Blanchelande College

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Nursery Sickness, Exclusion, Healthcare and Medication Policy

Policy Statement

Our nursery is committed to promoting the health, safety and wellbeing of every child. We aim to minimise the spread of infectious illnesses while ensuring children receive appropriate care, support and, where necessary, medication during their time at nursery.

We work in partnership with parents, carers, healthcare professionals and the **States of Guernsey Public Health Directorate** to ensure that children are cared for safely and that infection prevention measures are followed. Where local guidance is unavailable or additional information is required, the nursery will follow current guidance published by the UK Health Security Agency (UKHSA).

Aims

The nursery aims to:

- promote children's health and wellbeing;
- reduce the spread of infectious diseases;
- provide a safe environment for children, staff and visitors;
- ensure medication is administered safely and appropriately;
- support children with long-term medical conditions;
- comply with the requirements of the Bailiwick of Guernsey childcare regulations and Public Health guidance.

Children Who Become Unwell at Nursery

If a child becomes unwell during the nursery day, staff will:

- assess the child's condition;
- ensure they remain under close supervision;
- move them to a quiet, comfortable area if appropriate;
- encourage fluids where suitable;
- monitor their condition regularly;
- contact parents or carers immediately if the child is unable to comfortably participate in nursery activities.

Parents are expected to arrange collection as soon as reasonably possible. If parents cannot be contacted, emergency contacts will be called. Children displaying any of the following symptoms will usually be sent home:

- temperature of 38°C or above accompanied by signs of illness;
- vomiting;
- diarrhoea;
- unexplained rash;
- breathing difficulties;
- suspected infectious disease;
- severe pain;
- unusual lethargy;
- any condition preventing them from taking part safely in normal nursery activities.

If a child's condition deteriorates or becomes life-threatening, staff will immediately call **999** and then contact parents.

Returning to Nursery

Children should only return when:

- they are well enough to participate fully in nursery activities;
- they no longer require one-to-one nursing care;
- the recommended exclusion period has ended;
- they have been free from vomiting or diarrhoea for at least 48 hours;
- they have been fever-free for at least 24 hours without fever-reducing medication.

Children who have received pain-relieving medication (such as paracetamol or ibuprofen) before attending nursery should not be brought into the setting unless prior agreement has been obtained from the Nursery Manager or Deputy Manager. This is to ensure that symptoms are not masked, the child's condition can be appropriately assessed, and they are well enough to participate safely in nursery activities.

This does not apply where pain-relieving medication forms part of an agreed Individual Healthcare Plan or has been approved by the Nursery Manager following discussion with the child's parents or healthcare professional.

Infection Prevention

The nursery promotes good hygiene by:

- regular handwashing;
- supervised handwashing before meals and after toileting;
- appropriate cleaning and disinfecting of toys and equipment;
- safe disposal of nappies and bodily fluids;
- use of PPE when dealing with blood or body fluids;
- regular cleaning of high-touch surfaces;

- encouraging good respiratory hygiene ("Catch it, Bin it, Kill it").

Exclusion from Nursery

The nursery follows exclusion periods recommended by the **States of Guernsey Public Health Directorate** and current UKHSA guidance where applicable.

Children will not be excluded unnecessarily; however, exclusion is essential where it protects other children and staff from infectious illness.

Parents will be informed if outbreaks occur within the nursery and additional infection control measures may be introduced.

Notifiable Diseases

If a child or member of staff is diagnosed with a notifiable infectious disease, the Nursery Manager will:

- seek advice from the States of Guernsey Public Health Directorate;
- comply with any reporting requirements;
- follow Public Health advice regarding exclusion, cleaning and communication with families;
- maintain confidentiality at all times.

Children with Medical Conditions

Every child with a long-term medical condition will have an Individual Healthcare Plan developed with parents and, where appropriate, healthcare professionals.

The plan will include:

- medical diagnosis;
- signs and symptoms;
- emergency procedures;
- medication requirements;
- storage arrangements;
- staff training requirements;
- review dates.

Healthcare Plans will be reviewed annually or sooner if needs change.

Medication Administration

Principles

The nursery recognises that some children require medication during the nursery day. Medication will only be administered when it is necessary to enable the child to attend safely. Parents should, wherever possible, arrange medication to be given outside nursery hours.

Consent

Medication will only be administered after written parental consent has been obtained. A separate consent form must be completed for each medication. Emergency medication will be given after parents' consent; this may be verbal consent.

Prescription Medication

Prescription medication will only be administered when:

- prescribed by a registered healthcare professional;
- supplied in the original pharmacy container;
- clearly labelled with the child's name;
- within its expiry date;
- accompanied by clear dosage instructions.

Children Commencing Antibiotics

Where a child has been prescribed antibiotics for the first time during an illness, they should remain at home for the first **24 hours after starting treatment**. This enables parents to monitor for any allergic or adverse reactions to the medication, allows the treatment to begin taking effect where appropriate, and gives the child time to rest before returning to nursery.

Non-Prescription Medication

Non-prescription medication (including paracetamol or antihistamines) will only be administered:

- where parental permission has been obtained;
- in accordance with manufacturer instructions;
- when considered appropriate by the Nursery Manager.

Medication must never be used simply to reduce a temperature so that a child can remain at nursery. Children are not permitted to enter Nursery if they have received pain medication before coming to Nursery.

Creams and Topical Medications

Some children may require creams or ointments during the nursery day, including nappy cream, eczema emollients or prescribed topical medications.

- Parents must provide written consent before staff apply any cream or ointment.
- All creams must be clearly labelled with the child's full name.
- Prescription creams must be supplied in their original pharmacy packaging with the dispensing label attached.

- Non-prescription creams (such as nappy cream or moisturising creams) must be supplied in their original container.
- Creams will only be applied to the areas specified by the parent or healthcare professional.
- Staff will wash their hands and wear disposable gloves where appropriate before applying creams.
- Each application will be recorded, including the date, time, product used and the name of the staff member administering it.
- Creams will be stored safely in accordance with the manufacturer's instructions and kept out of the reach of children.

Nappy Cream

Parents are encouraged to provide their preferred barrier cream. A signed consent form will allow staff to apply the cream during routine nappy changes as required. Applications will be recorded as part of the child's daily care record.

Eczema and Medical Creams

Where a child requires regular emollients or prescribed creams to manage a diagnosed medical condition, this will be recorded within the child's Individual Healthcare Plan where appropriate. Staff will administer these creams in accordance with parental consent and any instructions provided by the child's healthcare professional.

Administration Procedure

Before administering medication, staff will check:

- correct child;
- correct medication;
- correct dosage;
- correct route;
- correct time;
- expiry date.

Two members of staff will witness the administration.

Following administration staff will record:

- child's name;
- medication;
- dosage;
- date;
- time;
- reason;
- name and signature of staff administering;

- witness signature (where applicable);
- parent signature upon collection.

Emergency Medication

Emergency medication including:

- inhalers;
- adrenaline auto-injectors;
- epilepsy rescue medication;
- diabetic medication;

These must be immediately accessible at all times and taken wherever the child is. They should never lock away.

Only appropriately trained staff will administer specialist emergency medication.

Storage of Medication

Medication will be:

- stored securely;
- inaccessible to children;
- kept according to manufacturer instructions;
- refrigerated where necessary in a designated medical container;
- checked regularly for expiry dates.

Parents are responsible for collecting unused medication.

Expired medication will not be administered.

Medication Errors

If a medication error occurs:

- the Manager will be informed immediately;
- parents will be contacted;
- medical advice will be sought where necessary;
- an incident report will be completed;
- procedures will be reviewed to prevent recurrence.

No medication, cream or ointment will be administered without the appropriate parental consent, except in a medical emergency where emergency medication forms part of an agreed Individual Healthcare Plan.

Blood-Borne Viruses

Universal precautions will always be followed.

Staff will:

- wear disposable gloves and aprons;
- safely dispose of contaminated materials;
- disinfect contaminated surfaces;
- bag soiled clothing for parents;
- wash hands thoroughly after every procedure.

Children with HIV, Hepatitis B, Hepatitis C or other blood-borne viruses will not be excluded solely because of their diagnosis.

Head Lice

Head lice are not normally an exclusion condition. Parents will be informed if lice are identified and asked to begin treatment promptly.

Responsibilities

Parents will:

- keep emergency contact details up to date;
- inform the nursery of illnesses promptly;
- keep children at home when exclusion applies;
- provide medication in original containers;
- inform the nursery of any medical changes.

Staff will:

- follow this policy;
- maintain accurate records;
- complete medication training;
- report concerns immediately;
- maintain confidentiality.
- ensure this policy is implemented;
- liaise with Public Health where required;
- monitor outbreaks;
- maintain medication records;
- review this policy annually.

Blanchelande College

Appendix 1

Notifiable Diseases and Agents

States of Guernsey
Public Health Services

Diseases	Agents
Acute encephalitis	Bacillus anthracis
Acute infectious hepatitis	Bacillus cereus
Acute meningitis	Bordetella pertussis
Acute poliomyelitis	Borrelia spp
Anthrax	Brucella spp
Botulism	Burkholderia mallei
Brucellosis	Burkholderia pseudomallei
Cholera	Campylobacter spp
Diphtheria	Chikungunya virus
Enteric fever (typhoid or paratyphoid feve	Chlamydophila psittaci
Food poisoning	Clostridium botulinum
Haemolytic uraemic syndrome (HUS)	Clostridium perfringens
Infectious bloody diarrhoea	Clostridium tetani
Invasive group A streptococcal disease	Corynebacterium diphtheriae
Legionnaires' disease	Corynebacterium ulcerans
Leprosy	Coxiella burnetii
Malaria	Crimean-Congo haemorrhagic fever virus
Measles	Cryptosporidium spp
Meningococcal septicaemia	Dengue virus
Mumps	Ebola virus
Plague	Entamoeba histolytica
Rabies	Francisella tularensis
Rubella	Giardia lamblia
Severe Acute Respiratory Syndrome (SARS	Guanarito virus
Scarlet fever	Haemophilus influenzae (invasive)
Smallpox	Hanta virus
Tetanus	Hepatitis A, B, C, delta, and E viruses
Tuberculosis	Influenza virus
Typhus	Junin virus
Viral haemorrhagic fever (VHF)	Kyasanur Forest disease virus
Whooping cough	Lassa virus
Yellow fever	Legionella spp
	Leptospira interrogans
	Listeria monocytogenes
	Machupo virus
	Marburg virus
	Measles virus
	Mumps virus
	Mycobacterium tuberculosis complex
	Neisseria meningitidis
	Omsk haemorrhagic fever virus
	Plasmodium falciparum, vivax, ovale, malariae, knowlesi
	Polio virus (wild or vaccine types)
	Rabies virus (classical rabies and rabies-related lyssaviruses)
	Rickettsia spp
	Rift Valley fever virus
	Rubella virus

Sabia virus
Salmonella spp
SARS coronavirus
Shigella spp
Streptococcus pneumoniae (invasive)
Streptococcus pyogenes (invasive)
Varicella zoster virus
Variola virus
Verocytotoxigenic Escherichia coli (including E.coli O157)
Vibrio cholerae
West Nile Virus
Yellow fever virus
Yersinia pestis

Appendix 2 – Exclusion Table

Disease/Illness	Exclusion period
Diarrhoea and / or vomiting	48 hours from episode of diarrhoea or vomiting
E. coli	Exclude until 48 hours after symptoms have stopped. Some strains (e.g. STEC) require clearance by Public Health before returning.
Norovirus	48 hours after the last episode of vomiting or diarrhoea
Typhoid fever and Paratyphoid	Public Health clearance is always required before return.
Shigella (dysentery)	Public Health may require microbiological clearance before return, particularly for children under five.
Respiratory infections	
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Children should stay at home and follow the local public health guidance. Typically, children should remain at

	home until they are symptom-free and have met the isolation guidelines.
RSV (Respiratory Syncytial Virus)	No specific exclusion; stay home while feverish or too unwell to attend.
'Flu' (influenza)	Until the child is fully recovered and fever-free for at least 24 hours.
Tuberculosis	Until declared free from the infection from the appropriate public health official
Whooping Cough (pertussis)	Exclude for 48 hours after starting appropriate antibiotics OR 21 days from onset if no antibiotics are taken.
Rashes and skin infections	
Athlete's foot	None, but treatment should be started, and affected areas should be covered.
Chicken Pox	Children should stay home until all blisters have scabbed over, usually about 5-7 days from the appearance of the rash.
Cold sores (Herpes simplex)	None. Avoid kissing and contact with the sores. Treatment required.
Conjunctivitis (Nursery policy)	Children should be excluded until treatment has commenced and discharge from the eye has significantly improved or resolved. Parents are asked to seek appropriate treatment promptly to minimise the spread of infection within the nursery.
German Measles (Rubella)	4 days from onset of rash
Hand, foot and mouth	No exclusion but children should stay at home until all blisters have dried up and the child is well enough to participate in nursery activities.
Impetigo	Until 24 hours after starting antibiotic treatment, and sores are healing.
Measles	Children should stay home for at least 4 days after the appearance of the rash and until they are fully recovered.

Molluscum contagiosum	None.
Ringworm	Children should be excluded until treatment has begun. Covering the affected area can allow a child to return earlier.
Roseola (infantum)	None, unless the child is unwell.
Scabies	Children should stay home until 24 hours after the start of appropriate treatment.
Scarlet fever	Children should stay home until at least 24 hours after the start of antibiotic treatment and until they feel well enough to participate.
Slapped cheek / fifth disease parvovirus B19	None.
Shingles	Excluded only if rash is weeping and cannot be covered.
Warts and verruca's	None. Verrucas should be covered for water activities or physical activities where practical.
Other infections	
Diphtheria	Exclusion is important consult with public health official. Return only following Public Health clearance
Glandular fever	No exclusion unless the child is unwell
Head lice	No exclusion. Parents should begin treatment promptly
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice). Nursery to consult public health official
Hepatitis B and C	None.
HIV / AIDS	None.
Meningococcal Meningitis / Septicaemia	Until they have recovered.
Meningitis due to other bacteria	Until they have recovered.
Meningitis viral	None, once the child has recovered.

MRSA	None.
Mumps	5 days from onset of swelling.
Threadworms	None. Treatment is required.
Tonsillitis	*No exclusion unless the child is unwell or has a fever. If caused by scarlet fever, follow scarlet fever exclusion guidance.*
Other exclusions	
Prescribed Antibiotics (Nursery policy)	Children should remain at home for the first **24 hours after commencing antibiotic treatment**. This allows time to monitor for any adverse or allergic reactions and supports the child's recovery before returning to nursery.
Temperature	Return after being fever-free for at least 24 hours without fever-reducing medication.
Food poisoning	48 hours symptom free.
Poliomyelitis	Until declared free from infection by the appropriate public health official
Thrush (fungal infection) Vaginal / Oral	None, but treatment required.
Broken bones / fractures	None, but the child should only attend if they can comfortably participate in nursery activities. Follow any medical advice provided.
Anaesthetic/Operations	Children may return when they are medically fit, comfortable, no longer require prescription pain relief that may impair participation, and can safely take part in normal nursery activities. The nursery may request written medical advice following major surgery.

Some exclusion periods shown in this table are nursery-specific policies and may be more cautious than national guidance. These measures have been introduced to protect the health and wellbeing of all children and staff and will be applied consistently.