuts & Sores**

Cuts and open sores are potentially high-risk areas for infectious diseases. Employees and parents/guardians are asked to ensure that children having cuts or open sores have the area appropriately dressed prior to attending the Preschool.

**Procedure**

We will follow these procedures to ensure the welfare of all children within the preschool:

• If a child becomes ill during the pre-school day, the parent(s) will be contacted and asked to pick their child up as soon as possible. During this time the child will be cared for in a quiet, calm area with their key person or another familiar member of staff within the child’s room.

• Should a child have an infectious disease, such as an ear infection or sickness and diarrhoea, they should not return to preschool until they have been clear for at least 48 hours.

• It is vital we follow the advice given to us by our registering authority and exclude specific contagious conditions, e.g. sickness and diarrhoea and chicken pox to protect other children in the pre-school. Illnesses of this nature are very contagious; it is exceedingly unfair to expose other children to the risk of an infection.

• If a contagious infection is identified in the pre-school, parents will be informed to enable them to spot the early signs of this illness. All equipment and resources that may have come into contact with a contagious child will be cleaned and sterilised thoroughly to reduce the spread of infection.

• It is important that children are not subjected to the rigours of the pre-school day, which requires socialising with other children and being part of a group setting, when they have first become ill and require a course of antibiotics. Our policy, therefore, is to exclude children on antibiotics for the first 48 hours of the course.

• The preschool has the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable.

• Information/posters about head lice are readily available and all parents are requested to regularly check their children’s hair. If a parent finds that their child has head lice we would be grateful if they could inform the preschool so that other parents can be alerted to check their child’s hair.

Please note all children should be well in themselves and able to access to curriculum to be considered fit and well for pre-school. The management reserve the right to refuse entry or to call parents to ask them to collect