

Wise Owls Childcare

Sickness and Managing Medicines

Policy & Procedure

Wise Owls Day Nursery has a strict policy regarding sickness for staff and children. Please do work with the nursery to ensure any child who is not well remains at home and only returns once fully recovered. This policy is for children and staff to follow to stop the spread of illnesses. If staff are not well then ratios cannot be met, and you may not be allowed to bring your children into Nursery due to staff shortages

The Nursery cannot accept sick children to the Nursery. If a child becomes ill at Nursery, staff will inform parents/carers immediately to collect their child. Whilst awaiting the arrival of parents/carers, Nursery staff will ensure the comfort of the child, taking appropriate action which would include seeking medical advice if deemed necessary. If the child is in danger staff will seek medical advice immediately.

The nursery does not aim to exclude children unnecessarily. The decision of the Manager and Room Leader is final when requesting exclusion of a child due to illness or infection. These decisions will take into account the needs of the individual child and that of the whole Nursery.

If you have given your child a non-prescribed medicine such as Calpol or Nurofen during the night or before they are due to come into Nursery due to teething or pain relief they may still attend nursery and must inform the Room Leader of the medication given.

We cannot admit a child into nursery if they are reliant on Calpol or Nurofen to keep their temperature at a normal level. If a child has been given Calpol or Nurofen due to illness / high temperature they will not be able to attend nursery, this is at the discretion of the Room Leader and Nursery Manager.

Parents will be informed of any illnesses or infections going around the Nursery via email or iconnect.

A table is attached showing basic information and exclusion periods for the more common childhood illnesses.

Childhood infections

Disease and incubation period	Period when infectious	Period of exclusion of infected person	Period of exclusion of contacts
BRONCHIOLITIS - (2-8 days)	During the acute stage of illness	Until the person is well	None

CHICKENPOX & SHINGLES - (11-20 days)	1-2 days before and 5 days after rash develops	Until all spots have scabbed over	If contact is woman in last 3 weeks of pregnancy seek advice from GP/Obstetrician
CONJUNCTIVITIS - (12 hours to 3 days)	During active infection	No exclusion required if child is well	None
DIARRHOEA & VOMITING - Campylobacter Cryptosporidiosis Dysentery E. coli 0157 Food Poisoning Gastro-enteritis Giardiasis Salmonellosis (Few hours to few days see individual fact sheets)	When having symptoms of diarrhoea and vomiting	Until diarrhoea or vomiting has settled (no vomiting or diarrhoea in previous 48 hours) In some circumstances, e.g. food handlers, health care staff, children under 5 and people with poor hygiene living in poor accommodation advice may need to be sought from the Consultant in Communicable Disease Control (CCDC)	None
FIFTH DISEASE - (Parvovirus, or Slapped Cheek Syndrome) (Variable - 4-20 days)	Infectious before onset of rash	Until the child feels well	None

GLANDULAR FEVER (From 4-6 weeks)	While virus present in saliva	Until the person feels well	None
HAND, FOOT & MOUTH DISEASE (3-5 days)	During acute stage of illness	Until the person feels well	None

HEAD & BODY LICE (Pediculosis) (Eggs hatch between 7-10 days)	As long as eggs or lice remain alive	None. Treatment should start as soon as condition has been confirmed.	None
HEPATITIS A - (2-6 weeks)	Two weeks before first symptoms until 1 week after onset of jaundice (most infectious before jaundice starts)	Until person feels well. Children under 5 and those with poor hygiene should be excluded for 7 days from onset of jaundice or stools going pale	None (household contacts should seek advice from their GP)
HEPATITIS B - (6 weeks to 6 months)	Not infectious under normal school conditions	Until person feels well	None
HERPES SIMPLEX - Cold sores (2-12 days)	During infection	None	None
HIV INFECTION (Variable)	Not infectious under normal school conditions	None	None
IMPETIGO - (4-10 days)	As long as septic spots are discharging pus	Until lesions are crusted and healed	None
MEASLES - (7-14 days)	1 day before first symptoms until 4 days after onset of rash	Until 5 days from onset of rash and the person feels well	None
MENINGITIS - (2-10 days depending on cause)	Clinical cases are rarely infectious	Until person feels well (For meningococcal meningitis CCDC will give advice on any action needed)	None (household contacts may be given antibiotic treatment)

MUMPS - (2-3 weeks average 18 days)	Mumps is infectious from 7 days before symptoms appear to 2-4 weeks after. Maximum infectiousness occurs between 2 days before to 4 days after onset of illness.	5 days from onset of swollen glands and when person feels well	None
RINGWORM on body Tinea Corporis - (4-10 days)	As long as rash is present	None, treatment needed from GP	None
RUBELLA - German Measles (2-3 weeks)	most infectious before rash appears. 1 week before until 4 days after	Five days from onset of rash	None (If contact is a pregnant woman, seek advice from GP)
SCABIES - (1 day to six weeks depending on previous exposure)	Until mites and eggs are destroyed by treatment	Until day after treatment	None (household contacts should be treated at same time)
SCARLET FEVER & STREPTOCOCCAL INFECTION - (12 hours to 5 days)	Prolonged in untreated cases.	For scarlet fever- five days from commencing antibiotics. Streptococcal Infection none	None
THREADWORMS - (2-6 weeks for life cycle to complete)	As long as eggs are shed in the faeces (stools)	None, but child should be treated	None (household contacts should be treated at same time)
TUBERCULOSIS (TB) - (4-16 weeks)	As long as sputum contains the bacteria	Health Protection Team will advise on action	None (close contacts may need screening)
VERRUCAE - Plantar warts (2-3 months)	As long as wart is present	None	None

WHOOPING COUGH - Pertussis (5-21 days)	2 weeks. If treated with antibiotics, this may be reduced	Until 5 days after commencing antibiotic treatment. Otherwise 3 weeks	None
COVID-19	2 days prior to symptoms starting	Follow government guidance / test and trace for isolation period	

****All cases are individual, and a child's attendance depends on the most recent guidelines as found on NHS website****

Managing Medicines

Wise Owls Day Nursery believe that children with medical needs have the same right to admission to the nursery as other children. Therefore, we endeavour to put in place effective management systems to support individual children with medical needs ensuring a child's dignity at all times.

Wise Owls Day Nursery ensures that there is at least two designated first aiders on site at all times, within Nurseries we aim for all staff to have paediatric first aid training. Only will a paediatric first aider administer medication to children.

Parents must be the first to administer a new medication prescribed by a doctor and parents must administer medication at home, 2 doses must be given before the child can return to nursery, this is to monitor any possible allergic reaction to the medicine.

Prescribed medication will be kept in a container out of reach of the children in the kitchen area which only named members of staff have access to. If the medication needs to be refrigerated this will be taken into account. The medication will be returned to the parent at the end of each day.

If the medication is of a nature that it needs to be with the child at all times it will be kept in a locked cabinet in the room for that child, for outside play and outings the medication will follow children. For example, epi-Pens or inhalers. Epi-Pens and Inhalers are kept out of reach of other children and all staff informed of where they are held. Expiry dates of medication are checked and logged on the 'medication log' form. Parents will be required to complete a regular medication form.

The Manager has a responsibility to exercise caution when agreeing to administer medication. This involves evaluating the consequences if a staff member was to administer an incorrect dosage, considering where medicines may be of harm to another child (for example, an allergy to penicillin) or where medical expertise is required. The Manager must be therefore confident in controlling any administration of medication.

Written consent will be obtained from parents/carers on their arrival at the setting, for the administration of any medication prior to any medication being given. This will be done on medication by medication basis rather than blanket consent. The information obtained from the parent/carer will establish when, how much and why a child has had medication before attending the setting and details of dosage, when it is to be given and the amount of the dose. The expiration date of the medication will also be checked to ensure it has not elapsed along with checking of the batch number. When administering medication there is a witness at all times and both staff are to sign the medication form.

Records of any medication administered will be kept and stored confidentially on the child's records.

A child's emergency medication will be available at all times, each child who requires medication has a medical care plan which the key worker is responsible for.

To ensure a child's confidentiality and dignity the nursery Manager will inform the staff working with the child and it will be confidential and out of the site of any other parents/carers or children. Staff medication will be clearly labelled and all members of staff will be aware of a staff members medical needs and action plan will be followed.

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