

# SICKNESS AND MEDICATION

## Policy



On arrival each day at Grassroots Day Nursery, it is essential for parents to notify staff about their child's state of health, whether the child is suffering or has recently suffered from any illness.

Grassroots Day Nursery will request children to be cleared, either by a doctor or by nursery staff, for any illness such as stomach upsets, sickness or diarrhoea, before returning to Nursery. The department for health stipulates that children must be excluded if suffering from any infectious illness until the child is well. **Children will be excluded for a minimum of 48 hours after they have become symptom-free. With diarrhoea and vomiting illnesses, the child will need to be well for 48 hours before returning to Nursery. In a situation where a child has sickness or diarrhoea whilst at nursery you will be asked to collect your child, we are obliged to follow these guidelines in every case, we cannot make exceptions.**

Please cooperate with us to improve the health and wellbeing of all those who attend or work at Grassroots Day Nursery. Consideration by parents for the entire group must be exercised. If your child is unwell, then a loving parent with a cosy home environment is what is required until your child is fully well again. This produces the best results for all concerned. Parents must give their child's welfare priority and keep them at home until they are well. Medications such as antibiotics need time to work in order to prevent further infection.

If your child needs Calpol/Nurofen before coming to nursery then they are not well enough to be in nursery. These medicines can disguise the fact that the child could have/be developing a more serious illness. **We do make one exception\* to this rule; following vaccinations at 12-13 months old (MMR, Hib/MenC, MenB and Pneumococcal vaccine) – see \*Exception Note.**

Infant suspension medicine (e.g. Calpol) will be given once, if your child develops a temperature of over 38°C (recognised by the NHS as a 'fever') whilst at nursery. We will attempt to contact you or your emergency contacts before any medication is administered, however in the event contact cannot be made and the child has been in our care for 4 hours or more, we will administer Calpol if it is deemed to be in the child's best interests. **Your child must be collected within 1 hour of nursery administering Calpol.** If the temperature persists, or rises before your arrival, professional medical assistance will be sought, whilst we continue to try and contact parents/carers and or emergency contacts. Please refer to our Hospitalisation Policy.

**A normal temperature (ranging between 36.4 – 37.5°C) without medication for at least twenty-four hours prior to your child's return is requested.**

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### \*Exception Note:

Parents must advise staff if their child is due to have/has been given the MMR, Hib/MenC, MenB and Pneumococcal vaccine – administered between 12-13 months old. Paracetamol is not routinely needed after the MenB booster vaccine given at 12 months of age (whilst it is advised for MenB doses at 2 & 4 months of age), however if:

- The child displays a temperature of **38°C or above, in the first 48 hours following their vaccinations** – nursery will administer **one dose of Calpol per day during this 48 hour period**, with prior consent of the parent, assuming the child has been in our care for more than 4 hours. If, following medication being administered, they are well and happy – the child can continue their day at nursery. However, if the child continues to display signs of feeling unwell, or requires any further medication to support their health and wellbeing at a later time that day, parents will be expected to collect the child immediately. The child can return the following day if they are well enough to do so.

It is also common for a child to spike a temperature for a couple of days at 7-11 days following the MMR vaccine, therefore Grassroots Nursery will keep a record of immunisation date and apply the above principle in this instance.

Grassroots Nursery recognises its duty of care to the child, along with possible side effects of immunisation (including in rare cases febrile convulsion), and therefore wishes to apply a common sense approach around medication specifically for the vaccine given at 12-13 months of age. Please bear in mind that the final decision regarding the administration of all medicines is the responsibility of the Nursery Manager or Deputy Manager.

### Prescribed Medicines

Medical authorisation forms are to be completed on a daily basis for each prescribed medication. As antibiotics and medicines are prescribed over a twenty-four-hour period, it is essential to spread the dosage so that maximum affect is achieved. Inhalers and breathing equipment will be administered as required in emergencies.

All prescribed medications brought to nursery are to be stored in their original containers (including the box), bear the child's name, be in date, and will be stored as required, inaccessible to children.

### Staff members are permitted to give medication providing the following are adhered to:

If a child has fallen unwell whilst at nursery, attempts to contact parents by telephone will be made, and verbal consent obtained to give the child over the counter medication. In the event contact cannot be

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made and the child has been in our care for 4 hours or more, we will administer Calpol if it is deemed to be in the child's best interests. If the temperature persists, professional medical assistance will be sought, and we will continue to try and contact parents/carers. Please refer to our Hospitalisation Policy.

- A medication form must be completed by the appropriate person and completed by the parent/carer when collecting the child
- When medicine is being administered it must be checked by two members of staff to ensure the correct medication and quantity is given
- An additional record of medicines to be administered must be kept where all members of staff can see it, and signed once the medication has been administered
- Only Level 3 (or above) qualified members of staff may give medicine to children. This person is responsible for ensuring the medication form has been completed correctly. The witness must be employed by the company and deemed responsible but does not need a Level 3 qualification.

If the administration of prescribed medications requires technical/medical knowledge, training is to be provided to staff members from a qualified health professional; specific to the child concerned. Only staff who have received this training may administer or witness.

### **MINIMUM TIME CHILDREN SHOULD BE AWAY FROM NURSERY DUE TO ILLNESS:**

- **Prescribed antibiotics** – the child should remain at home for the first 24 hours after first dose of antibiotics has been given.
- **Temperature** of 38°C and above – will be sent home and cannot return until the child is well again (A normal, un-medicated temperature for at least twenty-four hours prior to your child's return is requested).
- **Vomiting and Diarrhoea** – child must be kept away from nursery for 48 hours after the last bout of vomiting or diarrhoea.
- **Conjunctivitis** – children over the age of 2 years will be sent home and can return as soon as treatment with Chloramphenicol antibiotic drops has started. These drops can be administered at nursery only if are in original box and state they are suitable for 2+ years.  
- children under the age of 2 years can be treated at home/nursery using warm water and cotton wool for a maximum of two days, however if symptoms persist and/or we believe the child is suffering, we reserve the right to ask that the child is seen by a GP for prescribed Chloramphenicol antibiotic drops. A pharmacy is unable to do this for children under 2 years – the child must be seen by a GP.
- **Chickenpox** – usually seven days after the appearance of the rash (all spots must be completely scabbed over and dry).
- **Gastro-enteritis, food poisoning, salmonellas and dysentery** – until authorised by a doctor.
- **Measles** – five to seven days from onset of rash.
- **Mumps** – until all swelling has gone; approximately 10 days.
- **Pertussis (whooping cough)** – 21 days from onset of paroxysmal cough.

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Your child's gateway to great things ahead

- **Rubella (German measles)** – four days from appearance of rash.
- **Scarlet Fever** – 24 hours after the first dose of antibiotics as long as temperature has been normal and un-medicated for 24 hours.
- **Shingles** – seven days from appearance of rash.
- **Thread worm** – until treated.
- **Tonsillitis** – minimum 24 hours after 1<sup>st</sup> dose of antibiotics.
- **Impetigo** – until skin has completely healed.
- **Pediculosis (lice)** – until appropriate treatment has been given.
- **Ring worm of scalp** – until cured.
- **Ringworm of body** – until cured.
- **Hand, Foot and Mouth** – until the blisters have disappeared.

Grassroots Day Nursery must be informed if a child has a contagious disease/illness in order to prevent the illness spreading. Such information will be treated sensitively and in a confidential manner.

Grassroots Day Nursery may reserve the right to request a letter from the child's GP before allowing them to return to the nursery.

### **TEETHING**

We do not allow children to attend nursery having had Calpol or Nurofen for teething purposes. Those thought to be teething should arrive to nursery with teething granules or gel only, which can be given to staff at handover and administered as required. The NHS state that a mild temperature of less than 38°C may be a symptom of teething, hence we monitor children up to 38°C before contacting parent/carers.

### **SICKNESS & MEDICATION – LONG TERM MEDICAL NEEDS**

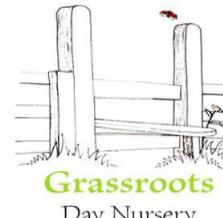
For children who have long-term medical treatment, an individual health care plan is drawn up to support the child's medical needs and the support required for this.

It is important to develop an individual care plan depending on the child's medical condition.

In developing a care plan for each child, the following procedure is carried out:

- Child's Name
- Child's D.O.B
- Medical/ Diagnosis
- Condition of the child
- In event of emergency treatment what to do
- In event of no response what to do

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- Parents contact details
- GP name and contact details

All emergency care plans must be checked and signed by GP or other health care professionals (depending on the level of support the child needs).

Emergency care plans are kept inside the child's room where it is accessible for staff to follow the care plan in case of an emergency.

All practitioners will be informed of child's medical condition and corresponding emergency care plan.

Medication is kept in sealed containers clearly labelled with child's name and containing a copy of the child's emergency care plan.

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Signed: .....(Proprietor/Manager)	
Signed: .....(Deputy Manager)	