



# Managing Children Who Are Sick Or Infectious

## POLICY STATEMENT

In many cases, it is possible for children's GPs 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.

The teacher / school matron is responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

We provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections.

### *Procedure for Administering Paracetamol*

- Written consent is given on admission for the administration of children's paracetamol. Unprescribed children's paracetamol may be administered to any children with the verbal consent of the parents, on that day, in the case of a high temperature.
- A parent of a child with a high temperature (over 38 degrees) will be telephoned to ask for verbal consent to administer paracetamol. This is to prevent febrile convulsion.
- Where a child is known to convulse when febrile, prescribed children's paracetamol should be brought to the setting and the parent's written consent recorded for the medicine to be administered according to the prescription if the temperature rises above 38 degrees.
- Temperature is taken using a digital thermometer.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.

### *Collection Procedure for Children in the Nursery*

- If Paracetamol is administered at Preschool, then the child is deemed to be too unwell, and must be collected.

### *Collection Procedure for Children in the Pre-Preparatory*

- In the Pre-Preparatory, parents will be telephoned to ask for the child to be collected from school.

### *Prescribed medicines*

- Children taking prescribed medication must be well enough to attend the setting.



- Only prescribed medication is administered. It must be in-date and prescribed for the current condition. An exception is made for nappy rash cream and eczema emollients that need not be prescribed, with written consent from parents/carers.
- 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 prescribed 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;
  - dosage and time to be given in the setting;
  - signature, printed name of parent and date.
- Medicine will be given to the teacher who will then be responsible for recording the above and storing the medicine. Suitable staff are responsible for ensuring the medicine is given as directed with a witness present.
- We record the administration of all medicines, safely store these and comply with the detailed procedures in the statutory framework for the Early Years Foundation Stage

#### *Storage of medicines*

- All medication is stored safely away from the children.
- The teacher is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting. The teacher must check that any medication held to administer is in date, and return any out-of-date medication back to the parent.
- All staff are shown the safe medicine storage areas on induction.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional from the Clifton College medical centre.
- 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.

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

- A care plan is created for each child with long term medical conditions that require ongoing medication. This is the responsibility of the teacher and school nurse alongside the matron. Other medical or social care personnel may need to be involved in the care plan.
- Parents will also contribute to a care plan. 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 care plan.
- The care plan includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- 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.

#### *Managing medicines on trips and outings*

- If children are going on outings, all staff are fully informed about the child's needs and/or medication and/or care plans.
- Medication for a child is taken in a clearly labelled container. Time and dose of medication administered is recorded and updated on their medical record card.
- On returning to the setting the information is updated on the medical record card and the parent/carer is informed.
- If a child on medication has to be taken to hospital, the child's medication is taken in a clearly labelled container with the child's name on it.

#### *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 College nurse informs the relevant bodies and acts on any advice given by the Health Protection Agency.

#### *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.

#### *Chickenpox*

- Under NHS guidelines children with Chickenpox need to be off until the last of the blisters have scabbed over.
- If a child has Chickenpox, and then catches Scarlet Fever they will need to see a doctor, and parents would also need to inform the Preschool (even if their child was already off Preschool).

#### *Sickness and Diarrhoea*



- If a child has diarrhoea or vomiting with a temperature of 37.5 degrees parents are asked to keep children home for at least 48 hours and until a formed stool is passed or the last instance of vomiting occurs.

#### *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/sluicing 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; clothes used are disposed of with the nappy waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

#### *Exclusion Periods*

For further guidance on exclusion periods and advice on preventing the spread of infections, please follow the below link:

[https://www.publichealth.hscni.net/sites/default/files/Guidance\\_on\\_infection\\_control\\_in%20schools\\_poster.pdf](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)

#### *Legal framework*

Medicines Act (1968)

#### *Further guidance*

- 'Guidance on infection control in schools and other childcare settings' (April 2017)
- 'Supporting pupils at school with medical conditions' (August 2017)