# Medication/Sickness/First Aid Policy The Artz Kidz



## Medication:

- All medication records should be found on the child's notes/register
- If you are aware of any medical notes that are not on the online system, the manager should be informed, to update the child's notes
- All teachers must make themselves aware of a child's allergies/medical needs before they come to camp
- When the medication is handed over, the parents should have filled out a form that agrees for us to administer the medicine if necessary (only one form for each child is needed. This does not need to be a new one for each camp)
- The manager and teacher should check that the medicine is in date and valid with the child's name on it.
- IF the medication is NOT in date, we are unable to take the children into class/camp. Explain to the parent/carer that they will need to get an in-date prescription for the child to attend.
- The medicine should be stored in the red drawstring bags in each classroom.
- These red bags must be kept out of sight and reach of children.
- The red medication bags should be carried outside at break times/snack times and wherever the activities are occurring with the designated child/children
- If medicine has been prescribed by a doctor and has been administered, it must be logged on the medicine form (in staff documents folder)
- If medicine has been administered unexpectedly in an emergency (e.g an epi pen), the parents/carers must be informed and an ambulance must be called.
- OFSTED must be made aware of any child that has had to go to hospital please call 0300 123 1231
- Staff must not give a child over the counter medicines containing paracetamol, ibuprofen or aspirin unless prescribed by a doctor.
- Medication must never be used for any other adult/child at camp/ in class, only for the designated labelled child.
- If staff members have to bring in medication, this must be stored securely away in the staffroom and ONLY taken in the staffroom when out of sight/reach of children.

## Sickness/Diarrhoea and Infectious Diseases:

In case of Diarrhoea and Vomiting outbreak:

- Children with these symptoms should sit in an enclosed area away from other children and be observed by a member or staff and they should wash their hands
- Call the parents/carers to pick them up and explain the exclusion period 48 hours
- Teachers on site should be informed and stay extra vigillent speak to classes about importance of washing hands before food and after toilet break
- If a child is sick, please inform the caretakers on site, they will advise how to clean or clean themselves 07516500498
- Child should be excluded for 48 hours from time of outbreak
- Ensure all spaces are well ventillated

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

Infection	Exclusion period	Comments
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, contact your local UKHSA health protection team.

Infection	Exclusion period	Comments
Respiratory infections including coronavirus (COVID- 19)	Individuals should not attend if they have a high temperature and are unwell.  Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.  For more information, see Managing outbreaks and incidents.
Diptheria*	Exclusion is essential.  Always contact your <u>local UKHSA health</u> protection team.	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your <u>local UKHSA health protection team</u> .
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your <u>local UKHSA health protection team</u> .  For more information, see <u>Managing outbreaks and incidents</u> .
Glandular fever	None	

Infection	Exclusion period	Comments
Hand foot and mouth	None	Contact your <u>local UKHSA health</u> <u>protection team</u> if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	
Hepititis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your <u>local UKHSA health protection</u> <u>team</u> 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 <u>local UKHSA health</u> <u>protection team</u> for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR.  Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.

Infection	Exclusion period	Comments
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination.  Your local UKHSA health protection team will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination.  Your <u>local UKHSA health protection</u> <u>team</u> 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.
MR5A	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread.  Contact your local UKHSA health protection team for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed.

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Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment). Those unable to adhere to this advice (such as under 5 years or additional needs), should be excluded until 24 hours after the first dose of chosen treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your local UKHSA health protection team.
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not

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		need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB.  Exclusion not required for non-pulmonary or latent TB infection.  Always contact your local UKHSA health protection team before disseminating information to staff, parents and carers, and students.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.  Your local UKHSA health protection team will organise any contact tracing.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 14 days from onset of coughing if no antibiotics and feel well enough to return.	Preventable by vaccination.  After treatment, non-infectious coughing may continue for many weeks. Your <u>local UKHSA health</u> <u>protection team</u> will organise any contact tracing.

### Attending the setting:

• In most cases, parents/cares will agree that a child who is unwell or has a fever should not attend, due to the risk of others becoming infected. In the rare case of parents insisting that their child comes in, who is confirmed or suspected to have an infectious illness, you can take the decision to refuse the child, in your reasonable judgement. Explain your reasons of protecting other children and staff from infection. We can try and accommodate for the child to come in after 48 hours, if there is space in the class/camp.

### First Aid:

- Ensure all rooms have a first aid bag/box and is fully equipped
- If First Aid is administered where physical intervention was required, parents should be called immediately
- An Incident Record must be filled out and shared with parents and signed on the day (If a minor incident has occurred)
- If a serious incident occurs (food poisoning affecting 2 or more children, serious accident e.g ambulance called, or child has gone to hospital, or death) OFSTED must be informed immediately 0300 123 1231
- Staff/on site staff members should be Paediatric First Aid Trained and certified every 3 years