Medication, Asthma and Ongoing Medical Conditions Policy and Procedure

Ysgol Y Foel Out of School Club supports children who become unwell during their care and welcomes children with ongoing medical needs. We work in partnership with families and health professionals to enable safe, inclusive participation.

1. Scope and regulatory framework

This policy applies to all staff, volunteers and students. It is informed by the Child Minding and Day Care (Wales) Regulations 2010 (as amended), particularly regulations 24, 26 and 30, the 2026 National Minimum Standards (Standards 10 and 11 and Annex D), and the Equality Act 2010. Read alongside the Health and Hygiene, Accident and First Aid, Admissions, Equality and Inclusion, ALN, Safeguarding, Confidentiality and Outings policies.

2. Responsibilities and children becoming unwell

- The registered provider ensures that medication arrangements comply with insurance cover. The Person in Charge (Mrs Napper) oversees implementation, staff competency, medication records and stock checks. Only authorised, appropriately trained staff administer medicines.
- Parents provide accurate health information on admission and promptly notify the club of changes. Obtain advance written permission for necessary emergency medical advice or treatment and for each prescribed or non-prescribed medicine.
- Do not admit a child who is ill or infectious in accordance with Public Health Wales (PHW) guidance. A mild cough or runny nose alone need not prevent attendance if the child is otherwise well and has no fever. Stable ongoing conditions are not in themselves grounds for exclusion.
- If a child becomes unwell, assess their needs, contact parents promptly and arrange collection. Supervise and comfort the child in a quiet area, reducing infection risks while maintaining staffing ratios. Call 999 for a medical emergency without waiting for parental consent or collection; follow first aid training and emergency service instructions. Seek NHS 111 Wales advice when appropriate.

3. Consent and receipt of medication

- Obtain prior written consent specifying the medicine, strength, dose, route, timing, reason and any special instructions. Prescription medicine must be prescribed for that child by an appropriate healthcare professional. Non-prescription medicine must be suitable for the child and used according to manufacturer or healthcare professional advice.
- Check the original packaging, child’s name on prescribed medicines, expiry date, instructions, allergies, potential side effects and exactly when the last dose was given. Record this information. Ask parents to give the first dose of a new routine medicine at home, where clinically appropriate; do not delay necessary emergency treatment.

4. Safe administration, storage and recording

- Check the child, medicine, strength, dose, route and time against written consent and instructions. If any information is unclear, do not administer a routine dose until clarified with the parent, pharmacist or prescriber. Never guess a dose or repeat a partial dose without professional advice.
- A second designated staff member witnesses and checks administration in line with the club's procedure. Do not delay life-saving treatment to obtain a witness. Supervise children who self-administer medication in accordance with written parental instructions and their individual plan.
- Record each administration immediately: child's name, medicine and strength, dose actually taken, route, date and time, reason, staff and witness names/signatures, any refusal, partial dose or reaction, advice received and follow-up. Parents acknowledge the entry by signing on collection that day; document any delay in obtaining their signature.
- Store medicines in original containers, securely and at the temperature specified by the manufacturer. Check and record refrigerated storage temperatures as applicable. Keep medicines inaccessible to children while ensuring authorised staff can immediately access emergency medicines. Take required medicines and care plans on outings.
- Check expiry dates on receipt, before use and during regular stock checks. Return unused, expired or discontinued child-specific medicines to parents for safe disposal; arrange pharmacy advice for disposal of club stock. Never use expired medicines.
- For a missed dose, error, suspected overdose or adverse reaction, seek urgent clinical advice or call 999 as appropriate. Inform parents and the Person in Charge promptly, record the incident, review the cause and notify CIW and other bodies where required. Maintain confidentiality and retain records in line with regulatory and insurance requirements.

5. Liquid paracetamol when a child becomes unwell

The club may administer a single suitable dose in urgent circumstances where prompt collection is impracticable, subject to prior written parental permission and Annex D. It is not a means of keeping an ill child at the club or masking symptoms on arrival.

- If a parent is reached: obtain verbal agreement for the dose, confirm that at least four hours have elapsed since the last paracetamol dose, check other medicines for paracetamol and confirm collection as soon as practicable.
- If parents cannot be reached: document contact attempts and contact NHS 111. Administer only if a healthcare professional advises it is appropriate and prior written consent exists. Explain any uncertainty about previous doses or other medicines; follow the professional advice and continue attempts to arrange collection.
- Use age-appropriate doses according to the product instructions and clinical advice; do not exceed the recommended dose or give duplicate paracetamol-containing products. Do not assume the child has recovered after a dose. Record administration immediately and notify parents on collection.

6. Liquid paracetamol stock arrangements

The club intends to use sugar-free liquid paracetamol 120 mg per 5 mL sachets, as in the previous policy and recommended in Annex D. The Person in Charge must confirm the product, suitable measuring equipment, staff training and insurer agreement before use. Obtain pharmacy advice where needed. Check stock expiry at least every three months and before administration. Follow product storage and preparation instructions and prevent cross-contamination; discard single-use remnants safely.

7. Asthma

- Agree an individual asthma plan with parents and, where appropriate, health professionals, including triggers, warning signs, prescribed reliever, spacer, emergency actions and contacts. Review when treatment changes and regularly thereafter.
- Ensure immediate access to the child's labelled, in-date reliever inhaler and spacer where prescribed, including during outdoor play and outings. Ask parents to provide a spare prescribed inhaler where possible. Agree supervised self-administration where appropriate.
- Support full participation in play and activities. Train staff to recognise worsening symptoms and follow the child's asthma plan and first aid training. For severe breathing difficulties or an attack not responding to treatment, call 999 immediately and follow emergency instructions. Stay with the child and notify parents.
- Record inhaler use and any symptoms, inform parents and obtain acknowledgement on collection. Check remaining supply and expiry regularly and request replacements in good time. Do not assume that school emergency inhaler stock is available to the separately registered club; confirm any lawful arrangements separately.

8. Ongoing medical conditions and additional needs

- Agree a written individual healthcare plan where needed, including for severe allergies, epilepsy, diabetes or other ongoing conditions. Include symptoms, triggers, treatment, emergency thresholds, contacts, consent, storage, supervision and staff responsibilities.
- Plan reasonable adjustments with parents, the ALN lead and relevant healthcare professionals. Enable children to participate safely without unnecessary exclusion. Review plans when needs change and at agreed intervals.
- Where clinical or technical skills are necessary, arrange child-specific training by an appropriate healthcare professional before staff undertake the task. Maintain competency and cover arrangements, including during absences and outings.
- Ensure prescribed emergency medicines are readily available, including adrenaline auto-injectors or rescue medicines where applicable. Follow the individual plan, call 999 for emergencies and never delay emergency care to contact parents. Record treatment and communicate with families.

9. Illness and infection exclusion

Staff and parents should notify the club promptly of illness. The Person in Charge checks the current PHW exclusion guidance termly and when an infection or outbreak arises. The current PHW A–Z resource replaces the fixed historic table in the previous policy, so that changing disease-specific requirements are not inadvertently applied out of date. Clinical advice and Health Protection Team instructions take precedence.

- Vomiting or diarrhoea: remain away until at least 48 hours after the last episode, or longer if advised by PHW or a healthcare professional.
- Antibiotics: use the disease-specific PHW exclusion period and assess whether the child is well enough to attend. The previous blanket 24-hour/two-dose exclusion is not retained; confirm this revised approach with the committee before adoption.
- For chickenpox, measles, mumps, rubella, impetigo, scarlet fever, whooping cough, scabies, ringworm, hepatitis, meningitis, tuberculosis, diphtheria, salmonella, dysentery, E. coli, typhoid, COVID-19, conjunctivitis, glandular fever, hand-foot-and-mouth disease, head lice and warts, consult the current PHW A–Z guidance for exclusion and reporting decisions. Seek specific advice for serious infections, outbreaks and vulnerable contacts.
- Inform parents of significant infectious disease in a confidential manner. Follow the Health and Hygiene Policy for handwashing, PPE, cleaning and safe waste disposal. Contact the Health Protection Team or Environmental Health and notify CIW as required.

10. Official guidance and related documents

Welsh Government – Standard 11: Medication: https://www.gov.wales/national-minimum-standards-regulated-childcare-children-age-12-years-statutory-guidance-standard-11

Welsh Government – Annex D: https://www.gov.wales/national-minimum-standards-regulated-childcare-children-age-12-years-statutory-guidance-annex-d

Public Health Wales – childcare and education resources: https://phw.nhs.wales/knowledge-article/resources-for-childcare-and-education-settings/

Public Health Wales – exclusion periods: https://phw.nhs.wales/resources/exclusion-period-for-common-infections-including-a-z-of-common-infections-and-next-steps/

Policy approval and review

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Name / position	Mrs Napper – Person in Charge
Approval authority	Out of School Club Committee (delegated authority)
Date approved	_____
Signature on behalf of provider	_____
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