



Medicine and Illness/Injury policy

Medicine and Illness Policy (Introduction)

At Sandcastle Nursery & Preschool Ltd, we believe that children thrive when they are healthy and happy. To support this, we follow infection control guidance from the Statutory Framework for the Early Years Foundation Stage and Public Health England, ensuring we take every necessary step to minimise the risk of illness within our setting.

All practitioners working directly with children hold a valid Paediatric First Aid qualification. In line with Ofsted's statutory requirements, any newly qualified practitioner (Level 2 or 3) who achieved their qualification on or after 30th June 2016 must obtain their full Paediatric First Aid certificate within three months of starting, to be included in the required staff-to-child ratios.

Children who are unwell—showing symptoms such as sickness, diarrhoea, sore throat, heavy cold, a questionable rash, or those unable to participate in regular nursery activities—should be kept at home. If conjunctivitis is suspected, we ask parents to collect their child and seek medical advice to determine whether treatment is required before returning.

Illness and Exclusion Guidance

All rashes must be checked by a medical professional before a child can return to nursery.

Bringing an unwell child into nursery puts others at risk—especially other children, staff, and pregnant women—as common viruses can lead to more serious illnesses in vulnerable individuals. While we maintain high standards of hygiene, including regularly cleaning resources and supporting children with handwashing and nose wiping, young children are still developing personal care skills and may unintentionally spread germs.

For these reasons, we ask that children who are unwell remain at home to rest, recover, and allow their bodies time to fight off infection before returning to the setting.

If your child has any infectious illnesses, please inform us by email and keep your child at home until the risk of infection is over.

Sickness and Diarrhoea

To help prevent the spread of infection, any child who has experienced sickness and/or diarrhoea must not return to the nursery until at least 48 hours have passed since the last episode. We strongly recommend a 72-hour exclusion period where possible to further reduce the risk of spreading infection.

For example, if your child's last episode of sickness or diarrhoea was at 10:30am on a Tuesday, they would not be able to return until Friday morning at the earliest. In addition to the time period, children should be well in themselves and eating normally



before returning.

Please refer to NHS guidance here: [Diarrhoea and vomiting – NHS](#)

We rely on parents and carers to support us in keeping the setting safe and healthy for all. If a child is brought to nursery having had sickness or diarrhoea within the last 48 hours, they will not be admitted.

This policy also applies to parents/carers. If you are experiencing symptoms of sickness or diarrhoea, please do not enter the nursery premises. We kindly ask you to arrange for an alternative family member or friend to manage drop-off or collection.

Managing Diarrhoea in Nursery

During a suspected outbreak or if there is known illness circulating within the setting, staff will remain vigilant and monitor for signs of diarrhoea. Practitioners will consider the following factors: the child's general wellbeing, eating habits, temperature, and whether there are other symptoms present.

First instance of diarrhoea or loose stool – The child's temperature will be taken, and they will be monitored closely.

Two episodes in a short time – Parents will be contacted; depending on the child's condition and if a bug is suspected, collection may be required.

Three episodes – Parents will be contacted to collect the child as soon as possible to reduce the risk of further spread.

Older children – If a toilet-trained child has one instance of diarrhoea and a bug is suspected, they will be sent home immediately, based on practitioner assessment.

Parents are expected to inform staff upon drop-off if their child has had any recent episodes of sickness or diarrhoea, even if symptoms have stopped.

Conjunctivitis

If a child appears to have discharge from the eye, practitioners will gently clean the area using a water wipe. If the eye requires wiping more than twice in a short period of time, parents/carers will be notified.

To support ongoing care at nursery, parents/carers should provide cotton pads soaked in cooled, boiled water, stored in a named container, to be used for wiping their child's eye if conjunctivitis is suspected or confirmed.

If a child's eye condition persists beyond 3–4 days, worsens, or becomes red, swollen, puffy, or shows significant discharge, we will advise the parent/carer to consult their GP. If these symptoms are already present, the child must be seen by a GP before returning to nursery.

If the child is prescribed antibiotic treatment for an eye infection, they must have received at least 24 hours of the medication before returning to nursery. This is to



ensure that the child is responding well to treatment and to reduce the risk of infection spreading.

Temperatures

If a child appears unwell and feels warm or hot to the touch, their temperature will be taken, and the following steps will be followed:

- **37.7°C to 37.9°C:**
 - Child will be monitored, encouraged to rest, and offered water.
 - Temperature will be rechecked after 30 minutes.
 - If they remain well in themselves, they may stay, but continued monitoring will take place.
 - If they appear unwell and the temperature persists, they will need to be collected.
- **38°C or above:**
 - The child must be collected immediately.
- **Febrile Convulsion:**
 - 999 will be called immediately.

Return to Nursery:

Children must not return until their temperature has returned to normal **without the aid of paracetamol or ibuprofen**.

Important:

Children must not attend nursery if they have been given paracetamol or ibuprofen within the **12 hours** prior to their session, to ensure accurate observation and maintain the wellbeing of all children.

Acute Respiratory Infections

Children who are unwell with fever, coughs, colds, and sore throats not caused by COVID-19. Some of these have been shown to be due to Respiratory Syncytial Virus (RSV) and Parainfluenza.

Most commonly these are mild self-limiting illnesses and can be treated at home with paracetamol (Calpol) and keeping up fluid intake by drinking. However, they can cause more serious illness in those with underlying health problems or in the very young or very old.

They are easily transmitted from person to person, so it is important that children and staff are kept away from nursery whilst they are acutely unwell and for at least 24 hours after any fever has gone.

Please note - it is vital that Nursery staff members are informed of any medication given to your child before they are brought into Nursery.

Suffering a head injury:

- Ice pack or cold compress to be applied to the injured area.
- Check for dilated pupils, drowsiness, slurred speech and/or vomiting.



- Practitioners to liaise with Nursery Manager to determine if child needs to go home or if emergency services need to be contacted.
- Parents/carers to be contacted either way. If collection by parent/carer or emergency services not required, child to be closely monitored and Parents/carers updated with any changes.
- Incident at Nursery form to be completed and copy given to parent/carer on collection.
- We will be using paper wristbands as an additional way of notifying you if your child has sustained a Head Injury while at the setting. We will continue to contact you regarding this and complete the Accident/Incident form on Blossom but we hope this will help as a precautionary measure in the case of a different parent/carer collecting your child.

Other head injuries

- Any injury to the head and face e.g. ears, eyes, nose, mouth, chin or cheek, the Manager will be notified and a courtesy call may be given to parent/carer, depending on the injury to the child.
- The Manager will also determine if the child needs further medical attention and or to go home.
- Incident at Nursery form to be completed and copy given to parent/carer on collection.

Child who fits/chokes:

- Staff use First Aid training.
- Courtesy call given to parents/carers if First Aid administered.
- Emergency services called if necessary, courtesy call will be given to parents if so.
- Monitor and keep the child comfortable until the emergency services/parents arrive (if necessary).
- Incident at Nursery form to be completed.

Injuries outside of Nursery

- Parent/carer to complete an 'Incident/Accident Outside of Nursery' form prior to dropping their child off.
- Practitioner to assist parent/carer in ensuring the form has been completed in full, including use of body map to identify injury, accurate description of injury including size/colour/shape and if Medical advice sought.
- Parent/carer and Practitioner to sign/date form, once completed.

Children who are teething:

Please see the NHS link - <https://www.nhs.uk/conditions/baby/babys-development/teething/baby-teething-symptoms/> which we follow regarding teething.

Please note - it is vital that Nursery staff members are informed of any medication given to your child before they are brought into Nursery.

Policy on Head lice

Head lice will sometimes occur in the Nursery. Staff can offer advice on treatment.



Please note: If head lice are spotted on a child by parents/carers, they should be treated at home before attending the Nursery and they should notify the Nursery if this occurs; confidentiality will be maintained at all times.

If a staff member spots head lice on a child during Nursery time, the parents/carers will be contacted and informed of this.

A poster will be displayed informing parents that head lice is present in the Nursery; (confidentially will be maintained at all times).

Prescribed medication

Administration of Antibiotics - we will only be able to issue one dose of antibiotics at the setting per day, based on a three dose per day antibiotic and two doses based on a four dose per day antibiotic. This is to ensure the majority of doses are given by parents/carers in the home environment and that children do not receive more medication than prescribed. In line with our existing policy, your child will need to have received at least 24 hours of the antibiotics/steroids, preceding their return to the setting. This is to ensure they have not had an adverse reaction to that particular type/batch of antibiotics/steroids, that it has been given time to work effectively and to help prevent further illness from spreading.

They must also be well enough to participate in the activities and routine of a typical nursery day.

Prescribed medication will only be administered if it is in its original container with the pharmacy label attached to the bottle, tube, or tub. Parents should ensure they request this when collecting the prescription from the pharmacy. Medication cannot be given if the label is only on the box. The label must clearly show the child's name, dosage instructions, and a valid date.

Parents/carers must complete a medication form for prescribed medicines before leaving the setting. This form should include the reason for the medication, the name of the medicine, and the required time and dosage.

Parents must communicate any specific storage instructions for the medication when handing it over to staff. Medication requiring refrigeration will be stored securely in the office medicine fridge.

Staff will check the prescribed dosage with parents and against the label or accompanying instructions. Medication will not be administered if the dose exceeds the recommended amount unless a doctor's letter authorizes the higher dose.

If there is any change to the prescribed dosage (for example, following advice from a GP), a new medication form must be completed.

Prescribed creams and lotions



- All creams for skin conditions must have the child's name printed on the prescribed label and be in date.
- If a child has been prescribed a new cream, it needs to have been applied 24 hours before coming into the setting. This is to ensure the child doesn't have an allergic reaction to the cream/lotion.

Non-prescribed Medication

- We will administer teething gels and teething powders - for children under 2.5 years old.
- We will not administer Ibuprofen as it is a higher risk medicine and not suitable for all children.
- We will **not** administer cough medicines.
- When filling out a medication form for non-prescribed medicines, the parent/carer must fill out the reverse side of the form to advise us of any medicine the child has received in the last 24 hours.
- If staff have concerns over the instructions given by parents, e.g. it is more than the maximum recommended dose or the leaflet suggests it is not suitable for the reason the parent wants to give it, staff should query this with the parent and/or check with a pharmacist.
- No medicines should be left or kept in the child's bag. It is the parent/carer's responsibility to notify the practitioners of this on arrival.

Un prescribed Creams and lotions

- Parents/carers will need to give written permission for cream to be used.
- We do not supply any nappy rash cream.
- If your child suffers from eczema or dry skin and you require us to apply cream, you will need to fill out an ongoing medicine form. This includes the reason for the medication, when required and the name of the cream.
- We will apply sun cream (please see our Sun policy for more information).

Training for staff to administer medicines that require technical/medical knowledge.

The Statutory Framework says that to give some medicines you need to have training by a qualified health professional. These are things such as injections. If a parent asks us to give medication that we need training for, we will get the appropriate training from a health professional if our Paediatric First Aid did not already cover this. If the training relates to generic medication such as administering EpiPens this is now covered in our Paediatric first aid training.

Inhalers

- All inhalers brought into the setting need to come in their original packaging with the child's name printed on the prescribed label.
- We will only administer the dosage stated on the prescribed label. If you require us to give a different dosage, we will require a written letter from your child's doctor.
- If your child is asthmatic and requires their inhaler throughout the day on a long-term basis, we can keep one of their inhalers on the premises, as long as all of the above is adhered to. You will also need to give us written permission for



this. A medicine form will be filled out each time the inhaler has been administered by one of the practitioners.

- Any spacers that are brought into the setting need to be clearly labelled with your child's name and stored in its own sealed individual bag (not plastic).
- Spacers left at nursery should be taken home by the parent/carer and cleaned monthly, this the parents/carers responsibility.

Immunisations

We recognise the vital role that immunisations play in safeguarding children's health and well-being, as well as protecting others within the setting. We therefore reserve the right to request that all children attending the setting are up to date with their immunisations, in line with NHS recommendations.

To ensure the comfort and safety of your child, please note the following:

**Children must not attend nursery on the same day they receive a vaccination.
This includes all vaccinations such as the:**

1-year-old Measles, Mumps and Rubella (MMR) vaccine

3–4-year-old Preschool booster vaccinations

Any additional or private vaccinations arranged by parents/carers

Vaccinations can be a distressing and sometimes painful experience for young children, and they may develop a reaction (e.g. fever, irritability, or general discomfort) afterwards.

For this reason, we advise that immunisation appointments are booked on a non-nursery day or later in the afternoon so the child can return home afterwards to rest.

We are aware that children may be offered the annual flu vaccine, either as a **nasal spray** or **injection**, usually administered through the NHS immunisation programme.

Guidance for Attendance Following the Flu Vaccine

Children should **not attend nursery for at least 12 hours following the flu nasal spray**, or until they are feeling well in themselves.

This allows parents time to monitor their child for any side effects and ensures they are comfortable before returning to nursery.

This precaution helps us to:

- Ensure each child is monitored closely by their parent or carer after vaccination
- Minimise the spread of mild symptoms (such as runny noses or raised temperatures), which can be easily confused with infectious illness
- Maintain a safe and healthy environment for all children and staff

Possible Side Effects



The most common side effects of the **nasal spray flu vaccine** include:

- A blocked or runny nose
- Loss of appetite
- Feeling tired
- Headache

The most common side effects of the **flu vaccine injection** include:

- Pain or soreness where the injection was given
- A slightly raised temperature
- An aching body

These symptoms are usually **mild** and **get better within 1 to 2 days**, but children should be monitored carefully during this time. If symptoms persist or worsen, parents are advised to seek medical advice before returning to nursery.

When to Return

Children can return to nursery once they:

- Have been monitored at home for at least **12 hours after the nasal spray**
- Are feeling well in themselves
- Have had no raised temperature for 12 hours without the use of fever-reducing medication

We thank parents for their cooperation in following this guidance to help keep our nursery community healthy.

Medication for Staff members

All medicines and tablets need to be kept in the medicine cabinet/fridge. All staff members taking tablets/medicines will have to do this in the office with another staff member present.