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## CHILD HEALTH/MEDICATION POLICY

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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. Should an emergency arise during the day, we can provide the appropriate medical professionals with this information to prevent any risk of a child overdosing.

**Any child who has had paracetamol or Nurofen before dropping off will be refused unless 4 hours have passed from the time the medication was administered.**

**If a child has been prescribed antibiotics/steroids (for croup), you are required to keep your child at home for at least ONE WHOLE DAY to enable them to start to take effect.** For medication to be administered throughout the nursery day, authorisation must be provided by the parent/carer 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 a 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, including eye drops for under-2s, must be **clearly labelled with the child's full name on the printed pharmacy label** 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 in a locked cupboard, 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 it will again only be administered by senior staff.

If a child becomes unwell, for example, develops a temperature of 38.0°C or above whilst attending nursery, their parents/carers will be telephoned to arrange their collection, and they will be made as comfortable as possible in the meantime. Children should remain at home until they are well enough to return to nursery and are no longer showing signs of a high temperature. To support the health and well-being of all children and staff within the setting, we ask that children are fever-free for at least 24 hours without the use of medication (such as paracetamol or ibuprofen) before returning to nursery.

Children should not return to nursery if they are generally unwell (for example, lethargic, not eating, not themselves, or requiring one-to-one attention).

If a child has received hospital treatment for an illness or has undergone an operation, they must remain at home for at least one full day following discharge before returning to nursery.

This is to ensure they are well enough to participate in daily activities and to reduce the risk of infection. Where appropriate, we may request further guidance from a medical professional to support the child's safe return to the setting.

To assist in the smooth running of the nursery, we would ask that you please telephone or email the nursery at your earliest convenience. If we have not heard from you by 10 am, we will contact you to enquire about your child's absence. In all cases of absence due to sickness, we ask that you inform the nursery as soon as possible so that we can take any necessary precautions to prevent cross-infection. There are occasions when we may ask that your child be excluded from nursery, both for their own well-being and to safeguard other children and staff from infection.

Children must follow the following exclusion time when suffering from the following infections:

<b>Disease and (Incubation Period)</b>	<b>Period When Infectious</b>	<b>Period of Exclusion of Infected Person</b>
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. During outbreaks, your child will be asked to stay at home for 5 days and all spots have scabbed.
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 feel 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.
Coronavirus - Covid-19	2 days before the onset of symptoms	Stay at home and avoid contact with other people until you no longer have a high temperature (if a temperature was a symptom) or until person feel better.

\*These are notifiable diseases to the Department of Health

**Children must not be brought into the nursery with the following infections:**

Impetigo

Temperature

Sickness and/or diarrhoea

Whooping cough, measles, mumps, chickenpox and shingles

Parvovirus or 'slapped cheek syndrome' (unless this has been confirmed by a medical professional)

Head lice

If your child experiences sickness or diarrhoea whilst attending nursery, they will be sent home after two episodes. However, during periods when a sickness or diarrhoea bug is circulating within the setting, children will be sent home after just one episode to help prevent the spread of infection.

If a child has suffered from sickness and/or diarrhoea, we must insist that they remain away from nursery for at least **TWO FULL DAYS** after they are completely free from symptoms and have returned to their normal appetite. These exclusion periods are in line with guidance provided by public health authorities and are essential in helping us to protect the health and well-being of all children and staff within the setting.

In the event of high levels of staff sickness, we may need to ask children to be collected early or remain at home in order to maintain the required staff-to-child ratios and ensure the safety and wellbeing of all children. In these circumstances, priority for attendance will be given to children of key workers. We appreciate your understanding and cooperation and ask for your support in helping us to safeguard all children, families, and staff within the setting.

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.P, 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 EpiPen/Jext pen or equivalent. 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). All medication i.e. inhalers, epi-pens, and antihistamines, 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.