



## **Children's illness and medication policy**

### **Policy Statements**

We aim to provide a healthy and safe environment for all children and as such we ask that children showing symptoms of illness not be brought to the nursery.

Such illnesses may not require medical care but nevertheless day care would be unsuitable. If a child is brought to nursery but the unit leader or manager does not consider that they are well enough to attend you will be advised accordingly.

If a child becomes ill during the nursery day, staff will care for them as required and parents or emergency contacts may be informed and asked to arrange collection.

As part of registration to the nursery authority is given for nursery staff to seek professional medical assistance if deemed to be required (see First Aid and Emergencies Procedures). The nursery staff are also required under the 'Diseases notifiable (to Local Authority Proper Officers) under the Public Health (Infectious Diseases) Regulations 1988' to report all notifiable diseases to the Health Protection Agency and OFSTED. A list of notifiable diseases can be found in the appendix and on the Health Protection Agency Website ([www.hpa.org.uk](http://www.hpa.org.uk)).

If a child has been absent through illness the nursery should be informed of the circumstances.

The nursery will administer certain prescribed and non-prescribed medicines following the procedure outlined in this policy

### **Awareness of specific illnesses**

We ask parents to be aware of the symptoms of the following illnesses and ask that parents follow the appropriate guidance on when to return a child to nursery.

**Some of the following may not be the same recommendations given by the Health Protection Agency but these are the guidelines we have chosen to work by:**

#### **1. Coughs, Colds and Sore Throats**

For mild symptoms children can continue to attend nursery. However, if the child has a raised temperature, continued cough or if they are unable to eat they should not be brought to nursery.

If a child has shown mild "cold like" symptoms and has for instance been given 'Calpol' and now appears to be well, we can accept the child, but will

advise the parent that if there is any deterioration we will contact them and ask them to collect the child.

(medication should not be given to control a child's temperature)

2. **Sickness and Diarrhoea**

In the case of diarrhoea, a child may return to the nursery 48 hours after the first normal stool. In the case of vomiting a child may return to the nursery when he/she is eating normally and 48 hours after the last episode of vomiting.

3. **Conjunctivitis**

Return to the nursery is allowed when the eyes have stopped discharging, usually at least 48 hours.

4. **Raised Temperature**

A child with a raised temperature should be kept away from the nursery. They should only return when their temperature has remained normal\* without the assistance of temperature reducing medication.

\* 37c / 98f for at least 12 hours.

5. **Skin Rashes**

Any child with a skin rash should not attend the nursery until diagnosis and treatment has been obtained from your doctor.

6. **Chicken-pox**

A child with chicken-pox should not attend the nursery until all the spots have dried up and most of the scabs have dropped off. This could be seven days or more depending on the severity of the rash.

7. **Measles**

Absence from the nursery should be at least four days from the onset of the rash.

8. **German measles**

Absence from the nursery should be at least four days from the onset of the rash.

9. **Diphtheria**

A child with diphtheria should be absent until cleared by a doctor. Contacts should also be cleared by a doctor.

10. **Dysentery**

A child with dysentery should be absent until cleared by a doctor. Contacts should also be cleared by a doctor.

11. **Food Poisoning**

A child with food poisoning should be absent until well and cleared by a doctor.

**12. Infective Jaundice**

Absence from the nursery should be seven days from the onset of jaundice.

**13. Meningitis**

Absence from the nursery should be until clinical recovery and bacteriological examination is clear.

**14. Mumps**

Absence from the nursery should be until all swelling has disappeared completely.

**15. Whooping Cough**

Absence from the nursery should be until clinical recovery is judged by a doctor.

**16. Hand, Foot and Mouth Disease**

Absence should be until the rash has cleared.

**17. Slapped Cheek Syndrome**

Absence from the nursery should be until the child is well.

**18. Impetigo**

Highly contagious – recommended to be seen by a Doctor. After 48 hours of treatment or once sores have dried the child can return to nursery.

**Procedures for a sick child at nursery**

If a child becomes unwell at nursery:

Staff will take appropriate measures to comfort and assist the child. We do not administer medication to reduce a temperature, but seek to lower temperatures by environmental control.

If the child remains unwell or is in distress due to illness, the parent will be informed and asked to make arrangements to collect the child.

If a temperature exceeds 38°C parents will be advised to collect the child as soon as possible.

In exceptional circumstances professional medical assistance will be sought as outlined in our First Aid and Emergency procedures.

**Administering of prescribed and non-prescribed medicine**

Nursery staff may administer medicines as agreed between parents and the nursery manager.

Parents should complete an appropriate medical requirements form and discuss the arrangements with the manager. The nursery has three forms for different medical requirements; one for short term prescribed medicines, one for longer term prescribe medicines and one for un-prescribed medicines (see appendix xx for examples).

Administering of medication should be **witnessed** by another member of staff and written on the form, which **MUST** be signed by the parent/carer at the end of the day. If a member of staff is concerned or uncertain about the amount or type of medication being given, this should be discussed with a senior staff member at the earliest opportunity.

Always check the medication form before giving any medication.

We will only administer antibiotics if the child has been at home for the first 48 hours of the prescribed course and if their symptoms appear to have abated. Any long term medication **MUST** have an action plan written up with parents. ALL staff to be aware of medication.

See Early Years Inclusion Induction Programme file.

Any medication that is invasive (ie injected) **MUST** also have written instructions from the prescribing Doctor. Staff must also be given appropriate training to administer it.

ALL MEDICINES will be stored out of reach of children at all times – depending upon the recommendations on the temperature it should be stored at medication will either be kept in the fridge (Kitchen or Red room) or the Manager's office.

If it is essential for staff to have any medication through out their working day, they must ensure that it will be kept out of reach of children at all times.

(Staff are not fit to work with the children if they are under the influence of alcohol/other substances that may effect their judgement. Staff must inform the manager if they are taking any medication that may impair their work)

**Nursery will not administer aspirin to a child in nursery.**

### **Dietary requirements**

A record of all dietary requirements will be displayed in the rooms where the children eat. This information will include a photo of the child, information of what foods are excluded, any reactions to monitor and what action is to taken.

A copy of all dietary needs are also listed in the kitchen.

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