



## Sick Child Policy 2017-18

# Sick child

## Policy statement

It is not uncommon for children to experience different sickness or illnesses in the early years. Our aim is to provide an environment where sick children are given care, as long they are able to function in a nursery environment and their sickness does not impact other children. In relation to contagious infections we follow the guidance from Public health to ensure the spread of infections is minimised.

## Procedures for dealing with different sickness and conditions

1. If a child has a raised temperature above 39C staff will administer Calpol to those children with parental consent given (Appendix 1) and monitor and record temperature at regular intervals. In most situations the temperature falls to below 39C and the child is able to reume with the normal routine. This information will also be relayed to parents via the communication book at the end of the day. However, if a child becomes distressed or their temperature stays at 39C or above, the carer will be asked to pick up their child as soon as possible.
2. Certain illnesses which are considered to be infectious or contagious by Public Health Guidance will require children to be kept away from nursery. A list of these is displayed in the main reception area, along with minimum exclusion times. We recommend that parents read this. The staff will display details on the notice-board in the reception area, of any infectious or contagious illness active in the setting. This will allow people the opportunity to take steps to limit their own exposure (for example pregnant women.)
3. A child that has been vomiting or had diahorrea would be expected to stay at home until 48 hours of the last episode. We realise that teething may occasionally cause diahorrea, however staff cannot allow a child with this condition to remain in Nursery, as a Doctor should make this diagnosis.
5. We will inform parents about any occurrence of head lice within the nursery. Parents need to be responsible for treating head lice before the child returns to nursery. Head lice are a fact of life in all educational establishments and the only guarantee that your child will not have them is to check your own child regularly.
6. Before admitting children with ongoing medical conditions we require parents fill out a Pupil Health Care Plan Form 2A (Appendix 2) and to review this regularly, as and when the child's medical needs change, to ensure that children receive consistency of care between the home and nursery environment. In addition to this, forms 2B (Appendix 3) are required to be completed for Allergy suffers, form 2C (Appendix 4) for those with Asthma, which is also required to be filled with a medical professional.
7. Any medication prescribed by GPs for temporary sicknesses can be administered to children, provided parents or carers complete and sign Form 5 (Appendix 5). This will record the time and amount of dosage administered. This information will also be relayed to parents via the communication book at the end of the day.

## Contact Details

The Nursery keeps contact details for all parents on the Nursery premises, so that we can quickly and easily make contact when necessary. We will update these yearly but if contact details change in between times, please make sure the staff are informed and a new contact details form completed. It is imperative that parents are proactive in keeping these details up to date and

making sure that there is always someone available to collect a sick child within a reasonable timescale. If a child develops any of the conditions mentioned above, the carer will be contacted and asked to collect their child. Parents are asked to remember that the nursery is not the place for a sick child when they require one to one Nursing.

Appendix 1

**FORM 3A**

**Parental Agreement for School/Setting to Administer Medicine (short-term)**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

<b>Name of school/setting</b>	
<b>Name of child</b>	
<b>Date of birth</b>	/ /
<b>Group/class/form</b>	
<b>Medical condition or illness</b>	

**Medicine**

<b>Name/type of medicine (as described on the container)</b>	
<b>Date dispensed</b>	/ /
<b>Expiry date</b>	/ /
<b>Agreed review date to be initiated by</b>	[name of member of staff]
<b>Dosage and method</b>	
<b>Timing</b>	
<b>Special precautions</b>	
<b>Are there any side effects that the school/setting needs to know about?</b>	
<b>Self administration</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Procedures to take in an emergency</b>	

**Contact Details**

<b>Name</b>	
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<b>Daytime telephone no.</b>	
<b>Relationship to child</b>	
<b>Address</b>	
<b>I understand that I must deliver the medicine personally to</b>	[agreed member of staff]

I accept that this is a service that the school/setting is not obliged to undertake.  
 I understand that I must notify the school/setting of any changes in writing.  
 I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.

<b>Parent/Carer's Signature</b>			
<b>Print Name</b>		<b>Date</b>	

# FORM 2A

## Pupil Health Care Plan (General)

(This should be regularly reviewed)

### School/Setting Information

Name of school/setting		
Child's name		
Group/class/form		
Date of birth	/	/
Child's address		
Medical diagnosis or condition		
Date	/	/
Review date	/	/

### Family Contact Information

Name		
Phone no. (work)		
(home)		
(mobile)		

Name		
Phone no. (work)		
(home)		
(mobile)		

**Clinic/Hospital Contact**

**Name**

**Phone no.**

**G.P. Information**

**Name**

**Phone no.**

**FORM 2A Pupil Health Care Plan (General) (Continued)**

**Describe medical needs and give details of child's symptoms**

**Daily care requirements (e.g. before sport/at lunchtime)**

**Describe what constitutes an emergency for the child, and the action to take if this occurs**

**Follow up care**

**Who is responsible in an emergency (state if different for off-site activities)**



Form copied to

## FORM 2B

# Individual Health Care Plan

## Allergies / Anaphylaxis

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day to day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

**Child** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Class** \_\_\_\_\_

*Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.*

*Anaphylaxis Campaign*

### Emergency Contact details:

#### Contact 1

Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Contact numbers:

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**Contact 2**

Name:

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Relationship:

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Contact numbers:

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**Possible symptoms of allergic reactions**

A life threatening reaction

<b>Airway</b>	- Tightness or a lump in the throat, hoarse voice, hacking cough.
<b>Breathing</b>	- Short of breath, cough, not able to speak in full sentences, noisy breathing, wheezing.
<b>Conscious level</b>	- Feeling faint, weakness or floppiness, glazed expression, unconscious.
<b>Deterioration</b>	- Symptoms getting steadily worse.

### **If a child is having a life threatening reaction**

<b>1. Give Autoinjector</b> in the outer thigh muscle.
<b>2.</b> Once the Autoinjector has been given, <b>Dial 999 for the ambulance.</b> even if the child is making a good recovery
<b>3.</b> If the child is conscious and having breathing difficulties, help them to sit up. If they are faint or floppy, they are better lying flat with their legs raised up.
<b>4.</b> Repeat dose in 5 -10 mins if continued deterioration – often given by the ambulance crew

## School asthma plan

Name: \_\_\_\_\_ Class: \_\_\_\_\_

My **reliever** inhaler: NAME ( COLOUR )

I take \_\_\_ puffs of my **reliever** inhaler using a spacer.

My **preventer** inhaler: NAME ( COLOUR )

I only use my **preventer** inhaler when I am at home.

- When my inhaler(s) are running low, my parent/guardian or I will replace it/them.

*Affix child's  
passport size  
photo here*

If I need to use my **reliever** inhaler more than two times a week, please advise my parent/guardian so they can organise a review with my asthma nurse/GP.

**When I have an asthma attack:**

- I start coughing  
 I start wheezing  
 I find it hard to breathe  
 My chest becomes tight  
 Other (describe below):  
\_\_\_\_\_  
\_\_\_\_\_

**I may need to take my reliever:**

- Before exercise  
 After exercise  
 When there is high pollen  
 During cold weather  
 Other (describe below):  
\_\_\_\_\_  
\_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Contact no.: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's signature: \_\_\_\_\_

**Important:** This is a generic asthma plan for school-aged children. If your child has a more detailed asthma plan, it is essential that the school is informed so they can keep your child safe.



## Emergency Inhalers

*From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).*

*The emergency salbutamol inhaler can only be used by children, where parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.*

**..... School holds inhalers in school for use in an emergency. Please complete the form below to confirm that you consent to an emergency inhaler being used for your child.**

### CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which will be kept in school for their use
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: .....Name(print).....

Child's name: ..... Class: .....

Parent's address and contact detail

.....  
.....  
.....

Telephone:.....



**Non Emergency Asthma care for your child - Symptoms of asthma, please describe features of an attack and any early warning signs;**

**Any other health conditions:**

**When should inhaler be given?**

**Are there any triggers for the asthma?**

**What can be done to help prevent asthma attacks?**



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**Medications given at home** (please include all medication)

Name of medicine	Is this prescribed for asthma?	Strength/Amount given	Times given

**Medication to given in school**

Name of medicine	Is this prescribed for asthma?	Strength/Amount given	Times to be given

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**Heath care plan agreed by:**

Parent/carer: \_\_\_\_\_

Date \_\_\_\_\_

Healthcare professional: \_\_\_\_\_

Date \_\_\_\_\_

Member of school staff: \_\_\_\_\_

Date \_\_\_\_\_

**Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary.**

**This care plan will be reviewed yearly or more often if required, it will be shared with staff in school that are involved in the child's care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.**

**Plan reviewed**

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Appendix 5

# FORM 5

## Record of Medicine Administered to an Individual Child

<b>Name of school/setting</b>	
<b>Name of child</b>	
<b>Date medicine provided by parent/carer</b>	/ /
<b>Group/class/form</b>	
<b>Quantity received</b>	
<b>Name and strength of medicine</b>	
<b>Expiry date</b>	/ /
<b>Quantity returned</b>	
<b>Dose and frequency of medicine</b>	

<b>Staff</b>		<b>Signature of Parent/Carer</b>	
<b>Signature</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			

<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

**Form 5      Record of medicine administered to an individual child (Continued)**

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			

<b>Staff initials</b>			
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<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>	/ /	/ /	/ /
<b>Time given</b>			

<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

