



## Health, Medicine, and Well-Being Policy

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### 1. First Aid, Medication, & Sickness

At all times, at least one Practitioner with a current first aid certificate (relevant to young children and infants) is on the premises at Lily Pad Day Nursery. At least one suitably qualified Practitioner will also accompany all outings. The first aid qualification includes first aid training for infants and young children.

Our first aid kit:

- Complies with the Health and Safety (First Aid) Regulations 1981
- Is regularly checked using the First Aid Check List and re-stocked as appropriate.
- Is easily accessible to adults.
- Is kept out of the reach of children.

At the time of admission to the Nursery, parents/carers permission for emergency medical advice or treatment is sought. Parents/carers electronically sign and date their approval on both their child's registration form and their contract.

We record our accidents on the Family App where:

- A full record of past accidents is available to Practitioners at all times.
- All staff know how to effectively record accidents that occur.
- These records are reviewed monthly to identify any potential or actual hazards.

Ofsted is notified of any serious accident, illness or injury to a child in our care, as well as in the extremely unlikely circumstances of the death of a child or adult. This is a requirement of registration from the Early Years Foundation Stage.

### **Accident Procedure**

An accident will be recorded via the Family App. This is to ensure legal compliance and appropriate gathering of information needed to inform all relevant persons. Detailed records will be kept of any accidents, which will outline how the accident occurred, any injury sustained, time, treatment and follow-up process.

Parents/carers will receive a copy of the accident record via the Family App.

### **Sickness and Medicine Policy**

The definition of a 'Well Child' is:

- A child who is well enough to participate in all aspect of the Nursery day
- A child that is not reliant on temperature relief medication
- A child with their normal appetite
- A child who has their normal bowel functions



If a child is not well, as per the 'Well Child' definition, Nursery is NOT the place for them. They must not attend until they are well.

If a child has a temperature above 38 degrees Celsius and their temperature remains at this level or above, the child is not well enough to attend Nursery.

If a child becomes ill whilst attending the Nursery, they will be monitored and the information recorded on the Family App. If it is felt that it is not beneficial for the child to continue with us that day, the Nursery Manager, Deputy, or Room Leader will phone the parent/carer and inform them of the situation and ask that the child be collected as soon as is practical.

Parents/carers must notify us immediately if they are aware that their child has a contagious illness, even if it has yet to be confirmed by a doctor. Children suffering from sickness or diarrhoea or with the possibility of being infectious must refrain from attending the Nursery until they are clear from the symptoms for at least 48 hours.

If a child has been sent home from Lily Pad Day Nursery due to ill health, they will not be re-admitted until they are suitably recovered. If a child is taking antibiotics they must be kept away from Nursery for a minimum of 24 hours, or 3 separate doses in order for the medicine to take effect.

If a child has ongoing or long term medication, then a Care Plan for Medical Conditions must be completed by the parent/carer. This will also be logged on the Family App. The Care Plan, the medicine, along with its dosage, and all the information about the child will be stored in their Personal Medication Box.

Children will be administered the correct dose of medicine by the Management team, which will be witnessed by another Practitioner. This information will be recorded and sent to the Manager and parents/carers on the Family App. A child's prescribed medicine and other medication is stored in its original container, is clearly labelled and is not accessible to the children.

### **Paracetamol**

If a child develops a seriously high temperature or is in notable pain, the recommended dosage of paracetamol designed for children, such as Calpol, will be administered if the parent/carer has given the Nursery prior consent (6-24 months: 5ml, 2-4 years: 7.5ml, 4-6 years: 10ml).

We will endeavour to contact the parent/carer before paracetamol is given. Paracetamol will only be administered by the Management team and cross-checked by a qualified Practitioner.



If the child's temperature has not fallen to under 38 degrees Celsius 45 minutes after paracetamol has been administered the parent/carer will be required to collect their child.

We will only administer 2 doses of paracetamol, if the child requires a further dose the parent/carer will be required to collect their child.

Where appropriate, we will assist with localised pain relief, using an ice pack/warm-hot water bottle.

**After their 1 year immunisations a child will not be able to attend nursery for 24 hours.**

If a child has a severe allergy and requires an Epi-pen, then training must be completed by the Management team and all Practitioners. Unless this training is completed the child's attendance at the Nursery will be delayed.

If a child shows signs of an allergic reaction to something they have ingested or touched, the recommended dosage of allergy relief designed for children, such as Piriton, will be administered if the parent/carer has given the Nursery prior consent (over the age of 1 year: 2.5ml). We will endeavour to contact the parent/carer before allergy relief is given. Allergy relief medication will only be administered by the Management team and cross-checked by a qualified Practitioner.

If the child's administered prescription requires medical knowledge, training will be provided for the relevant Practitioner by a health professional, prior to the child attending or returning to Nursery.

The Nursery will administer medicine that is clearly labelled with the child's name, medicine type, amount to be administered, has the correct date and is not past its use-by date. The Family App must be updated fully (including when the last dose was given) by the parent/carer before they bring the child to Nursery and acknowledged on the App when they collect their child.

We may administer un-prescribed or over-the-counter medicine such as Piriton, teething gel and eye drops, however we will not administer any form of cough mixture. Non prescribed medicines may be administered for a maximum of two days. At any time during the two days, if Practitioners feel that a child's health worsens, or, if they have underlying concerns as to the child's health, they will call the parents/carers to collect their child. If a parent/carer requests that non-prescribed medicine be administered for more than 2 days the Nursery will not be able to accommodate this and the parent/carer will be advised to seek a medical opinion in case of any underlying causes.

We meet our legal requirements for the safety of our employees by complying with RIDDOR and report to the local office of the Health and Safety Executive as necessary



## Exclusions Table



UK Health  
Security  
Agency

### HPECS guidance: Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, <a href="#">consult your local health protection team (HPT)</a> .
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell.  Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.  For more information, see <a href="#">Managing outbreaks and incidents</a> .

Infection	Exclusion period	Comments
Diphtheria*	Exclusion is essential.  Always consult with your <a href="#">UKHSA HPT</a> .	Preventable by vaccination. Family contacts must be excluded until cleared to return by <a href="#">your local HPT</a> .
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to <a href="#">your local HPT</a> .  For more information, see <a href="#">Managing outbreaks and incidents</a> .
Glandular fever	None	
Hand foot and mouth	None	<a href="#">Contact your local HPT</a> if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice Hepatitis A	None  Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, <a href="#">your local HPT</a> will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.  Contact your <a href="#">UKHSA HPT</a> for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR.  Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination.  <a href="#">Your local HPT</a> will advise on any action needed.



Infection	Exclusion period	Comments
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your <a href="#">UKHSA HPT</a> will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your <a href="#">UKHSA HPT</a> for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, <a href="#">please contact your UKHSA HPT.</a>
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.



Infection	Exclusion period	Comments
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB).</p> <p>Exclusion not required for non-pulmonary or latent TB infection.</p> <p>Always consult <a href="#">your local HPT</a> before disseminating information to staff, parents and carers.</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.</p> <p><a href="#">Your local HPT</a> will organise any contact tracing.</p>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	<p>Preventable by vaccination.</p> <p>After treatment, non-infectious coughing may continue for many weeks. <a href="#">Your local HPT</a> will organise any contact tracing.</p>

\*UK Health Security Agency - October 2023

## 2. Sun Protection

At Lily Pad Day Nursery we understand the dangers posed to both children and Practitioner's by overexposure to the sun.

In hot weather parents/carers **MUST** put sun cream on their child before they arrive at the Nursery. We will assume that **ALL** children come into Nursery protected with sun cream at the start of their session, be this in the morning or afternoon.

In addition to this, Practitioners will apply sun cream to the children as necessary later in the day to ensure their continued protection.

We purchase and use a high quality (sensitive skin) sun cream to apply to all children and will obtain electronic written parental consent before applying this. If a child is unable to have the Nursery brand sun cream applied then parents/carers must bring their own choice of sun protection for the sole use of their child. This should be clearly named.



Parents/carers are also reminded that their child will be required to wear a suitable sun hat before going outdoors. We do have some spare hats that are available to give to children who forget their own. Practitioners are encouraged to wear hats when sunny outside to set a good example.

Practitioners always ensure there is plenty of drinking water available both inside and outside and children will be encouraged to drink water frequently, this is particularly important in hot weather. Our Practitioners also regularly remind independent children to drink and offer the younger children very regular drinks. Practitioners also ensure that there are shady areas in the outdoor space, and will make sure children do not over heat.

Sun protection will be discussed with all age appropriate children at the beginning of the summer term and repeated if required as part of the children's safety and well-being.

In extremely hot periods, Practitioners will make sure that children go outside at the coolest part of the session if possible. They will also limit the time that the children can be outside.

### **3. Nappy Changing and Toileting**

At Lily Pad Day Nursery we recognise that strict procedures and guidelines are in place and **MUST** be adhered to when changing nappies and supervising toileting.

Practitioners view changing a child's nappy as an enjoyable and educational experience and should have appropriate dialogue with a child during this process.

- Children who need personal care must have their privacy and dignity respected.
- Only Practitioners who hold a current Lily Pad Day Nursery DBS clearance are allowed to change nappies, assist with toileting or personal care routines.
- Under no circumstances will a volunteer or student be asked to provide personal care for a child.
- Nappies are changed in appropriate areas only.
- Disposable gloves and a disposable apron are worn for each nappy change.
- The changing mat is wiped after each nappy change, using an anti-bacterial spray and disposable paper towel.
- All items are disposed of in the nappy bin provided.
- The Practitioners hands are washed with soap or hand sanitiser after each routine is carried out.
- Proprietary creams and wipes are only used at the electronic signed request of the parent/carer.
- With regard to older children, the Practitioner Team will ensure that their personal





independence skills are promoted, with supervision if required.

- Disposable gloves and a disposable apron are worn when changing wet or soiled pants.
- An electronic record is maintained on Family of all nappies changed for the younger children and toileting accidents/changes for the older children.
- All Practitioners are aware that lifting and handling is part of their daily duties. It is the responsibility of trained staff to instruct any untrained Practitioners of the correct procedures in this area.
- A risk assessment must be written when an older/heavier child needs lifting because of their toileting needs. Practitioners should follow the risk assessment appropriately. This will prevent injuries to both the Practitioner and child.

### 3.1 Toilet Training

- Practitioners offer support and guidance to parents/carers when deciding to start toilet training and transitioning to wearing underwear.
- Before starting this process at Nursery, children must have had at least one week at home toilet training and be confident in using a potty or toilet.

## 4. Rest and Sleep

We believe that effective rest and sleep strategies are important factors in ensuring a child feels safe and secure in our environment. We recognise that each child is special and unique, with their own individual needs. We work closely with the parents/carers of the children in our care to ensure the consistency of practice between home and Nursery. This also allows us to discuss and take into account the wishes of parents/carers on a daily basis.

Some parents/carers may wish their baby to cry themselves to sleep. Whilst we always take these wishes into account, we will use our professional judgement in determining the length of time a child is left. We use soothing strategies in order to assist a child in achieving sleep and rest. No baby will be left for an inappropriate amount of time in which to become distraught.

Some parents/carers request that their baby doesn't have a sleep in the afternoon, we will always try our best to accommodate these wishes, however we will use our professional judgement in determining if this can be achieved and will liaise with the parents/carer in order to develop strategies in order to drop the afternoon sleep.

### **Our Rest and Sleep Practice:**

- Babies and young children will be placed on their back to rest.
- If older babies turn over during their sleep we allow them to find their own sleeping position, but always lay them on their back when first placing them to rest.



- Sleeping and resting children will be closely monitored, and a physical check carried out every five minutes. Checks will be documented on a sleep chart, which is displayed prominently in each room.
- All rest and sleep areas have a maintained temperature, and airflow if required, and possibility, in some areas music conducive to sleep is played.
- Children who are unwell will be given the highest supervision priority and extremely closely monitored if sleeping.
- At no time will a baby or small child's face be covered with bed linen.
- If a child sleeps with a covering, we will offer them a light cot blanket. We do not use quilts or duvets.
- Babies and younger children sleep on bed linen which is used only for them before being laundered.
- We store a child's linen in a named basket in between laundering.
- Cots/sleep mats will be sprayed with an antibacterial spray after each use and at the end of each day.

Any parental request for deviation from our practice must be made in writing and discussed with the Manager.

<b>Review Date</b>	<b>Name</b>	<b>Position</b>
05/21	Ben Moinet	Nursery Owner
05/22	Ben Moinet	Nursery Owner
05/23	Ben Moinet	Nursery Owner
12/23	Ben Moinet	Nursery Owner
05/24		