



Sickness, Medication & Medical Needs Policy

Approved by:	Governing Body	Date: 1 st June 2026
Last reviewed on:		
Next review due by:	September 2026	

1. Policy Statement

The health, safety, and wellbeing of all children in our care is our highest priority. Children who are unwell should remain at home to support their recovery and to reduce the risk of infection to others.

This policy is informed by:

- UK Health Security Agency (UKHSA) guidance
- *Managing Medicines in Schools and Early Years Settings*
- Statutory safeguarding requirements

The **Senior Children's Centre Officer / Daycare Lead** is responsible for ensuring this policy is implemented and followed by all staff.

2. Illness and Infection Control

- Children who are unwell must not attend the nursery.
- If a child becomes unwell while attending, parents/carers will be contacted and asked to collect their child as soon as possible.
- Children with a communicable or infectious illness may return only once they are well enough and in line with government exclusion guidance.
- Decisions are made using professional judgement, UKHSA guidance, and in the best interests of all children.

When a Child Is "Well Enough" to Attend

A child is considered well enough when they:

- Can participate comfortably in normal nursery activities
 - Do not require one-to-one care due to illness
 - Do not pose an infection risk to others
 - Meet government exclusion requirements
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3. Fever and High Temperature

A fever is defined as a temperature of **37.5°C or above**.

If a child has a raised temperature:

- The child will be monitored, made comfortable, and their temperature rechecked after 15 minutes
- The **Key Person** will inform the **Room Lead**
- Parents/carers will be contacted and asked to collect the child if the temperature remains raised
- All readings and actions will be recorded on a sickness monitoring form

Paracetamol (Calpol) will not be administered to reduce a temperature unless this forms part of an agreed **Health Care Plan**.

4. If a Child Becomes Unwell While in Our Care

If a child becomes unwell:

- Parents/carers will be contacted immediately
- Emergency contacts will be used if parents cannot be reached
- Advice from a **Paediatric First Aider** will be followed
- In an emergency, an ambulance will be called (999)

If a child needs to attend hospital and parents/emergency contacts cannot be reached:

- The **Key Person and/or Senior Practitioner** will accompany the child
- Relevant documentation (sickness form, admissions form/contract, Health Care Plan) will be taken
- Responsibility for the child will be handed over once a parent/emergency contact arrives

A sickness form will be completed, shared with parents on collection, signed, and filed.

5. Febrile Convulsions

Children known to have febrile convulsions may only attend where:

- A current **Health Care Plan** is in place
- Parents have provided written consent
- Staff have received appropriate training
- It is deemed safe for the child to attend

If a febrile convulsion occurs:

- Emergency procedures will be followed immediately
 - Parents will be informed
 - Time, duration, and actions taken will be recorded in line with the Health Care Plan
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6. Diarrhoea and Vomiting

We recognise that teething or weaning may cause loose stools. However:

- Normally, parents will be contacted after **three loose motions**
- If sickness or diarrhoea is present, or the child appears unwell, parents will be contacted after the **first loose motion**
- Parents must be honest about symptoms to safeguard all children

Children may return only in line with government exclusion guidance.

7. Medication Administration

Medication will only be administered where necessary to support a child's health and wellbeing.

General Principles

- Only **prescribed medication** will be administered
- Children must be well enough to attend while on medication
- Medication must be in date, in its original labelled container, and prescribed to the child
- Written parental consent is required before any medication is given
- Medication is administered by the **Key Person or Room Lead**, witnessed by another practitioner
- All administration is recorded accurately and signed

No child may self-administer medication.

Parents must sign the medication record at the end of each day to acknowledge administration.

8. First-Time Medication and Antibiotics

- Children taking a medication for the first time should remain at home for **24 hours** to monitor for adverse reactions
 - Children prescribed antibiotics should remain at home for the first **24 hours**
 - Children may return only once well enough and in line with government guidance
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9. Storage and Disposal of Medicines

- Medication is stored securely and out of children's reach
 - Refrigerated medication is stored in a clearly labelled container
 - Emergency medication is stored safely and is easily accessible to trained staff
 - Practitioners must not dispose of medicines
 - Parents are responsible for returning expired or unused medication to a pharmacy
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10. Long-Term Medical Conditions

For children with long-term or complex medical needs:

- A risk assessment and **Health Care Plan** will be completed with parents and health professionals
 - Staff will receive appropriate training before the child attends
 - Health Care Plans include daily management and emergency procedures
 - Plans are reviewed at least every six months or immediately if changes occur
 - Completed plans are kept securely, and parents receive a copy
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11. Medicines on Outings

When children attend outings:

- Medication is taken in a sealed, clearly labelled container
 - A copy of the Health Care Plan and medication consent form accompanies the child
 - Administration is recorded, witnessed, and signed
 - If hospital care is required, medication and documentation will accompany the child
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12. Responsibilities

- **Senior Children's Centre Officer / Daycare Lead:** overall responsibility for implementation and compliance
 - **Room Leads / Key Persons:** daily monitoring, communication with parents, and accurate record keeping
 - **Practitioners:** adherence to procedures, vigilance, and safeguarding
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Policy Review

Date reviewed: