

Policy/Procedure title	APN012 – Managing Children who are sick, infectious, or with allergies	
Review cycle (*Please specify)	Annually	
Responsible department	Science & Public Sector Services – Applewood Nursery	
Procedure *owner (*Overall responsibility)	Head of Faculty – Science & Public Sector Services	
Responsible *person (if different to above) *responsibility for communicating changes and staff training where appropriate	Nursery Manager	
Types of provision this procedure applies to: (delete as appropriate)	Support Department	
Revision record		
Rev. no.	Date of issue	Details and purpose of revision:
0	September 2020	New Procedure
1	February 2026	Review and Update

Equality impact assessment

Whenever a policy is reviewed or changed, its impact assessment also must be updated. The Equality Act 2010 seeks to simplify discrimination law and introduced statutory duties to promote equality whereby The College of West Anglia must, in the exercise of its functions, pay due regard to the need to promote equality in relation to the protected characteristics.

Could any staff or students be adversely impacted by this policy/process? If yes give details and how this will be mitigated:

Date:	Action and monitoring:
20.2.26	Update and Review of policy

EDI Statement

This procedure has been reviewed in line with the Equality Act 2010 which recognises the following categories of individual as Protected Characteristics: Age, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex (gender), Sexual Orientation and Disability. We will continue to monitor this procedure to ensure that it allows equal access and does not discriminate against any individual or group of people.

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1 Policy Statement

Applewood Nursery ensures the health of all children, staff and visitors and follows the Public Health Agencies guidance on infection control in schools and other childcare settings. Applewood takes measures to keep them healthy (as far as it is possible) by preventing cross-infection of viruses and bacterial infections.

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness (note all medication must be prescribed by a doctor and labelled). We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with medical guidance.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. Administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our staff are responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the child's key person, the other staff in the room or the room leader is responsible for the overseeing of administering medication.

It is the child's key person's responsibility to monitor children's absence. If a child is absent the key person must inform the office who will contact the parent or carer to ensure the safety of the child.

2 Medication Administrating

- Children taking prescribed medication must be well enough to attend the setting.
- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – their keyworker or the room leader will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water but kept away from draughts.
- The child's temperature is taken using an infrared non-contact thermometer.
- If a child has a high temperature and first aid measures (outlined above) are actioned but there is no improvement within one hour, then parents/carers will be called to collect the child
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- We only administer medication when it has been prescribed for a child by a doctor (or other medically qualified persons).
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.

3 Medication Forms

- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - The full name of child and date of birth
 - The name of medication and strength
 - Who prescribed it
 - The dosage and times to be given in the setting
 - The time last dose was given at home
 - The method of administration
 - How the medication should be stored, its expiry date and batch number
 - The signature of the parent, their printed name and the date
- The administration of medicine is recorded accurately in our medication record sheet each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the record sheet to acknowledge the administration of the medicine. The medication record sheet records the:
 - Name of the child
 - Name and strength of the medication
 - Date and time of the dose
 - Dose given and method
 - Signature of the person administering the medication and a witness
 - Parent's signature
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant staff members by a health professional.
- No child may self-administer. Where children can understand when they need medication, for example with asthma, they should be encouraged to tell their key person what they need it. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We monitor the medication record sheet to look at the frequency of medication given in the setting.

4 Storage of Medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. The key person checks that any medication held in the setting, is in date and return any out-of-date medication back to the parent.
- If a child has got medicine which needs to be kept in the fridge, then we place it into the fridge in the staff room. This happens for all children in the ladybird and Grasshopper room. Bumblebee room has a fridge in their own kitchen where they store any medicines.
- All medicines are to be labelled once put in the fridge.
- All medicines are stored appropriately according to the individual medicine.

5 Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection Regulations 2010, the GP will report this to Public Health England and our CWA Health & Safety Officer.
- When we become aware, or are formally informed of the notifiable disease, the manager/Room Lead informs Ofsted and contacts Public Health England, and acts on any advice given.

HIV/AIDS/Hepatitis procedure

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. We:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
 - Soiled clothing is bagged up ready for the parents to collect (If clothes are heavily soiled, they may be thrown away).
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

Head lice

- Head lice is not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents ask them to treat their child and all the family if they are found to have head lice.

6 Procedures for children with allergies

- When children start at the setting, we ask their parents if their child suffers from any known allergies. This is recorded on the Notification of Allergies sheet included in the child's registration pack.
- If a child has an allergy, staff and parents work together to complete a health care plan to detail the following:
 - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
 - The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
 - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen). We will then seek training from a medical professional to enable us to use this.
 - Control measures - such as how the child can be prevented from contact with the allergen.
 - Review measures.
- This health care form is kept in the child's personal file, and an allergy list is displayed in all rooms and the kitchen where our staff can see it.
- Applewood is a nut free setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party or in their child's packed lunch.

Life-saving medication and invasive treatments

These include adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

- We **must** have:
 - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
 - written consent from the parent or guardian allowing our staff to administer medication; and
 - Proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.

7 Vulnerable Adults

- We recommend that pregnant staff, volunteers and parents/carers seek medical advice if they develop a rash or encounter someone who has a rash which may be infectious.
- Chickenpox, German Measles and Slapped Cheek can have serious implications if contracted during the first 20 weeks of pregnancy and Chickenpox can also be hazardous in the last 3 weeks before delivery.
- We notify parents and pregnant staff, volunteers and staff if there is any incidence of these illnesses in the setting by a notice on the door in the foyer and the white board.