Illness & Medication Policy

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Introduction

If a child is ill and unable to attend Kindergarten, it is appropriate for the child to remain at home in the care of his/her parent.

If a child is able to attend kindergarten on prescribed medication there needs to be clear guidance for the teaching staff to follow.

There is an additional illness policy relating to and in addition to this, regarding if your child is showing any signs of COVID -19

Purpose

The purpose of this policy is to provide guidance for parents around the procedures for when a child is ill and to provide teaching staff guidance on the administration of prescribed medication.

- If a child is ill, parents are required to inform the kindergarten on the morning of the absence, in line with the attendance policy.
- Parents are asked to keep their child at home if they have any infection, and to inform Kindergarten as to the nature of the infection. Please refer to the Health Agency Protection Agency guidance. Appendix 1. This will allow the Kindergarten to alert other parents as necessary and to make careful observations of any child who seems unwell.
- Parents are asked not to bring into the Kindergarten any child who has been vomiting or had diarrhoea until at least 48 hours has elapsed since the last attack. As per guidance, Appendix 1.
- Cuts or open sores, whether on adults or children, will be covered with sticking plaster or other dressing
- If your child is showing any signs of Covid-19, please refer to the latest national guidance. Please note that there is an additional CVSE First Aid and Illness Covid-19 policy available on the CVSE website.

NB: any allergies will be documented on admission to the provision

Medication Administration within the kindergarten setting

If the child is on prescribed medication the following procedures will be followed: -

- If possible, the child's parents will administer medicine. If not, then medication must be stored in the original container and clearly labelled with the child's name dosage and any instructions.
- Written information will be obtained from the parent, giving clear instructions about the dosage, administration of the medication and permission for a member of staff to follow the instructions (see Appendix 2.)
- All medications will be kept in a lockable cupboard.

- A medication book will be available to log in: name of child receiving medication, times that the medication should be administered, date and time when medication is administered, together with the signature of the person who has administered each dose.
- The Kindergarten will ensure that the first aid equipment is kept clean, replenished and replaced as necessary. Sterile items will be kept sealed in their packages until needed.
- There will always be on the premises at least one qualified first aider training to administer first aid to children, and on outings.
- All children with medical condition will have an individual medical plan completed which is held in the office, staff will be aware of all children who have an IMP which is displayed in each classroom (see Appendix 3.)

Lifesaving Medication Administration

With regard to the administration of life saving medication such as insulin/adrenalin injections or use of nebulisers, the position will be clarified by reference to the pre-school's insurance company. (In case of pre-schools insures with Royal & Alliance National Centre). If specialist knowledge is required, staff involved in administering medication will receive training from a qualified health professional.
Staff must record the use of any life saving medication in the Childs personal file.

Over dosage

- If a member of staff realises a child has been given more than the prescribed amount, they follow these steps: -
    - Ensure the child is at no risk via a call to the GP or 111
    - If a child is at risk they will be taken immediately to A & E
    - The parents will be notified as a matter of urgency
    - An incident form will be completed
    - A note will be made in the child's file

Monitoring and Compliance

- Ensure all staff are aware of the policy
- Make documentation of all incidents
- Use any incidents as 'a learning' from exercise – ensuring confidentiality
- Use any incidents for audit purposes
- Update this policy every 12 months
- An audit will be made of record keeping around allergies and agreement to give alternative remedies on a regular basis

Appendix 1.

To access the full guidance on infection control in schools and other childcare settings document, click on the link below:

https://www.npt.gov.uk/media/4336/sch_guidance_on_infection_control_in_schools_and_other_childcare_settings.pdf

Calder Valley Steiner Education guidance on infection control in schools and other childcare settings in line with Calderdale and HSC guidelines

Rashes and skin infections	Recommended period to be kept away from school	Comments
Athletes foot	None	Athletes foot is not a serious condition. Treatment is recommended.
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff-pregnancy
Cold sores (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (Rubella)	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR X2 doses). See: Vulnerable children and female staff-pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until legions are crusted and healed, or 48 hours after commencing antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash	Preventable by vaccination (MMR X2). See: Vulnerable children and female staff-pregnancy.
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (Infantum)	None	None
Scabies	Child can return after first treatment	Household and close contact require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever, contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff-pregnancy.
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who aren't immune i.e. have not had chickenpox. It is

		spread by very close contact and touch.
Warts and verrucae	None	Verrucae's should be covered in swimming pools, gymnasiums and changing rooms.

*Denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

Outbreaks: if a school, nursery or childminder suspects an outbreak of an infectious disease, they should inform the Duty Room.

Diarrhoea and vomiting illness	**Recommended period to be kept away from school**	**Comments**
Diarrhoea and/ or vomiting	48 hours from last episode of diarrhoea	
E. coli 0157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty adhering to hygiene practices
Typhoid* (and paratyphoid *) (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance. Please consult the Duty Room for further advice.
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

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Outbreaks: if a school, nursery or childminder suspects an outbreak of an infectious disease, they should inform the Duty Room.

Respiratory infections	**Recommended period to be kept away from school**	**Comments**
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires close prolonged contact to spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary.

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Outbreaks: if a school, nursery or childminder suspects an outbreak of an infectious disease, they should inform the Duty Room.

Other infections	Recommended period to be kept away from school	Comments
Conjunctivitis	None	If an outbreak/ Cluster occurs, Consult the Duty Room
Diphtheria*	Exclusion is essential. Always consult with the Duty Room.	Family contacts must be excluded until cleared to be returned by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary.
Glandular fever	None	/
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptoms onset if no jaundice)	The Duty Room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are non-infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will give advice on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise and danger of spread. If further information is required, contact the Duty Room.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR X 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

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Good hygiene practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.
Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste. Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps, e.g. needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites
If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

Animals

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.
Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.
Visits to farms. For more information see https://www.hseni.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

Female staff – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

• Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy.
The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
• German measles (rubella). If a pregnant woman comes into contact with German measles, she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
• Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
• Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, she should immediately inform whoever is giving antenatal care to ensure investigation.
• All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

*The above advice also applies to pregnant students.