



Sick child, Medicine and Exclusion Policy

This policy is to be read in conjunction with:
HS01 Accident and Injury Management Policy

Purpose

At Hopscotch we try to minimise the spread of infection in our settings, however, due to infections and childhood illnesses your child may be unable to attend. It is of the utmost importance that children who are ill or have infections are kept away from the nursery to help reduce the risk of spreading the infection or illness.

We may request that a child is sent home for a number of reasons, but please remember that we have a responsibility to keep all the children safe from illness and infection. Whilst it may be inconvenient, your child's health and welfare and the welfare of others in our care, is our first priority.

We follow the guidelines for illnesses and infection control set out by Public Health England.

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

In the event of a child infection or illness, staff at Hopscotch will follow the following procedure to ensure the needs of your child are met and to prevent the illness or infection from spreading.

- When the child is not their usual self (e.g. inactive, crying excessively, no appetite) or, feel hotter than usual to touch on their forehead, back or stomach, feel sweaty or clammy and/or have flushed cheeks, the child's temperature will be taken.
- A normal temperature in babies and children is about 36.4°C, but this can vary slightly. A high temperature or fever is usually considered to be a temperature of 38°C or above.
(NHS <https://www.nhs.uk/conditions/fever-in-children>)
- If the temperature is normal the child will be given time to rest and will have their temperature taken at regular intervals.
- If the child's temperature is 38°C a member of staff will sit with the child and make him/her as comfortable as possible. We will request permission from the parent to administer Calpol.
- The parent/carer will need to collect the child from Nursery

Hopscotch will store a bottle of Calpol onsite to only be administered when a parent has been notified of a temperature and has given permission to do so, this is to avoid the temperature becoming any higher, and to alleviate any discomfort. The parent must then sign a medicine form on arrival.

Other circumstances that may require the child to be collected are listed in our Exclusion Policy below which parents sign upon registration.

If your child is sent home from nursery it is recommended that you seek medical advice from your Doctor. Parents and staff should then follow the Exclusion Policy on deciding when the child is able to return to nursery. Children who have broken limbs and have a plaster cast on are able to attend Nursery as long as they are able to access necessities and only on the advice of their doctor. Children with sprains/strains/burns are also allowed to attend nursery but this may not be advisable. We reserve the right to seek further medical advice if we feel necessary.

Conjunctivitis

'Public Health England' (PHE) advises that children do not need to stay away from school or nursery if a child has conjunctivitis, unless they are feeling particularly unwell.' If the symptoms worsen or do not improve with self-care a doctor or pharmacy may advise an eye drop treatment.

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Hand, Foot and Mouth

Public Health England updated their managing 'specific infectious diseases' guidelines in March 2019. The advice for Hand, Foot and Mouth now states the following:

'Hand, foot and mouth disease is a common viral illness in childhood. It is generally a mild illness caused by an enterovirus. In very rare instances it can be more severe. The child usually develops a fever, reduced appetite and generally feeling unwell. One or two days after these symptoms a rash will develop with blisters on their cheeks, hands and feet. Not all cases have symptoms. The incubation period is 3 to 5 days.'

Children are safe to return to nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed. Keeping your child off for longer periods is unlikely to stop the illness spreading. Exclusion of a well child is not required.

Head Lice

Staff are not permitted to physically check a child's hair for head lice, however, if it is apparent they have head lice, we will ask parents to treat them that evening before the child returns to nursery. Parents will only be called to collect their child if we feel it is a severe case and it is likely causing that child distress and presenting an increased chance of passing the head lice on to other children and staff. Staff will offer parents support and advice if head lice is a problem that parents may be finding difficult to get under control.

Teething

Baby teeth sometimes emerge with no pain or discomfort at all. At other times you may notice, your baby's gum is sore and red, one cheek is flushed, they are rubbing their ear, they are dribbling more, they are gnawing or chewing, they are more fretful.

There is no evidence to support the fact that teething causes a fever or diarrhoea, despite popular belief and therefore these will not be treated as 'normal' teething symptoms.

Staff will call the parent/carer to request permission to administer Calpol if they feel the child is suffering from teething pain. We can give non prescribed medication for 3 days in a row, after that a parent will need to gain permission from their Doctor.

RIDDOR

All businesses must comply with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) procedures this involves reporting deaths or major injuries, disease and dangerous occurrences and any other injury lasting for 3 days or more. These regulations apply to both children in our care and the staff team. These occurrences must be reported to Head Office, Ofsted and the Health and Safety Executive. Our risk assessment file contains the details of what is reportable and where to find further information (please also see the Accident and Injury Management Policy).

Medicines

It is not Hopscotch's policy to care for sick children who should be at home until they are well enough to return to the setting. We will however administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

Administering of medicine will only be done when it would be detrimental to the child's health if not given in the setting. We advise parents/carers to keep the child at home for the first 24 hours upon starting any medication (see Exclusion Policy) to ensure no adverse reaction takes place as well as to give time for the medication to take effect.

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- All medicines administered, including creams will be recorded on a medicine form
- Medicines should always be provided in the original container as dispensed by a pharmacist, including the prescriber's instructions for administration and dosage and the correct child's name on the medication
- The medication should be in date and prescribed for the current condition
- Hopscotch will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions
- The parent/carer must complete and sign a medicine form prior to the medication being administered
- It is the Room Leader's responsibility to ensure that the medication is given
- Medication can only be administered by a fully qualified, first aid trained member of staff who has completed their probation period and have a clear DBS check
- The witness to the medication must be an employee of Hopscotch (not a student or volunteer) who has completed all relevant key skills/competency checks, have a clear DBS check and completed a successful probation period
- The parent/carer should sign to acknowledge that the medication was administered when they collect their child

We will only give non-prescribed paracetamol-based medication when verbal consent is given by parents/carer in the case of a high temperature. Hopscotch will store their own paracetamol-based medication onsite (such as Calpol) and will be administered where a parent or named person is on their way to collect the child.

If non-prescribed medication such as Calpol is given (upon verbal consent) it will only be given in accordance with the dosage guidelines on the medicine label and only one non-prescribed medicine will be given at any time.

Children will be allowed to attend the setting if they have been administered Calpol/Calprofen at home before their session starts, however, this is only applicable when it does not relate to our Exclusion Policy.

Another exception to administering non-prescribed medicine (examples include paracetamol/ibuprofen-based medicine, teething crystals and Bonjela) is when a young baby (under two's) is teething and the parent has given written consent. This arrangement will only be permitted for a maximum of 3 days and will be at the manager's discretion on individual circumstances (a manager can refuse to allow non-prescribed medication and follow the Exclusion Policy if they feel the child should not be in the setting).

Hopscotch will store anti histamines for medical emergencies, this will be for children who suffer with allergies and have a reaction whilst in the setting or if a child (with no known allergies) develops a severe reaction whilst in our care. Regular long-term anti histamines can only be given if prescribed by a doctor.

All medication will be stored in inaccessible location in either the medicine cabinet or fridge as required. If the administration of prescribed medication requires medical knowledge then individual training will be provided for relevant staff members by a health professional.

Long Term Medication

To administer ongoing medication, written confirmation of the child's condition must be given by the child's GP/consultant stating the condition and what, if any medication should be administered.

- Written permission from the parent/carer is required
- Parents/carers of children with long term medication requirements must complete an Individual Health Care Plan, this identifies the child's symptoms, reaction and measures the nursery staff can take to reduce any critical risk to the child
- The Individual Health Care Plan is reviewed every six months or more if necessary
- Parents receive a copy of the Health Care Plan
- Any specialist training required in order to administer the medicine will be given by a healthcare professional

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- Children who have been using non-prescribed medicine for teething purposes longer than three days will need to seek medical advice and obtain prescribed medication for ongoing use
- Children who have an ongoing injury or skin condition (e.g. – a broken arm, burn, severe eczema) can use medicines such as Calpol for pain relief

Emergency Medical Treatment

In the event of an emergency situation, an ambulance would be called and the parent/carer informed immediately. Upon registration with Hopscotch, parents/carers sign an emergency medical attention permission which would be used to support any emergency situation.

Staff medication

Staff members who are on prescribed medication are required to fill out a “staff medication form” this is to ensure that there are no side effects which could affect their work performance and care of the children.

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Exclusion Policy

We would like to draw your attention to our exclusion policy, this is in line with the advice from the Health Protection Agency. The welfare of the children in our care is important to us and therefore we ask that you adhere to the following guidelines. We know how difficult it is to juggle work and family commitments, however it is unfair to unnecessarily expose other children to infection.

There may be times when we will contact you and ask that you collect your child. This will be when we feel they are too unwell to be at nursery, are concerned they may have symptoms connected to the illness/ infections as stated on the exclusion chart or they risk spreading an illness or infection within the setting. If you would like to discuss this any of the above, then please speak to your Nursery Manager.

Disease / Illness	Minimal Exclusion Period
Prescribed medication	24 hours from first dose of medication. <i>Prescribed creams will be dependent on severity of condition</i>
Chickenpox	5 days from appearance of the rash and spots are all dry
Conjunctivitis	No exclusion (if condition worsens seek medical advice)
COVID-19	If a child or young person has a positive COVID-19 test result they are advised to stay at home for 3 days after the day they took the test.
Hand, Foot and Mouth	No exclusion unless accompanied by other symptoms such as high temperature.
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment
Measles	4 days from appearance of the rash
Mumps	Until the swelling has subsided and in no case less than 7 days from onset of illness
Pediculosis (<i>lice</i>)	Until appropriate treatment has been given
Pertussis (<i>whooping cough</i>)	48 hours from commencing antibiotic treatment or 21 days from onset of illness (if no antibiotic treatment)
Raised Temperature	24 hours clear of high temperature
Ringworm of body	Seldom necessary to exclude provided treatment is being given
Ringworm of scalp	Until cured
Scabies	Can return after first treatment
Slap cheek	No exclusion
Teething	No exclusion - we can give non prescribed medication for 3 days in a row but after that parent will need to gain permission from their Doctor.
Vomiting and Diarrhoea	48 hours from last episode of illness

The managers refer to the “Public Health England – Guidance on infection control in schools and other childcare settings” when a child has an illness/disease that is not included on the above list before deciding on whether the child should/should not attend the setting.

For a child who is able to attend nursery (in line with our exclusion policy) but is clearly distressed and in discomfort we will call a parent to collect them. This will be where we feel it is in the child’s best interest not to be in the setting.

The manager may ask that a child does not attend the setting for a longer period than set out in the exclusion policy if there has been a severe outbreak of a certain illness/disease or we feel they may cause a risk to spreading an illness/disease.

The full list of specific infectious diseases guidelines is here; <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases>

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