**Medication and illness Policy and Procedure**

I am legally required to have a valid Paediatric First Aid certificate. This allows me to administer basic First Aid treatment. My first aid box is clearly labelled, easily accessible and stored on a shelf in the upstairs bathroom. Parent emergency contact numbers are within my locked filing cabinet which is upstairs in the main bedroom. My First Aid certificate is available in a file within the main lounge space.

I can only administer medication to a child, with written permission from the parent/carer on the day the medication is needed or in the case of antibiotics then the consent will be for the course. I will be using a PACEY accident/incident and medication book. The only exception for this would be children with a known medical need i.e. febrile convulsion, known allergies etc. I have medication consent forms available for parents to complete should they wish me to administer medication.

On each medication form the following will be logged:

* Child’s Name
* Date of administering medication
* Name of medicine
* Reason for medicine
* Details of known side effects
* Dosage
* Storage instructions
* Expiry Date
* When medication is due, last received and administered.
* Signatures from parents giving permission to administer and acknowledgement I have administered the medicine.

Should medication be needed regularly (e.g. asthma/eczema sufferers) the parent/carer will be required to complete the monthly medical form which will be reviewed monthly.

If medication is required daily or short term (e.g. antibiotics for one week) then either the prescribed or non-prescribed medical forms will need to be completed prior to medication being administered.

With regard to teething, the child will be administered homeopathic remadees within my setting as well as teething toys to elevient teething discomfort. Permission to use homeopathic remadies will be required from the parent/carer. If a child is teething please administer your own calpol at home before the child attends my setting. I will also need information regarding the time and last dosage amount given before attending my setting. If a child shows signs of a high temperature i will contact parent/carer and obtain permission to adminster the correct dosege of calpol if i feel nesessery. They will sign the confirmation form at collection for their child confirming I have informed them of the dosage they received and when it was given and why.

All medication must be in the original container and clearly labelled with the child’s name, date and have the information sheet regarding possible side effects and dosage required attached.

I can store any medication appropriately whilst the child is being cared for on the premises, but I will not keep medication overnight for children. It is the parent/carers responsibility to provide the medication on a daily basis for when the child attends.

In accordance with the National Minimum Standards (NMS) if the administration of prescription medicines requires technical or medical knowledge then individual training is provided by a qualified health professional. Training is specific to the individual child concerned.

If medication is brought to the setting with any child it is to be administrated by myself, Rowan Kennedy-Brown, and will be stored in line with the doctors specifications i.e fridge. If the medication is to be stored outside of the fridge then it will be stored out of the reach of any children attending the setting. Medication will only be administrated by myself and with the consent of the parent/carer.

My public liability insurance covers me to administer medication.

**Procedure for Responding to an Ill Child**

* I follow Public Health Wales guidelines on exclusion periods for medical reasons. (See below link)
* If a child develops an illness whilst at the setting i will contact the parents / carers / guardians and ask them to collect the child as soon as is possible.
* If i suspect that a child in the care of the setting is suffering from a communicable disease, they must inform the leader at once. I will follow the guidelines laid out in the Public Health Wales document ‘Infection Prevention and Control for Childcare Settings (0-5 years) Nurseries Child Minders and Playgroups All Wales Guidance (2014)’. (Refer to the list of useful contacts below.)
* If a child has a contagious complaint e.g. diarrhoea or sickness, they must be kept away from the Setting for at least 48 hours after the symptoms have stopped.
* If an incident of a communicable disease occurs at the setting, i will ensure that it shares information about its early symptoms with parents / carers / guardians so that they are able to recognise them and keep their child/children at home and seek appropriate medical advice / treatment as required.
* With respect for the privacy of children and their families, the name[s] of the ill child / children will not be disclosed to other families.
* When an incident of a communicable disease occurs at the setting, all equipment and resources that have, or potentially have come into contact with the child / children will be thoroughly cleaned and sterilised.
* CIW will be notified of any infectious disease which in the opinion of a registered medical practitioner attending a child or other person at the premises has a serious injury to, serious illness of, or the death of, any child or other person on the premises. (See below link)

**Emergency Procedures**

* If a child should need emergency medical treatment, and I am unable to contact the parents / carers / guardians or any other emergency contacts, the Setting will make the necessary arrangements to ensure the child’s safety.
* Signing the Parent/Carer Contract and the registration form gives the me permission to authorise any emergency medical treatment that may be necessary. A person with legal parental responsibility must have signed this form.

**Illness, infectious diseases, exclusion & emergency procedure Policy**

I am aware that incidences of child illness may arise at LittleCwtch Childminding. Many childhood illnesses are contagious, and I have a responsibility to ensure the Health and wellbeing of all children who attend my setting.

The aim of LittleCwtch Childminding is to ensure a safe and clean environment through maintaining the space and equipment and putting guidelines in place which allow me to work safely without risk to themselves, the children or others.

If a child is ill, they should not be brought to the Setting. If a child appears unwell on arrival, the child will not be accepted at the setting. I believe that the best place for an ill child is at home with their parents / carers / guardians. If a child becomes ill whilst at the Setting the Code of Practice detailed below will be followed.

I will do everything practicable to avoid spreading disease amongst children and adults at LittleCwtch Childminding. This includes observing children for signs of contact diseases e.g. chicken pox, mumps, rubella, meningitis, hepatitis, diarrhoea, sickness or temperatures of 101°F/38°C or above.

The aim of LittleCwtch Childminding is to avoid injuries rather than responding to them. I am aware of possible dangerous situations e.g. small items within reach of the smallest children, physical behaviour.

I will access training to make sure I meet these standards.

I will follow the infection prevention and control guidance for childcare setting (0-5 years) as appropriate, I will notify CIW of notifiable illnesses and Environmental Health of any sickness outbreaks as needed. I will also seek further information and guidance from Public Health Wales.

**The Rights of the Child**

Ensuring the welfare, health and care of children who are experiencing illness or disease is part of ensuring that i respect the rights of the child, as noted in the United Nations Convention on the Rights of the Child, specifically:

Article 3: All organisations concerned with children should work towards what is best for each child.

Article 12: Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.

Article 23: Children who have any kind of disability should have special care and support so that they can lead full and independent lives.

**Covid update**

Children who are symptomatic, have tested positive or are close contacts or live in a household with someone who is displaying symptoms of, or has tested positive for COVID-19 must not come to the childcare setting. They must be following the self-isolation guidance.

Symptoms of COVID include:.

* New continuous cough
* High temperature
* A loss or change to their sense of smell or taste.

If you are unsure if your child’s symptoms are COVID-19 or cold-like symptoms please use the symptom checker;

[Check your symptoms to see if you need coronavirus medical help | GOV.WALES](https://gov.wales/check-your-symptoms-see-if-you-need-coronavirus-medical-help)

What action should I take when an employee or visitor tests positive for COVID-19?

If LittleCwtch Childminding setting learn of a confirmed case from, parents, health centre, environmental health service, NHS Wales Test, Trace and Protect (TTP) or from Public Health Wales we will identify any work colleagues, children, parents or visitors who had close contact with the positive individual in the 48 hours before onset of symptoms. Once identified they will be informed of the risk and advised and supported to self-isolate for the recommended amount of days stated at that time by Welsh Goverment along with negative lateral flow tests.

A full list of notifiable diseases in available on the Public Health Wales website here:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=48544>

Notifiable diseases include:

* Some poisons/toxins.
* Botulism
* Encephalitis (acute)
* Enteric fever (typhoid or paratyphoid fever)
* Food poisoning
* Infectious bloody diarrhea
* Infectious hepatitis (acute)
* Invasive group A streptococcal disease and scarlet fever
* Legionnaires’ Disease
* Leprosy
* Malaria
* Measles
* Meningitis (acute)
* Meningococcal septicemia
* Mumps
* Poliomyelitis (acute)
* Rubella
* SARS
* Tetanus
* Tuberculosis
* Typhus
* Viral hemorrhagic fever (VHF)
* Whooping cough
* Yellow fever

Further information is avalable on the relevant websites listed below.

The **HSE website** provides further information on the procedure for notifying serious accidents or incidents. This information is available here: <http://www.hse.gov.uk/welsh/forms.htm>

**Useful Links and Further Information**

Public Health Wales: List of Notifiable Diseases <http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=48544>

Public Health Wales document ‘Infection Prevention and Control for Childcare Settings (0-5 years) Nurseries Child Minders and Playgroups All Wales Guidance (2014)’ <http://www.wales.nhs.uk/sitesplus/documents/888/Infection%20Prevention%20and%20Control%20for%20Childcare%20Settings%20Final%202014.pdf>

CIW: Changes to the way you notify us about serious injuries, incidents, illness, and deaths [http://CIW.org.uk/news/140523-changes-to-the-way-you-notify-us/?lang=en](http://cssiw.org.uk/news/140523-changes-to-the-way-you-notify-us/?lang=en)

This Illness, infectious diseases and emergency procedure policy for LittleCwtch Childminding was passed for use

On:

By: Position:

Date of planned review:

Guidance on infection control in schools

^Agency f

and other childcare settings

April 2010

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment.

Please contact your local health protection unit (HPU) on

Diarrhoea and vomiting illness

|  |  |  |
| --- | --- | --- |
|  | Recommended period to be kept away from school, nursery or childminders | Comments |
| Diarrhoea and/or vomiting | 48 hours from last episode of diarrhoea or vomiting |  |
| E. coli O157  VTEC | Should be excluded for 48 hours from the last episode of diarrhoea | Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices |
| Typhoid\* [and paratyphoid\*]  (enteric fever) | Further exclusion may be required for some children until they are no longer excreting | This guidance may also apply to some contacts who may require microbiological clearance |
| Shigella  (dysentery) |  | Please consult your local HPU 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 |

Respiratory infections

|  |  |  |
| --- | --- | --- |
|  | Recommended period to be kept away from school, nursery or childminders | Comments |
| ‘Flu (influenza) | Until recovered | SEE: Vulnerable Children |
| Tuberculosis\* | Always consult your local HPU | Requires prolonged close contact for spread |
| Whooping cough\* (pertussis) | Five days 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. Your local HPU will organise any contact tracing necessary |

or visit [www.hpa.org.uk](http://www.hpa.org.uk) if you would like any further advice or information, including the latest guidance.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform their local HPU

Rashes and skin infections

|  |  |  |
| --- | --- | --- |
|  | Recommended period to be kept away from school, nursery or childminders | Comments |
| Athlete’s foot | None | Athletes foot is not a serious condition. Treatment is recommended |
| Chickenpox | Five days from the onset of rash | 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)\* | Six days from onset of rash | Preventable by immunisation (MMR x 2 doses). SEE: Female Staff - Pregnancy |
| Hand, foot and mouth | None | Contact your local HPU if a large number of children are affected. Exclusion may be considered in some circumstances |
| Impetigo | Until lesions 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 x 2).  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 contacts require treatment |
| Scarlet fever\* | Child can return 24 hours after commencing appropriate antibiotic treatment | Antibiotic treatment recommended for the affected child |
| Slapped cheek/fifth disease. Parvovirus B19 | None | SEE: Vulnerable Children and Female Staff - Pregnancy |
| Shingles | Exclude only if rash is weeping and cannot be covered | Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch.  If further information is required, contact your local HPU. SEE: Vulnerable Children and Female Staff - Pregnancy |
| Warts and verrucae | None | Verrucae should be covered in swimming pools, gymnasiums and changing rooms |

Other infections

|  |  |  |
| --- | --- | --- |
|  | Recommended period to be kept away from school, nursery or childminders | Comments |
| Conjunctivitis | None | If an outbreak/cluster occurs, consult your local  HPU |
| Diphtheria \* | Exclusion is essential.  Always consult with your local HPU | Family contacts must be excluded until cleared to return by your local HPU.  Preventable by vaccination. Your local HPU 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 symptom onset if no jaundice) | In an outbreak of hepatitis A, your local HPU will advise on control measures |
| Hepatitis B\*, C\*, HIV/AIDS | None | Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact.  For cleaning of body fluid spills. SEE: Good  Hygiene Practice |
| Meningococcal  meningitis\*/  septicaemia\* | Until recovered | Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will advise 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. Your local HPU 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 any danger of spread. If further information is required, contact your local HPU |
| 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 |

\* 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). In addition, organisations may be required via locally agreed arrangements to inform their local HPU.

Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed - please refer to local policy.

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, COSHH 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 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, 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 your local HPU for advice, if unsure.

ANIMALS

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive (HSE) 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. 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. Please contact your local environmental health department who will provide you with help and advice when you are planning a visit to a farm or similar establishment. For more information see [www.hse.gov.uk/](http://www.hse.gov.uk/) pubns/ais23.pdf

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 or measles 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.

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. 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 exposure. 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 (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 under the age of 25 working with young children should have evidence of two doses of MMR vaccine.

#The above advice also applies to pregnant students. IMMUNISATIONS

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child’s GP.

For the most up-to-date immunisation advice [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk), or the school health service can advise on the latest national immunisation schedule.

|  |  |  |
| --- | --- | --- |
| 2 months old | Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV) | One injection  One injection |
| 3 months old | Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Meningitis C (Men C) | One injection  One injection |
| 4 months old | Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV)  Meningitis C (Men C) | One injection  One injection  One injection |
| Around 12 months | Hib/meningitis C | One injection |
| Around 13 months | Measles Mumps and Rubella (MMR)  Pneumococcal (PCV) | One injection  One injection |
| Three years and four months or soon after | Diphtheria, tetanus, pertussis, polio (DTaP/IPV)or dTaP/IPV Measles Mumps and Rubella (MMR) | One injection  One injection |
| 13 to 18 years old | Tetanus, diphtheria, and polio (Td/IPV) | One injection |
| Girls aged 12 to 13 years | Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine | Three doses over six months |

This is the UK Universal Immunisation Schedule. Children who present with certain risk factors may require additional immunisations. Some areas have local policies - check with your local HPU.

Staff immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations. All staff aged 16-25 should be advised to check they have had two doses of MMR.

For references visit [www.hpa.org.uk](http://www.hpa.org.uk)

Information produced with the assistance of the Royal College of Paediatrics and Child Health