

Smallville Nursery **Medication Policy** **2022**

Updated March 2022

To be reviewed March 2023

Statement

Smallville Nursery places the child's well-being at the very core of the ethos of the setting. Staff are paediatric first aid trained but it is not a compulsory part of their job to administer medicine, and we respect the agreement and decision made by each individual member of staff. There will, however, always be staff willing to administer medicine on site, and for any clarification of this matter please check with the Manager. All staff are full trained in First Aid.

It is our aim to safeguard and maintain the well-being of all children within the Nursery and the staff who look after them. Smallville Nursery works in partnership with parents and information sharing in this area is vital so that staff respect and are aware of cultural, ethical or religious reasons which may relate directly to the administration of medicine.

Method

The following procedure must be adhered to by parents and staff for the health and well-being of all children in the administration of medicine OR creams:

Smallville Nursery requires written consent in advance from parents which clearly shows:

- CHILD'S FULL NAME AND ADDRESS
- D.O.B.
- DATE AND EXPIRY DATE
- DOSAGE

If medication has not been prescribed for the child by a GP or medical professional or has expired its date, this includes Calpol & Nurofen, Smallville Nursery **will not** administer it**. The medication must be in its original container and must be accurate for the ailment (i.e. Eye drops prescribed for an ear infection or for a sibling or relative not the child named).

** In extreme circumstances the manager may make the decision to administer emergency Calpol to children in the event that a child's temperature reaches or exceeds 40c in the agreement that the parents are on their way to collect the child. This will only be carried out if the manager has sought permission from the parent or a medical professional (111)

A manager must record every occasion of administering the medication confirming the time & dosage of administration and which member of staff did so. The staff member will then sign the form.

Written permission is required for emergency treatment of chronic illnesses, such as asthma where inhalers may need to be given on a long-term basis. If a child has been hospitalised due to an illness, we will contact the child's health visitor for a multi-agency meeting together with the parents and draw up a health care plan. If a child has an asthmatic pump but not been hospitalised, the nursery manager will draw up a health care plan and train all staff to the child's individual needs.

Staff will be asked to attend training to meet specific needs concerning administration of medicine, or other health related matters.

Staff will sign a consent form to say they are willing to administer medicine. The Nursery Manager will make parents aware of any changes in information. Only Level 3 qualified staff with first aid training will be permitted to administer medicine.

In an emergency, an ambulance will be called for and parents informed immediately.

Monitoring

The Nursery Managers will monitor staff to ensure the procedures are being carried out, and that they are clear to all. Staff will be asked to feedback at meetings any areas of concern or to identify training needs that they may.

Storage

All medication will be in a medication box in the nursery fridge. Medication that does not need to be refrigerated will be in the medication box in each room on a high shelf out of reach to children. This box needs to be easily assessable in case of emergency e.g. asthma pump needed etc... All medication will be individually bagged and labelled with names, D.O.B, name of medication and prescription dates.

Once the prescription /course has finished any containers or remaining medication will be returned to the parent/ named guardian to dispose of and signed for.

Staff Medication

Staff medication on the premises must be securely stored in the medicine cupboard located in the manager's office, if the medication needs to have refrigerated them it must be stored in the fridge in the office in a lidded and labelled box or bag. Staff must inform their manager if they are bringing any medicine on to the premises and ensure that it doesn't impair their ability work. Providers must ensure that those practitioners taking medication, medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. – see staff medication policy, all staff to complete as part of their induction.

Notifiable infectious diseases

The following list contains all the infectious diseases that health care providers have to report to the health protection team under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy

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- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Other diseases that may present significant risk to human health must also be reported.

ICC.Kent@phe.gov.uk Phone: 0344 225 3861

Out of hours for health professionals only: please phone 0844 967 0085

Ofsted must be informed if:

- an allegation of serious harm or abuse committed either at the premises or elsewhere by people who:
 - live on the premises
 - work on the premises
 - look after children on the premises
- the disqualification of the registered provider, an employee or someone living on the childcare premises (see guidance on how to waive disqualification)
- any significant event that may affect someone's suitability to look after children, or be in regular contact with children (for instance, health changes or involvement with the police or social services)
- events that might affect the condition and safety of the premises or the quality of childcare offered, or lead to ongoing closures (such as a fire or flooding)
- the death of a child while in your care
- a child's serious accident, injury or illness while being looked after, including food poisoning affecting at least 2 children

How to report to Ofsted

[Told Ofsted already \(report-childcare-incident.service.gov.uk\)](https://www.service.gov.uk/report-childcare-incident)

Health Protection for schools, nurseries and other childcare facilities

Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more
Mumps*	Five days after onset of swelling	information Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.

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Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, noninfectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

***denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.