



Medication Policy and Procedure (including Treatment of Asthma and any Ongoing Medical Conditions)

Kinnerton Little Acorns does not accept children who are unwell at the time of arrival at the provision.

This policy relates to:

- Children who become unwell while attending *Kinnerton Little Acorns* and the health care policy.
- The medication management for children in specific circumstances and links to the contract for parents, admissions policy and equality and inclusion policy.

It is the policy of Kinnerton Little Acorns to support any child who becomes unwell during their time in our care; and to welcome children who require prescribed medication to be administered to maintain their wellbeing while attending this provision, in line with the equality and inclusion policy.

We do this by operating the following procedure:

- In the event of a child becoming unwell, their needs are assessed and met as far as practicable and the health and safety policy is implemented.
- Parents will be contacted and asked to pick their child up as soon as possible. During this time the child will be cared for in a quiet, calm area and a member of staff would stay with them.
- Parents complete the contract and registration form at admission and provide information about any changes to their child's health needs as soon as is practicable.
- Medication is administered only if it is prescribed by the child's doctor and is provided in the original container and label and has instructions including possible side effects included.
- Parents must give the first dose of any medication to their child in case of any adverse reaction.
- Parents' written permission is obtained before any medication is administered.

- Kinnerton Little Acorns checks that any medication given conforms to the provision's insurance policy requirements.
- All adults in Kinnerton Little Acorns know who is responsible for administering medication at any time.
- In circumstances where technical or medical knowledge is required for specific medication to be administered to a child Kinnerton Little Acorns may arrange for a nominated person to be trained by a qualified health professional, prior to the admission of the child, and update the training as needed (in agreement with parents).
- Medicines are stored at the correct temperature and temperatures checked and records kept.
- Medicines are returned to parents after the prescribed period of treatment.
- All medication is always inaccessible to children and kept in a locked cabinet/fridge (immediate access is enabled as necessary).
- Medication that is found to be out-of-date is not to be administered.
- Written information about when the medication was last administered is obtained from the parent.
- Medication is administered to a child only by a delegated and trained adult.
- The time and dosage of medicine given (including the amount taken by the child – full or partial dose) is recorded and witnessed by another designated adult/member of staff in the provision.
- The parent is required to sign the record of administration of medication on the same day when they collect the child.
- Records relating to medication administered are kept in line with Kinnerton Little Acorns' confidentiality policy and retained in line with regulatory and insurance company requirements.
- If a contagious infection is identified in the setting, parents will be informed to enable them to spot the early signs of this illness. All equipment and resources that may have come into contact with a contagious child will be cleaned and sterilised thoroughly to reduce the spread of infection.

- The setting has the right to refuse admission to a child who is unwell. This decision will be taken by the Childcare Lead/Manager on duty and is non-negotiable.
- Information about head lice is readily available and all parents are asked to regularly check their children's hair.
- Staff wear/use personal protective equipment in line with guidance in the All Wales Guidance **for Infection Prevention and Control for Childcare Settings (0 – 5 years)**.

Asthma Policy and Procedure:

It is the policy of Kinnerton Little Acorns to promote an effective partnership between all concerned to promote the safety, welfare and best interests of any child with asthma in our care.

We do this by:

- Encouraging and supporting children with asthma to participate fully in activities.
- Ensuring children have immediate access to their reliever inhalers.
- Providing guidance for staff on what to do if a child has an asthma attack and ensuring the child's welfare in the event of an emergency.

This includes:

- Access to appropriate asthma training for staff as needed.
- Staff members recognising when a child's asthma symptoms worsen.
- Ensuring that parents of children who develop asthma after they have started at ***Kinnerton Little Acorns*** are informed about this policy and given a copy.

When a child with asthma attends the setting, we discuss their needs with their parents.

This includes:

- Discussing the level or degree of the child's condition.
- Establishing how we can recognise when symptoms get worse – any triggers that the child is known to be sensitive to.
- Ensuring the child has immediate access to their reliever inhaler as prescribed, keeping it in an easily accessible place and making sure all relevant people - especially the child - know where to find it.
- Ensuring that written records are kept clearly detailing information of what medicine is to be taken, when and how often.
- Informing parents that:
 - The inhaler must be prescribed for the child, labelled clearly with the child's full name.
 - It must not have passed its expiry date.
 - A record is kept each time a child uses their inhaler.

- Medication that is left in the setting, must be checked regularly and the parents are informed when replacements are needed.
- Asking parents to bring a spare inhaler to be kept at our provision in case of an emergency.
- Keeping and using emergency contact details for next of kin but in the case of an emergency dial 999 (in line with our registration form).
- Making sure the person collecting the child is informed if the child has had to take their medicines and to sign the form (in line with our medication policy).
- Making sure that inhalers are always taken on our trips (in line with our outings policy).
- Parents are also referred to our admissions and equality and inclusion policies and procedures.

Children with longer term/ongoing medical conditions:

It is the policy of Kinnerton Little Acorns to promote an effective partnership between all concerned to promote the safety, welfare and best interests of any child with an ongoing medical condition in our care.

We do this by operating the following procedure:

- Discussing each child's individual needs with their parents and agreeing how we can best support their child while in our care.
- Encouraging and supporting all children to participate fully in activities.
- Ensuring children have immediate access to any self-administered medication as is appropriate to their age and stage of development and making sure all relevant people - especially the child - know where to find it.
- Providing guidance, and where needed, training for staff which best supports the child while in the setting and ensures the child's welfare in the event of an emergency.
 - Any training to administer specific medication will be delivered by the appropriate health professional.
- Ensuring that written records are kept clearly detailing information of what medicine is to be taken, when and how often.
- Informing parents that:
 - Any on-going medication prescribed for their child is labelled clearly with their full name.
 - It must not have passed its expiry date.
 - A record is kept each time it is used.
 - Any on-going medication left in the setting must be checked regularly and parents informed when replacements are needed.
- Making sure that any ongoing medication is taken on our trips if relevant (in line with our outings policy).

Exclusion Periods:

If a child or member of staff becomes ill outside of operational hours, they should notify the setting as soon as possible. The minimum exclusion periods outlined below will then come into operation.

This list is taken from Public Health Wales – Health Protection Team published in January 2022.

The table below is a guide on whether an individual with an infection should attend a setting e.g. a school or workplace. This is based on the level/period of infectiousness and not on whether the individual is well enough to attend. If uncertain, individuals should stay at home and seek advice from NHS Direct Wales 0845 46 47 (NHS 111 where available), their Pharmacy or General Practitioner (GP). If a setting requires advice on infections and length of time an individual should be kept away from the setting (exclusion period) then they are asked to:

1. Refer to the information table below
2. Seek advice, if required, from relevant health professionals such as GP, Pharmacy, Health Visitor, School Nurse etc
3. In the case of staff illness/exposure contact their own Occupational Health Team
4. Contact the Health Protection All Wales Acute Response (AWARe) Team on 0300 003 0032

When there are local/national outbreaks of illness, settings will usually be informed and advised of any actions they are required to take by the Health Protection/All Wales Acute Response Team. Settings are asked to keep a register of unwell individuals and also have a register of individuals who may be considered vulnerable to infection. If there are two or more cases of an infection; or more than the usual number of a common infection, then the setting should seek advice from the Health Protection (AWARe) Team.

Illness exclusion required - this list is not exhaustive please contact health professionals if in any doubt:

Rashes and Skin Infections		
Condition	Exclusion Period (length of time an individual is to be kept away from setting)	Comments
Athlete's foot	None	Treatment is recommended
Chickenpox	5 days from the onset of rash AND until all vesicles (blisters) have crusted over	Infectious for 2 days before onset of rash. <i>SEE Vulnerable Individuals and Pregnancy (below).</i>
Cold sores (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	4 days from onset of rash	Preventable by vaccination and covered by the routine immunisation schedule (MMR x 2 doses). <i>SEE: Pregnancy (below)</i>
Hand, foot and mouth	None	None
Impetigo	Until affected areas are crusted and healed or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	4 days from onset of rash	Preventable by vaccination and covered by the routine immunisation schedule (MMR x 2 doses). <i>SEE: Vulnerable individuals and Pregnancy (below)</i>
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	None	Keep covered. Treatment is recommended.
Scabies	Affected individual can return 24 hours after commencing appropriate antibiotic treatment	Household and close contacts require concurrent treatment.
Scarlet fever*	Individual can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected individual. Please consult with Health Protection Team if Flu and/or Chicken Pox circulating at same time as Scarlet Fever in setting.
Slapped cheek/ Fifth disease/ Parvovirus B19	None	<i>SEE Vulnerable Individuals and Pregnancy (below).</i>
Shingles	Individual only to be kept away from setting 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. <i>SEE Vulnerable Individuals and Pregnancy (below).</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Diarrhoea and Vomiting Illness		
Clostridioides difficile	48 hours from last episode of diarrhoea	If there are 2 or more cases in a setting please seek advice from Health Protection Team.
Cryptosporidiosis	Keep away from setting for 48 hours from last episode of diarrhoea	Affected individuals should not swim for 2 weeks after the last episode of diarrhoea.
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	If there are 2 or more cases in a setting please inform the Health Protection Team/Environmental Health Officer.
E. coli O157 STEC* Typhoid [and paratyphoid] (enteric fever)* Shigella* (dysentery)	Keep away from the setting for 48 hours from the last episode of diarrhoea as a minimum. Some individuals may need to be kept away from the setting until they are no longer excreting the bacteria in their faeces. Always consult with your local	Individuals aged 5 years or younger, those who have difficulty in maintaining good personal hygiene, food handlers and care staff need to be kept away from the setting until there is proof that they are not carrying the bacteria (microbiological clearance). Your local

	Environmental Health Officer/Health Protection Team	Environmental Health Officer will give advice in all cases.
Respiratory Illness		
COVID-19 (coronavirus19)*	Please follow current Welsh Government guidance on selfisolation: Self-isolation GOV.WALES if you become symptomatic (high temperature > 37.80C; new continuous cough; or loss of/change in sense of smell or taste) OR test positive, if you are asymptomatic. Test Trace Protect (TTP) team will advise on necessary exclusion period if it is a Variant of Concern (VoC).	Case and contact(s) to follow current Welsh Government guidance on self-isolation: Self-isolation GOV.WALES as appropriate. Test Trace Protect (TTP) team will advise on necessary exclusion period. SEE: Vulnerable individuals and Pregnancy (below) and Welsh Government advice on People at increased risk of Coronavirus
Flu (influenza)	Until recovered	<i>SEE: Vulnerable individuals (below)</i>
Tuberculosis*	Always consult the Health Protection Team	Requires prolonged close contact for spread
Whooping cough (pertussis)*	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination and covered by the UK routine immunisation schedule. After treatment, non-infectious coughing may continue for many weeks.
Other Infections		
Conjunctivitis	Usually none	If there are two or more cases in a setting seek advice from the Health Protection Team
Diphtheria*	Must not attend setting. Always consult the Health Protection Team	Preventable by vaccination and covered by the UK routine immunisation schedule. Family contacts must be kept away from setting until cleared to return by the Health Protection Team. The Health Protection Team will consider the risk of any contact the individual has had with others if necessary.
Eye and ear infections	Usually none. The Health Protection Team can advise if an affected individual needs to be kept away from the setting	As both viruses and bacteria can cause eye and ear infections, not all will require antibiotic treatment.
Glandular fever	None	Infectious for up to 7 weeks before symptoms start. Glandular fever can cause spleen swelling so avoid sports or activities that might increase risk of falling and damaging spleen.
Head Lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Individual should be kept away from the setting until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	If there are two or more cases in a setting the Health Protection Team will advise on necessary control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through normal social contact.
Meningococcal Meningitis/Septicaemia*	Until they have received the appropriate antibiotic. Always consult the Health Protection Team	Several types of meningococcal disease are preventable by vaccination. There is no reason to keep siblings or other close contacts of the affected individual from attending settings. If two or more cases within 4 weeks, contact the Health Protection Team.
Haemophilus influenzae type B (Hib) Meningitis/Septicaemia*	Until they have received the appropriate antibiotic. Always consult the Health Protection Team	Haemophilus influenzae type B (Hib) is preventable by vaccination. There is no reason to keep siblings or other close contacts of the

		affected individual from attending settings. If two or more cases within 4 weeks, contact the Health Protection Team.
Meningitis due to other bacteria*	None	There is no need for the Health Protection Team to identify people the individual has been in contact with. There is no reason to exclude siblings or other close contacts of the affected individual from settings. The Health Protection Team can advise on actions needed
Meningitis viral*	None	Milder illness. There is no need for the Health Protection Team to identify people the individual has been in contact with. There is no reason to exclude siblings and other close contacts of the affected individual from settings.
Meticillin Resistant Staphylococcus Aureus	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise spread.
Mumps*	Five days after onset of jaw/neck swelling	Preventable by vaccination and covered by the routine immunisation schedule (MMR x 2 doses).
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most are due to viruses and therefore do not require antibiotics.

* denotes a notifiable disease/organism. 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).

Vulnerable Individuals

Some medical conditions make people vulnerable to infections that would rarely be serious in most people. These include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity.

Pregnancy

If a woman develops a rash during pregnancy or is in direct contact with someone with a rash or an infection, they should ask their GP/Midwife if they need any relevant investigations e.g. blood test. The greatest risk during pregnancy from infections comes from their own child/children, rather than the workplace.

Immunisation

All individuals are encouraged to ensure they have received all the vaccines that are offered in the UK schedule. If anyone is uncertain which vaccines they have received they should contact their GP surgery. For further information about the immunisation schedule, please visit: NHS 111 Wales Vaccinations

<https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/guidance/exclusion-period-for-common-infections-january-2022-english/>

This Medication, Asthma and On-going Medication Policy and Procedure was passed for use in Kinnerton Little Acorns	
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By: Kayleigh Ho	Position: Administrative Manager
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