



## **Little Seedlings and Seedlings Illness & Medication Policy**

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## **1.0 Aims and Expectations**

1.1 The purpose of this policy is:

- To outline how we maintain an environment that promotes all children's health and wellbeing.
- To outline parental responsibilities in informing our setting about the condition of their child's health, and how they can support us in maintaining a healthy environment for all.
- To outline the procedure if a child becomes unwell during their day in nursery.
- To outline what the procedure would be for administering medication if required.
- To outline the nursery's policy on illnesses that mean that a child cannot attend the setting, and how long they should quarantine for.

## **2.0 Introduction**

2.1 Maintaining an environment that promotes children's health and wellbeing is our utmost priority. We do this by enforcing high standards for cleanliness and hygiene, alongside ensuring that we have a clear policy in place that outlines when children are able to attend the setting, and when they are too unwell to do this.

2.2 This policy works in conjunction with our multi-academy trust and academy specific policies: *Supporting Pupils and Students with Medical Conditions*, *First Aid*, and *Allergy and Anaphylaxis*.

2.3 We follow guidance from the Health Protection Agency with regards to infection control and will seek advice from them if necessary. Any serious illness will be reported to OfSTED.

2.4 It is essential for parents to notify staff on arrival about their child's state of health. This includes information around whether the child is suffering or has recently suffered from any illness, has suffered a loose motion, an above normal temperature or has been vomiting.

2.5 It is vital that we follow the advice given to us by our local authority and exclude certain specific contagious conditions. If a child has or develops a temperature (38.c fever or above) they must not attend the setting for at least 24 hours since the temperature has subsided. If a child vomits or has diarrhoea they must not attend the setting for at least 48 hours since the last episode. Illnesses of this nature are very contagious, and it is not fair to expose other children to the risk of an infection.

2.6 We understand that from time to time young children will become unwell. When this occurs, the best place for them to be is with their primary caregivers at home. We follow this policy in order to support the unwell child's best interests, as well as to support the wellbeing of the other children that attend the setting.

2.7 The nursery setting has the right to refuse admission to a child who is unwell. This decision will be taken by the nursery manager in line with this policy and is non-negotiable.

2.8 If a child becomes unwell during their nursery session, their parents/carers will be contacted and asked to collect their child as soon as possible. During this time the child will be cared for in a quiet, calm area with their key person away from other children.

## **3.0 Procedure for Children Who Become Unwell During Their Nursery Session**

3.1 If children become unwell during the day, for example, if they have a temperature (38.c or above), vomiting, diarrhoea, or pains in the head or stomach, the nursery staff will call carers and ask them to arrange for their child to be collected as soon as possible. Unwell children should not attend nursery as this is not in the child's best interests.

3.2 If a child has a temperature, they are closely monitored and their temperature rechecked in regular intervals until carers are able to collect. The child's temperature will be taken using an inner ear thermometer.

3.3 In extreme cases of emergency, an ambulance is called and parents are informed.

3.4 Parents may be asked to seek medical guidance from the NHS through 111, their GP, or a pharmacist. Our nursery can refuse admittance to children who have a temperature, sickness, diarrhoea or contagious infection. We also reserve the right to request a letter from the child's GP before allowing a child to return to nursery.

3.5 Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.

3.6 All equipment and resources that have come into contact with an infectious child will be cleaned thoroughly to reduce the spread of infection.

3.7 The academy and nursery is committed to ensure that all staff who carry out intimate care duties will be provided with the appropriate training including safeguarding, health & safety training and appropriate moving and handling.

3.8 Please see the list below for excludable diseases and current exclusion times. The list (non-exhaustive) is based on advice from the Health Protection Agency.

#### **4.0 Minimum Time Away From Nursery**

4.1 Little Seedlings and Seedlings Nursery must be informed if a child has a contagious disease/illness in order to prevent the illness spreading. This information will be treated sensitively and in a confidential manner.

<b>Prescribed Antibiotics</b>	The child must stay home for the first 24 hours after first dose of antibiotics has been given <b>and</b> the child presents as well enough to be in the nursery setting.
<b>Temperature</b>	Child should not attend nursery until 24 hours after the temperature has passed <b>and</b> the child presents as well enough to be in the nursery setting.
<b>Vomiting &amp; Diarrhoea</b>	Child must be kept away from nursery for 48 hours after the last bout of vomiting or diarrhoea.
<b>Teething</b>	Staff are happy to administer teething gels or powders, as well as temporary medication that includes paracetamol or ibuprofen.
<b>Tonsillitis</b>	Minimum 24 hours after antibiotics have been administered <b>and</b> the child presents as well enough to be in the nursery setting.
<b>Respiratory Infections (including COVID-19)</b>	Children should not attend nursery if they have a temperature and are unwell. Individuals with mild symptoms, such as a runny nose, and are otherwise well, are able to continue to attend nursery.
<b>Conjunctivitis</b>	Treatment must begin before the child attends nursery.
<b>Chickenpox</b>	The child must remain away from nursery for at least 5 days and <b>all</b> the spots have scabbed over.
<b>Gastro-enteritis, food poisoning,</b>	Until authorised by a doctor.

<b>salmonellosis and dysentery</b>	
<b>Measles</b>	Five to seven days from onset of rash.
<b>Mumps</b>	Until all swelling has gone, approximately five days.
<b>Pertussis (whooping cough)</b>	Five days from starting antibiotic treatment. 21 days from onset of paroxysmal cough if no antibiotic treatment is given.
<b>Rubella (German measles)</b>	Four days from the appearance of rash.
<b>Thread Worm</b>	Until treated.
<b>Impetigo</b>	48 hours after antibiotic treatment has started.
<b>Head Lice</b>	Please treat before attending nursery.
<b>Ringworm</b>	No statutory exclusion period, but treatment must be sought from a pharmacist or GP.
<b>Hand, Foot and Mouth</b>	No statutory exclusion period, but if the child is unwell and in discomfort they must stay at home.
<b>Scarlet Fever</b>	At least 48 hours after starting antibiotics.

## **5.0 Reporting of 'Notifiable Diseases'**

5.1 A 'notifiable disease' is outlined by the UK Health Security Agency. We must be informed if a child has a contagious disease/illness in order to prevent the illness spreading, however, such information will be treated sensitively and in a confidential manner.

5.2 When Little Seedlings or Seedlings Nursery become aware, or are formally informed of the notifiable disease, the nursery manager informs OfSTED and contacts Public Health England, and acts on any advice given.

## **6.0 Meningitis Procedure**

6.1 If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Infection Control (IC) nurse for their area and OfSTED. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we will be contacted directly by the IC Nurse and the appropriate support will be given.

6.2 If a staff member observes a rash and symptoms of suspected meningitis the manager should be informed, and an ambulance called.

## **7.0 Viruses such as HIV/Aids/Hepatitis Procedure**

7.1 HIV Virus, like other viruses, such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. At Little Seedlings and Seedlings we:

- Wear single-use vinyl gloves when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces, or vomit.
- Bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces or vomit using the nursery's cleaning procedures. Any cloths used are disposed of with the clinical waste.

## **8.0 Nits and Head Lice**

8.1 Nits and head lice are not an excludable condition but we do ask carers to ensure treatment has been given before the child returns to nursery. In exceptional cases, we may ask a carer to keep the child away until the infestation has cleared.

8.2 On identifying cases of head lice, we will inform all carers and ask them to treat their child if they are found to have head lice.

8.3 If a parent identifies a case of head lice, we ask carers to inform the nursery so that other parents can be alerted to check and treat their child's hair.

## **9.0 Administration of Medication**

9.1 In line with our nursery's policy of not caring for unwell children, we will be prepared to administer medication as part of maintaining a child's health, when they are recovering from an illness, or to relieve pain that may be caused by temporary conditions, such as teething. We follow strict guidelines when dealing with medicines, and these are set out below. In the first instance we would always encourage parents/carers to administer medication when their child needs it, and will allow parents to do this as and when it is required.

9.2 The only stock medications that we have on site (and kept locked in our main school office) to be used for emergency medications are an adrenaline pen, inhaler and liquid antihistamine. We do not hold nursery stock of pain-relieving temporary medications. These must always be supplied by parent/carers.

9.3 Our nursery setting will not keep temporary medications in our care overnight. These must be sent each day that they are to be administered, and must be physically handed over to a nursery practitioner with consent and administration form filled out in full. Long term or emergency medications may be kept overnight and stored securely as outlined within this policy.

9.4 It is the duty of the parent/carer to:

- Inform the nursery setting in writing about your child's health needs when registering your child, and again as soon as there are any changes to these needs.
- Provide any medication required, and ensure that it is fit for use, and that it is clearly labelled.
- Provide written consent on a medication consent form.
- Ensure that nursery staff are aware of any information you have about the side effects or adverse effects of the medication your child is taking, whether administered at home or within the last 24 hours.
- To ensure that the nursery staff understand how and when to administer the medication. No staff member may undertake the administration of any medication until confident in the process.

9.5 Parental/carer consent must be given in writing on a short or long term medication form before any medication can be administered. Long term medication is checked on a regular basis to ensure that the information we hold is still accurate. Written consent will be collected through either completing a medication consent form, individual health care plan, or asthma card.

9.6 Consent forms for the administration of medication must be completed in full and include all of the following information:

- The full name of the child and their date of birth.
- The name of the medication.
- The time the medication was last administered.
- The dosage and times to be given at nursery.
- The method of administration
- How the medication should be stored and its expiry date.
- Any possible side effects that may be expected.
- The signature of the parent, their printed name and the date.

9.7 Medication is only accepted in its original labelled container. If a medication has been prescribed by a doctor or pharmacist, the printed name and date of birth must be for the child that is receiving the medication. No medication will be administered by staff where the name for the prescription does not match the child.

9.8 Where the medication is an adrenaline pen or inhaler (where there may be only occasional emergency use), it will have the expiry date of the medication recorded on the appropriate form.

9.9 If at any time there is any doubt regarding the administration of medication to a child, practitioners will stop and check with the nursery manager before continuing.

9.10 All medication will be stored:

- In accordance with the manufacturer's instructions on the container.
- Out of reach of children. Our nursery has locked medicine cabinets or fridges that are inaccessible to children.
- In their original containers.
- Have labels which are legible.
- Clearly marked with child's name and date of birth.
- Inhalers or epi-pens will be taken with children (looked after by an adult) wherever a child may go within the setting (eg. to Forest School).

9.1.1 Each room leader is responsible for ensuring that medication is stored correctly and in line with this policy.

9.1.2 Procedure for administering medication:

- Parents are always welcome to attend the setting to administer their child's medication. A note should still be recorded on CPOMS to say this has taken place under the medical log.
- A child's key person should administer medication and this should be witnessed by another practitioner. Together they should check the dosage and instructions to check that administration complies with parental/carer consent and instructions. The label must be clearly checked and both members of staff must confirm the medicine being administered is for the intended child.
- If there is any doubt about any procedure staff should not administer, but seek advice from parent/carer or healthcare professional.
- Once medication has been administered this should be logged on CPOMS. Information should include the name of the medicine, the dosage given, the time of administration and which two members of staff administered and witnessed the medication being given.
- No child should self-administer.
- The administration of injections, pessaries and suppositories represents intrusive nursing, and we will not administer these without appropriate medical training for every member of staff caring for the child.

Our nursery settings will work alongside parents/carers and healthcare professionals to make reasonable adjustments to support the child's needs.

- If a child refuses to take their medication, the practitioners will not force them to do so. Nursery staff can try to encourage them, but under no circumstances will staff attempt to hide the medicine in food or drink. A record on CPOMS will be kept of the child's refusal. If a refusal to take medicines results in an emergency, the nursery's emergency procedures will be followed.

9.1.3 Tablets and capsules are occasionally dropped on the floor or spat out. In this case we will place the tablet in a labelled envelope and hand to the parents to be disposed of later. In no circumstance should medication be flushed down the toilet or thrown in the bin.

9.1.4 If children are taken out on trips and outings there is always a risk assessment in place which outlines any children with medical conditions, how these will be managed, and the administration of any medication if required. Each key person usually carries medication for their own child. This may not be necessary if there is a small group of children leaving the site and staying together for the duration of the outing. In this case the medication may be held with one nursery practitioner.

## **10.0 Policy Review**

10.1 If for no other reason this policy will be reviewed every 2 years.