SICKNESS, MEDICINE AND EMERGENCY TREATMENT POLICY

Last reviewed:	July 2025
Next review due:	July 2026

Statement of intent
We aim to promote the good health of the children in our care and take steps to prevent the spread of infection and take appropriate action when a child becomes ill.

We want to ensure that whilst in our care any child with medical needs receives the support and proper care needed.

We aim for clarity on the roles and responsibilities of the setting and of the parents in respect of each child's medical needs.

Aim
This policy outlines:

- The training that our staff receive
- What we advise parents whose children are unwell about attending the setting
- How we will look after a child who becomes unwell in our care
- Our consent form and emergency treatment procedure for children who require emergency treatment while at our nursery
- Our medicine consent form and procedure for children who need planned medicine administering while at nursery
- What happens in the event of staff sickness

Method

Our staff's training
All of our permanent staff are required to be fully trained in Paediatric First Aid within the first three months of working with us, this is updated every three years. If a child is required to carry an adrenaline auto-injector (AAI), we will endeavour to get the relevant staff trained in how to use it confidently.

If your child is unwell at home

In order for a child to enjoy their time at The Little Firefly and be able to learn and grow healthy, they must be well enough to attend. We do not expect parents to bring their child to The Little Firefly if they are unwell.

If a child is ill prior to coming to nursery, parents are required to telephone the nursery at their earliest convenience, as their child may have an infectious disease, so other parents / carers will need to be notified. Parents / carers cannot return their child to the nursery until they are no longer infectious, in order to avoid contamination.

Key Guidelines for Exclusion

Based upon Public Health England (PHE) guidance we adhere to the following exclusion periods depending upon the symptoms and illness:

Infection	**Exclusion period**	**Comments**
Athlete's foot, cold sores, conjunctivitis, glandular fever, hand foot and mouth, head lice, hepatitis B/C, HIV, viral meningitis, MRSA, slapped cheek, threadworms, tonsillitis, warts and veruccas	None	Pregnant contacts of cases of slapped cheek should contact their GP/midwife.
Scabies	To avoid close physical contact with others	If a child is unable to maintain distance, to be excluded until 24 hours after the first dose of chosen treatment.
Flu Meningococcal meningitis Bacterial meningitis	Until recovered	
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Scarlet fever	Exclude until 24 hours after starting antibiotic treatment	Those who decline antibiotics should be excluded until resolution of symptoms.
Diarrhoea and/or vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause is identified, there may be additional exclusion advice e.g. an outbreak at the setting.

Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	
Whooping cough*	2 days after starting antibiotic treatment	14 days from onset of coughing if no antibiotics and well enough to return
Measles	4 days from onset of rash and well enough	Pregnant contacts of cases should contact their GP/midwife.
Chicken pox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant contacts of cases should contact their GP/midwife.
Mumps*	At least 5 days after onset of swelling	
Rubella*	5 days from onset of rash	Pregnant contacts of cases should contact their GP/midwife.
Hepatitis A	Exclusion for 7 days from the onset of jaundice.	
Tuberculosis*	Exclusion until at least 2 weeks after start of effective antibiotic treatment (if pulmonary (lung) TB)	
Diphtheria*	Exclusion is essential.	
Mpox	Until confirmed safe by clinician	

*denotes a notifiable disease. There is a list of notifiable diseases which we have a legal obligation to report to Public Health England (PHE) and Ofsted should a child within our care become infected. In these cases we work closely with you, the parents, PHE and Ofsted to ensure we follow any additional advice that may be given.

Please note, each time a child starts a new course of antibiotics, they will not be able to attend nursery until 24 hours after the first dose. This is in case there is any reaction to the medicine.

<u>If your child becomes unwell at nursery</u>

Where a child becomes unwell or ill during a session, we seek to contact the parent / carer to discuss the problem and decide on what course of action to take. Staff members will be appropriately trained in order to deal with each situation appropriately. In an emergency, we will contact the emergency services before contacting the parents / carers.

Upon enrolling the child, we obtain parental consent for emergency medical treatment for their child, and administering Calpol and liquid Piriton, as per The Little Firefly's medication procedure policy.

In deciding on the best course of action we have to consider all the children and adults in our care, as well as the child / adult who is unwell.

If your child needs emergency first aid treatment
When enrolling, you agree for our staff members to administer emergency first aid to your child, if needed. If this happens, an accident form will be completed on Tapestry explaining what happened and what first aid was given.

If your child has HIV
HIV (Human Immunodeficiency Virus) may affect children or families attending the setting. Staff may or may not be informed about it. Children or families are not excluded because of HIV.

If a staff member is unwell
Staff that are sick or unwell do not attend the setting and only return to work when they are well enough to do so and are outside of any exclusion guidance as outlined in the table above. Staff members will be filled in by another member of the team or a checked member of our bank staff.

Open wounds/cuts
Cuts or open sores, whether on adults or children should be covered with a sticky plaster or other suitable dressing. Verrucae must be covered with a waterproof plaster or clear nail vanish.

Treatment of illness procedure
Where a child becomes unwell or ill during a session when possible we seek to contact the parent/carer to discuss the problem and decide on what course of action to take.

In order for our qualified childcare practitioners to assess the child's condition, they may take the child's temperature using a thermometer strip. If the child's temperature is above 38°C the parent/carer will be called to advise them of their child's condition.

Send child home early procedure
Where necessary, the parent/carer will be asked to collect the child. If this is not possible then they will be asked to telephone the nursery after 30 minutes. If there is no improvement after this period, the parent/carer or authorised person as per enrolment form will be required to collect their child.

MEDICINE ADMINISTRATION PROCEDURE
If your child needs medicine from home administered throughout the course of the day, this is the procedure we follow:

- Prescribed medication will be required to see an in-date prescription from the doctor/dentist/nurse/pharmacy on the box. The bottle will not be accepted, it must be in the prescribed box. Non-prescribed medication such as eye drops need written consent from the child's named parent/carer.
- The parent/carer will be asked to sign a medicine consent form on Tapestry, detailing the date medication to be given, the name and strength of medication, dosage and method

of administration, time dosage to be given plus any other details e.g. expected side effects.
- Medicine will be stored in a locked box out of reach of children throughout the course of the day. If medicine needs to be kept cool, we can store it in the fridge or cool bag.
- A staff member will ask another staff member to witness them administering the medication to the child at the agreed time.
- Both staff members will sign the medicine administration log book.
- Medicine will be returned to parent/carers at the end of the day.

If your child needs emergency Calpol or Piriton syrup while at nursery, this will be with the parent's written consent (either on the enrolment form or if this has not been gained, via text message or email ahead of administering the medicine). The dosage given will follow the guidance on the medicine bottle and your child's age. Where possible, the parent/carer will be contacted to give additional verbal consent before the Calpol or Piriton dosage is given.

Calpol may be given in response to a high temperature or for mild pain relief. Calpol must not be given to a child for more than three days. Piriton syrup may be given in response to a sudden allergic reaction to a nettle or insect sting.

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Anaphylaxis and adrenaline auto-injectors (AAIs)

We realise that anaphylaxis is a very dangerous condition and here we outline everybody's rights and responsibilities. We understand that serious allergic reactions (anaphylaxis) is on the rise and we welcome children with allergies to our site. Please keep us informed about your child's allergies and we will work with you.

If a child has been prescribed an AAI (brand names: epipen or Jext):
- The parent/carer will provide a care plan for the individual child
- The parent/carer will provide a clearly named box containing 2 x AAIs and any other medication to be kept in the setting.
- The medication should be prescribed for the child by a doctor and be clearly labelled.
- Staff should keep medication in a locked box in an easily accessible location for adults, out of reach of children.
- Staff must ensure the medication will be taken on any outings away from the forest school setting and the child must always remain with the designated first aid bag with their required medication.

In the event that we have a child who requires an epipen, we will endeavour to send relevant staff members on suitable epipen training to ensure confidence around using it. All of our staff are paediatric first aid trained.

Using an AAI:
- If you suspect someone is having a severe allergic reaction, give adrenaline WITHOUT DELAY – if available. If in doubt, give adrenaline!
- Lie the person flat with legs raised, if breathing is difficult allow to sit with legs raised. Do not stand the person up!

- Dial 999 for an ambulance and state anaphylaxis (ana -fill- axis) to get medical help as soon as possible.
- Always carry two AAIs with you at all times. If symptoms do not improve within 5 minutes, administer the second AAI in the other thigh.
- Check your expiry dates on each AAI.

Inhalers

Where an inhaler has been prescribed for a child, one must be kept on-site with the child at all times and be taken on any outings.

Other medication

Any other medication will always be kept in a locked box and follow the medicine administration procedure.

Policies, procedures and risk assessments referred to in this document:

- Health and Safety Policy (including COSHH)
- Medication Administration Procedure

External references:

- Children and young people settings: tools and resources - GOV.UK
- How to guide to administering an EpiPen adrenaline auto-injector | Allergy UK | National Charity
- Allergy Training for Early Years Settings | Anaphylaxis UK