

## Promoting health and hygiene

### **Managing children with allergies and long-term medical conditions; children who are sick or infectious and administering medicines (including storage of medicines)**

#### **Policy statement**

At Mr Bee's, health and hygiene is promoted by identification of allergies; preventing contact with the allergenic trigger and preventing cross infection of viruses and bacterial infections. In addition, while it is not our policy to care for sick children, who should be at home until they are well enough to return to the Centre, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, the GP will prescribe medicine, which the child can take at home in the morning and evening. As far as possible, administering medicines will only be undertaken where it would be detrimental to the child's health if not given in the Centre. In cases where children require life saving medicine, we will ensure staff members are trained in meeting the child's needs in partnership with parents and other health care professionals, prior to a child attending.

The following procedures are written in line with current guidance, and each Centre Lead is responsible for ensuring all staff understand and follow the procedures.

In the absence of the Centre Lead – the Centre Lead will nominate responsibilities to the Lead Practitioner or Room Lead + Co-ordinator. In the absence of a Room Lead – a member of staff will be nominated Room Lead and carry out responsibilities as outlined below.

Key/shared key persons are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly, and records kept. The Room Lead/nominated room lead is responsible for the supervision and monitoring of administration of medication to children in their room by their key/shared key person. This means checking that parent consent records are completed; that medicines are stored correctly; and those records kept in line with record keeping procedures (see below). All administration of medicine must be witnessed by another staff member (Room Lead/nominated room lead where possible).

If a child is taking a prescribed medicine for the first time, we request that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect.

The Centre Lead must check the insurance policy document to be clear about what conditions are to be reported to the insurance provider.

## Consent for administering medication:

- Only a person with parental responsibility (PR) or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent.
- When bringing in medicine, which is to be administered on a short-term basis, the parent informs their key/shared key person, or the Room Lead/nominated room lead if the key person is not available.
- A medication record is completed on Famly by the staff member who receives the medication and acknowledged by the parent. Once acknowledged by the parent, the Centre Lead and appropriate staff members are made aware of the need to administer medicine by way of a notification from Famly. A list of children requiring medication can also be found on Famly under **Children, Safeguarding, Medication**.
- The staff member receiving the medication must check it is in date and it is prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). The label must include the child's name and original pharmacist's label with child's name, name of medicine, expiry date and doctor's details.
- 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 and record the circumstance of the events and hospital instructions as relayed to them by the parents.
- Members of staff who receive the medication ask the parent to sign a consent form stating the following information on the child's profile which states their full name and date of birth:
  - name of medication and strength
  - dosage to be given
  - how the medication should be stored and expiry date
  - a note of any possible side effects that may be expected
  - who prescribed it written in 'other notes'.
  - Acknowledgement of parent and date.

No medication is given without the above details.

## Administering Short Term Medication:

- Children taking medication must be well enough to attend the centre and keep up with the day-to-day activities.
- A Famly medicine record is completed for children who **HAVE NOT** been diagnosed with asthma, however, require an inhaler to recover after a chest infection on a short-term basis.
- No children diagnosed with Asthma **MUST** attend until the procedures outlined in the 'Life Saving' medicines procedure is complete (see below).
- Non-prescribed pain relief medicine for teething and illnesses such as ear/throat infections are given at the discretion of the Centre Lead and upon completion of a Family medication record.

Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of non-prescribed medication is recorded in the same way as any other medication. In cases where medication is to be given on an 'as and when required' basis (pain relief for teething/ear infections) a Medical Form 2 form MUST be completed.

- Eye drops will not be administered without a prescription from the doctor, the Centre Lead's consent and without training by the parents. If the child resists or becomes distressed – parents will have to come into the centre to administer.
- A medicine label must be attached to any non-prescribed medicine (see attached) prior to storing in the fridge or medicine cabinet.
- Parents give prior written consent electronically for the administration of medication and completed records are stored on Family and retained in line with our Children's Records policy.

### **Record of Administering Medicines:**

A record of medicines administered is kept on a child's profile on Family, which is accessible by all members of staff in the room, the Room Leads, Centre Leads, Lead Practitioners, and the parent/carer. How to access, complete and acknowledge medication forms is part of the induction process for all staff members.

The individual child's profile will record administering of medicine and will include:

- name and strength of the medication
- date and time of the dose
- dose given and method
- acknowledgement on Family of the person administering the medication and a witness who verifies that the medication has been given correctly
- Acknowledgement of parent on Family.
- No child is permitted to self-administer medicine without supervision. Where children are capable of understanding (school age children) when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- The Room Leader/nominated room leader is responsible for ensuring parents have acknowledged the medication record.
- We monitor the medication records to look at the frequency of medication given in the Centre. For example, a high incidence of antibiotics being prescribed for several children at similar times may indicate a need for better infection control.

### **Storage of medicines:**

All non-life saving medicine is stored safely in a locked designated medicine cupboard. Medicines that require cold storage are stored in the fridge, providing they are inaccessible to the children and kept in a separate container marked 'medicines'. Life saving medicines are not locked in the medicine cupboard but stored in a labelled container which is accessible to all staff BUT inaccessible by the children.

- Details on how medicine is to be stored is recorded on the medication form which is available on Family and accessible by staff members in the room.
- The key/shared key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- Medication for an individual child, who has a Health Plan in place, may be kept at the Centre (see children who have a long-term medical condition and who may require ongoing medication).
- As part of the monthly risk assessment, the Room Leader/nominated room leader checks any medication held at the Centre is in date and asks for any out-of-date medication to be replaced and returned to the parent.
- Parents do not have access to where medication is stored – this will reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.
- Medications which are not to be administered by Mr. Bee's but may need to be stored for use in another **setting** MUST be handed to the room leader and stored securely and not left in a child's bag.
- Any medication left at Mr. Bee's after the child has left will be disposed of in line with current best practice.

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

- A risk assessment is carried out for each child with a long-term medical condition who require ongoing medication. This is the responsibility of the Centre Lead alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They will be shown around the Centre, understand the routines and activities and will point out anything that they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on an outing, and where there are any concerns, the advice of child's GP's may be sought.
- A health plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child – this will also form part of the risk assessment.
- The health plan will include the measures to be taken in an emergency.
- The health plan is reviewed every six months or more often if necessary. This includes reviewing the medication (for example, changes to the medication or the dosage, any side effects noted, etc.).
- The Parents receives a copy of the health plan and each contributor, including the parent, signs it.

### **Managing medicines on trips, outings, and school runs:**

- Their key person or other staff member who is fully informed about their needs and medication, and who have read and understood the child's risk assessment accompanies children.
- Medication for a child is taken in a secure container clearly labelled with the child's name; date of birth; and name of the medication. A copy of the completed Medicine Form 2 and health plan are to be always kept inside of box, together with a blank copy of Medicine Form 1 should medicine need to be administered.
- Any medication given and recorded on Form 1 during the outing MUST be completed in full and signed by the person giving the medicine, witness, and parent/carer. This will then be stored in the child's paper file.
- If a child on medication must be taken to hospital, medication should accompany child as above.
- This procedure is read alongside the Supervision for children on outings; visits and school run procedure.

### **Staff taking medication:**

Staff taking medication must inform their Centre Lead or line manager. The medication must be stored securely in staff lockers or a secure area away from the children. The Centre Lead or line manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required. Staff medication MUST not be taken in a childcare room. If it is a lifesaving medicine – a health plan will need to be completed in the same way as the children.

### **Children who are sick or infectious:**

- If a child appears unwell during the day – has a temperature, sickness, diarrhoea, or pains, particularly in the head or stomach – the key person, after consent of Centre Lead calls the parents and asks them to collect the child or send a known carer to collect on their behalf.
- If a child appears unwell but does not have any specific symptoms, their temperature will be taken at half hourly periods using a digital or infrared thermometer kept near to the first aid box. A record of the temperature will be kept on **Famly under child's profile**.
- Only infrared and digital thermometers to be used in line with product guidance and based on the age of the children in the room - ear thermometers are not permitted for any age child.
- If a child has a fever (over 37.5°C/99.5°F) staff recognise the need to keep them hydrated by giving them plenty of cool water to drink and kept cool by:
  - i. Removing top clothing ensuring they are appropriately dressed for their surroundings.
  - ii. If sleeping, cover with a lightweight sheet only.
  - iii. Keep room cool – open a window if you need to but ensure child is kept away from draughts.

- 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 where possible, followed up by an electronic medical record being sent to parents for acknowledgement. This is to reduce the risk of febrile convulsions, particularly for babies under 2 years old. Parents will be able to give consent via Famly immediately.
- If the child's temperature does not go down within the hour and is worryingly high, the parent will be called to collect the child.
- In extreme cases of emergency where it has not been possible to contact parent and/or administer fever-reducing medicine, an ambulance should be called, and the parent informed. It is at this point; the advice of the ambulance service is to be followed on how to reduce the child's temperature.
- Parents should be advised to contact their GP or health visitor urgently if the child:
  - i. is under three months old and has a temperature of 38°C (101°F) or above.
  - ii. is between three and six months old and has a temperature of 39°C (102°F) or above.
  - iii. is over six months old and, as well as a fever, has other signs of being unwell, such as floppiness and drowsiness.
- Parents are asked to take their child to the doctor before returning them to nursery; the nursery can refuse admittance to a child who has a temperature, sickness and diarrhoea or a contagious infection or disease.
- After sickness and diarrhoea, parents 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 centre has access to a list of communicable diseases that outlines excludable diseases and current exclusion times. The full list is obtainable from [www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities) and includes common childhood illnesses such as measles.

### **Reporting of 'notifiable diseases':**

- If a child or adult is diagnosed suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to the Public Health England.
- The Centre Leads notifies the Senior Early Years Professional 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.
- The Centre Lead has a list of notifiable diseases and contacts Public Health England (PHE) and Ofsted in the event of an outbreak.
- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The Centre Lead or their deputy calls NHS111 and informs parents.

### **HIV/AIDS/Hepatitis procedure:**

HIV virus, like other viruses such as Hepatitis, (A, B and C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.

- Single use vinyl gloves and aprons are worn when changing children’s nappies, underwear and clothing that are soiled with blood, urine, faeces, or vomit.
- Protective rubber gloves are worn to clean/sluice clothing after changing.
- Soiled clothes are double bag for parents to take home for cleaning.
- Spills of blood, urine, faeces, or vomit are cleared using mild disinfectant solution and mops; cloths used are double bagged and disposed in an outside bin.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces, or vomit are cleaned using a disinfectant.
- Baby mouthing toys are kept clean and plastic toys cleaned in sterilising solution regularly.

**Nits and head lice:**

- Nits and head lice are not an excludable condition but as with any communicable condition/illness, a parent will be asked to collect their child to take home so that treatment can be carried out and in exceptional cases, parents may be asked to keep the child away from the Centre until the infestation has cleared.
- On identifying cases of head lice, all parents at the centre are discreetly informed and asked to treat their child and all the family if they are found to have head lice (current guidance on how to treat is sent out on Famly newsfeeds).

**Allergies and Food Intolerance:**

When parents start their children at the centre they are asked if their child suffers from any known allergies. This is recorded on the registration form with relevant information being recorded and kept accessible but confidentially within the individual childcare rooms.

- If a child has an allergy or food intolerance, a risk assessment is completed to detail the following:
  - i. The risk identified - the allergen (i.e., the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats, etc).
  - ii. The level of risk, taking into consideration the likelihood of the child coming into contact with the allergen:
  - iii. Control measures – such as how the child can be prevented from contact with the allergen.
  - iv. Review measures.
- A Health Plan for must be completed with:
  - i. The nature of the reaction (i.e., anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.)
  - ii. What to do in case of allergic reactions, any medication used and how it is to be used (e.g., auto-injector).
- A Medicine Form 2 will also need to be completed as outlined above.
- The Health Plan, risk assessments and medicine form 2 should be read and signed by all childcare staff members at the centre.
- New staff members will be made aware of where these are kept at induction by the room leader and provided time to familiarise themselves with a child’s condition.

- The original copy of the health plan, risk assessment and parental agreement to administer medicine to a child with Allergy/Long Term Medical Conditions form (Medicine Form 2) are kept in the child's personal file and a copy given to the parents.
- A copy of the health plan is kept in an easily accessible but confidential place, which will vary from childcare room to childcare room but will be outlined in the risk assessment and must not be removed, unless authorised by the Centre Lead.
- Once authorised, the Centre Lead will inform the whole team of any changes.
- A copy of the Medicine Form 2 is kept with the medication in 'Life Saving' medicine box.
- Parents and/or health professionals train staff in how to administer special medication in the event of an allergic reaction.
- No nuts or nut products are used within the childcare Centres, including staff room, reception, and office areas.
- Parents are made aware of our 'no nut' policy in the terms and conditions and on parent notice boards so that no nut or nut products are accidentally brought into the centre.
- How to inform our parents of any other allergies is set out in the individual risk assessments.
- Any foods containing food allergens are identified on children's menus.
- The child's name is added to the Dietary Requirements list.

#### **Oral medication:**

- Insurers now regard asthma inhalers as 'oral medication' and so documents do not need to be forwarded to our insurance provider – inhalers must be prescribed to the child.
- Oral medication must be prescribed or have manufacturer's instructions written on them.
- We adhere to all risk assessment procedures for the correct storage and administration of the medication.
- We must have the parents or guardians' prior written consent on Family before medication is administered. It is not necessary to forward copy documents to our insurance provider.

#### **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). It will also include children who have been diagnosed with asthma.

- The key/shared person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
- 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/shared key person together with the Centre Lead work in close partnership with parents/carers and other professionals to share information and provide continuity of care.



- Written consent by way of medicine form 2 is given by parents to administer medication/treatment prescribed by the child's GP, together with a Health Care plan and risk assessment is completed before care commences.
- 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.
- Mr Bee's will make every effort to ensure key persons and other appropriate staff members have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE). **In the absence of the named staff members, however, the child will not be permitted to attend childcare.**
- 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 right to privacy and modesty is respected. Another practitioner is usually present during the process.
- Treatments, such as inhalers or EpiPens are immediately accessible in an emergency (see storage of medicine).

#### **Record keeping:**

For a child who requires invasive treatment the following must be in place from the outset (before the child starts at the Centre):

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
- Health Plan and risk assessment completed with the parents (and medical professionals if appropriate) which is to be reviewed every six months as outlined in the children with allergies procedures above;
- written consent from the parent or guardian using the Medicine Form 2 which must also outline who has been trained to administer medicine;
- proof of training in the administration of such medication by a medical practitioner; healthcare professional; the parent, guardian, or legal representative.
- all staff members trained in paediatric first aid including the use of auto injectors.

All forms to be completed and kept on a child's file and retained in line with our Children's Records policy.

#### **Insurance requirements for children with life-saving medication and invasive treatments:**

- Mr Bee's insurance will include children with any disability or allergy but procedures within this policy must be strictly adhered to and written confirmation from our insurance provider must be obtained to extend the insurance before the child starts.
- **Copies of all letters relating to children with life-saving medication (other than inhalers) and invasive treatments 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 on Family of the intimate/invasive treatment each time it is given.**

- At all times, we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.

### **Physiotherapy:**

- Children who require physiotherapy whilst attending the Centre 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 physiotherapist must demonstrate the required technique personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the practitioner applying the technique in the first instance.

### **Safeguarding/child protection:**

- Practitioners recognise that children with SEND are particularly vulnerable to all types of abuse; therefore, the safeguarding procedures are followed rigorously.
- If a practitioner has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

## Forms

- Suspected Illness Record (use only when Family not accessible)
- Permission to Administer Medicine/Treatment (Medicine Form 1)
- Medicine Label
- Health Plan
- Parental Agreement to administer medicine to a child with Allergy/Medical Condition (Medicine Form 2).
- Risk Assessment

## Related Policies:

- Supervision of Children on Outings, Visits and School Run
- Health and Safety General Standards – Childcare
- Children’s Records
- Recording and Reporting of Accident and Incidents

## Legal framework

- The Human Medicines Regulations (2012)

## Further guidance

- <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>
- Policy updated using information from NHS Choices website  
<http://www.nhs.uk/Pages/HomePage.aspx>
- [Good Practice in Early Years Infection Control](#)



**Re: Managing children with allergies; children who are sick or infectious and administering medicines (including storage of medicines)**

This policy was reviewed at a meeting of: Mr. Bee's Family Centre  
Held on: 4<sup>th</sup> June 2024  
Date to be reviewed: May 2027

Signed on behalf of the Board of Trustees:	
Name of role of signatory:	Jeanette Nowrung, Chairperson
Signed by Senior Early Years Professional:	
Individual Centre Lead's Signature:	
North Lynn:	
Springwood:	
St Augustine's:	