



SICKNESS AND MEDICATION POLICY

Policy statement

It is common for young children to take time to build a resistance to infection/illness. Due to this it is advisable, where possible that your child joins the nursery in advance of your personal commitments such as returning to work. Please discuss this with your nursery manager. Once children have built a resistance they generally have a stronger immune system.

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. Please note that nursery will not be able to provide any medication for children under the age of 6 months.

Anti-biotics - If your child is prescribed antibiotics, they need to be kept at home for the first 24 hours of taking the medication (even if they have been prescribed the anti-biotics previously). This is in case there is a reaction to the medicine. After this period, if your child is well enough, they can return to nursery and staff can give the prescribed antibiotics if they are signed in by a parent/carer. Please note that in the case of antibiotic eye/ear drops or cream prescribed for the treatment of conjunctivitis the first dose must be administered at home. Children may then attend the nursery as usual. In addition, where antibiotic cream is prescribed for the treatment of skin conditions the first dose must be applied at home. Children may then attend the nursery as usual providing that the exclusion period for the condition has been observed where necessary – please see the 'Infection Control Table' for details.

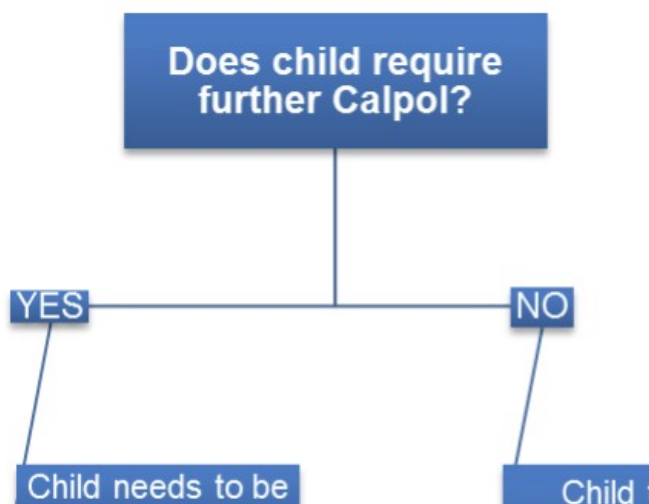
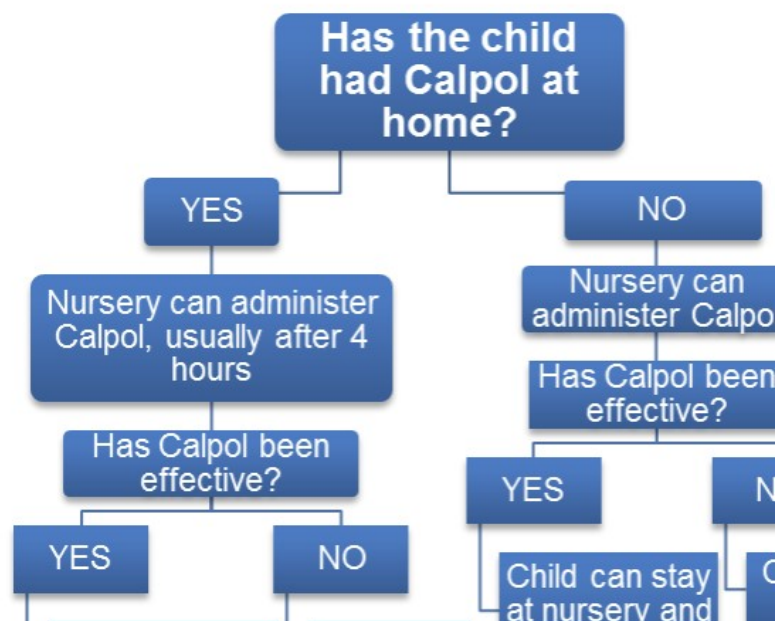
Diarrhoea & Vomiting - in line with the Exclusions Table (Appendix 1) which forms part of this policy, children cannot come into the nursery within 48 hours of having an episode of either diarrhoea or vomiting. This includes days when your child is not due in nursery and therefore if they have had either diarrhoea or vomiting when they are at home, your child needs to be free of them for 48 hours before returning to nursery. In addition, if your child has been vomiting they also need to be able to keep food down before returning. If your child has had either diarrhoea or vomiting it is advisable to contact the nursery to check when they will be able to return.

Calpol – upon joining the nursery, parents will sign a statement in the registration document to give permission to administer sugar free Calpol (this applies to parents who joined Little Feet Nursery from May 2022 onwards. Parents who joined prior to May 2022 will be asked to sign an agreement and return this by no later than 1st June 2022). In addition to having a signed statement, parents will be contacted to give verbal permission prior to the

medicine being given. Nursery will not administer Calpol to any child under the age of 6 months. The nursery are able to administer Calpol when a child over 6 months old has a high temperature or for mild pain relief. The amount of Calpol administered will relate to the amount stated on the packaging and according to your child's age. Please note, as per the label on the bottle, Calpol must not be given to a child for more than 3 days. Therefore if a child has been given Calpol on 3 consecutive days they will not be able to return to the nursery on the fourth day, until they have been seen by a GP or no longer require Calpol. The 3 days include any days when a child is not at the nursery. Please communicate with the nursery who will advise you when your child is able to return. Please note, as per the flowchart below, nursery will never administer more than one dose of Calpol a day.

Calpol Administration

A child who has a temperature of 39 degrees or above will need to be collected immediately.



Day 2 – Same Process

Day 3 – Child to be seen by a GP. Nursery to discuss return date with parents.

Nursery cannot administer Calpol on three consecutive days. If Calpol is required on Day 3 a child should not be in nursery and parents should seek medical advice.



Piriton syrup - Piriton syrup may be administered in an emergency whilst your child is in the nursery. Upon joining the nursery parents will be asked to sign a form to give permission to administer Piriton syrup for children aged 1 year and above (this applies to parents who joined Little Feet Nursery from May 2022 onwards. Parents who joined prior to May 2022 will be asked to sign an agreement and return this by no later than 1st June 2022). Where possible, parents will be contacted to give verbal permission prior to the medicine being given however in an emergency situation this will be given at the Directors' discretion. Once Piriton has been administered in the nursery, staff will monitor the child and, if this wasn't possible prior to administration, staff will contact parents accordingly. If a child has been given Piriton before arriving at the nursery, staff will monitor the child and will contact parents accordingly. Please note that if Piriton has been prescribed by your child's GP, this must be reviewed on a regular basis.

Creams/lotions – Creams or lotions either prescribed or purchased from a chemist must be discussed when your child joins the nursery and written onto their care plan. A cream/lotion will be labelled with your child's name and the date that it was opened. If there is any change in the cream to be given the updated information will be recorded on your child's care plan. Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent.

Inhalers - Children with an inhaler prescription will not be allowed to attend nursery without one being on the premises.

Epi-Pen - where there is a prescription for an Epi-pen, one must be kept on the premises. Children with an Epi-pen prescription will not be allowed to attend nursery without one being on the premises.

Teething – with the exception of herbal teething remedies such as Ashtons or Nelsons powders/granules which contain no drugs, all teething gels with numbing medication within them must be prescribed. Alternatively a letter from your child's doctor stating that it is suitable for your child to be given the gel is acceptable.

Seizures and convulsions – to safeguard the health and wellbeing of children who have had a seizure or convulsion, either at or outside of the nursery, children will need to be assessed medically and remain at home for 24 hours following the seizure or convulsion. At the Nursery Manager's discretion, on seeing a note from the hospital or doctor which states that the child is fit to return to the nursery, the child may attend the nursery.

Over the Counter Medication – we have no obligation to administer medication that has been obtained 'over the counter' as this would be something that has not been prescribed by a medical professional for your child. At the discretion of the Directors, we consider on a case by case basis whether we can administer non-prescribed medication. If we agree to do so, it will be in conjunction with written parental consent and with the medication instructions (either on the bottle or on the medication documentation). In all cases where this is agreed, children must have had a dose of the medication at least 24hrs before and have had no adverse reactions to it. In line with the rest of the sickness and medication policy, if your child is not well enough, please do not send them to nursery.



These procedures are written in line with current guidance in *Health Protection in education and childcare settings (2022)*; room leaders are responsible for ensuring all staff understand and follow these procedures.

The fully qualified staff are responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedure. Each provision room has a locked medicine cabinet, medication paperwork and thermometers. As paper copies are no longer distributed to parents, all copies will be shared through our tapestry portal.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor).
- NB Children's paracetamol (un-prescribed) is administered only for children with the consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child. See Calpol flow chart above for more information.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - full name of child and date of birth
 - name of medication and strength
 - who prescribed it
 - dosage to be given in the setting
 - how the medication should be stored and expiry date
 - any possible side effects that may be expected should be noted
 - signature, printed name of parent and date
- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record sheet to acknowledge the administration of a medicine. The medication sheet records:
 - name of child
 - name and strength of medication
 - the date and time of dose
 - dose given and method; and is



- signed by key person/manager; and is
- verified by parent signature at the end of the day.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- A member of staff within the child's room is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting. Key persons check that any medication that is kept within the setting is in date. Staff to return any out-of-date medication back to the parent.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
 - If rectal diazepam is given another member of staff must be present and co-signs the record sheet.
 - No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell a member of staff what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Children who have long term medical conditions and who may require ongoing medication

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the directors and manager to determine whether children's individual needs can be met at the setting. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.



- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.
- It is ultimately the Directors' decision as to whether the child may remain at the setting if it is believed that the needs of the child cannot be met at this time by the setting.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication.
- If a child on medication must be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the risk assessment / medication notes signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.
- This procedure is read alongside the outing procedure.

Failure to collect - where a parent/guardian has been contacted and asked to collect their child on medical grounds we expect this to be within one hour of the initial contact from the nursery. Where parents/guardians are unable to collect within this time or if parents/guardians have not returned the nursery's call regarding the arrangements for the collection of their child this will be treated as failure to collect and we reserve the right to telephone the emergency contacts and request that they collect the child. If, after a further 30 minutes the staff have been unsuccessful in contacting the child's parents/guardians or other named emergency contacts or there will be considerable delay in the child being collected, Social Services will be contacted on **01629535353** - their advice will be sought and followed. Where possible, messages will be left on parent's/guardian's answer phones to inform them of the procedure being followed. Please note that where a parent/guardian has been contacted and asked to collect their child on medical grounds and the parent/guardian has refused to do so this will be treated as failure to collect and the above procedure will be followed.

Legal framework

- The Human Medicines Regulations 2012



Further guidance

- Health Protection in education and childcare settings - [Health protection in education and childcare settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/health-protection-in-education-and-childcare-settings) 2022

Exclusion Table (Appendix 1)

Exclusion Table – Updated October 2022 predominantly taken from [Exclusion table - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Infection	Exclusion period	Comments
Athlete's foot	None	Children 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
Croup (barking cough)	72 hours following the onset of fever and barking cough.	Croup can last several days or even weeks. Croup is most contagious between the onset of the fever and cough and up to 72hrs following this. Children should be under the observation of parents during this period. Steroids are often given from the GP to help with wheezing. If symptoms progress or get significantly worse, take your child to hospital.
Cold sores (herpes simplex)	None. If this is the first case, seek medical advice for treatment.	Avoid kissing and contact with the sores
Conjunctivitis	None unless your child feels unwell. If seeking treatment, the first dose must be given at home.	If an outbreak or cluster occurs, consult your local health protection team (HPT) *Children under two must have a prescription from a GP for medication. (NHS website)
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. If your child tests positive for COVID-19, please contact the setting who will give you the most up to date advice.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students 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 chapter 3
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT For more information see chapter 3
Glandular fever	None	
Hand foot and mouth (HFM)	Keep your child off nursery while they're feeling unwell and/or have a temperature. (NHS website) As a private nursery and due to the contagious nature of HFM, we advise that children can only attend if they do not have new spots appearing.	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances. You cannot take antibiotics or medicines to cure hand, foot and mouth disease. It usually gets better on its own in 7 to 10 days. (NHS website)
Head lice	Children cannot attend nursery whilst they still have live head lice.	Children must receive treatment for this before returning to nursery.
Hepatitis 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 local HPT 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 UKHSA HPT 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 pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis* or septicemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT 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
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Ringworm	Not usually required	Treatment is needed.
Rubella* (German)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR.



measles)		Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed) If child feels well enough they can attend nursery.	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 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 consult your local HPT before disseminating information to staff, parents and carers	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread Your local HPT 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 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non- infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

Reviewed by: Sophie Leeland and Victoria Toogood, Directors

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