

NURSERIES: Medication & Illness POLICY AND PROCEDURE

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1 POLICY STATEMENT

3.45 *The provider must promote the good health, including the oral 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.*

Page 32 Statutory Frame work for Early Years Foundation Stage 2021

This Policy has been developed to ensure the continued good health and wellbeing of all the children who attend the University Hospitals Sussex NHS Foundation Trust nurseries.

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

When arriving for the nursery session the parent or carer will be asked to provide details of the child's current health and well-being, and if any medication has been given to the child within the past 24 hours prior to attendance. The child's 'Day Sheet' will have a simple symptom checker to ensure full handover has been given to the nursery.

2 MEDICATION

We do not stock 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"

2.1 Medication containing Aspirin will only be given to a child if prescribed by a doctor.

- 2.2 On each occasion that 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.
- 2.3 First Dose: Staff will never give a first dose of any medication. This must always be tried at home so the parent/carer can monitor for any adverse or allergic reactions.
- 2.4 Preventative procedure i.e., Bronchial inhalers etc. will be administered to children following written instructions of parents/guardian/carer. Inhalers must be in their original packaging and clearly labelled.
- 2.5 No medication will be given in foods, milk or other drinks from home. 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 i.e Movicol sachet. All details will be required as stated above and a completed medication form.
- 2.6 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.
- 2.7 Parents should discuss any query about the administering of medication with the Nursery Manager.
- 2.8 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 and /or to provide details in the event of a child becoming unwell and needing emergency medical treatment.
- 2.9 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.
- 2.10 If a child refuses the medication this will be documented on the medication form and the child's day sheet.
- 2.11 Parents and carers should ensure their child is appropriately protected and prepared for the weather conditions when attending nursery, we request that Sun cream lotion is applied prior to a nursery session.

3 PRESCRIBED MEDICATION

- 3.1 Prescription medication is medicine which has been prescribed from a Doctor, Nurse or Pharmacist which clearly shows;
- Child's name,
 - Child's Date of Birth
 - Name of Medication
 - Dose required
 - Method of administration
 - Expiry date
- 3.2 Prescription medicine will only be given to the person named on the bottle/box and for the dosage stated.
- 3.3 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
- 3.4 The first dose any Antibiotic medication is required to be taken for at least 24hrs before a child can return to nursery.

4 NON-PRESCRIBED MEDICATION

- 4.1 The nursery will not administer any non-prescribed medication which contains Aspirin.
- 4.2 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 if needed.
- 4.3 The nursery will only administer non-prescribed medication for a short period (for example 2 days in a row) dependent on the type of medication and reasons. After such time medical treatment should be sought.
- 4.4 If the nursery feels the child would benefit from seeking medical attention rather than continuing with non-prescribed medication the nursery reserves the right to refuse nursery care until the child is seen by a medical practitioner.
- 4.5 Non-prescribed cream for nappy care i.e. Sudocrem, prior consent is required on the Admission Form and a record of this will be kept in the child's playroom. The onus for supplying nappy creams such as Sudocrem or Vaseline is with the parent and carer and the child's name should be clearly labelled on it. If there is no prior consent on the Admission Form than a medication form will be written.
The use of a nappy barrier cream will be recorded on the child's day sheet.
The nurseries does not supply proprietary nappy barrier creams.
- 4.6 Sun cream lotion is encouraged to be applied at home prior to a nursery session and will be reapplied by nursery staff whilst in the nursery care. Parental consent is required on the Admission Form for staff to apply sun cream and this will be recorded on the child's day sheet. Details of the sun cream supplied by the nursery will be displayed for parent/carer information, should they wish for an alternative lotion then the child's name should be clearly labelled.

5 LONG TERM MEDICATION

- 5.1 Parents/cares that have a child on long term medication will be required to complete a different medication form.
- 5.2 Staff will regularly check the expiry date on long term medication and will advise the parent/carer should they require a repeat prescription.

6 COMMON CHILDHOOD ILLNESSES

UHSussex nurseries are busy, noisy, fun and active learning environments and are not equipped or staffed to care for sick children. Nursery staffs are not qualified to diagnose specific illnesses or prescribe medication, and though it is not possible to enforce strict rules as to when children may or may not attend the nursery the nurseries work very closely within the guidance set out by Public Health England (gov.uk) for Health Protection in Schools and Childcare settings as well as our own Infection Prevention Control team at University Sussex Hospitals NHS Foundation Trust.

Antibiotics	Children will not be able to attend until 24hrs are the commencement of treatment
High Temperature	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.
Diarrhoea	48hrs after the last episode and when a firm stool has been passed.
Sickness	48hrs after the last episode.
Norovirus	Known as the 'Winter Vomiting Bug'. Should the nursery have an outbreak than a 72hr exclusion period will be enforced to ensure a break in contact.
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.

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 collect 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, Exclusion until lesions are crusted and healed or 48hrs after the commencement of antibiotics. Ringworm – Exclusion not usually required Molluscum Contagiosum – No exclusion
Threadworm	Child will be isolated and parent notified to collect 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.

7 IMMUNISATION

When a child commences at UHSussex nurseries the parent/carer will complete a full Admission Form. Information regarding a child's vaccination programme will be asked to complete however further vaccines such as the MMR and pre-schooling vaccines will be scheduled. Please share this information with the Key Worker or Nursery Manager

Routine childhood immunisations			from June 2020	
When	Diseases protected against	Vaccine given and trade name		Usual site
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	MenB	MenB	Bexsero	Left thigh
	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
One year old (on or after the child's first birthday)	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO ² or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age group ¹	Influenza (each year from September)	Live attenuated influenza vaccine LAIV ^{2, 3}	Fluenz Tetra ^{2, 3}	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Repevax or Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO ² or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Menveo	Upper arm

8 COVID-19

UHSussex nurseries Covid-19 procedures are based on the current Government guidance as stated by the Department of Education and NHS England.

7.1 Signs and Symptoms in a child:

- A high temperature
- A new, continuous cough – this means coughing a lot, for more than an hour, or 3 or more coughing episodes in 24 hours
- A loss or change to sense of smell or taste – this means they cannot smell or taste anything, or things smell or taste different to normal

7.2 A Child:

If a child should display coronavirus symptoms whilst attending the nursery they will be removed from the playroom and to isolate in a designated area until they are collected

A member of staff will wear PPE

The parent/carer or emergency contact will be asked to collect immediately and advise that a PCR test should be requested.

The child to isolate until the results of a test is confirmed. A positive test the child should isolate for 10 days.

7.3 A staff member displays symptoms:

In the event that a staff member should become unwell in the nursery, they should leave work immediately and isolate at home following UHSussex NHS FT and NHS guidance. They will be required to have a PCR before they return to work.

7.4 PPE and other measures:

Guidance of the use of PPE is from NHS England and UHSussex NHS FT ref: Face Masks etc

Hand washing, effective cleaning and social distancing continue to be effective measures in the nurseries.

Gloves and aprons will be used for nappy changing and first aid. Aprons will be worn at mealtimes.

7.5 Reporting, testing and tracing:

The nurseries continue to follow all reporting, testing and tracing procedures outline with the Department of Education and NHS England.

A person with a positive Covid test or a household where a person has tested positive for Covid will need to isolate for a period of 10 days.

A positive Covid case within the UHSussex nurseries is reported to Ofsted by the Childcare Services Manager.

* The Government's tracing app is a way of helping to protect everyone, however when attending a hospital environment you should not have the notification on.

9 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.

- 8.1 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.
- 8.2 Please inform the Nursery Manager at the earliest point if your child should be administered a 'live' vaccine such as Chickenpox to enable us to seek advice should we have a pregnant member of staff.
- 8.3 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.
- 8.4 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.
- 8.5 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.
- 8.6 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 University Hospitals Sussex FT Occupational Health or Infection Control Services for support.

10 THE SICK CHILD

In the case that a child becomes suddenly unwell in the nursery, the child will be taken to a quiet place 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.

If the child is requiring medical assistance either through sudden illness or has sustained an injury 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.

If a child is unwell in the nursery the staff with the support of the nursery manager will make a decision on whether they should remain in the nursery or to go home.

9.1 If the child should have:

- Presenting a temperature
- Vomiting not usual for a child after mealtime or not related to other symptoms such as a cold
- Diarrhoea
- Pain such as stomach or head
- Covid related symptoms

9.2 The ability to participate in the usual nursery activities.

9.3 Whether the child requires or is likely to require additional care and support that would impact of staff ratios.

9.4 Whether the child is presenting signs or symptoms of an infectious illness that according to the guidance from Public Health England requires a period of exclusion from the nursery.

11 A CHILD ATTENDING WITH AN INJURY

It is important for a child to feel they are able to participate in the nursery routine however we recognise there are times that an injury or illness may prevent them accessing all the resources or activities available in the nursery. If a child has had a significant injury such as a fracture to an arm or leg the nursery will request the child stays home for one week after the injury to ensure pain relief is met. After this period the key Worker or Nursery Manager will meet with the parent to discuss a health care plan of the reasonable adjustments the setting will make to ensure the child is comfortable at attending the nursery. UHSussex Nurseries reserve the rights for a 'Disclaimer' letter from the Parent or carer should they attend with a significant injury.

12 A CHILD ATTENDING 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.

UHSussex nurseries would advise a 24 hour exclusion period to ensure that any side effects such as headache, tiredness, dizziness, disorientation and distress are minable; therefore recuperation at home is vital.

13 NURSERY STAFF WELLBEING

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.

14 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.

15 ASSOCIATED POLICIES AND PROCEDURES

- [UHSussex Nursery Arrival & Collection Policy](#)
- [UHSussex Nursery Safeguarding & Child Protection Policy](#)

16 APPROVAL AND REVIEW DETAILS

Approval and Review	Details
Written Amendments 03/09/2021	Tracey Gregory, Childcare Services Manager
Reviewed Amendments 06/08/2021	Samantha Scott, Sussex House Nursery Manager, Royal Sussex County Hospital Lorraine Brunton, Wendy House Nursery Manager, Princess Royal Hospital
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Written 27/09/2027	Tracey Gregory, Childcare Services Manager
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Notes	