

## Health, Illness and Emergency

Nursery is committed to encouraging and promoting good health and to dealing efficiently and effectively with illnesses and emergencies that may arise while children are in our care.

### First Aid

Under duties set out in the Health and Safety (First Aid) Regulations 1981, we recognise our responsibilities in providing adequate and appropriate equipment, facilities and personnel to enable suitable first aid to be given at the nursery.

All our staff are qualified in paediatric first aid. Their first aid certificate is renewed and updated every 3 years. The manager is responsible for maintaining the correct contents of all First Aid boxes and administering basic First Aid when necessary and appropriate.

### Medication

All qualified staff at Nutkins have paediatric first aid training and assume responsibilities, or nominate an appropriately trained replacement.

- Parent/carers must sign a medication form before and after, giving details of the medicine, dosage and times to be administered.
- All medication will be kept in the kitchen out of the reach of children and must be clearly labelled with the child's name.
- Medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist.
- A paracetamol medicine (calpol) may be given to a child who is suffering from a high temperature if permission has been given from the parent. If parents work a distance away parents will be asked by telephone and then required to sign the medical book when collecting their child at the end of a session.
- The greatest care will be taken to see that medicines are administered according to the instructions and a signed record of all medication administered shall be made on the medicine forms and witnessed by another member of staff.
- Wherever possible, children who are prescribed medication should receive their doses at home.
- Staff have the right to decline such a request from a parent/carer if they are in any way uncomfortable with this, for example where this involves technical knowledge or training.

### Long term medication

Where a child is required to have the same medication on an ongoing basis a care plan will be put in place. If a care plan is written for a child a parent/carer signs the plan and informed that they must notify the staff immediately if there is any change to this medication. This includes any changes in the usual pattern or any changes to the dosage required. The manager will review the care plan regularly and ensure it is signed by the parent/carer.

### **The procedure for administering medication:**

Medication will never be given without the prior written request of the parent/carer.

A member of staff will be assigned to administer medication for each individual child concerned. They will also be responsible for ensuring that:

- prior consent is arranged.

- all necessary details are recorded.
- that the medication is properly labelled and safely stored during the session.
- another member of staff acts as a witness to ensure that the correct dosage is given.
- parents/carers sign in the Medication Record Book to acknowledge that the medication has been given.

If for any reason a child refuses to take their medication, staff will not attempt to force them to do so against their wishes. If and when such a situation occurs, the Manager and the child's parent/carer will be notified, and the incident recorded in the Medication Record Book.

If there is any change in the type of medication – whether regarding dosage or other changes to the information given on the Administering Medication Form – a new form must be completed.

Full details of all medication administered along with all Administering Medication Forms, will be recorded and stored on the Medication Record Form.

### **Infectious and Communicable Diseases**

**Nursery is committed to the health and safety of all children and staff who play, learn and work here. As such, it will sometimes be necessary to require a poorly child to be collected early from a session or be kept at home while they get better. In such cases, the provisions of the Health, Illness and Emergency policy will be implemented.**

In accordance with the procedures set out in the Health, Illness and Emergency policy, parents/carers will be notified immediately if their child has become ill and needs to go home. Poorly children will be comforted, kept safe and under close supervision until they are collected.

If a child has had to go home prematurely due to illness, they should remain at home until they are better for at least 24 hours, or according to the times set out in the table below. If a member of staff becomes ill at work, similar restrictions on their return will apply.

If a child or member of staff becomes ill outside nursery hours, they should notify the nursery as soon as possible. The minimum exclusion periods outlined in the table below will then come into operation.

If any infectious or communicable disease is detected on the premises, we will inform parents/carers personally in writing as soon as possible. Nutkins is committed to sharing as much information as possible about the source of the disease and the steps being taken to remove it. Ofsted will also be informed of any infectious or communicable diseases discovered on the premises.

### **Head lice**

When a case of head lice is discovered, the situation will be handled carefully and safely. The child concerned will not be isolated from other children, and there is no need for them to be excluded from activities or sessions.

When the child concerned is collected, their parent/carer will be informed in a sensitive manner. Other parents/carers will be informed as quickly as possible in writing, including advice and guidance on treating head lice.

## Minimum Exclusion Periods for Illness and Disease

<b>DISEASE</b>	<b>PERIOD OF EXCLUSION</b>
Antibiotics prescribed	First 24 hours
Chicken Pox	5 days from when the rash first appeared
Conjunctivitis	24 hours or until the eyes have stopped weeping
Diarrhoea	24 hours
Diphtheria	2-5 days
Gastro-enteritis, food poisoning, Salmonella and Dysentery	24 hours or until advised by the doctor
Glandular Fever	Until certified well
Hand, Foot and Mouth disease	During acute phase & while rash & ulcers are present.
Hepatitis A	7 days from onset of jaundice & when recovered
Hepatitis B	Until clinically well
High temperature	24 hours
Impetigo	Until the skin has healed
Infective hepatitis	7 days from the onset
Measles	7 days from when the rash first appeared
Meningitis	Until certified well
Mumps	7 days minimum or until the swelling has subsided
Head lice	Until treatment has been given
Pertussis (Whooping cough)	21 days from the onset
Plantar warts	Should be treated and covered
Poliomyelitis	Until certified well
Ringworm of scalp	Until cured
Ringworm of the body	Until treatment has been given
Rubella (German Measles)	4 days from onset of rash
Scabies	Until treatment has been given
Scarlet fever	Until declared free from infection by a doctor
Streptococcal infection of the throat	3 days from the start of the treatment
Tuberculosis	Until declared free from infection by a doctor
Typhoid fever	Until declared free from infection by a doctor
Warts (including Verrucae)	Exclusion not necessary. Sufferer should keep feet covered.

This list is not necessarily exhaustive, and staff are encouraged to contact local health services if they are in any doubt.