

## **Sick Children, Illness and Medicines Policy and Procedures**

Childcare will not be provided for children who are unwell. This is to protect all concerned and to prevent further infection or distress.

### **General sickness policy**

The promotion for good health of all who attend the setting is a priority. The necessary steps will be taken to help keep everyone healthy and prevent the spread of infection.

Examples of conditions that will exclude your child from attending my setting:

- Diarrhoea & vomiting – no return for 48 hours after symptoms have stopped.
- Breathing difficulties
- Ear, nose, and throat infections

If your child is unwell, they are usually happier to be at home with you, if you are unsure whether your child should attend, then please contact me before the beginning of the childminding day for guidance. Please do not bring your child before having done this. Your cooperation regarding this, supports the health for everyone.

It is imperative that we have a responsible and rigorous approach to any signs of illness, to reduce the risk of infection and to keep everyone at the setting as healthy as possible.

Should your child become unwell whilst in my care, I would call you to discuss the symptoms and would normally suggest you take your child home as soon as possible. By doing this we are reducing the chances of the spread of infection to myself and to other children. This also provides an opportunity for your child to receive medical attention as soon as possible, if required, aiding a swift recovery. Examples of conditions:

- Fever
- Sickness and or diarrhoea
- Breathing difficulty, sore throat, swollen glands, loss of voice, hacking or continuous coughing.
- Thick runny nose, eyes, or ears.
- Skin disorders: itching, rash, lice, ringworm or any other that may resemble childhood diseases.
- Child is upset, fractious and requiring more care than I can provide without disrupting the health, safety, and well-being for the other children in my care.

It is appreciated, that children's health can deteriorate very quickly and that symptoms may not be apparent prior to being left in my care. If the nature of the illness requires emergency treatment, then I will instigate that and contact you as soon as possible. The health and safety of your child is paramount. If a child needs non-prescription medication, for example Calpol, to help them manage their day, then it is likely that they are not well enough to attend the setting. Please contact me beforehand to discuss this.

### **Exclusion period guidelines**

For information on managing specific illnesses and recommended 'exclusion' periods for certain infections I consult the government's Health Security Agency exclusion table [Children and young people settings: tools and resources - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/children-and-young-people-settings-tools-and-resources).

Diarrhoea, vomiting, chicken pox and impetigo, amongst others, are listed as ailments that require exclusion.

For further information regarding the management of infectious diseases the UK Health Security Agency have put together an A-Z guide [Managing specific infectious diseases: A to Z - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/managing-specific-infectious-diseases-a-to-z)

### **Additional information**

Strep A - [Group A Strep - What you need to know - UK Health Security Agency \(blog.gov.uk\)](https://www.blog.gov.uk/2019/05/21/group-a-strep-what-you-need-to-know/)

Covid - [Coronavirus \(COVID-19\): guidance and support - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-and-support)

[What to do if you have or might have coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](https://www.nhs.uk/what-to-do-if-you-have-or-might-have-coronavirus-covid-19/)

### **Good practice**

There is a commitment for maintaining a high standard of hygiene. To minimise the risk of infection, I have robust cleaning strategies and procedures in place. This will include strong, hygienic practices regarding hand washing, food preparation, nappy changing, toileting and maintaining a clean environment for all using the setting. If there were any infectious disease within my own family, to protect everyone concerned, I would not work, and the setting would not reopen until the infection had passed.

#### **IN SUMMARY:**

- A child must not attend if they are vomiting or have diarrhoea. They should not be in the childcare setting until 48 hours after the diarrhoea and/or vomiting has ceased.
- A child known to be unwell and with a temperature must not attend setting. A child who becomes unwell during the day should be collected as soon as possible by a parent or carer.
- Colds are infectious. A mild cold will cause little distress but a child with a heavy cold or flu should be kept at home.
- Children with open sores, such as, impetigo must not attend until the lesions are crusted over or 48 hours after starting antibiotic treatment.
- A child with chicken pox should be kept at home for five days from the onset of the rash and until all blisters have crusted over.
- Individuals who have tested positive for COVID-19 should not attend the setting for at least 3 days after the day of the test.

### **Administering medicines policy**

As a childcare provider I will ensure that I implement an effective procedure to meet the individual needs of a child when administering medicines. To achieve this, I will ensure the following:

- I must have written parental consent **prior** to administering any medication, detailing the name of the medicine, the dosage, and the times for the medication to be administered.
- Details of any medicine which was given to a child before they arrived for the childminding session – **This must also be signed by the parent**
- As the childminder I will sign after administering medicine, with the name of the medicine, date, time, and dosage clearly recorded.
- I must ask you to sign to indicate that you know what I have administered and when, during the childminding session.

### **PARENTS MUST INFORM ME IN WRITING OF THE TIME AND AMOUNT OF LAST DOSE GIVEN TO THE CHILD AND PROVIDE WRITTEN PERMISSION AND INSTRUCTION FOR ME TO ADMINISTER FURTHER DOSES.**

- If the administration of prescription medicine requires technical/medical knowledge, then I will attend training from a qualified health professional. The training should be specific to the child in question.
- Prescription medication will only be administered to the child it is prescribed for by a doctor, dentist, nurse, or pharmacist.
- Non-prescription medication such as pain and fever relief will only be administered with parents' previous written consent and only when there is a health reason to do so.
- I will never administer medicines containing aspirin to a child under the age of sixteen unless a doctor has prescribed them.
- If I have a child in my care with long-term medical needs, then I will ensure that I have sufficient information about the child's medical condition and will work in partnership with parents to assist the administration of any prescribed medication.
- I will not administer medicine which a child has not previously taken, in case of adverse reaction to the medicine.

### **Calpol and paracetamol products**

If your child has needed either Calpol or a paracetamol type product prior to attending my setting, please contact me to discuss whether it is appropriate for your child to still attend.

There may be a situation when your child becomes unwell whilst in my care, if this happens then you will be contacted and could be expected to collect your child as soon as possible. However, if the child is in pain or suffering from a high temperature Calpol may be administered in the interim, but **only if prior written consent has been given**. Discretion

will be used and Calpol only administered if deemed absolutely necessary. If possible, attempts will be made to contact parents immediately prior to a dosage of Calpol being administered.

**To minimise the risk of overdose it is of utmost importance that parents notify my setting if a child has had any medication prior to attending childcare.**

The administering of Calpol is to provide pain relief or to reduce fever only until the child can be collected. The child must be collected as soon as possible after the Calpol has been administered and cannot return to childcare until he/she has been fevering free for 24 hours **WITHOUT** the aid of temperature reducing products.

The Calpol must be supplied by parents, labelled clearly with the child's name and date of birth on it, in original packaging with use by date clearly visible. This will be stored in line with manufacturer's guidelines.

A record will be made recording the time and dosage given and parents will be expected to sign to acknowledge that Calpol has been administered when they collect the child.