

04 Health procedures

04.3 Poorly children/ Medication and invasive treatments

- If a child appears unwell during the day Castor and Ailsworth Preschool for example has a raised temperature, sickness, diarrhoea* and/or pains, particularly in the head or stomach then staff call the parents/carers and asks them to collect the child or send a known carer to collect on their behalf.
- If a child has a raised temperature, top clothing may be removed to make them more comfortable, but children are not undressed or sponged down to cool their temperature. A high temperature should never be ignored, but it is a natural response to infection.
- A child's temperature is taken and checked regularly, using Fever Scans or other means i.e. ear thermometer.
- If a baby's temperature does not go down, and is worryingly high, then Calpol may be given after gaining verbal consent from the parent/carers where possible. This is to reduce the risk of febrile convulsions, particularly for babies under 2 years old. Parents/carers sign the medication record when they collect their child.
- In an emergency an ambulance is called, and the parents/carers are informed.
- Parents/carers are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents/carers are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents/carers are asked to keep children home for 48 hours following the last episode.
- Some activities such as sand and water play, and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times.
- The setting manager notifies the Committee if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.

Notifiable diseases and infection control

If educators suspect a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted in the United Kingdom or abroad, immediate medical assessment is required. The service

manager or deputy will call 111 and inform parents / carers. In the case of an outbreak of a notifiable disease which has been confirmed by a medical professional, the setting manager will seek further advice from the UKHSA, if not already contacted by them. Report to OFSTED.

Unwell children upon arrival

- On arrival, it is vital that parents/carers inform a member of staff if they notice their child may be showing signs of being unwell. It is the responsibility of the parents / carers to ensure their child does not attend the setting, if they are not fit to; this is a precautionary measure to prevent other children or staff from becoming ill. If a child is brought into the setting with a non-prescription medication to treat a temporary illness or appears to show signs of being unwell, the setting lead will use their discretion to decide whether a child is fit to remain in the setting.

Infection control for bodily fluids – transmissible viruses

- Staff have access to single use vinyl gloves and aprons for changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Soiled clothing is bagged for parents/carers to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and designated area mops; cloths used are disposed of with clinical waste.
- Tables, other furniture or toys/resources affected by blood, urine, faeces or vomit are removed where possible and cleaned using disinfectant.
- All toys/resources are cleaned regularly.

Handwashing

Handwashing is a crucial infection control measure which reduces the spread of illness. Adults, children and young people should regularly wash their hands, and increase this where there is an infection outbreak. This is encouraged throughout the day, before and after meal times and activities.

Public Health England advises that children and staff should be encouraged to catch sneezes with a tissue, bin the tissue and wash their hands.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting 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, using current recommended treatments methods if they are found.

Life-saving medication and invasive treatments

Life-saving medication and invasive treatments may include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatment such as rectal administration of Diazepam (for epilepsy).

- The key person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner.
- The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual, and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
- The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Children with complex and/or long-term health conditions have a health care plan in place which considers the principles and best practice guidance given here.
- Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Key persons speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's privacy is considered and balanced with safeguarding and support needs.

Record keeping

For a child who requires invasive treatment the following must be in place from the outset:

- 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 parents/carers allowing members of staff to administer medication
- 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
- a healthcare plan (04.2a)

Copies of all letters relating to these children must be sent to the insurance provider for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended. A record is made in the medication record book of the intimate/invasive treatment each time it is given.

Physiotherapy

- Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.

- If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the educator applying the technique in the first instance.

Treatments such as inhalers or Epi-pens must be immediately accessible in an emergency.

Administration of medicine

Key persons are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly, and records kept.

Administering medicines during the child's session will only be done if necessary.

If a child has not been given a prescription medicine before, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect.

Consent for administering medication

- When bringing in medicine, the parent informs their key person/Lead. The setting manager should also be informed.
- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label if prescribed.
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents/carers and record the circumstance of the events and hospital instructions as relayed to them by the parents/carers.
- Members of staff who receive the medication ask the parent/carer to sign a consent form stating the following information. No medication is given without these details:
 - full name of child and date of birth
 - name of medication and strength
 - who prescribed it (if applicable)
 - dosage to be given
 - how the medication should be stored and expiry date
 - a note of any side effects that may be expected
 - signature and printed name of parent/carer and date

Storage of medicines

All medicines are stored safely. Refrigerated medication is clearly labelled and stored in the fridge.

Record of administering medicines

The medicine record, records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signed by key person/setting manager
- verified by parent/carer signature at the end of the day

A witness signs the medicine record to verify that they have witnessed medication being given correctly according to the procedures here.

- No child may self-administer. If children can understand when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for several children at similar times may indicate a need for better infection control.

Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents/carers contribute to risk assessment. They are shown around the setting, understand routines and activities, and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs are part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought, if necessary, where there are concerns.

- A Health care plan form is completed fully with the parent/carer; outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

Managing medicines on trips and outings

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic box labelled with the child's name, name of medication, and a copy of the consent form.
- If a child on medication must be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled as above.

Staff taking medication

Staff taking medication must inform their manager. The medication must be stored securely in staff lockers or a secure area away from the children. The manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

**Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.*