

4.6.1 Introduction

Childbase will endeavour to cater for all children with regards to medical conditions, infectious diseases and health requirements. Childbase does not employ medical professionals and we are required to follow the instructions presented to us by prescription labels, industry best practice, governmental guidelines and medication packaging.

4.6.2 Definition of a “Well Child”

- A child who is not reliant on temperature relief medication,
- A child who is well enough to participate in all areas of Nursery activities
- A child with their normal appetite, who is happy and sociable
- A child who does not require a greater staff ratio
- A child who has their normal bowel functions

A member of the management team must be informed immediately if a child becomes ill while at the Nursery. They will ensure that the child’s parents are notified as quickly as possible. Children that are not well per the “Well Child” definition will be expected to return to their parents as soon as is practical. A child that is not well per above at the point of drop off should not be accepted.

COVID-19

Children and young people should not attend if they have a high temperature and are unwell. Children who have a positive test result for COVID-19 should not attend the setting for 3-days after the day of the test. Employees who have a positive test for COVID-19 should not attend work for 5-days after the day of the test.

4.6.3 Medication Procedure

- All medications to be signed in by the Parent on the relevant document
- Parental medications will be administered in line with the prescription or packaging only
- Nursery medications (e.g., Calpol) can be administered in line with the packaging guidance, NHS guidance, and the Well Child definition above
- Childbase will not administer the first dose of a medication to a child except for defined emergency medications
- Medication to be administered by a Qualified First Aider. Typically, the child will have their medication given in their room, by their Key Person, to avoid disruption to the child

Checks

The following areas should be checked by the person administering:

- Dose per prescription and/or packaging
- Frequency
- Prescription and/or packaging label
- Childs Name
- Prescribed Date
- Expiry Date
- Check the Medicine Chart
- Review the Health Care Plan where applicable
- Medication must be provided in English and clearly legible
- Ensure that the medication is age appropriate

If it becomes apparent prior to administering a medication that it does not meet the above criteria the nursery should inform the Parent as soon as possible. The Nursery Manager is able to use their discretion in consultation with the Parent and HS&E Team in the interest of working together for the child’s health.

4.6.4 High Temperature Process

The below represents the steps to follow after noting a high temperature.

1. A child feels warm to touch
2. A temperature recorded of **38c** or more
3. Two additional temperature readings taken with the same device spaced 15 minutes apart and recorded on the HS35 – Emergency Medication Form
 - a. No Calpol, or similar, should be administered during this time unless the child’s temperature spikes, is distressed or has an existing Health Care Plan e.g., known to be prone to Febrile Convulsions.
4. If the temperature is consistently 38c or higher across the three readings the child is to remain isolated, and arrangements made to leave work or be collected by their parent
 - a. Calpol, or similar, can be administered at this point
5. If the temperature drops below 38c the child can return to their Room but should be monitored

4.6.5 Incorrect Medication Procedure

In the event a child is given incorrect medication (defined as out of date, not for that child, or incorrect dosage including frequency) the Emergency Services (999) should be contacted for advice. You will need to have the medication given, including the prescription label and any pertinent details, available to enable the Emergency Services to make the judgement on what steps to follow next.

4.6.6 Inclusion & Exclusion of Children

Childbase reserves the right to temporarily exclude children in the interest of halting the spread of infectious diseases, including those with no specific “exclusion period”.

It is the policy of Childbase to decline to admit a child or to exclude a child already on our register only in the most exceptional circumstances. As a general principle, Childbase will make every effort to accommodate the requirements of children with special educational or medical needs.

The contract with parents provides that the company may require a parent to withdraw a child when:

- The child requires special medical care or attention which is not available, or which is refused by the parent
- Childbase has reasonable cause to believe that the child is or may be suffering from a contagious disease, and there remains a danger that other children at the Nursery may contract such a disease

The Manager, in consultation with a Regional Director (who may take advice from the Health, Safety & Environment Team and/or the Quality & Training Team) reasonably considers the child to be disruptive

Exclusion Periods

Certain illnesses have defined exclusion periods set by UK Health Security Agency (UKHSA) and the NHS. Childbase will operate within that guidance and the most current information should be sought from the NHS or UKHSA websites as applicable.

- Link: [UKHSA Exclusion Periods](#)

4.6.7 New & Expectant Mothers Risk Assessment and Approach

All new and expectant mothers (as defined by the HSE) will have a bespoke Pregnancy Risk Assessment completed – further guidance on this can be found in the Employee Handbook and the Pregnancy Risk Assessment template. The pregnant colleague will be provided with a copy of the completed Pregnancy Risk Assessment and asked to confer with their GP and/or Midwife.

Certain illnesses are potentially harmful to new and expectant mothers. Guidance should be sought from the New or Expectant Mothers GP or Midwife should the following illnesses be present within the nursery:

- Chickenpox

- German Measles (Rubella)
- Slapped Cheek (Parovirus)
- Measles
- Hand, Foot and Mouth
- COVID-19

Should a strongly suspected or confirmed case of the above conditions be reported within the setting the following will be considered:

1. Adjust the working conditions e.g., reassign to a non-contact role within the setting for example but not exhaustive, Kitchen Cover or Administrative Duties
2. Suitable alternative work e.g., relocate to a nearby setting free of the above illnesses
3. Suspend on full pay for as long as is deemed necessary

COVID-19 Vaccination

A pregnant colleague who is either partially or not vaccinated is at a higher risk of severe illness. The GP or Midwife should be consulted with alongside the Pregnancy Risk Assessment.

4.6.8 Confirmed Infectious Disease Procedure

Typically we will only receive information regarding Infectious Diseases via the Parents and in some cases via your Local Health Protection Team. We would follow guidance from the relevant Local Health Protection Team and we would cascade information to our Parents in an advisory capacity.

For less severe infectious diseases we would follow this process:

1. Illness confirmed to us (Parent or Local Health Protection Team)
2. Guidance issued based on NHS information available online
3. If cases increase consider a deep clean of the Nursery
4. We retain the right to exclude any children in order to stop the spread of infection however this should be used with care

Certain conditions may require a more subtle response given their nature and as such if in doubt please contact the Health, Safety & Environment Team for guidance.

4.6.9 Immunisations

Childbase Partnership encourages age-appropriate immunisations however we will not exclude a child who either cannot receive the immunisations on medical grounds, is too young to have had their first dosages, or the Parents have chosen to refuse in line with their beliefs.

If a confirmed case of an immunopreventable disease occurs within the nursery population we will endeavour to ensure this information is cascaded to parents who fall in to those categories stated above. Children who are unvaccinated would be advised to speak to their GP before returning to the nursery.

4.6.10 Sun Cream Guidance

The children in our care have much more sensitive skin than adults, and damage caused by repeated exposure to sunlight could lead to harmful skin conditions developing in later life.

From March to October in the UK, children should:

- Cover up with suitable clothing
- Spend time in the shade – particularly from 11am to 3pm
- Sun cream should be applied in line with the manufacturers and parents' guidelines
- "Instant" or "one use" creams can be used provided they meet the SPF criteria and following the packaging guidelines
- Wear at least SPF30 sun cream with a UVA/B rating of 5-stars or equivalent

- Apply sun cream to areas not protected by clothing, such as the face, ears, feet, and backs of hands.
- Ensure sun cream is reapplied after water-based activities
- Children aged less than six months should be kept out of direct strong sunlight.
- Monitor ultra-violet (UV) throughout the day via the Met Office utilising the framework below as a guideline for what action to take

UV Index Guide

The below should be used in conjunction with the Met Office reports for your area to determine requirements before using the Gardens. Please note UV does not always correlate to temperature.

UV Index	UV Index	UV Index	UV Index	UV Index	UV Index	UV Index	UV Index
1	2	3	4	5	6	7	8+
<ul style="list-style-type: none"> • No sun cream required 		<ul style="list-style-type: none"> • Sun cream required • Hats required 			<ul style="list-style-type: none"> • Sun cream required • Hats required • Shaded areas provided • Water/ice play activities. 		<ul style="list-style-type: none"> • Outside activities to be postponed

4.6.11 Guidance on Associated Appendices

To assist with the day-to-day management of health, medicines and infectious diseases in the nursery there are a series of appendices covering specific areas. The points below aim to guide the completion of the appendices.

HS19 Nappy Changing and Cream Chart

- Page 1 to be completed to log the nappy creams required per child and any requirements
- Page 1 to be displayed or available in the Nappy Changing Room
- Page 1 to log nursery and parental supplied creams
- Page 2 to be completed when logging nappy changes
- Page 2 to be completed when logging nappy cream applications
- Page 2 to be completed when logging skin cream applications
- Page 2 to be completed when logging any intimate care
 - Intimate care is defined as where a Practitioner has helped a soiled or wet child to wipe and/or change a child's underwear – this applies to all rooms including children no longer in nappies or potty training
- Updated following any changes from Parents including notes on where the cream is kept
- Page 2 Kept until the sheet is full, then archived
- All other creams not “nappy related” are to be managed via the HS34 below

HS33 Parental Food Supply

- To be completed to manage home-bought foods
- To be completed to manage medications or treatments that are added to, or part of, food and drink
- Reviewed 6-monthly or following any changes
- Completed form to be sent to HS&E

HS34 Medicine Consent Form

- One page per child
- Medication to be signed in by the parent at drop off
- All boxes to be completed fully including no “dittos”
- Children with Health Care Plans must have the medication checked against the Health Care Plan to ensure it is in line with the guidance provided and prescription label
- If a child is asleep when medication is due a note must be made to inform the parents why the medication was given late
- Parents reminded to inform us of home administered medications
- All medicines to be administered in line with the above medication procedure
- Kept in the applicable room until sheet is full, then archived

HS35 Emergency Medication Form

- To be completed should a child develop a high temperature or require allergy relief medication
- This includes emergency use of a child's or nursery adrenaline pen (Epi, Jext etc.)
- Boxes provided to note the child's temperature at 10-minute intervals after the initial 45 minutes
- Can be used to record administered medication for hay fever
- Copy provided to Parents upon collection

HS36 Health Care Plan

- To be completed for any child with a medical condition that lasts longer than four weeks in duration
- Including medical conditions that do not have associated medication to be given at nursery
- Updated when required or at least every six months
- Kept in the child's A File, archived along with A File contents

All documents above will be archived in line with our Data Management procedure.

Document Control

Title	4.6 Health, Medicines and Infectious Diseases
Procedure Owner	Health, Safety & Environment Director
Author	Mark Bird
Reviewers	Health, Safety & Committee
Issue No	2
Policy Effective Date	11 October 2010
Manual	Health & Safety Manual
Re Issue No	12
Date Issued	April 2019
Policy Effective Date	April 2019
Re Issue No	13
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Re Issue No	16
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Re Issue No	17
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