Group Policy: Managing illness & medication

Policy Header:	Managing illness & medication
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1. Policy Purpose & Core Principles

This policy sets out mandatory protocols for managing child illness, administering prescribed and non-prescribed medication, enforcing UK Health Security Agency (UKHSA) exclusion periods, and managing childhood temperatures. Our primary objective is to maintain a healthy, safe, and protective environment for all children, staff, and visitors while providing clear governance for health administration.

2. General Requirements for Administering Medication

- **Prior Written Consent & Digital Management:** No prescription or non-prescription medicine will ever be administered without prior written permission from a parent or carer. Flower Pots utilises the Famly app to manage all medication consents:
    - **Active Open Permissions:** Maintained on Famly for long-term health needs, allergies, and emergency medicines.
    - **Unscheduled Medication Forms:** Submitted digitally via Famly for one-off treatments or short-term prescribed courses.
- **Prescription Rules:** Prescribed medicines must be prescribed by a GP, dentist, nurse, or pharmacist. All medicines must arrive in their original container with an intact, clearly visible pharmacy label showing the child's name, dosage, and exact instructions. Staff will administer the minimum effective dose required during nursery hours in strict accordance with pharmacy label instructions.

- **24-Hour Initial Antibiotic Rule (Home Exclusion):** Any child who is prescribed a course of antibiotics must receive the first 24 hours of the prescription at home before returning to nursery. This ensures the child is monitored at home for any potential adverse reactions or side effects, and allows the antibiotic treatment sufficient time to begin taking effect. Once the initial 24-hour period has passed and provided the child is well enough to attend, staff will administer subsequent doses at nursery in line with pharmacy label instructions and digital Famly consent.
- **Aspirin Prohibition:** Medicines containing aspirin must never be administered to any child unless explicitly prescribed by a medical doctor.
- **Staff Medical Suitability:** Any personal medication taken by staff members must be stored securely away from children's spaces. Staff must not be impaired by any medication or substance while caring for children.

3. Safe Storage & Emergency Accessibility

- **Storage Standards:** All non-refrigerated medications must be kept out of reach of children inside a clearly labelled, secure cupboard in the child's base room.
- **Individual Lidded Containers:** Every child's medication must be stored inside an individual, clearly labelled lidded box.
- **Refrigerated Medications:** Medicines requiring cold storage (e.g., certain liquid antibiotics) must be stored inside a clearly labelled lidded box within the main nursery kitchen refrigerator.
- **Long-Term & Emergency Healthcare Boxes:** For children with long-term conditions (e.g., asthma, anaphylaxis, diabetes), their individual storage box must display:
    1. The child's full name and photograph.
    2. Details of their medical condition/need.
    3. A printed copy of their signed Individual Health Care Plan and Risk Assessment.
- **Accessibility Outside Base Rooms:** Emergency medications (e.g., Auto injectors, asthma inhalers) must never be locked away. They must be taken outside in a portable emergency kit whenever the child is in outdoor spaces to ensure immediate availability.
- **Specialist Training:** Where administering medication requires medical or technical knowledge (e.g., auto-injectors, diabetes management, or specialised

injections), designated staff must receive formal training from a qualified healthcare professional before administering the medication.

4. Record Keeping & MAR Protocols

A digital Medicine Administration Record (MAR) must be completed on Famly every time medication is given. The record must detail:

- Child's full name, date, and exact time of administration.
- Name of the medication, dosage given, and method of administration.
- Name and signature/verification of the administrator and a witness.
- Digital notification sent to parents on the same day for digital countersignature.

5. Managing Specific Illnesses Notification of Infectious Illnesses

When an infectious illness (e.g., chickenpox, hand-foot-and-mouth) is identified, a notice outlining symptoms and UKHSA exclusion guidance will be posted at the nursery entrance and shared via the Famly newsfeed.

Sudden Onset Illness & Collections:

- **Vomiting:** Immediate parental contact and immediate collection required.
- **Diarrhoea:** Courtesy call made after 2 episodes; mandatory collection required after 3 episodes in a day.
- **Home Paracetamol Use:** Children given paracetamol/ibuprofen overnight or in the morning before arrival to manage a fever or pain must not attend nursery. Accurate disclosure from parents is vital to avoid dangerous double-dosing.

6. Managing Temperatures & Emergency Analgesia

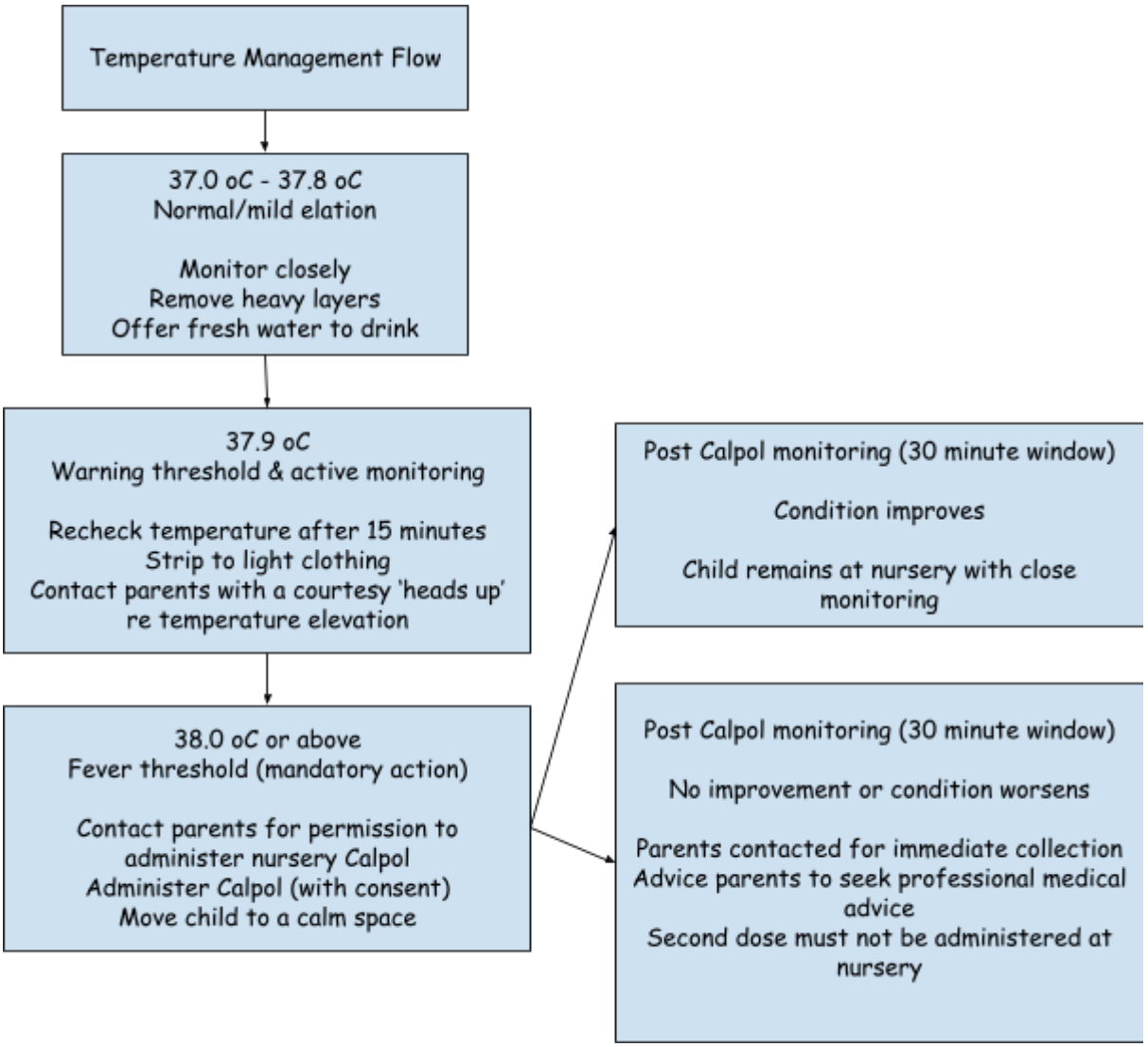
A. General Principles & Consent

- **Registration Consents:** Parents grant initial baseline consent for paracetamol, antihistamines, plasters, and emergency medical treatment within their registration pack prior to entry.
- **Active Paracetamol Consent Form:** The Nursery Manager must verify and set up an active Paracetamol (Calpol) Consent Form on Famly prior to the child starting, ensuring parents acknowledge the terms during their first settling-in visit.

- **Nursery Supply & Emergency Stock:** Parents are not permitted to bring in personal Calpol/paracetamol unless specifically prescribed by a GP for a long-term medical condition (and signed in under an IHCP). Nursery settings maintain emergency stocks of paracetamol (Calpol fever reducer) and PIRITON (antihistamine).
- **Emergency Antihistamines (Piriton):** Administered strictly for sudden allergic reactions. Advice will be sought from NHS 111 prior to giving unscheduled antihistamines unless part of a pre-approved Anaphylaxis Care Plan.
- **Post-Dose Monitoring & Collection Protocol:** Following a dose of paracetamol administered at nursery, the child will be monitored closely:
    - If the condition improves: The child may remain at nursery and will continue to be monitored throughout the session.
    - If the condition does not improve after 30 minutes, or gets worse at any time: Parents will be contacted to collect the child immediately and will be advised to seek professional medical advice.
    - Reoccurring / Secondary Worsening: If the child's condition worsens later in the day after initial improvement, a second dose will not be administered, and parents will be contacted to collect the child immediately.

B. Temperature Management Flowchart (37.9°C onwards)

Flower Pots
DAY NURSERY



Critical/Emergency protocols
Unreachable contacts/Severe fever

1. Unreachable contacts (In attendance > 4 hours) - administer Calpol (under pre signed consent) and continue attempting contact
2. Unreachable contacts (In attendance < 4 hours) - Call NHS 111 for dosage authorisation before administering Calpol
3. Fever uncontrolled/High fever persists or severe symptoms present (rash, breathing difficulty, extreme lethargy, seizures) - Call 999 immediately for an ambulance

C. Returning to Nursery Following a Temperature

- **Next Day Return Criteria:** A child sent home with a high temperature may return the following day only if their temperature has fully normalised and they are not reliant on paracetamol or ibuprofen.
- **Reoccurring Temperature (Day 2):** If a child returns and develops a high temperature on the second consecutive day, nursery staff will seek verbal permission to give a single dose of Calpol, and the child must be collected immediately and remain at home until fully recovered.

7. Common Childhood Illness Exclusion Periods

Illness	Exclusion information
Chickenpox	Stay away from nursery for 5 days from onset of rash or until all blisters have crusted over
Diarrhoea & vomiting	Stay away from nursery for 48 hours after last episode (after symptoms have stopped completely)
Measles	Stay away from nursery for 4 days from onset of the rash or until child is well enough to return
Mumps	Stay away from nursery for 5 days after the onset of swelling
Scarlet fever/Group A strep	Stay away from nursery for 24 hours after starting antibiotic treatment
Whooping cough (pertussis)	Stay away from nursery for 2 days after starting antibiotics, or 21 days from onset if untreated
Flu (Influenza)/Covid-19	Stay away from nursery while they have a high temperature or feel too unwell to attend. For Covid-19 follow current advisory timelines if symptoms are mild or severe
Impetigo	Stay away from nursery until lesions are healed and crusted or for 48 hours after starting antibiotic treatment

No Exclusion Required

No stay-home period is needed for mild or non-infectious everyday conditions, including:

- Hand, foot and mouth disease (unless the child feels very unwell or has open, unmanageable sores)
- Head lice and nits
- Conjunctivitis (pink eye)
- Cold sores
- Glandular fever
- Slapped cheek syndrome

8. When to Contact Your Local Health Protection Team (HPT)

You should contact your regional UKHSA health protection team if you experience:

- An outbreak or unusual cluster of linked cases (such as 4 or more cases of diarrhoea and vomiting, or cryptosporidiosis)
- High-consequence or severe invasive infections (like invasive Group A strep, meningococcal disease, or diphtheria)
- A rapid, unexplained spike in overall staff or student absences

Policy Authorised By: Nikki McNulty

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