

Nurseries Policies

Sussex House Nursery and Wendy House Nursery

The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill (3.44)

Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer (3.46)

Statutory Framework for Early Years Foundation Stage 2017

Associated Policies

Arrival and Collection Policy

Safeguarding and Child Protection

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This Policy has been developed to ensure the continued good health and wellbeing of all the children who attend the Brighton & Sussex University Hospital nurseries.

The Nursery Manager is the day to day operational manager per setting and is responsible for the health and safety of all the children and staff who attend the nursery. With the welfare of the sick child in mind and in the interests of the other children, if in the opinion of the staff a child is unwell then the parent or carer will be contacted and to collect their child.

Information provided on the 'Admission Forms' is regularly updated to allow nursery staff to administer medication and give authorisation for emergency treatment.

We do not stock proprietary medicines. Calpol / Ibuprofen in the nursery are individual children's only and have the name clearly labelled.

We provide the contents of the statutory "First Aid Box"

- Preventative procedure i.e., Bronchial inhalers etc. will be administered to children following written instructions of parents/guardian/carer.
- Non- prescribed medication for example teething gel / Calpol may be administered but only with prior written consent of the parent and only when there is a health reason to do so. The parent or carer is required to complete and sign the medication form. Staff will ring the parent or carer if Calpol / ibuprofen are needed.
- It is important that prescribed courses of antibiotics are completed. Staff will only administer the required medication following written instructions from the child's parent or carer.
- Staff will administer Prescribed Medication from a pharmacist and must state,
Child's name,
Child's Date of Birth
Name of Medication

Dose required
Method of administration
Expiry date

- ***No medication will be given in foods, milk or other drinks. Medication that requires water as part of the solution will need to be brought to nursery in the original packaging with all administered instructions to enable the staff to make the medication up correctly. This will need the above details and completed medication form.***
- During New Staff Induction they will be provided with training on the completion of medication forms.
- Staffs that are Level 3 qualified and above are to administer medication only.
- All staff attend an annual NHS training in Paediatric Basic Life Support (including resuscitation, choking, anaphylaxis and eppipen training)
- Assigned nursery staff also attend 3 year Paediatric First Aid
- On each occasion Prescribed or Non-Prescribed Medication is requested to be administered the medication form must be completed by the child's parent or carer stating:-
Name of Medication
Indication for treatment
Dose to be administered
Date-Time-Dose of the last medication administered.
Parent or carer must sign to authorise the administration of medication.

***For those children on long term medication a separate form should be completed**

- The member of staff, who has administered the medication will date and sign the form in the presence of another member of staff. This member of staff must be present during the administration of the medication and also sign the form as a witness. Parent or carer should also sign on collection of child with medication.
- Parents should discuss any query about the administering of medication with the Nursery Manager.

It is imperative that if a child has been administered medication before they have arrived in nursery that staffs have been given the details of the type of medication, dosage and the reason why to ensure there is no overdose of medication or to provide details in the event of a child becoming unwell and needing emergency medical treatment.

Please ensure you inform staff when you bring medication into the nursery so that it may be stored safely out of reach of the children or in the main nursery fridge in the kitchen if necessary. Do not leave medication in your child's bag. Please do not send drinks into the nursery with medication added to them e.g. paracetamol.

Common Childhood Illnesses

The nursery is not equipped or staffed to care for sick children, neither are the staff qualified to diagnose specific illnesses or prescribe medication.

It is not possible to enforce strict rules as to when children may or may not attend the nursery however; the following guidelines may be helpful.

The nursery is very busy and noisy compared to home and is not a suitable environment for ill children. Therefore even where the guidelines recommend no exclusion, should a child be fractious and unwell it may be necessary for the child to stay at home.

- **Antibiotics:** children will not be admitted until 24 hours after the commencement of their treatment
- **Diarrhoea:** (unrelated to antibiotic treatment) parent will be notified and child sent home. The child will not be re-admitted until 48 hours after and when they have passed a firm stool. If a child has 2 episodes of loose stools then a parent or carer will be called, after the 3rd episode the child will be sent home.
- **Sickness:** (unrelated to antibiotics treatment) parent will be notified and child sent home. The child will not be re-admitted until 48 hours after the last bout of sickness.
- **Conjunctivitis:** Parents notified to enable them to purchase 'over the counter ointment'. The child is not excluded however to prevent the risk of infection the nursery strongly requests a treatment of 24 hours before they return to the setting.
- **Hand, Foot and Mouth:** It is recommended contacting your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
- **Scarlet Fever:** Child can return 24 hours after starting appropriate antibiotic treatment.
- **Glandular Fever:** if the child has been in contact with this illness it is not necessary to exclude the child unless he/she shows signs of illness – sore throat, swollen glands etc.
- **Head lice:** No exclusion but the parent will be notified before or when they collect their child. Parents are encouraged to ensure frequent checking and combing of their child's hair with a specified fine toothed comb.
- **Skin infections:** Parent will be notified and asked to remove their child. The cause will need to be diagnosed by the child's G.P. and the necessary treatment prescribed. Common childhood skin conditions;
 - Impetigo requires Antibiotic cream and an exclusion of 48hrs
 - Ringworm – Exclusion not usually required
 - Molluscum Contagiosum – No exclusion
- **Slap Cheek:** No exclusion once rash has developed.
- **Threadworm:** Child will be isolated and parent notified to remove their child. Condition requires treatment for the child and family. No exclusion after commencement of treatment.
- **Chicken Pox, Shingles, Measles:** Exclusion approximately one week of the onset on the spots/rash. The child should not return to the setting until all spots are completely dry. Please inform nursery staff if your child has been diagnosed so that information to other parent/carers can be given.

- **High Temperature:** Children who register a constant high temperature will be sent home. If a child registers a high temperature the staff will try to endeavour to encourage them to drink plenty of fluid. Look out for signs of dehydration such as dry mouth, sunken eyes, and fewer wet nappies. Though current research has shown that tepid sponging or undressing a child does not reduce a fever we would ensure the room is cool and the child is not over clothed or wrapped in bed sheets. The Parent or carer will be contacted to arrange collection of the child.

NHS England regard a child with a temperature above 38C (100.4F) as a fever. In very extreme cases if the child shows signs of a very high temperature above 38C to prevent convulsions, we would administer 1 dose of emergency Calpol. This would require telephone permission from the parent and be administered by a senior member of staff. The parent would be contacted and asked to immediately come and collect their child. On collection the parent would sign the medication form.

Female Staff – Pregnancy

It is vital that if a child presents any of the below suspected illnesses than the parent or carer informs the Nursery Manager or Deputy Manager as soon as possible to ensure that any possible/or pregnant staff members are able to gain advice either from the Trusts Occupational health service or their own GP or Midwife.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

The nurseries will take guidance from 'Guidance on Infection Control in Schools and other Child Care Settings', Health Protection Agency 2017, NHS England and NHS Choices. We will also consult Brighton & Sussex University Hospitals Occupational Health or Infection Control Services for support.

The Sick Child

In the case that a child becomes sick at nursery the child will be taken to a quiet place in the nursery with a member of staff who will attend to their needs. The Nursery Manager or Deputy Manager or Key Person will contact the Parent or carer to come and collect the child. On collection the Nursery Manager/Deputy/Key Person will discuss with the parent when the child can return back to nursery.

In the case that a child becomes sick requiring medical assistance and we cannot contact the parent or carer the child will be accompanied by a nursery staff member to Accident and Emergency at the hospital. A member of staff would continue to contact the Parent or carer.

Nursery Staff

As part of staff induction programme with the Nursery Manager or Deputy Manager, nursery staff should discuss any medication treatment or allergies that they have. If they have any allergies that presents severe reactions these should be discussed with the other staff members in case of an emergency.

All staff medication should either be kept in their bag or locker or in the main kitchen (areas that are not accessed by a child). If inhalers are required these should be kept out of the reach of children in a 'labelled' box in the playroom.

Children Attending Nursery With An Injury

If a child has had a significant injury such as a fracture to an arm or leg the nursery we will request they stay home for one week after the injury to ensure pain relief is met. After this period a 'Disclaimer' letter from the Parent or carer will be requested by the Service Manager or Nursery Manager.

The setting will make all reasonable adjustments for the care of the child.

Child Attending Nursery After A General Anaesthetic

It is important to discuss with the Nursery Manager or Deputy Manager the reasons for the anaesthetic prior to the procedure. The recovery of the child will depend on their pre-existing medical condition and the nature of the surgery or procedure undertaken.

Brighton & Sussex University Hospital nurseries would advise a 24 hour exclusion period to ensure that any side effects such as headache, tiredness, dizziness, disorientation and distress are minimal than recuperation at home is vital.

Nursery Fees

Absence of general illness nursery fees is applied.

In exceptional circumstances such as a significant injury or medical condition nursery fee waiver is at the discretion of the Service Manager or Nursery Manager.

Reviewed and Written 27th September 2017

Mrs Tracey Gregory, Brighton & Sussex University Hospitals Childcare Services Manager

Reviewed 27th September 2017

Mrs Samantha Scott, Sussex House Nursery Manager, Royal Sussex County Hospital