From: Person G
Sent: 22 November 2024 11:05
To: Person F, Person C, Person H, Person J, Person E,

Subject: RE: Meeting re paracetamol in childcare settings (2)

Hi All,

It was good to catch up this morning, I think I understand the specific requirements now which I hope I have accurately summarised below.

Issue

A child can become acutely ill (raised temperature or mild to moderate pain e.g. teething) whilst in a childcare setting. In these situations, it is most appropriate for the child to be collected by a parent or carer however:

a. it may take some time for the parent or carer to collect the child or arrange collection by someone else; or
b. the parent or carer may not be immediately contactable.

Solution

In these situations, it would be appropriate for the child to be given a **single (age appropriate) dose of paracetamol** until the child can be collected subject to the following conditions:

a. the child's parent or carer has given prior consent to their child being given paracetamol;

And;

b. the child's parent or carer has been contacted;
c. the parent or carer has given consent for the dose of paracetamol to be given;
d. a period of at least 4 hours has passed since the last dose of paracetamol was given; and
e. the parent or carer has undertaken to collect the child from the care provider at the earliest opportunity/as soon as is practicable;

Or;

f. the care provider has attempted to contact the child's parent or carer, but they cannot be contacted;
g. the care provider has contacted NHS111;
h. a healthcare professional (at NHS111) has advised that it would be appropriate for a dose of paracetamol to be given; and
i. the care provider subsequently contacts the child's parent or carer to arrange for the child to be collected from the care provider at the earliest opportunity/as soon as is practicable;

And;

j. the child is ‘isolated’ from other children until they are collected;
k. the care provider keeps a stock of paracetamol liquid sachets and has appropriate arrangements for their safe storage and administration;
l. the care provider keeps records of any paracetamol given

Apologies for making this a bit “process” but I wanted to make sure my recollection was accurate

Good to speak this morning and happy to look at a revised addendum

From: Person F
Sent: Friday, November 22, 2024 12:38:37 PM
To: Person G, Person C, Person H, Person J, Person E,

Subject: RE: Meeting re paracetamol in childcare settings (2)

Thanks for this Person G, I think it is better to have it outlined in a process as it helps to create a scenario. Thinking about it the thing that I think settings might question may be *(j) the child is ‘isolated’ from other children until they are collected*; presumably if they are deemed to be infectious. Depending on what isolation means it might cause potential difficulty for providers around adult:child ratios and childminders are usually lone workers. Information redacted
Thanks
Person F

Thanks Person F,

I'm sorry I didn't really mean isolated, I suppose this should just be whatever they do now when they have a child who is unwell and not treating them as well if they feel better after the paracetamol. Is there an existing expectation around that? If not we could say something about requiring the child to be collected after the dose is given and not assuming they are better - to avoid the risk of people being dosed up and sent to childcare

Person G