



AUTUMN COTTAGE CHILDCARE

HEALTH -

MEDICAL CONDITIONS & MEDICINES

Issued: April 2026

Next Review: April 2027

ABOUT THIS POLICY

This Policy is one of three that details how Autumn Cottage (AC) manages the health and wellbeing within the setting. This document covers:

- Health Care Plans
- Allergy Management
- Long Term Illness
- Prescribed Medicines and their Administration

Health – Wellbeing (Illness, Accidents, etc.) and Health – Hygiene have their own separate Policies.

INSURANCE

AC carries liability Insurance through the Pre-school Learning Alliance Insurance Department for the welfare of the children.

However, for certain medical conditions and medicines, AC's insurers require additional information to ascertain whether they are covered by the existing Policy or if an extension is required. The information required is shown in separate panels under each topic. Where AC's insurers refuse to extend cover, AC will be unable to allow that child into the setting.

HEALTH CARE PLANS

A child with recognised medical conditions, including allergies/dietary requirements, and/or who require medication administered, will have a bespoke HEALTH CARE PLAN developed. This will:

- Be drawn up with the parent
- Include details of all relevant medical conditions and any associated medicines or other medical care requirements e.g. dietary requirements
- Outline the Key Person's role and what information must be shared with other AC staff who care for the child.
- GP contact details.
- Include measures to be taken in an emergency.
- Be signed off by each contributor, including the parent.
- Be reviewed termly or more frequently, as necessary.



Parents receive a hard copy of the signed Health Care Plan and a hard copy is held in the child's personal file.

ALLERGY MANAGEMENT

NUTS - No nuts or nut products are used within the setting. See Health – Hygiene Policy.

Recording Allergies

Parents must declare any known allergy for their child. This is recorded in the child's Health Care Plan to include:

- The allergen
- The nature of the allergic reactions
- What to do in case of allergic reactions, any medication used and how it is to be used
- Control measures, e.g. how the child can be prevented from contact with the allergen.

Allergy Awareness

To ensure awareness within the setting details are added to the Allergen Alert Board with the child's name and the child's food is served on red cutlery to signify an allergy.

LONG TERM ILLNESS

Risk Assessment

Children who have long term medical conditions and may require on ongoing medication will undergo a risk assessment, which will:

- Be carried out by the Manager with the Key Person. Other medical or social care personnel will be consulted, if appropriate.
- Involve parents, including being shown around the setting, understanding AC routines and activities. This is to identify areas that they feel may be a risk factor e.g. vigorous activity.
- Identify any training for staff necessary to have a basic understanding of the condition and the correct administration of medication.
- Include arrangements for taking medicines when outside the setting.

Details of the risk assessment and associated controls are recorded in the child's Health Care Plan and managed in accordance with the Medicine Administration procedures below.

Insurance Requirements:

Children requiring help with tubes for everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc. will also require:

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key Person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.



PRESCRIBED MEDICINES AND THEIR ADMINISTRATION - POLICY

- AC will only administer medication when:
 - **Prescribed by an appropriately medically qualified person** as part of maintaining a child's health and well-being, or when recovering from an illness.
 - **It would be detrimental to the child's health if not given in the setting.** AC would expect prescribed medicine to be taken at home in the morning and evening.
 - **AC has parental permission** in form of a signed Consent Form – see Procedure below. This also applies to 'over the counter' medication – see below.
- Children taking prescribed medication must be well enough to attend the setting.
- No child may self-administer. Where children are capable of understanding when they need medication, they will be encouraged to talk to their Key Person. However, this does not replace staff vigilance in understanding when a child requires medication.
- When administration of the medication requires medical knowledge, individual training is provided for the relevant member of AC staff by a health professional.
- If a child has not had a medication before, especially a baby/child under two, AC expects a child be kept at home for the first 24 hours to ensure no adverse effects, and to give time for the medication to take effect.

PRESCRIBED MEDICINES – ADMINISTRATION PROCEDURES

AC procedures for administering medicines comply with 'Managing Medicines in Schools and Early Years Settings'. All staff are familiar with and follow its guidance.

RECEIVING THE MEDICATION

- Only medication prescribed by an appropriate medically qualified person will be administered - those containing aspirin will only be given if prescribed by a doctor.
- The Key Person at AC receiving the medication will require the parent to sign and date an electronic Consent Form (on EY Log) containing:
 - Condition for which it was prescribed
 - Date prescribed
 - Who prescribed it
 - Medication name, strength and dosage
 - Possible side effects
 - Storage requirements and expiry date
- Medication supplied must be in-date and prescribed for the current condition.
- Medicines are stored in their original containers, clearly labelled with the child's name – see 'Storage' below.

ADMINISTERING AND RECORDING THE MEDICINE

A qualified member of the child's Base Room is responsible for correct medicine administration. This person will have, as a minimum in-date Paediatric FA training and Level 3 Childcare. Where this person is not available, a member of the Management team will be responsible.

Each administration is recorded on EY Log where following information is recorded:

- The Dosage given and method
- Date and time



- Verification by parental signature at the end of the day on Baby's Days.

If rectal diazepam is given, another member of staff must be present and co-signs.

SPECIFIC MEDICINE TYPES

'Over the counter' medication

Legal guidance allows AC to give over-the-counter medication such as pain and fever relief e.g teething remedies and 'Calpol' for a fever. A signed Parental Consent Form is required.

Asthma Inhalers

Asthma inhalers are now regarded as 'oral medication' and do not require insurer consultation.

Life-saving medication and invasive treatments:

These include adrenaline injections (Epipens) for anaphylactic shock reactions or invasive treatments such as rectal administration of Diazepam (for epilepsy).

Insurance Requirements:

- A letter from the child's GP/consultant stating the child's condition and what medication is to be administered.
- Written consent (see above) from the parent allowing AC staff to administer the medication
- Proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.

MANAGING MEDICINES ON TRIPS AND OUTINGS

- Staff accompanying the outing must include the Key Person for the child, or another member of staff who can fulfil that role for the child's needs and/or medication.
- Medication for a child is taken care of by that person. It is required to be clearly labelled with the name of the medication and the child's name.
- Any medication administered is recorded on Baby's days, as above.

STORAGE OF MEDICINES

- Stored in their original containers, clearly labelled with the child's name.
- Stored in a locked cupboard, or refrigerated in a marked plastic box, in areas which are out of bounds to children.
- The child's Key Person is responsible for ensuring medicine is handed back to the parent at the end of the day.
- For some conditions, medication may be kept in the setting. Key Persons check that any medication kept in the setting basis is in date, and returns any out-of-date medication back to the parent.
- Inhalers are stored out of reach to children, but quickly accessible in an emergency.

USEFUL INFORMATION

- Pre-school Learning Alliance Insurance Department - 020 7697 2585
- Email membership@pre-school.org.uk.