

DURHAM UNIVERSITY DAY NURSERY

MANAGING SICKNESS AND ILLNESS IN CHILDREN & ADMINISTRATION OF MEDICATION POLICY

1. Policy Statement / Purpose Information

- 1.1 At Durham University Day Nursery we promote the good health of the children attending. We will usually only administer prescribed medication to children although with consent, will apply teething gel, nappy cream and sun cream as required. If a child becomes unwell at nursery, we will seek consent and may administer one dose of branded Calpol.

2. The Policy

- 2.1 If any child is brought to the nursery in a condition in which he/she may require medication sometime during the day, the manager will decide if the child is fit to be left at the nursery.
- 2.2 No child will be given any medication without prior written consent for each and every medicine. All medication provided must in its original container, be labelled and be in date or it will not be administered.

3. Sickness & Illness in Children

- 3.1 In the event of a child being unwell they must stay at home until they are well enough to return to Nursery. For Sickness/Diarrhoea children must stay at home for 48 hours from their last episode before returning to Nursery. Parents/carers to follow exclusion period as set out in the table below (Section 4). For Covid-19 guidelines, please refer to our risk assessment and for up-to-date guidance please visit:

[Coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Please notify the Nursery as soon as reasonably practicable if the Child is absent at any time and notify us of the cause if your child is absent due to illness.

- 3.2 Definition of a well-child:

- A child is happy and able to take part fully in Nursery.
- A child who does not have a temperature.
- A child who is not dependent on Calpol.
- A child who is not reliant on 1-1 care.

- 3.3 In the event that the child becomes ill during a session, a member of the Nursery team will monitor the child i.e. temperature and symptoms and recorded on the sick child form. If whilst monitoring the child, they continue to be unwell we will contact Parent/Carer or another emergency contact of which you have notified us on the registration form to collect the child. If the child has a high temperature, please follow point 9 in the policy- Emergency medication and telephone the Parent/Carer

Parents/Carers must inform us immediately of any changes to their contact details or the emergency contacts.

- 3.4 If a child becomes unwell in our care and needs emergency medical attention a staff member would ring 999 giving details of the child name, D.O.B, what's happened, nursery address.

Follow advice from 999. Another member of the team to call the Parent/Carer to arrange to meet at nursery or the hospital they are to attend if required.

- 3.5 In the event of a child needing to go to hospital a member of staff who was present in the room must accompany the child to hospital if the parent/carer hasn't arrived at nursery. collect registration forms. Relevant medication sheets, medication and child comforter. Staff member to take nursery outing mobile or own if not available.

Inform a member of the management team, the member of staff to remain with the child till parent/carer arrives at the hospital. Staff member to keep nursery informed and once parent/carer arrives a member of the team to collect the staff member from the hospital.

Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of reassurance and support. Remove children from the area where possible to another room or outdoors.

Health Protection for schools, nurseries and other childcare facilities (exclusion Table)

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over	Pregnant staff contacts should consult with their GP or midwife
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT)
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped	If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A For more information see chapter 3
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT (https://www.gov.uk/health-protection-team)	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT.
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT For more information see chapter 3
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances

Infection	Exclusion period	Comments
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT (https://www.gov.uk/health-protection-team) for more advice
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR . Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT (https://www.gov.uk/health-protection-team) will advise on any action needed
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT (https://www.gov.uk/health-protection-team) for more
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR . Promote MMR for all pupils and staff
Ringworm	Not usually required	Treatment is needed

Infection	Exclusion period	Comments
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB) Exclusion not required for non-pulmonary or latent TB infection Always consult your local HPT before disseminating information to staff, parents and carers	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread Your local HPT will organise any contact tracing
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or [UKHSA](#) health protection team of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify [UKHSA](#) when they confirm a notifiable organism.

The NHS website has a [useful resource \(https://www.nhs.uk/live-well/healthy-body/is-my-child-too-ill-for-school/\)](https://www.nhs.uk/live-well/healthy-body/is-my-child-too-ill-for-school/) to share with parents.

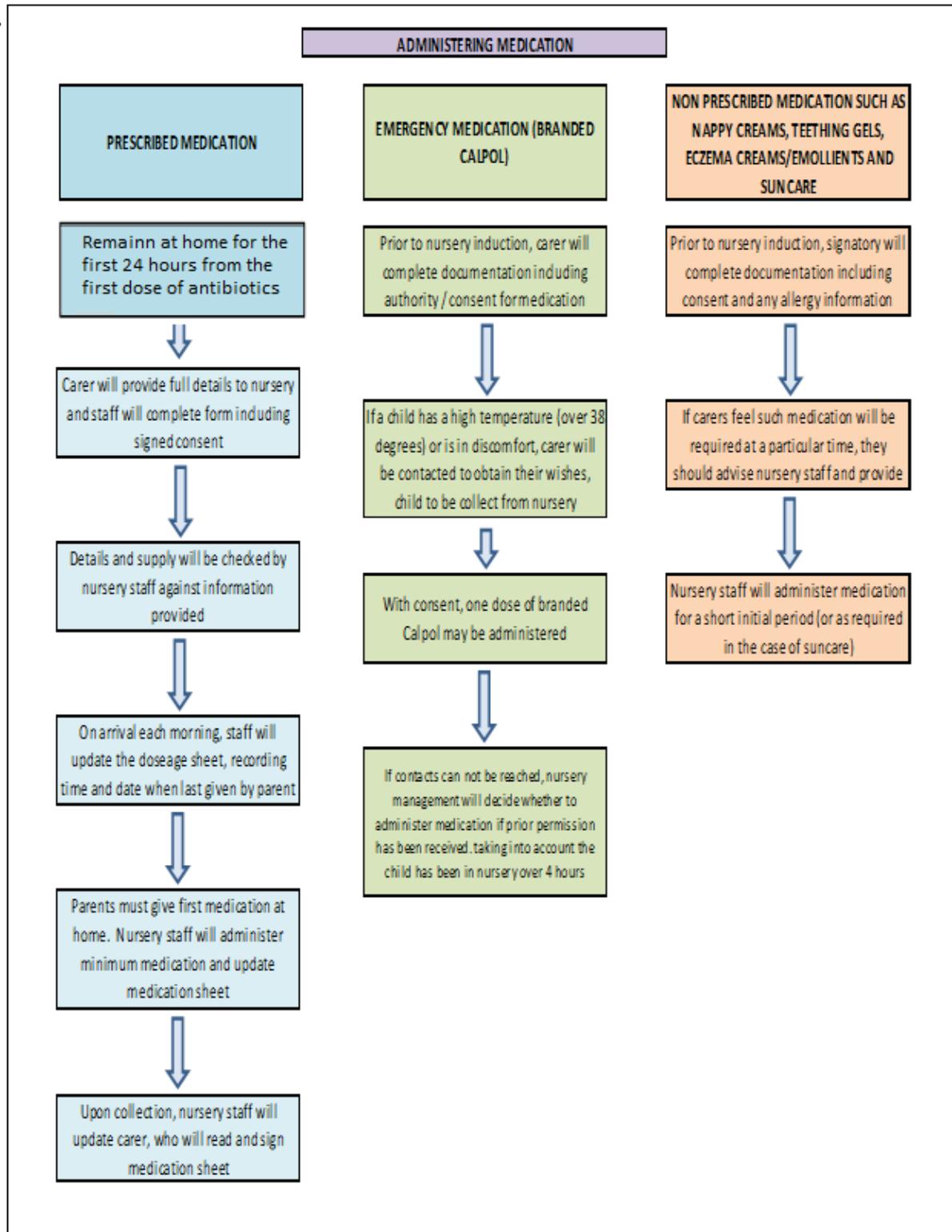
5. Medication Forms

- 5.1 If a child requires medication while at nursery we will ask the parent/carers to send an email stating:
- Child's full name
 - The name of medication
 - The reason for the medication
 - Required dosage
 - Start date of medication
 - The time of the last dosage taken at home
- 5.2 This email will be the parent/carers consent for us to give their child the medication while at nursery. It will be printed off for our records.
- 5.3 Staff will complete the nursery medication form as normal, following our nursery medication policy and the printed email will be attached to the medication form as proof of consent. Parent/caerers will be required to sign this at the end of each day.
- 5.4 Staff will also add the dosage and time the medication was given to the care diary and onto the medication form and initial when this is completed.
- 5.5 The following nursery medication policy to be adhered to at all times:

Remain at home for first 24 hours from the first dose of antibiotics

6. Policy Procedure

University Nursery – Administration of Medication



7. Important Information

7.1 The Six R's of Administering medication:

- Right Child
- Right Medication
- Right Dose
- Right Route
- Right Time
- Right Recording

8. Prescription Medication

- 8.1 Antibiotics – each time a child has a new prescription for antibiotics they will not be able to attend the nursery until 24 hours after the first dose. This is in case there is a reaction to the medicine and to reduce any cross infection.

Please note that in the case of antibiotic eye/ear drops or cream prescribed for the treatment for example conjunctivitis the first dose must be administered at home. Children may then attend the nursery as usual.

In addition, where antibiotic cream is prescribed for the treatment of skin conditions the first dose must be applied at home. Children may then attend nursery as usual providing that the exclusion period for the condition has been observed where necessary- please see the 'infection control table' for details.

- 8.2 When a child is issued with prescription medication, the parents/carers should bring the labelled medication into the nursery on the first relevant day. The staff member receiving the medication will complete the medication form detailing the medication, dosage and regularity, checked from the box and prescription label, only a minimum dose will be administered by the nursery. Once the form is completed the parents/carers will sign the medication form giving consent. Prior written permission must be given for the administration of each and every medication. However, we will accept written permission once for a whole course of medication or for the ongoing use of a particular medication under the following circumstances:
- 8.3 The written permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g., if a course of antibiotics changes, a new form will need to be completed.
- 8.4 The dosage on the written permission is the only dosage that will be administered. We will not give a different dose unless a new form is completed.

- 8.5 The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by a doctor's letter.
- 8.6 Parents/carers should notify us IMMEDIATELY if the child's circumstances change, e.g., a change in strength/dose needs to be given.
- 8.7 Two members of nursery staff (one being senior/room lead and with valid paediatric first aid training) will check the information provided on the form alongside the medication and prescription to ensure all details are correct and countersign the form. Prescription medication will only be given to the person named on the medication / prescription for the dosage stated.
- 8.8 Upon arrival each day, the parents/carers must advise the nursery when the last dose of medication was administered, and staff will update the medication form. A senior member of staff/ room lead alongside the buddy/witness will administer the required medication during the day and complete the medication form. Two members of staff (buddy system) will read and check form/medication together before administering any medication. The parents/carers will be updated upon collection of the child and will be required to sign the form.
- 8.9 Most medication is sent home daily however there are exceptions, for example, inhalers, EpiPens and long-term medication.
- 8.10 Once a course of medication is complete, it is returned to the parents/carers and paperwork is stored on the child's file in the office.
- 8.11 If the GP has advised the use of paracetamol or ibuprofen to supplement antibiotics, these will be administered by the nursery with appropriate written consent.
- 8.12 At the time of administering the medication, the senior or room lead will ask the child to take the medicine or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. If the child refuses to take the appropriate medication, then a note will be made on the form and the parents/carers listed contacted immediately. Where medication is "essential" or a lack of it may have side effects, discussion with the parents/carers will take place to establish the appropriate response.

9. Emergency Medication

- 9.1 Upon induction, parents/carers will be required to give consent on the registration form. This will include wishes in relation to the administration of branded Calpol and any known allergies. The nursery keeps a supply of branded sugar free strawberry Calpol which is suitable for children over the age of two months.
- 9.2 Parents/carers are required to keep the nursery up to date should any wishes or information, for example allergies, change. The nursery will retain such information, update it as required and ensure it is available to staff.
- 9.3 In the event of an increase in temperature > 38 degrees, staff will contact the parents/carers listed to determine if they wish for one dose of Calpol to be administered. If carers cannot be contacted, nursery management will determine whether to administer any medication, referring to the original registration form and considering the child has been in the nursery over 4 hours, the circumstances surrounding the need for the medication and the medical history of the child.

- 9.4 Giving liquid paracetamol will be a last resort and the nursery staff will use other methods first to try and reduce a child's temperature, e.g. remove clothing and tepid cooling with a wet flannel. The child will be closely monitored until a parent/carer collects the child as soon as possible.

10. Non Prescribed Medication such as Nappy creams, Teething Gels, Eczema creams / Emollients and Sun Care

- 10.1 Upon induction, parents/carers will be required to complete a consent form. This will include wishes in relation to the administration nappy cream, teething gel, eczema creams / emollients and sun cream, including detailing any allergies. Products are to be provided by parents/carers, clearly labelled with the child's name.
- 10.2 We do not administer any herbal or homeopathic remedies.
- 10.3 Parents/carers are required to keep the nursery up to date should any wishes or information, for example allergies, change. The nursery will retain such information, update it as required and ensure it is available to staff.
- 10.4 The nursery will administer non-prescription medication for a short initial period, dependent on the medication or the condition of the child. After this time, medical advice should be sought. If the nursery feels the child would benefit from medical advice rather than non-prescription medication, we reserve the right to refuse nursery care until the child is seen by a medical practitioner.
- 10.5 As with any kind of medication, staff will ensure that the parents/carers are informed of any non-prescription medicines given to the child whilst at the nursery, together with the times and dosage given.
- 10.6 With regards to sun care, our nursery is committed to ensuring that all children are fully protected from the dangers of too much sun. We use the following procedures to keep children safe and healthy in the sun:
- Consent will be provided on the registration form.
 - Children must have a clearly named sun hat which will be worn at all times whilst outside in sunny weather. This hat will preferably be of legionaries design (i.e. with an extended back and side to shield children's neck and ears from sun) to provide additional protection.
 - Children must have their own sun cream (SPF 30 or above) named and dated with prior written consent for staff to apply. This enables children to have sun cream suitable for their own individual needs. As effectiveness reduces over time, a new bottle of sun cream will be required each year.
 - Please be aware that some sun cream products such as Nivea Kids protect and care coloured spray SPF 50+ contains Almond oil. As we have children and staff with nut allergies and we are a nut free zone, we will have to ask that this product or any other that contains Almond oil or any form of nut oil is not brought into the Nursery.
 - Children need light-weight cotton clothing suitable for the sun, with long sleeves and long legs if prone to sunburn.

- Children's safety outside in the sun is the nursery's prime objective so staff will work closely with parents/carers to ensure all appropriate cream and clothing is provided.
- Children will not be out in the sun between 11am and 3pm on very hot days.
- Each time sun cream is applied it is to be recorded on the room sheet with the date and time.
- Children will always have sun cream applied before going outside in the sun and at frequent intervals during the day.
- Children are offered cooled water more frequently throughout sunny or warm days.
- Children are made aware of the need for sun hats, sun cream and the need to drink more fluids during their time in the sun.
- Staff will make day-to-day decisions about the length of time spent outside dependant on the strength of the sun.
- Shade will be provided in the form of a gazebo / parasol to ensure children are able to cool down or escape the sun should they wish or need to.

11. Long Term and Specialist Medication

- 11.1 For children who are on long term medication treating for example, asthma, allergies or intolerance, in addition to the above, the child will have an additional medication plan as per the SEN Policy. This would include the administration of injections, pessaries and suppositories; as these represent intrusive nursing, they will not be administered by any member of staff unless appropriate medical training is given to each member of staff caring for the child. This training would be specific for each child and medication will be administered only by a SENIOR MEMBER OF STAFF with training details will be kept on the file for that member of staff.

12. Staff Medication

- 12.1 If staff are taking medication which may affect their ability to care for children, they will update management and seek medical advice. Managers will ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises will be securely stored in staff lockers and out of reach of children at all times. No medication to be loose.

13. Storage of Medication

- 13.1 Emergency medication, such as inhalers and EpiPens, will be within easy reach of staff in case of an immediate need, but will remain in a locked cabinet in each room.
- 13.2 Any antibiotics requiring refrigeration must be kept in an area inaccessible to children. They must be in a zip lock bag in the centre of the fridge.
- 13.3 All medications must be in their original containers, legible and not tampered with or they will not be given. All prescription medications should have the pharmacist's details and notes attached to show the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before staff agree to administer medication. Any medication will be stored in a locked cabinet in the main office.
- 13.4 Medicines will be returned to parents/carers on completion of a course or when out of date as they may require replacement.

14. Managing Specific Infectious Diseases

www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

- 14.1 Nurseries are common sites for transmission of infections. Children are particularly susceptible because:
- They have immature immune systems
 - Have close contact with other children
 - Sometimes have no or incomplete vaccinations
 - Have a poor understanding of hygiene practices
- 14.2 We aim to provide information for staff about managing a range of common and important childhood infections in settings including schools and nurseries.
- 14.3 The guidance is not intended to be used as a tool for diagnosing infectious disease but to help and direct staff about where and when to seek further advice. It can also be used as a tool to help develop local policy and training.
- 14.4 The way to prevent and manage infectious disease in our setting is to:
- Promote immunisation
 - Promptly exclude the unwell child or member of staff
 - Check that effective handwashing is being carried out routinely
- 14.5 If we are notified of a case of infectious disease in a child or staff member, we will report it to our local North-East [Health Protection Team \(HPT\)](#) or on 0300 303 8596 (option 1) as soon as possible as not all infections require exclusion.
- 14.6 The local team can also give you additional advice and support as needed.

15. Further Information

Please see the following government websites for up to date information:

[Early years foundation stage \(EYFS\) statutory framework - GOV.UK \(www.gov.uk\)](#)

www.allergyuk.org

[Coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](#)

16. Related Documents

- Allergies and Allergic Reaction Policy – University Policy
- Accident and first aid policy- nursery policy
- Supporting Children with medical conditions in Early Years - SEND Code of Practice 2014. (Medical Plan).
- Medication Incident Report.

17. Version Control / Revision History

Current Status Version: Final

Approval Date: 20th April 2023

18. Revision History

Version	Date	Changes	Changed by
V1.0	18/7/2017	Final	Brian Elliott, HRBP Policy and Projects.
V2.0	25/7/2018	Updated	Kim Roberts
V2.0	8/8/18	Final	Kim Roberts, Nursery Manager
V3.0	21/5/2019	Updated	Kim Roberts, Nursery Manager
V3.0	21/5/19	New Format	Brian Elliott
V 3.1	3/6/19	Updated	Kim Roberts, Nursery Manager
V4	26/1/2021	Revised	Adele Warner, Deputy Nursery Manager
V4	26/1/2021	Approved	Kim Roberts, Nursery Manager
V4.1	14/10/2021	Updated	Marcus Martinez-Ferrell, Nursery Administrator
V4.1	15/10/2021	Approved	Kim Roberts, Nursery Manager
V4.2	04/02/2022	Updates made to section 3.3, added section 13.0, NHS Covid-19 link added to section 14.	Adele Warner, Deputy Nursery Manager, Kim Roberts, Nursery Manager
V4.2	04/02/2022	Approved	Kim Roberts, Nursery Manager

V5.0	08/02/2022	Reviewed	Adele Warner, Deputy Nursery Manager, Kim Roberts, Nursery Manager
V5.0	09/02/2022	Updates made to policy title, section 3.0, 4.0 and 6.0.	Marcus Martinez-Ferrell, Nursery Administrator
V5.0	14/02/2022	Approved	Kim Roberts, Nursery Manager
V5.1	April 2022	Updated section 4 (exclusion table)	Marcus Martinez-Ferrell, Nursery Administrator
V5.1	April 2022	Approved	Kim Roberts, Nursery Manager
V6	29 th September 2022	Updated section 3.3 added in 3.4 and 3.5 updated 5,8,12,16	Kim Roberts, Nursery Manager
V6.1	19/04/2023	Updated Section: 8.1 (Antibiotics) 10.6 (Almond oil sun cream) updated the administration of medication table.	Kim Roberts, Nursery Manager
V6.1	20/04/2023	Approved	Kim Roberts, Nursery Manager