



CHILD HEALTH/MEDICATION POLICY

Adopted August 2018

The health and safety of all the children and staff at the nursery are paramount at all times. Children must not attend nursery if they are running a temperature or are generally unwell during the night. If any medication has been given within the previous 24 hours please inform a member of staff when dropping off your child and complete the relevant 24-hour medication form. If a child has been prescribed antibiotics, you are required to keep your child to be kept at home for at least 24 hours to enable them to start to take effect. If your child has been given antibiotics for something that would not be contagious to others, the manager may waiver the policy, this would be on the understanding that one parent is contactable and could collect the child immediately throughout the day. For medication to be administered throughout the nursery day authorisation must be provided by the parent and documented on a medicine form, indicating the times to be given and quantity, the room supervisor must be informed. Only medically prescribed medication or manufactured clearly labelled dosage will be administered, we regret that we cannot administer certain cough medicines to keep in line with government advice for children under five. All medication must be clearly labelled with the child's full name and stored appropriately. Medication will not be given if another child's name is on the bottle. Only senior staff will administer medication; this is witnessed and countersigned by another member of staff with times recorded on a medication form. Parents are asked to sign the form in the evening. All medicines are kept out of reach of children, or in the fridge (if necessary). If you agree to your child receiving Calpol/Nurofen when necessary, you will be contacted to seek your permission, and will again only be administered by senior staff.

If a child becomes unwell throughout the nursery day, their parents will be telephoned to arrange their collection, and they will be made as comfortable as possible. To assist in the smooth running of the nursery we would ask that you please telephone the nursery by 9am if your child is to be absent. In all cases of absence due to sickness, we do ask that you inform the nursery as soon as possible, so that we can take any precautions necessary to prevent cross infection. There are occasions when we may ask that your child is excluded from nursery, both for their own well-being, and to safeguard the other children and staff from infection. Children must follow the following exclusion time when suffering from the following infections:

Disease and (Incubation Period)	Period When Infectious	Period of Exclusion of Infected Person
Chicken Pox and Shingles (2 to 8 days)	1 to 2 days before and 5 days after the rash develops	Until feeling well again and the spots have scabbed over. (Approximately 5 days after spots appear.)
Conjunctivitis (12 hours to 3 days)	During active infection	For children - None if receiving treatment. Staff are permitted to work so long as they ensure they maintain good hygiene practices.
Cambylobacter, Dysentery, Food Poisoning, Gastroenteritis, Salmonella (Few hours to a few days)	During active illness	Affected children can return 48 hours after normal stools return/or 48 hours after last onset of vomiting/diarrhoea

Slapped Cheek (Fifth Disease) (Variable 4 to 20 days)	Infectious before onset of rash	Until you feel well
Glandular Fever (From 4 to 6 weeks)	While virus is present in saliva	Until you feel well
Hand, foot & mouth disease (3 to 5 days)	During acute stage of illness	Until you feel well
Head and Body lice (Eggs hatch between 7 to 10 days)	As long as eggs or lice remain alive	None. Treatment should start as soon as diagnosed. If lice persist child may be excluded until successfully treated. Entire family needs to be treated.
Impetigo (4 to 10 days)	As long as septic spots are discharging pus	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment.
Measles* (7 to 14 days)	1 day before first symptoms until 4 days after the onset of rash	Until 4 days from the onset of rash and you feel well
Meningitis* (2 to 10 days depending on cause)	Clinical cases are rarely infectious	Until you feels well again. (For meningococcal meningitis a Consultant in Communicable Disease Control will give advice on any action needed)
Mumps* (2 to 3 weeks average 18 days)	Mumps is infectious 7 days before symptoms appear to 2 to 4 weeks after. Most infectious 2 days before and 4 days after onset of illness.	5 days from onset of swollen glands and when person feels well.
Rubella* (German Measles) (2 to 3 weeks)	Most infectious before rash appears 1 week before till 4 days after.	6 days from onset of rash.
Scabies (1 day to 6 weeks depending on previous exposure)	Until mites and eggs are destroyed by treatment.	Until day after treatment.
Scarlet Fever* (12 hours to 5 days)	Prolonged in untreated cases	24 hours after commencing appropriate antibiotic treatment
Threadworms (2 to 6 weeks life cycle)	(2 to 6 weeks life cycle) As long as eggs are shed in the faeces (stools)	None, but you must be treated.
Ringworms (4 to 10 days)	As long as rash is present	None. Treatment is required from GP
Whooping Cough* (5 to 21 days)	2 weeks. If treated with antibiotics this may be reduced.	Until 5 days after commencing antibiotics treatment. Otherwise 21 days from onset of illness if no antibiotic treatment is received.

*These are notifiable diseases to the department of Health
Children **must not** be brought into nursery with the following infections:

Impetigo
Temperature
Sickness and/or diarrhoea
Whooping cough, measles, mumps and chickenpox

Parvovirus or 'slapped cheek syndrome' (Unless this has been confirmed by a medical professional)
Hand, foot and mouth disease (Unless this has been confirmed by a medical professional)
Head lice

If a child has suffered from sickness and/or diarrhoea we must insist that they remain away from nursery for at least **48 hours** until they are completely clear of symptoms and have their appetite back.

All staff are made aware of individual children's allergies, and a list of allergies will be available for viewing at all times for staff working in individual rooms. Any long-term allergy medication i.e. piriton, Epi-pen must be covered by a letter from a GP/Specialist, and a letter from the parent giving senior staff at Toad Hall Nursery permission to administer the medication, both the insurance company and registration authority will be informed. Senior staff will be trained by a professional on how to administer an Epi-pen. The manager/deputy must be informed immediately if a child is showing symptoms of an allergic reaction. The manager/deputy will then contact the child's parents and an ambulance (where necessary). Other long term medication i.e. inhalers are required to have a dispensing label on it clearly stating the child's name, the dosage required, the number of times that the medication should be administered and be in date with a clear printed expiry date.