

## Policy statement

We provide care for children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections. We promote a healthy life-style and a high standard of hygiene in our day to day work with children and adults.

It is not our policy to care for sick children; they should be at home until they are well enough to return to Rainbow. If a child is on medication, parents/carers need to consider whether they are fit enough to attend pre school.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effects as well as to give time for the medication to take effect.

Medication will only be administered during a session for children with chronic illnesses or in an emergency, e.g. epipen, asthma inhaler. Appropriate training is provided to staff. If a child should require emergency treatment on or off the premises whilst in Rainbow Pre-school's care, we will assume permission to treat as appropriate. All parents/carers sign a declaration to this effect when their child joins Rainbow.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings'; the manager is responsible for ensuring all staff understand and follow these procedures.

Any member of staff can administer medication to children, provided they follow the correct administration procedure. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

## EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.2 Inclusive practice 1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.2 Supporting every child	

## Procedures

### 1.0 Allergies & Medication

#### 1.1 Children with allergies

- When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form.

- If a child has an allergy, a care plan is completed to detail the following:
  - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
  - The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).
  - Control measures – such as how the child can be prevented from contact with the allergen.
  - Review.
- This form is kept in the child’s personal file and a copy is displayed where staff can see it.
- Parents train staff in how to administer special medication in the event of an allergic reaction.
- No nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

*Insurance requirements for children with allergies and disabilities*

The insurance will automatically include children with any disability or allergy but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from Rainbow insurance provider will be obtained to extend the insurance, if appropriate.

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

**1.2 Administering medication**

We notify our insurance provider of all required conditions, as laid out in our insurance policy.

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor (or other medically qualified person) for children with chronic illnesses or in an emergency is administered (see Policy Statement). It must be in-date and prescribed for the current condition.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - full name of child and date of birth;
  - name of medication and strength;
  - who prescribed it;
  - dosage and times to be given in the setting;
  - the method of administration
  - how the medication should be stored and its expiry date;
  - any possible side effects that may be expected should be noted; and
  - signature, printed name of parent and date.
- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The record book records:
  - name of child;
  - name and strength of medication;

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- the date and time of dose;
- dose given and method; and is
- signed by the person administering the medication; and is
- verified by parent signature at the end of the day.

### 1.3

#### Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent. If possible duplicate medicine is kept in the setting.
- For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

Medications are stored in the First Aid cupboard in separate boxes.

- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- If rectal diazepam is given another member of staff must be present and co-signs the record book.
- No child may self-administer. Where children are capable of understanding 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.

### 1.4 Children who have long term medical conditions and who may require on ongoing medication

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager 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 should be shown around the setting, understand the routines and activities and point out anything which 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 is part of the risk assessment.
- The risk assessment includes vigorous activities and any other pre-school activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.
- A health care 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.
- 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 if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

### 1.5 Oral medication

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Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to Rainbow insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- Rainbow must be provided with clear written instructions on how to administer such medication from the parents (which then forms part of the Care Plan.)
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- Rainbow must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to Rainbow insurance provider.

### 1.6 Life saving medication & invasive treatment

Adrenaline injections (e.g. Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

- The setting must have:
  - 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 the parent or guardian allowing staff to administer medication; and
  - 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.
- Copies of all three letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended.

Key person for special needs children - children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.
- Copies of all letters 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.

If Rainbow is unsure about any aspect, the Pre-school Learning Alliance Insurance Department will be contacted on 020 7697 2585 or via email [membership@pre-school.org.uk](mailto:membership@pre-school.org.uk).

### 1.7 Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, and name of the medication, Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.
- This procedure is read alongside the Supervision of Children on Outings and Trips policy.(1 12).

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## 2.0 Health

### 2.1 Children who are sick or infectious

- Parents are asked to keep their children at home if they have any infection or are unwell and to inform Rainbow of the nature of the infection (e.g. chicken pox). If appropriate, Rainbow will alert other parents with regard to the nature of the infection, whilst maintaining confidentiality to the child and his/her family.
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- Parents **must not** bring into Rainbow Pre School any child who has been **vomiting or had diarrhoea until at least 48 hours has elapsed** since the last attack. If a child arrives at Rainbow before the 48 hour period is up they will be refused admission.
- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- Temperature is taken using a ‘fever scan’ kept near to the first aid box.
- In extreme cases of emergency the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to Rainbow; Rainbow can 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 setting.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from the Department of Health.

### 2.2 Reporting of ‘notifiable diseases’

- If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

### 2.3 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, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/sludging clothing after changing.
- Soiled clothing is bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

### 2.2 Nits and head lice

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- 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.

### Outdoor play

- Children will have the opportunity to play in the fresh air throughout the year; parents/carers should send their children appropriately dressed for the weather. Rainbow Pre-School values physical activity across the curriculum.

### Personal hygiene

- A large box of tissues available and children encouraged to blow and wipe their noses when necessary. Soiled tissues are disposed of hygienically.
- Hands washed with liquid soap and thoroughly dried after using the toilet.
- Children encouraged to shield their mouths when coughing.
- Paper towels are used and disposed of appropriately.
- Soiled nappies are double wrapped and sent home.

### Legal framework

- The human medicines regulations (2012)

### Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

This policy was adopted at a meeting of

Rainbow Pre School

Held on

16<sup>th</sup> July 2018

Date to be reviewed

2020/2021

Signed on behalf of the management committee

Name of signatories

Lisa Brown & Lucy Daybell

Role of signatories (e.g. chair/owner)

Co-chairs

### Other useful Pre-school Learning Alliance publications

- Medication Record (2006)
- Register and Outings Record (2010)