Imperial College Early Years 8 Princes Gardens London SW7 1NA

***Administering Medicine and Care of Sick Children Policy***

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 internal first aid team/coordinator and emergency services called via security, 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 Head/Deputy Head 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 antihistamines 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 are 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 section manager for certain conditions. The list below highlighted approved brands and guidance.

|  |  |  |
| --- | --- | --- |
| **Teething**  Bonjela teething gel  Calgel  Nelsons teething powder | **Pain relief**  Calpol  Infant Liquid Paracetamol | **Digestion support**  Gripe water  Infacol |
| **Minor skin conditions**  Sudocream  Vaseline  Drapolene  Aveeno  E45  Aqueous cream  Oilatum  Bepanthan  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 or generic antihistamine |

**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.

**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. If the HCP requires medicine to be administered a medicine form must also be completed.

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 learning journey folder (G:file)
* Together with any medication needed and completed medicine form/s
* In the register
* SEND file

Staff will display clearly in the child’s room a photograph for the child and include specific signs, symptoms and action to be taken in the event of the condition developing into a reaction or the child becoming unwell .

**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** s**kin 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 pre “green book”) | Preventable by immunisation (MMR x 2 doses).  See: Female staff – pregnancy |
| Hand, foot and mouth | None | Contact the Duty Room 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. Contact PHA Duty room for further advice, if more than one child has scarlet fever. |
| 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 |
| COVID-19 (coronavirus) | Stay at home and avoid contact with other people until you no longer have a high temperature (if you had one) or until you feel better.  [www.nidirect.gov.uk/articles/symptoms-respiratory-infections-including-covid-19](http://www.nidirect.gov.uk/articles/symptoms-respiratory-infections-including-covid-19) | See: Vulnerable children |
| **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 jaundice (or seven days after symptom onset if no jaundice) | In an outbreak of hepatitis A, the Duty Room will advise on control measures |
| 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 | Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. 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 |

**\* 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 nursery suspects an outbreak of infectious disease, they should inform the duty room.

Taken from Public Health Agency – November 2022 for further details refer to chart in rooms.

**Covid guidance**

See separate Covid policies [COVID-19 Policies | Staff | Imperial College London](https://www.imperial.ac.uk/early-years/about-us/policies-and-procedures/covid-19-policies/)

Policy Updated – Rowena Howe – 8th February 2023

