

MEDICATION AND SICK CHILD POLICY AND PROCEDURE

SICK CHILD/EXCLUSION PROCEDURE

We try to minimise the number of absences of the children. However, due to infections and childhood illnesses your child may be unable to attend. It is of great importance that children who are ill or have infections are kept away from the nursery to help reduce the risk of spreading the infection or illness.

We may request that a child is sent home for a number of reasons, but please remember that we have a duty of care to keep all the children safe from illness and infection. Whilst it may be inconvenient to you, your child's health and welfare and the welfare of others in our care is our first priority.

We follow the guidelines for illnesses and infection control set out by the Health Protection Agency

In the event of infection or illness, staff will be required to follow procedures to prevent the illness/infection from spreading.

When the child is not their usual self, (e.g. inactive, crying excessively) the child's temperature will be checked using a nursery thermometer. A child's normal temperature can be between 36 and 37.4 degrees.

If their temperature is raised the child will be taken to a quiet room/area to rest and we will notify parents and update them and will have their temperature checked at regular intervals of every 15 mins.

If at any point, the child's temperature reaches or exceeds 38 degrees, a member of staff will contact the parent/carer explaining the situation. If the child is given medication such as paracetamol and the temperature or child does not improve within 30 minutes, parents will be asked to collect immediately. If the parent has supplied medication to stay at nursery, then it will be at the manager's discretion whether they feel it is appropriate to give the child some while they are waiting for the parent to collect. This is because it may mask the high temperatures and symptoms of something more serious.

Why keep a child home when unwell?

- Helps prevent germs from spreading to other children.
- Helps your child rest and recover faster, and not pick up more illnesses
- Protects vulnerable children and adults
- Staff cannot give one-to-one care
- Kinder for your child when they feel poorly

It is important to remember that when illness and disease spread throughout the nursery it also impacts the staffing team, meaning:

- Staff will need time off which can affect the consistency of staffing throughout the week
- They can pass illnesses to their families (including family members who are vulnerable)

Circumstances that may require the child to be collected are:

Sickness and diarrhea (teething or any other reason) – one case of sickness or two consecutive loose nappies or stools (unless child is under two and the loose stools are not deemed to be unusual for the child or at managers discretion). Please note – in cases where an infection has already been reported within the nursery this may be subject to change. Dehydration can affect babies severely within 4 hours.

Spots, Bites Rashes etc – children will be sent home if we notice unusual spots, rashes, bites etc parents need to get children checked by a medical professional. Depending on the diagnosis will then decide what the exclusion period from nursery might be. Such as Scarlet fever, Impetigo etc or no exclusion such as for insect bites.

Leakage of any bodily fluid – ear fluid, runny eyes etc. If there is an ongoing medical reason, then we will require proof from the doctor/specialist.

Displaying unusual behaviour – crying excessively, being inconsolable, being inactive.

High Temperature – above 38 degrees.

Headlice – If a member of staff can visibly see the presence of headlice in child(ren)s hair. Parents will be asked to collect their child to treat and come back.

Flu like symptoms including Covid 19.

Slap cheek – home for first 24 hours.

Hand, foot and mouth, home for first 24 hours.

Conjunctivitis if the eye is weepy and not crusted over (as we do not allow children with weeping bodily fluids)

If your child is sent home from nursery, it is recommended that you seek medical advice from your Doctor/local Pharmacist. If your child is diagnosed with any infection or illness, please notify the nursery as soon as possible.

You must make reasonable attempts and adjustments to work or any plans you have to collect your child from nursery in a timely manner. You can also nominate another person to collect them in your absence and inform us who they are and get them to bring ID. We will make allowances if there are circumstances beyond your control such as heavy traffic or if you work out of the city. If you are uncontactable we will contact your 2nd, 3rd and 4th emergency contact.

Inline with our safeguarding policy - failure to collect your child at all or continued delay without good reason will result in records being made and reporting to the relevant organization if we feel that it is a safeguarding concern.

Weeping eyes

Children may experience gunky or weepy eyes for a variety of reasons throughout childhood. It is important to understand the cause of the symptoms to determine whether further investigation or treatment is required.

When a child first presents with gunky or weepy eyes, parents should seek medical advice. Advice from a pharmacy may be sufficient initially; however, if the issue becomes recurrent, we request that parents take their child to see a doctor (unless a medical diagnosis has already been made, for example, a blocked tear duct).

If the gunky or weepy eyes are due to a non-contagious condition, the child may still attend provided they are well in themselves. If the symptoms are caused by a contagious condition, such as conjunctivitis, the child must follow the required exclusion period.

Conjunctivitis

If a child has conjunctivitis, it is important for parents to determine whether it is viral or bacterial. The office must be informed so the appropriate exclusion period can be followed.

If a child has viral conjunctivitis, they must remain at home until their eyes are no longer weeping, even if they are using eye drops. Viral conjunctivitis cannot be cured with antibiotics, although symptoms may be eased with treatment. Children under 2 years old must only use eye drops prescribed by a doctor.

If a child has bacterial conjunctivitis, they may return 24 hours after starting prescribed antibiotics, even if the eyes are still slightly weeping, provided they are well in themselves. If however, the child is not medicated they will need to remain absent until their eyes are fully clear.

*Medication policy must be followed, and managers discretion is final.

Your child will be allowed back at Nursery when:

- Your child has gone 48 hours since the last bout of diarrhea or sickness.
- Temperature has decreased.
- They have been prescribed antibiotics or steroids (whether that be a cream, oral medication or sprays/inhalers) and have taken them for 24 hours at home.
- Children who have had a disease or illness must have a written Doctor's note saying that the child is no longer contagious (at manager's discretion).
- Has had headlice treated with a medicated shampoo or lotion.
- Is back to their normal selves and to have recovered from illness.

Difference between diarrhea and loose stools

Loose stools

These are stools that are softer than normal - having loose stools doesn't necessarily mean a child has an illness it could be due to diet change etc.

Consistency and texture of a loose stool

- Soft, mushy, or paste-like
- May spread in the nappy but still have some thickness
- Not fully liquid or watery
- Similar to mashed food or thick porridge
- May break apart easily when passed

Appearance of loose stools

- Light brown, yellow, or greenish in colour
- May contain small pieces of undigested food (such as vegetables or fruit skins)
- Usually not associated with blood or excessive mucus

Smell of loose stools

Loose stools typically:

- Have a mild to moderate smell
- Smell similar to the child's usual bowel movements
- May vary slightly depending on diet (e.g. fruit, milk)

Because loose stools are often normal, the smell is usually not very strong in smell.

Diarrhoea

Diarrhoea is a watery based consistency to which indicates the child may be unwell or have an infection

Consistency and texture of Diarrhoea

- Watery or liquid
- May soak into a nappy or clothing
- Little or no solid form (will not hold shape)
- Sometimes explosive when passed

Appearance of diarrhoea

- Pale brown
- Yellow
- Greenish
- Occasionally contain mucus

Smell of Diarrhoea

- Has a stronger, more unpleasant odour
- Can smell sour, foul, or unusually pungent
- May be noticeably different from the child's normal smell

Physical signs of teething

Common Signs & Symptoms of Teething

Drooling

- Increased saliva production is very common.
- Babies may drool a lot, sometimes causing rash on the chin, neck, or chest.

Chewing on Things

- Babies often bite or chew on toys, fingers, or anything they can grab.
- This helps relieve pressure in their gums.

Swollen or Tender Gums

- The gums may look red, swollen, or slightly raised where the tooth is coming through.

Redness or rash

- Red or slightly blotchy skin on cheeks, chin, or around the mouth

It is important to note if a child has diarrhea whilst teething this usually indicates an infection.

Staff may record events such as a high temperature, sickness, diarrhoea or headlice on an incident form. This will be so we can have a written record for monitoring purposes and so we can look at patterns if needed.

*Headlice will be recorded when first noticed at nursery, we however understand that removing headlice can be a process so it will not be recorded daily, but over a course of a few weeks.

MEDICATION

The setting will liaise with parents daily to ensure children who have medication have it appropriately. To ensure the correct dosage etc. is given to the child, staff will follow this procedure:

All medication needs to be agreed to by a member of management. We will only agree to non-prescribed medication if we deem it best for the child. If we feel the child is doing well, has no temperature etc then we will decide if we feel medicine is necessary. We will not give medicine unnecessarily. We may agree to paracetamol suspension (such as Calpol) but as a last resort for the child or if recovering from an illness. We first and foremost have the interests of the child's wellbeing and the best place for a child is at home.

We may give Ibuprofen and/or Paracetamol for different reasons such as pain relief if the child has injured themselves, teething, recovering from an illness or injury and temperature. In the event of the child having a temperature we can give medication to help lower their temperature. If the child's temperature does not go down, especially after 30 minutes or more after the medicine has been administered, parents will be asked to collect.

Management will challenge parents if they request their child to have pain relief medicine continuously for days or if deemed not needed.

On arrival parents must give details of the medicine for staff to complete a medicine form on Famly. This will be the name of medication, expiry date, dosage, and time(s) of medication as well as the reason for the medication. Parents give permission by acknowledging the medicine form from their Famly app before and after their child receives medicine. However, in an emergency consent will be gained over the phone for example if a child is running a high temperature, then we will call parents to ask if they are happy for us to administer paracetamol/ibuprofen. In which case if the parent approves, we will add onto an existing medicine form or create a new one for parents to acknowledge on their Famly app.

Administration of medication

Only staff with a Level 3 qualification, equivalent to or above, will be able to give a child their medication following the guidance in this policy. They must also have a current first aid qualification.

Children will be sat in a safe place to be given the medication, away from other children, toddlers and preschool in a chair and small babies in a highchair or on the nappy mat depending on the.

If a child refuses to take the medication, we will inform you as their parent. We will not force children to have a dosage and do not want to cause them undue stress.

We ask that any possible side effects of the medication are shared with us.

With any medication if we feel the child is still not well that they will be sent home as home is the best place for them to recover.

Prescription medication

We advise when a child is given any prescribed medication including antibiotics/steroids that they have the first 24 hours dosage at home in case they have a reaction to the medication.

We will only administer prescribed medication that has the prescription label stating the child's name and dosage on, with a clear expiry date.

A form will be created by staff on Famly for the parent to acknowledge before and after administering medication to ensure medication was given and given correctly.

All prescribed medication will be stored as required by the instructions.

Epi-pens and inhalers will be kept in the room with the child in a safe place.

If the name of the medication changes but it is the same type of medication, we will need to issue a new form and treat as a new form of medication, eg antibiotics.

We will only give the dosage that is on the medication form acknowledged by parents, we will not give any more even if we feel necessary. We will not give any more than the written dosage on the side of the bottle unless a medical professional states/informs the nursery otherwise.

Parents are to notify us immediately of any changes to the child's medication and health.

We ask that the first course of the prescribed antibiotics medication is administered by you at home and you are to inform us when dropping your child into nursery when it was given.

With any medication if we feel the child is still not well that they will be sent home as home is the best place for them to recover.

Non-prescription medication

We advise when a child is given new medication even those bought in a pharmacy that they have the first 24 hours dosage at home in case they have a reaction to the medication (including Calpol but not inclusive). Unless they have had the medication before in their life.

Examples of non-prescribed medication we will give is Paracetamol Suspension or equivalent such as Ibuprofen and antihistamines we will NOT give children cough syrup.

Expiry dates must not be exceeded, and these are checked each time of administering.

If the child's temperature reaches 38.0 degrees and beyond and the child is not improving after 30 mins, we will call parent to collect the child.

We will not give paracetamol routinely for longer than a 3 day (72 hour) period.

Storage of medication

We have an area in which staff and children's medication can be kept locked and safe. Medication that must be kept in the fridge will be done so on the highest shelf of the kitchen fridge, out of reach from children. This goes for all medication; it will be kept out of reach.

Emergency medication is always kept with the child in the appropriate place out of reach.

All medication **MUST** be kept in the original packaging; labels must be legible and not tampered with or we cannot administer the medication.

We will work with families but the managers decision overrules any decision as we will only have children in the setting if we think they are well enough to attend.

Pre-existing consent

The children's health and wellbeing is paramount. Where children have pre-existing medication forms where parents have given consent for Calpol etc we will use this in an emergency so that the child receives a dosage as soon as possible in order to avoid febrile convulsion etc.

When parents complete the enrolment form when the child first starts they are asked for permission for the nursery to give any onsite paracetamol in the event of a child having a high temperature – in the absence of them not having brought any to the nursery or if they/someone are on their way to collect the child or bring in their own paracetamol. The parent will be contacted via telephone and have this discussion over the phone first. A medicine form will be completed at the earliest convenience however we understand that not all parents have regular access to the app (due to internet/work restriction) So there could be a delay.

In the event that a child is not in the care of the parents such as they are on holiday, medical reasons or other reason, then there must be a person clearly named as responsible for the child in an emergency situation like this, who will need to make emergency decisions. Parents must notify the nursery prior, give signed consent for the person to have the responsibility while parents unavailable. This must be completed for each occasion.

Medical allergy plan

If a child has a severe allergy, then a risk assessment will be carried out and copies of the child's medical plan will be clearly displayed around the setting and communicated to all staff. Parents must provide daily the correct medications such as an epi pen and back up epi pen in order for the child to attend safely.

Nappy creams and skin creams

We ask for these to be in their bag and labelled with their name, we do not require consent for this to be used upon a child unless stated otherwise (eg they cannot have it) and will use it at our own discretion if we feel it is required. An example of nappy cream could be Sudocrem. For prescribed creams like steroid cream, we will have the staff complete a medicine form on Family for parents to acknowledge before after their child is administered medication.

Suncream

We require all children to have suncream at times of the year when the UV is 3 or more, this is detailed in our health and hygiene policy and is required by all families regardless of ethnic origin/skin tone.

Injuries

If a child sustains an injury such as a break or sprain that could put them at risk when attending the setting a risk assessment will be carried out to assess if we can make reasonable adjustments for them to safely attend while they are healing. A disclaimer will be drawn up and signed and agreed upon by the parents and the manager after consulting the nursery owners who have final say.

Vaccines

Vaccines protect children from illnesses and disease, while we do understand parents' rights to choose to vaccinate or not vaccinate their child as a nursery setting we need to protect every child.

At the enrolment stage of children joining the nursery we ask that parents share information about vaccinations and whether a child is vaccinated or not.

If we know of there being an outbreak of illness or disease, we will seek advice from appropriate organisations. Then we will decide whether it appropriate or not for the children who are not vaccinated to attend.