



Medicine & Illness Policy

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Adopted By:	Louise Farrow-Brookes
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1. Policy Overview

Medicine will only be accepted into the nursery when essential; that is, when it would be detrimental to a child's health if the medicine were not administered during the nursery day.

All "Manager" responsibilities and actions referred to throughout this policy would usually be undertaken by the most senior person in charge in the absence of the Nursery Manager.

2. Roles and Responsibilities

- 2.1** Children must be well enough to attend nursery and to participate in the full range of experiences on offer, including outdoor opportunities.
- 2.2** Parents/carers must be advised of the procedures for children who are ill or infectious, and of the need to inform the nursery about any illness or condition affecting their child. This must include the possibility of the child being excluded from nursery while ill or infectious.
- 2.3** Parents/carers are required to inform staff at drop-off if their child has been given any form of medication, such as Calpol or Nurofen, due to temperature or illness. Staff will check the child's temperature. If the temperature is high, the child will be asked to go home and continue to be monitored. If the child is temperature-free, staff will inform parents that the child will be monitored. If the child develops a temperature or becomes unwell during any part of the day, the parent/carer will be asked to collect the child with Immediate effect and should be local to collect their child, or ask an emergency contact to do so on their behalf.
- 2.3.1** Calpol-reliant attendance: If a child has been sent home the previous day due to illness, or has been administered Calpol on site, and the child has required any further doses of Calpol or Nurofen after leaving the nursery and before returning the following day, the child will not be accepted into nursery. This is considered to be Calpol-reliant attendance. In such circumstances, parents will be advised to keep the child at home for a further 24 hours to allow time for recovery and to regain strength before returning to nursery.
- 2.4** Staff must ensure a medicine form is completed for a child who has had Calpol before nursery but has no present temperature. When that child is dropped off, staff will record the time Calpol was given, the name of the parent/carer who administered it, and the child's temperature on arrival. The notes section must include the name of the senior staff member supporting the sign-in process. Parents must acknowledge this and be aware that, if the child becomes ill, they need to be contactable. This will all be complete on the child's file within the family app under medication
- 2.5** The nursery must be informed by parents/carers via Family of any medical needs before a child begins their settling-in sessions, or as soon as the child develops a medical need. The child's key person will complete a Care Plan (Appendix 3) alongside a senior staff member.

- 2.6** Should a child become ill at nursery, the Key Person, with the acknowledgement of a member of the management team, must contact the child's parents/carers immediately.
- 2.7** All Medicine Administration Forms must be signed in by the key person or staff member while the parent/carer is on site. Prior to administering any medicine, the approved staff member and witness must check the following against the container and the Medicine Authorisation Form on Family:

- Name of child
- Name of medicine
- Dosage
- Time/frequency of administration
- Prescription date (prescribed medication)
- Expiry date

A copy of this will be sent to parents through Family for acknowledgement.

- 2.8** Prescribed creams, ointments and medication can only be administered if within three months of the prescription date label. Unprescribed creams can only be administered before the specified expiry date. Any cream with no expiry date stated must be new and unopened for use at nursery.
- 2.9** A Critical Care Plan (Appendix 1) must be completed for children with specific medical needs. Please refer to the Critical Care Plan Policy for further guidance.

3. Procedures

3. Exclusions and Notifications of Communicable Diseases

There are some infections that require exclusion periods from nursery to ensure the control of the spread of infections. Exclusion periods also apply to staff when an infection has been identified.

If a child has diarrhoea, this must be monitored, parents and carers must be informed by their child's keyperson. Via the Family app or phone. they must usually be sent home. In some instances, managers may use their own discretion while taking into account individual circumstances

- If the child has their third case of diarrhoea, they must be asked to be collected. Children must not be readmitted to nursery until 48 hours after the last bout of diarrhoea.
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- **A child who has vomited should be excluded from the setting.** Staff should be allowed to use their own judgement in regard to vomiting, due to age of child and previous/ current activity
- Example of exceptions may include
- ,Just eaten and running in garden,
- strong chesty cough,
- All can be considered but must be monitored and reported to Parents via family app and to senior staff on site
- They must not return until 48 hours after their last episode of vomiting.

- 3.1.1** The Manager must notify Public Health England immediately of any suspected outbreak of a notifiable disease (Appendix 2). Advice and guidance must be followed.
- 3.1.2** The Manager must notify the Area Manager, who will ensure that all other relevant persons, including relevant regulatory bodies, are notified.
- 3.1.3** A Serious Incident Report (Appendix 3) must be completed and submitted to the Area Manager within 48 hours.
- 3.1.4** A sign must be placed on the main entrance door informing parents and visitors of the infection, and a notification must be sent via the Family app. All signs must be removed within 48 hours after the last reported case at the nursery. The Manager must also update parents via the Family app to confirm that there have been no new cases.
- 3.1.5** Consideration must be given to the risk of infection to all those visiting or working at the nursery, particularly for infections where there is a potential risk during pregnancy.
- 3.2** Administering Prescribed Medication
 - 3.2.1** In circumstances where a child has complex medical needs, the authorised person may be a person who has been appointed as a one-to-one carer for that child, but they must be Paediatric First Aid trained.
 - 3.2.2** Only staff who have received appropriate training by a professional can administer medicines such as Buccal Midazolam. These must be given in accordance with the child's NHS individual Critical Care Plan. This training must be attended prior to the child attending nursery and updated regularly.
 - 3.2.3** If a child is diagnosed with a medical condition after starting at nursery that requires technically trained staff, such as Buccal Midazolam, the child must be excluded until staff have received appropriate training by a professional and a healthcare plan is completed by the appropriate professional and sent to the Area Manager for approval for insurance purposes. Once this has been confirmed, Managers must notify the CAD team.
 - 3.2.4** All permanent staff who hold a relevant childcare qualification and a Paediatric First Aid qualification can administer medication to children. See the relevant first aiders on the nursery site.
 - 3.2.5** Staff must check that they have written permission to administer medicine to a child for every medicine (see the child's registration form via Family).
 - 3.2.6** An approved staff member must ensure that a second, suitably trained first aid staff member is present as a witness during the administration of medicines.
 - 3.2.7** Approved staff must wash their hands before and after administering medicines to avoid potential cross-contamination.
 - 3.2.8** If any staff member is allergic to any medicine, staff should wear appropriate PPE during the administration process. These staff members will hold their own care plan.

- 3.2.9** Medication must not be added to milk, drinks or food unless specifically authorised by the medical professional who prescribed or dispensed the medication.
- 3.2.10** Parents/carers must acknowledge that all medicines have been administered throughout the day and ensure that medication is collected and returned at the end of the day.
- 3.2.11** Children who are taking antibiotics must not be admitted to nursery for the first 24 hours of the course of treatment. The first full dose of any medicine must be given to the child at home. For example, if antibiotics are to be administered three times a day, these three doses must be given before the child returns to nursery. Any discretion applied must be discussed with the Area Manager before being agreed with parents/carers.
- 3.2.12** Children who are taking antibiotics and have been on the same antibiotic brand and dosage within the last 90 days can attend nursery without the 24-hour exclusion. This remains at the Manager's discretion around the wellness of the child.
- 3.3** Administering Non-Prescribed Medication
- 3.3.1** Non-prescribed medications must only be authorised for the following reasons:
- Teething
 - Mild skin conditions
 - Mild allergies such as hay fever
 - Mild eye inflammations/infection. Manufacturer's guidance must be checked and followed (for example, suitable for under 2s) prior to administering eye drops.
 - Pain relief (Calpol only).
- 3.3.2** All temperature-reducing, unprescribed medicine must only be administered in line with the manufacturer's guidance and no more than one dose on two consecutive days. This does not apply to teething granules or gels, which should be administered in accordance with manufacturer's guidance. Children who have had two consecutive doses of Calpol will need to be excluded for 24 hours before returning to nursery, where staff will follow procedure 2.3.
- 3.3.3** To administer non-prescribed medication, follow procedures 3.2.4 to 3.2.10 above.
- 3.3.4** The Manager must keep emergency supplies of fever relief (Calpol) and antihistamines (Piriton). This must be maintained to ensure the supply is adequate and in date.
- 3.3.5** Medicines containing aspirin must never be administered unless prescribed by a doctor.
- 3.4** Storing Prescribed Medicines (Children and Staff)
- 3.4.1** Medicines must be stored strictly in accordance with product instructions, paying particular attention to temperature, and in the original container in which they were dispensed.
- 3.4.2** Medicine must be stored in a medication box or in the refrigerator if needed. It must be stored in a labelled container in the allocated fridge, which must be signed and must not be accessible to children.

- 3.4.3** When collecting medication, staff must ensure that the supplied container has the original pharmacist's label affixed with a current date, clearly labelled with the name of the child as registered at nursery, the name and dose of the medicine, and the frequency of administration.
- 3.4.4** Where a child needs two or more prescribed medications, each must be in a separate container. All prescriptions must be in English. For guidance on all emergency medicines, such as asthma inhalers and EpiPens, see the separate Critical Care Plan Policy and Procedures.
- 3.5** Storing Non-Prescribed Medicines (Children and Staff)
- 3.5.1** Emergency medication (Piriton and Calpol) must be stored in a labelled box or cupboard in an area that is inaccessible to children and clearly labelled as nursery medicine. There will also be a supply of Calpol and Piriton in the emergency evacuation trolley.
- 3.5.2** Non-prescribed medication that requires refrigeration must be stored in a labelled container in the allocated fridge for medicines, which must be locked and/or not accessible to children.
- 3.5.3** Staff must ensure that the supplied container is clearly labelled with the child's name as registered at nursery. All labels on non-prescribed medicines must be in English.
- 3.6** Arrangements for Staff Medication
- 3.6.1** Staff who are taking any medication must inform the Manager of the medication and the procedures for administration.
- 3.6.2** Staff who require regular medication or have complex medical needs must complete a Critical Care Plan. See the separate Critical Care Plan Policy.
- 3.6.3** Where staff are taking medication which they believe may affect their ability to care for children, they must seek medical advice and only work directly with children if the advice is that the medication is unlikely to impair their ability to look after children.
- 3.7** Children on Long-Term Medication. See our Critical Care Plan Policy
- 3.7.1** A meeting with the Manager must be arranged prior to the child starting at nursery to discuss the child's needs and arrangements for medication. The Manager must liaise with the Area Manager if they have any concerns.
- 3.7.2** Any necessary training must be specific to the individual child concerned, and accurate records of the training must be kept.
- 3.8** Emergency Administration of Non-Prescribed Fever/Pain Relief Medication
- 3.8.1** There must be an emergency nursery supply for fever/pain relief.
- 3.8.2** In an emergency situation where a child develops a high temperature (normal temperature usually ranges from 36.5°C to 37.5°C), they must be monitored and their temperature recorded every 20 minutes on the Child Temperature Record on the Family app.

- 3.8.3** During this initial monitoring period, a member of staff must attempt to cool the child by:
- Giving the child a cool drink of water.
 - Removing all clothing except for the child's vest/T-shirt and undergarments.
 - Refraining from cuddling the child too closely.
- 3.8.4** If a child has recently woken from sleep and appears feverish, temperature monitoring should commence 10 minutes after the child has been fully awake. However, if key staff are aware of this child's typical behaviour, staff should not delay checking the child's temperature.
- 3.8.5** Calpol will be administered as all parents give prior written consent within the Fledgelings registration form, as this is for emergency care procedures. A child under 2 years of age will be asked to be collected by parents/carers as soon as possible due to their age.
- 3.8.6** If the child has been at nursery for under four hours before developing a temperature, parents/carers must be contacted to determine if and when the last dose of Calpol was administered, and prior verbal consent must be gained to administer. If the child has already been given temperature-reducing medicine, parents will be asked to collect immediately. If the child has not already been given Calpol, one dose of emergency Calpol will be administered. If the child is under 2, parents/carers will be asked to collect and take their child home. If the child is over 2, the child will have one hour for their temperature to reduce. If after one hour the temperature has not reduced, parents will be asked to collect. If the child's temperature is 39°C or above, the Manager will make the final decision to give Calpol immediately if contact has not been made within 10 minutes.
- 3.8.7** The parents/carers of children over the age of 2 years must be contacted to advise them of the administration of medicine and that, if the medicine does not reduce the temperature within the hour, they will need to collect their child. The Medicine Authorisation Form via Family must be acknowledged by the parent on collection.
- 3.8.8** The child's temperature must be monitored every 20 minutes after the emergency dose.
- 3.8.9** The Manager must call the parent if a child's temperature rises to or above 39°C for instant collection. If the Manager has any cause for concern, they should call 111 for advice.
- 3.8.10** If a child is taken to hospital, a Serious Incident Report (Appendix 2) must be completed and submitted to the Area Manager.
- 3.8.11** If a child has a previously undiagnosed allergic reaction, the parents/carers must be contacted by the Manager or, in the absence of the Manager, by the Deputy Manager. They must:
- Inform the parents/carer of their child's reaction.
 - Check whether the parents/carers have administered any Piriton in the preceding 24 hours and check this information against the manufacturer's instructions for maximum doses in a 24-hour period. Piriton must not be given to children under 12 months unless prescribed. Administer as per the manufacturer's instructions on the packaging if prior consent has been given by the parent/carer.

3.8.12 If the child shows any signs of anaphylaxis, an ambulance must be called immediately and a qualified First Aider must administer first aid. Signs and symptoms of anaphylaxis include swollen eyes, lips, genitals, hands, feet or other areas; itching; changes in heart rate; unconsciousness; vomiting or diarrhoea; nausea and fever; and restriction of the airway.

3.9 Refusing Medication

3.9.1 If a child refuses to take medicine, staff must not force them to do so but must note this on the Medicine Administration Form via Family, inform the Manager, and update parents via Family or phone call.

3.9.2 If a child does not swallow all the medication or vomits directly after administering medication, staff must not give any additional medication and must note this on the Medicine Authorisation Form via Family and inform the Manager.

3.10 Reaction to or Incorrect Administration of Medicine

3.10.1 In the event of a child having an allergic reaction to medication or a staff member administering the wrong medicine or dose to a child, the following procedures must be followed:

- Immediately notify the most senior member of staff on duty.
- The child must always remain supervised.
- The emergency procedures on the child's Critical Care Plan, where there is one in place, must be followed.
- Dial 111 and seek medical advice.
- Contact the parents/carers.
- Complete a Serious Incident Report (Appendix 2) and email the Area Manager.

4. Appendices

Appendix	Description
1	Critical Care Plan
2	Exclusion Table
3	Serious Incident Report

5. Review History

Date Approved	Reviewed By
29/12/2021	Salma Khodabaksh
15/05/2022	Salma Khodabaksh
15/12/2023	Louise Farrow-Brookes
16/06/2025	Louise Farrow-Brookes