

4.5.1 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.

4.5.2 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.

4.5.3 Medication Procedure

Nursery provided medication, Prescribed, and non-prescribed medication must undergo the following checks prior to being administered to a child.

Nursery provided medication:

- Child’s file to be checked for consent to administer Childbase provided medication.
- Where consent has not been given in the registration pack, parent/guardian must be called, if consent is given, the time of call, who made the call and who gave consent must be recorded on form ‘HS48 Emergency Medication Form’.
- Where parent/guardian cannot be reached by phone, dial 111 for advice.
In an emergency dial 999.
- Nursery provided medication to be administered in line with manufacturer’s guidance on packaging, NHS guidance, and the Well Child definition in section 4.5.2 of this policy.
- Medication to be administered by a Qualified Paediatric First Aider (PFA), normally their key person, or a member of management if the key person is not present or does not have in date PFA Qualification.
- Prior to administering the medication, the child, medication, and dosage must be checked by another member of staff who will act as witness to the administering of the medication.
- Form ‘HS48 Emergency Medication Form’ to be completed in full.

Prescribed and Non-Prescribed medication:

When accepting the medication into the nursery the following checks must be made:

- Medication provided must be in English and labelling legible.
- Each time a child has a new medicine they have not had before they will not be able to attend the nursery until 24 hours after the first dose. This is in case there is a reaction to the medicine, except for defined emergency medications, e.g., adrenaline auto-injectors.
- Prescription/medical notes match that of the child.
- Frequency medication is to be administered.
- Medication is age appropriate.
- Medication is in date.
- Non-prescribed medication is provided in line with ‘Guidance for accepting non-prescribed medication’.
- Complete ‘HS47 Medicine Consent Form’; which requires the following information:
 - o Time of last dose.

- o Time to be given.
- o Dosage.
- o Parent's signature.

When accepting the medication, if any of the criteria above are not met the nursery must ask parent/guardian to provide suitable evidence that the medication is appropriate for their child. The Nursery Manager can use their discretion in consultation with the parent/guardian and their Area Manager in the interest of working together for the child's health.

When administering the medication to a child, the following checks must be made:

- Medication to be administered by a Qualified Paediatric First Aider (PFA), normally their key person, or a member of management if the key person is not present or does not have in date PFA Qualification.
- Prior to administering the medication, using form 'HS47 Medicine Consent Form' the child, medication, and dosage must be checked by both the staff member administering and another member of staff who will act as witness to the administering of the medication.
- Form 'HS47 Medicine Consent Form' to be completed in full.
- If any details are not correct or the form has not been completed in full, staff must not administer medication, and must report to management immediately.
- Management must then contact parent/guardian to consult on what actions are going to best in the interest of working together for the child's health.

4.5.4 High Temperature Process

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

1. A child feels warm to touch.
2. A high temperature is recorded e.g., **38°C** or more, using an in-ear thermometer in line with manufacturer's guidance.
3. Calpol must be administered in line with [NHS Guidance](#).
4. If the child's temperature remains high parents must be called to collect because the child is no longer well enough to remain at nursery. Please see section 4.5.2.
5. Where the child's temperature has reduced, and they return to normal play this should be checked again four hours later. If their temperature rises again and a second dose of Calpol is required parents must be called to collect because the child is now Calpol reliant.

4.5.5 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) must be contacted for advice. You will need to have the medication given, including the prescription label and any relevant details, available to enable the Emergency Services to make the judgement on what steps to follow next.

4.5.6 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 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: [Children and young people settings: tools and resources - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/children-and-young-people-settings-tools-and-resources)

4.5.7 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 (Parvovirus)
- Measles
- Hand, Foot, and Mouth

4.5.8 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, conduct a deep clean of the Nursery.

We retain the right to exclude any children to stop the spread of infection, however this must be done in consultation with your Area Manager and with advice from the relevant authoritative body.

Where required, please contact the Health & Safety Team for further guidance.

4.5.9 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 immune preventable disease occurs within the nursery population, we will endeavour to ensure this information is cascaded to parents who fall into those categories stated above. Children who are unvaccinated would be advised to speak to their GP before returning to the nursery.

4.5.10 Long term medications

Where children are prescribed or parents have requested long term use of medications that can be purchased over the counter e.g., Piriton for Hay fever, a HS51 Health Care Plan should be implemented. For purchasable medications a note from the doctor should be sought to ensure that it is safe to be used for the child in this manner, e.g., Piriton can cause Liver damage from prolonged use.

Auto injectors, there are to be two auto injectors on site and in date for any child requiring one. They are to have a Health Care Plan and Risk Assessment completed and to be stored in the room with the child in a labelled container and kept out of reach of children.

Where a Health Care Plan has been implemented parents are no longer required to sign HS47 for each dose of medication; “HCP” should be written in the parent’s signature box, and the rest of the form will be completed by the practitioner administering the medication.

4.5.11 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 that also provides UVA protection.
- 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.

4.5.12 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.

4.5.13 Storage of medication

- Auto injectors, inhalers, and other long-term medications to be stored in the room with the child, in a sealed container with the child's full name and picture. A copy of the HCP and RA to be stored in the container alongside the medication.
The medication to be kept out of the reach of children on a shelf or a locked cupboard if the cupboard is at child's height.
- Medications with specific guidance to be kept where it is recommended on instruction. For example, and dry place- medicine cupboard in the office.
- Calpol and Nurofen will also be kept in the nursery medicine cabinet.

4.5.14 Nappy Cream

Childbase provide nappy cream as part of the care to the children under our supervision. Parents may wish to provide their own nappy cream; however, the following guidance must be applied for both nursery provided nappy cream and parent supplied nappy cream:

- Ingredients list of nappy cream **MUST** be checked for any allergens before purchasing and before use.
- If nappy cream does not contain any allergens, it can be used as required; If nappy cream does contain an allergen, the following instructions must be followed:
 - If intended for nursery supply an alternate product **MUST** be sought.
 - If parent supplied, ask parents for an alternate product to be used, explaining the reason why.

If the nappy cream that contains an allergen is required for use under medical recommendation, the nursery must have followed the above instructions first, and then must apply this guidance:

- Check if there is anyone with an allergy to the allergen detected within ingredients list; check with them/their parents how sensitive they would be to the product proposed for use.
- If the person with the allergy can be cared for separately and away from the person requiring the nappy cream, then a risk assessment must be conducted to detail how this will be managed and then sent to the nursery's Area Manager for approval, seeking guidance from the Health & Safety Team where required.

Associated Forms:

HS12 Cream Chart

- Page 1 to be completed for any child with a requirement for their own nappies or wipes, non-nursery or specific nursery creams, specific skin creams, sun creams, soaps, or teething gels to be applied.
- Kept in the bathroom when in use and shredded when no longer in use.

HS13 Nappy and Toilet Training Chart

- See section 4.1.

HS15 Prescription and Teething Gel Chart

- The application of teething gels and all skin creams should be recorded on this chart. The date needs to be recorded per application, so this form can be used until all available spaces are completed.

- Creams prescribed by a GP for short term periods, requiring a designated number of applications each day should be recorded here. For example, a short course antifungal treatment.
- Time and initials to be recorded in the allocated boxes.
- A tick to be entered into the relevant box for teething gel or skin cream applied.
- Kept in the 'B' file for 1 year and then archived for 3 years.

HS47 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.

HS48 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.

HS51 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.
- A copy to be kept in the room with the child's medication in a sealed box, fully labelled and kept out of reach of children.
- A risk assessment to be completed if ANY additional measures have been put into place (Except for those with an Auto-Injector, as per section 4.5.10 of the policy, who must have a risk assessment). Please contact H&S team if unsure.

HS64 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

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

Version Control

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