

**Medication, illness and infection control**

**Policy statement**

Children’s health and well-being are of utmost importance to us at Meadow Brook Playcare. We ask parents to keep their children at home if they are ill or have an infectious disease, and to inform the nursery as to the nature of the illness or infection. This will allow the nursery to inform other parents as necessary. If a child becomes ill while at nursery, staff will call the parent/carer to collect the child.

Parent/ carers are asked at registration/induction if their child has any medical needs and a care plan will be completed if required. It is the parent/carers responsibility to ensure that this information is kept up to date.

Where it is not possible for a parent/carer to, nursery will administer medication while following the Medication procedure below. **All medication must be handed to a member of staff and not left in a child’s bag.**

These procedures are written in line with guidance in *Managing Medicine in Schools and Early Years Setting,* ***Emma Howard*** the Early Years Manager is responsible for ensuring all staff understand and follow these procedures.

**Medication procedures**

When medication is handed to a member of staff, it is that persons responsibility to ensure that the parent/carer has completed the medicine form and handed the medication to the staff member in full. No medication may be given without these details being provided. The administration of medicine form and records are kept to the following procedures:

* The parent/carer must complete a medication form. No medication can be given to a child without the written permission of a parent/carer.
* Medication must be prescribed by the child’s GP doctor, dentist, nurse or pharmacist and be in the original bottle, labelled with the child's name and the dosage and be in date.
* There must be an accepted health reason to give medication.
* All medication is kept in a medicine cabinet in the kitchen, or in the fridge not accessible to the children.
* Medication for use in an emergency such as an asthma inhaler or epi-pen will be kept in the child’s base room in a safe place out of sight and reach of the children. This also applies to staff.
* Children taking prescribed medication must be well enough to attend the nursery. If a child is on prescription medicine the child must have had 48 hours at home before returning to Nursery.
* Only the Room Supervisor (or Manager/Deputy) will administer medication (in their absence an allocated level 3 and 1st aid trained practitioner will be responsible) Before giving a child medication the name, date and dosage on the medication is checked by another member of staff.
* When medication is given it will be recorded on the medication form and witnessed by a second member of staff.
* The form will be signed by the parent/carer at the end of the session.
* The medication will be sent home after each session.
* non-prescribed medications such as teething granules, gripe water, and any medication **not** containing aspirin will follow the same procedures.
* Calpol, ibuprofen and other anti-inflammatory pain relief will only be administered if it is prescribed by the child’s GP doctor, dentist, nurse or pharmacist. (This could be in cases such as a child suffering with febrile convulsions, or after an operation/procedure).
* We will administer Calpol in the case of high temperature, this is with the parents permission and only used to bring down the high temperature whilst waiting for the parent to arrive.

**Long term medication**

If a child has long term medication a health care plan and medication form will be completed by the parent and a risk assessment form if required. All forms will be kept in a folder and stored securely for future reference with the medications. If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

Where ever possible medication should be kept at nursery i.e. if a child requires an asthma inhaler, an inhaler should be kept at nursery. Medication will be checked regularly to ensure it is still in date by the Health and Safety Lead.

* A health care plan for the child is drawn up with the parent, outlining the medication administrators’ 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.
* The health care plan is reviewed every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
* Parents received a copy of the health care plan and each contributor, including the parent, signs this.

In the instance of emergency medication Meadow Brook must have:

1. A letter from the child’s GP/consultant stating the child’s conditions and what medication if any is to be administered.
2. Written consent from the parent or guardian allowing staff to administer medication.
3. Proof of training in the 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 the Pre-School Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

When on trips and outings the medicine policy will remain the same. This will be included in the outing risk assessment.

**Procedures for children who are sick or infectious**

If children appear unwell during the day the Key or co-key person will liaise with senior management, then call the parents and ask them to collect the child, or send a known carer to collect on their behalf.

* The nursery will have a digital thermometer with single use, disposable ear covers to check the temperature of a child that appears unwell. Temperatures will be recorded on a Temperature Record Sheet and appropriate actions taken including informing parents/carers.
* If a child has a temperature, they are kept cool, by removing top clothing and sponging their head with cool water, but kept away from draughts.
* If a child has sickness or diarrhoea whilst at nursery parents/carers will be contacted immediately. The child will be cared for by their key person or most appropriate alternative away from the other children until they are collected. The nursery will be thoroughly cleaned with antibacterial cleaner to minimise the risk of spreading to other children.
* The nursery reserves the right to refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
* Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the nursery.
* Parents and carers are asked not to bring into the nursery any child who has been vomiting or had diarrhoea until 48 hours after the last episode.

**Infection Control**

Viruses and infections can be easily passed from person to person by breathing in air containing the virus which is produced when an infected person talks, coughs or sneezes. It can also spread through hand/face contact after touching a person or surface contaminated with viruses.

The best way to prevent a virus or infection from moving around the nursery environment is to maintain high hygiene standards in the nursery. To do this we will follow the guidance below:

* Encourage all children to use tissues when coughing and sneezing to catch germs.
* Ensure all tissues are disposed of in a hygienic way and all children and staff wash their hands.
* Develop children’s understanding of the above and the need for good hygiene procedures in helping them to stay healthy.
* Staff will all wear the appropriate Personal Protective Equipment (PPE) when changing nappies, toileting children and dealing with any other bodily fluids. Staff are requested to dispose of these in the appropriate manner and wash hands immediately.
* All potties and changing mats are cleaned and sterilised after each use.
* Toilets are cleaned at least daily and checked throughout the day.
* Staff are to remind children to wash their hands before eating, after visiting the toilet, playing outside or being in contact with any animal and explain the reasons for this.
* All toys, equipment and resources in the baby room will be cleaned/sterilised Monthly and recorded. In the toddler and pre-school rooms equipment and resources will be cleaned/sterilised termly. Cleaning and sterilising will be completed more regularly if required.
* Dummies will be stored in individual children’s labelled boxes – or in their own personal bags.
* If a dummy or bottle falls on the floor or is picked up by another child, this is cleaned immediately and sterilised where necessary.
* Individual bedding will be used by children and labelled. This will be washed at least once a week and not used for any other child.
* Parents and visitors will be required to cover all outdoor footwear when entering rooms where children may be crawling or sitting on the floor.
* All staff and children will be required to wear specific indoor shoes whilst inside the rooms, where applicable.
* The nursery manager or most senior member of staff on duty retains the right of refusal of all children, parents, staff and visitors who are deemed contagious and may impact on the welfare of the rest of the nursery.
* Parents will be made aware of the need for these procedures in order for them to follow these guidelines whilst in the nursery.
* Periodically each room in the nursery will be deep cleaned including carpets and soft furnishings to ensure the spread of infection is limited. This will be implemented earlier if the need arises.
* The nursery will ensure stocks of tissues, hand washing equipment, cleaning materials and sterilising fluid are maintained at all times and increased during the winter months or when flu and cold germs are circulating.

**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 the Health Protection Agency.
* When Meadow Brook becomes aware, or is formally informed of the disease, the manager ***Emma Howard*** informs Ofsted and acts in any advice given by the Health Protection Agency.

**HIV/AIDS/Hepatitis**

* HIV virus, like other viruses such as Hepatitis A,B and C, are spread through body fluids.
* Single use powder and latex free gloves and aprons are worn when changing children’s nappies, pants and clothing when are soiled with blood, urine, faeces or vomit.
* Soiled clothing is bagged and given to the parents when they collect the child.
* Spills of blood, urine, faeces or vomit are cleaned with staff wearing personal protective clothing (Single use gloves and apron), using a mild disinfectant solution and the cloth is then thrown away in the correct bin.
* Tables and other furniture, furnishing or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

**Nits and head lice**

* Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
* On identifying cases of head lice, all parents are informed and asked to treat their child and all the family, if they are found to have head lice.
* We will inform all parents that we have head lice at Meadow Brook.

**Procedures for children with allergies**

* When children join Meadow Brook the parents are asked on the child’s contract and settling in plan if their child suffers from any known allergy.
* An allergy register will be kept in the kitchen and shared with Saxmundham Free School who provide out hot lunches.
* We are a **Nut Free** setting.
* All food prepared for a child with a specific allergy will be prepared in an area where there is no chance of contamination and served on equipment that has not been in contact with this specific food type, e.g. nuts.
* Be aware that some craft materials such as playdough may contain allergens that could trigger an allergic reaction and must be considered as part of the risk assessment for children with severe allergies.
* Seating will be monitored for children with allergies. A level 3 qualified member of staff will supervise the table where a child with a diagnosed allergy or intolerance is seated.
* If a child has an allergic reaction to food, a bee or wasp sting, plant etc. a first aid trained member of staff will act quickly and administer the appropriate treatment. Parents must be informed and it must be recorded in the incident book.
* If the allergic reaction is severe a member of staff will summon an ambulance immediately. We WILL NOT attempt to transport the sick/injured child in our own vehicles. Whilst waiting for the ambulance, we will contact the parent/carer and arrange to meet them at the hospital.
* The most appropriate member of staff must accompany the child and collect together registration forms, relevant medication sheets, medication and the child’s comforter.
* Staff must remain calm at all times; children who witness an allergic reaction may well be affected by it and may need lots of reassurance.
* All incidents will be recorded, shared and signed by parents at the earliest opportunity.
* Staff may also require support following an incident.

If a staff member has a specific allergy it is their responsibility to ensure that the nursery manager and colleagues are made aware Any instances of severe allergic reaction should be reported in accordance with RIDDOR and Ofsted requirements as soon as is reasonably practicable but within 14 days. A member of senior management must be advised as soon as possible and copies of all completed paperwork and reports sent to head office.

**At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the EYFS and follow procedures based on advice given in Managing Medicines in Schools and Early Years Settings (DfES 2005)**

Signed on behalf of Meadow Brook Playcare

Name of signatory……………………………………………………………………………..

Signature……………………………………………….

Role of signatory……………………………………………………………………………….