



Dear Parents,

We have recently reviewed and updated our policy on medication and illness in the nursery. As part of this review, we have combined our three existing separate policies into one, which you can find attached to this message.

The reason for this review is the significant increase in the number of children with various illnesses attending the nursery over the past few weeks. While I understand that many of you are working parents (I am one myself), it is important to emphasise that sending a sick child to nursery is not fair to the child, the other children, or the staff.

Firstly, a sick child should not be expected to keep up with the fast-paced demands of the nursery day. As adults, we would take time off or manage our own health if we were unwell, and children deserve the same consideration. Secondly, sending a sick child to nursery risks spreading the illness to other children, and this can lead to cycles of illness where your child keeps getting sick after recovering. Thirdly, staff members can also fall ill, which affects the nursery's ability to maintain appropriate staffing ratios. We work hard to maintain lower staff-to-child ratios to ensure that every child receives the attention they deserve and to reduce stress for the staff. If we are caring for sick children, it compromises our ability to provide the high level of care that you expect and that we strive to give.

If we are caring for children who are unwell, we cannot focus on the needs of other children, which is unfair to them. It is also unfair to the team, who may be stretched thin, and ultimately, it's not the environment we want for any child. Our goal is to provide a fun, engaging, and healthy experience for all children, and that is difficult to do when illness is widespread.

We have an important change to the policy I am highlighting to you as well: Any medication prescribed by a doctor must be administered at home for a minimum of 24 hours before the individual is allowed to attend nursery. This ensures that the medication is well-tolerated and any potential side effects can be monitored prior to attending.

We understand that many of you have demanding jobs and that you pay for the nursery services, but keeping your child at home when they are unwell will help them recover more quickly, stop the spread of illness, and prevent your child from becoming sick again shortly after recovery.

Kindly respect our decision if we determine that your child is not well enough to remain at nursery. These decisions are made with careful consideration and from the perspective of both the child's well-being and the overall health of the nursery environment. We also kindly ask that you do not take frustrations out on the staff members, as they are simply following our policy in the best interests of all children.

Thank you for your understanding and cooperation.

Kind regards,
Christine

Combined Policy on Medication, Sickness, Infectious Illness, and Allergies

Policy Statement

At Aspire Day Nursery, we prioritise the health, safety, and well-being of all children in our care. This policy has been established to ensure the proper management of medication, sickness, infectious diseases, and allergies, while also emphasising the responsibility of parents to care for their sick children at home. We understand the challenges that come with caring for sick children, but we kindly ask parents to respect the decision to send children home if they become ill at nursery. This decision is made in the best interest of all children and staff, to maintain a healthy and safe environment.

While we are not responsible for the care of sick children, we will administer prescribed medication when necessary to maintain a child's health, prevent further illness, or support recovery, in compliance with legal and safety requirements. Parents must ensure their child is well enough to attend the nursery and should take responsibility for their child's health outside of our setting.

We are committed to providing care for healthy children, with a high priority of preventing the spread of infections among children and staff. If a child is unwell, they should not attend nursery. If your child is unwell, please keep them at home to allow them time to fully recover. When children come to nursery while ill, it not only exposes other children and staff to potential illness but also creates an unfair situation for your child, who may struggle in a busy environment while unwell.

Our setting reserves the right to refuse admission to any child who is unwell. The decision to send a child home will be made by the manager on duty and is non-negotiable. If a child requires one-to-one care, such as continuous attention due to crying or other symptoms, they will be sent home. This is to ensure that our staff can care for all children appropriately and that the needs of other children are not compromised.

We may adjust how we manage illness and infectious diseases from time to time if we observe that an illness is spreading rapidly. Each situation will be assessed individually. We ask parents to remember that, while you may not have all the information at hand, we are in the best position to assess the situation. For instance, if we decide to exclude a child for conjunctivitis when we haven't done so before, it will likely be because there is a higher incidence of the condition, and other children are becoming unwell. To prevent further spread, we may implement exclusion as a precautionary measure. This is just one example.

This policy aims to safeguard the children in our care and prevent the spread of illness. We follow guidance from the Health Protection Agency and adhere to our own procedures to ensure a healthy environment for all.

Sickness and Infectious Diseases

1. Sick Children

- Children showing signs of illness (e.g., fever, vomiting, diarrhoea, cough, conjunctivitis or fatigue) should be kept at home to recover fully. We will not admit children who are unwell or who may pose a risk to other children's health. If a child becomes unwell during the day, parents will be contacted to collect them immediately.
- In the case of contagious diseases such as COVID-19, the child will be isolated from others and parents will be required to collect them immediately. Follow current government guidance regarding self-isolation and testing.

2. Temperature and Medication

Temperature Policy

- If a child has a temperature of over 38 degrees, the parents will be called. If we are unable to reach the parents, Calpol will be administered.
- If a child has a temperature over 39 degrees, Calpol will be administered straight away, and then the parents will be called.
- Collecting of the child must be immediate; however, we will allow a journey time of up to one hour if parents are working away from home.
- It is important to remember that your child is sick and you should come as soon as possible, as it is unfair on your child to remain in a busy environment when they are feeling unwell.
- If your child has a temperature for 3 days you must consult a doctor before your child returns to the nursery, and the child must be free of fever for 24 hours before attending.
- For children who have had pain-relief medication within the last 8 hours, they will not be admitted to the nursery. For example, Calpol or nurofen and similar.
- Our policy clearly states that children should not attend nursery within eight hours of having received pain relief. By sending your child to nursery after administering medication, you are risking an overdose if further pain relief is needed, and we are unable to contact you. Please ensure you follow this policy for the safety and well-being of your child.

3. Infectious Diseases and Exclusion Periods

- Children with contagious illnesses such as vomiting, diarrhoea, or other infectious diseases must remain at home for a minimum of 48 hours after the last symptom has passed. We may ask for medical advice before a child's return.
- We reserve the right to exclude children from nursery if they present with an infectious disease until they are no longer contagious.

4. Infectious Illness Outbreak

- In the event of an outbreak of infectious illness, parents will be informed, and additional cleaning and sterilisation will take place. Extra handwashing and sanitisation procedures will be enforced for both staff and children.

5. Reporting of Notifiable Diseases

- If a child or staff member contracts a notifiable disease (e.g., Hepatitis, HIV, etc.), the nursery manager will inform Ofsted and Public Health England, adhering to all reporting and safety procedures.

Allergies

1. Allergy Information

- Upon a child's admission, parents are asked to disclose any known allergies. This information is recorded on the Registration Form and shared with relevant staff members.
- For children with allergies, a health plan is created, which details the specific allergens, potential reactions, and how to manage an emergency situation. This plan is reviewed regularly with parents.
- For the safety of all children, the nursery operates a no-nuts policy. Parents must NEVER send in any food, no food should be consumed onsite from outside the nursery.

2. Medication for Allergies

- In cases of life-threatening allergies, such as to nuts or bee stings, parents must provide an action plan from the child's doctor, along with written consent to administer necessary medications (e.g., Epipen).
- For children requiring ongoing medication, such as for asthma, prescribed treatments will be stored securely, and all necessary training will be provided to staff on how to manage these conditions.

Medication

1. Administration of Medication

- Only prescribed medications will be administered, unless prior consent is given for non-prescription items like nappy creams or teething gels. All medication must be in its original packaging (prescription label and box), clearly labelled with the child's name, and within the expiration date.
- Parents must complete and sign a medication consent form before medication is given. This form includes details on the medication, dosage, administration times, and any potential side effects.
- A record of each administration is maintained and shared with parents for acknowledgment at the end of the day.
- If a child is unwilling to take their medication or resists the administration, we will not be able to proceed with giving it. In such cases, you will need to care for your child at home or come in to administer the medication yourself. We understand that this can be challenging, but we aim to ensure a fair and positive experience for all children involved.
- Any medication prescribed by a doctor must be administered at home for a minimum of 24 hours before the individual is allowed to attend nursery. This ensures that the medication is well-tolerated and any potential side effects can be monitored prior to attending.

2. Storage and Handling of Medication

- Medication will be securely stored in the office or refrigerator, inaccessible to children. Only designated staff members will have access.
- Parents must collect any unused medication at the end of the day.

3. Training and Risk Assessments

- Staff members will receive necessary training for administering medication, particularly for children with long-term medical conditions.
- Each child with a long-term condition requiring medication will have a risk assessment and an individual health plan that is reviewed regularly.

4. Self-Administration

- Children capable of understanding their medication needs, such as those with asthma, may inform staff when they require their medication. However, staff will remain vigilant and proactive in responding to a child's medical needs.

Practical Guidelines for Parents

- If your child is unwell, please keep them at home to recover. If a child comes to the nursery sick, they risk infecting others and disrupting the daily activities.
- Parents must provide clear and accurate information about their child's health, medication, and allergies at all times.
- Please ensure that your child has received appropriate medical attention if they have been sick or had a fever before returning to the nursery.
- If your child is on prescribed medication, please complete the medication consent form and ensure that the medication is provided in its original container.

We understand that managing a sick child can be challenging, and we thank parents for their cooperation and understanding in keeping all children and staff safe and healthy.

Please see below the guidance advice from HPA that we will use as a basis to make decisions.

Medication		
Administration of Calpol/nurofen or other pain relief	If you have given your child a medication that can mask illnesses within 8 hours of nursery, they are not to attend that day. If you have a teething child, we suggest you administer alternative pain relief specifically that treats teething.	
Rashes and skin infections		
Illness	Exclusion required	
Athlete’s foot	None	Athlete’s foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over and a minimum of 5 days	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot, and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required

Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever	Child can return 24 hours after commencing appropriate antibiotic treatment	* Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever, contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None	once rash has developed See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness

Illness	Exclusion required	
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
Salmonella and Dysentery	24 hours or until advised by the doctor	
E. coli O157 VTEC* Typhoid* [and paratyphoid*] (enteric fever) Shigella* (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
Norovirus	48 hours clear	
Gastro-enteritis, food poisoning	48 hours or until advised by the doctor	Gastro-enteritis, food poisoning

Respiratory infections

Illness	Exclusion required	
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary
Covid-19	Advised to remain at home until you no longer have a high temperature, or no longer feel unwell, inline with government guidance	

Other infections		
Illness	Exclusion required	
Antibiotics prescribed	Any medication prescribed by a doctor must be administered at home for a minimum of 24 hours before the individual is allowed to attend nursery. This ensures that the medication is well-tolerated and any potential side effects can be monitored prior to attending.	
Conjunctivitis	None unless we have an outbreak or child is to unwell/cleaning of the eyes frequently.	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential	Always consult with the Duty Room Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	Children will be sent home when headlice are seen, and not allowed back until treated.	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/septicaemia* close contacts. The Duty Room will advise on any action needed.	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room

Mumps*	Exclude child for five days after onset of swelling)	Preventable by vaccination (MMR x 2 doses
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic
Typhoid fever	Until declared free from infection by a doctor	
Plantar warts	Should be treated and covered	
Poliomyelitis	Until certified well	

We have the right to refuse children into the nursery if we feel they are not well enough to cope with the demanding day ahead and send home if they are not coping.

Policy Adoption and Review

This policy was adopted by: Aspire Day Nursery Ltd

Date: May 2015

Date last reviewed: March 2025

Signed by: Christine Moxon, Manager

This policy is reviewed regularly and updated as needed to ensure compliance with current health guidelines and best practices.