



Medication and Illness Policy and Procedure

Jo Jo's Day Care Nursery is committed to promoting the health, safety and wellbeing of every child.

The nursery recognises its responsibility to:

- Promote good health.
- Prevent and reduce the spread of infection.
- Respond appropriately when children become ill.
- Administer medication safely where appropriate.
- Maintain accurate medication and illness records.
- Work in partnership with parents/carers and relevant health professionals.
- Follow current statutory requirements and public health guidance.

The nursery's procedures are informed by the current **Early Years Foundation Stage (EYFS) statutory framework** and **UK Health Security Agency (UKHSA) health protection guidance**.

The current EYFS statutory framework for group and school-based providers applies from 1 September 2026.

The nursery will review this policy whenever relevant national guidance changes.

LEGAL AND GUIDANCE FRAMEWORK

This policy should be read alongside the nursery's other policies and procedures, including:

- Safeguarding and Child Protection Policy.
- First Aid Policy.
- Health and Safety Policy.
- Food Hygiene Policy.
- Nappy Changing and Toileting Procedures.
- Special Educational Needs and Disabilities Policy.
- Emergency Procedures.
- Individual Healthcare Plans, where applicable.

The nursery will have regard to current guidance issued by:

- Department for Education (DfE).
- Early Years Foundation Stage (EYFS).
- UK Health Security Agency (UKHSA).
- NHS.
- Ofsted.
- Local Health Protection Team.

The current UKHSA health protection guidance was updated on 7 September 2026.

ROLES AND RESPONSIBILITIES

Nursery Manager

The Manager is responsible for:

- Implementing this policy.
- Ensuring staff understand the procedures.
- Ensuring appropriate staff training is maintained.



- Monitoring medication records.
- Ensuring medication is stored safely.
- Liaising with parents/carers.
- Seeking advice from health professionals where necessary.
- Contacting the local Health Protection Team when required.
- Ensuring required notifications are made.
- Reviewing the policy and updating it when guidance changes.

Deputy Manager

The Deputy Manager will support the Manager and undertake these responsibilities when delegated.

Staff

All staff must:

- Follow this policy.
- Report concerns about a child's health immediately.
- Follow medication procedures accurately.
- Maintain confidentiality.
- Record medication and illness information accurately.
- Follow infection-control procedures.
- Seek assistance when they are unsure how to respond.

Staff must never administer medication outside their level of training, competence or authorisation.

CHILDREN WHO ARE UNWELL

Parents/carers should not bring a child to nursery if the child is too unwell to participate comfortably in normal nursery activities or requires a level of care that cannot safely be provided.

A child may need to remain at home if they:

- Have a high temperature and are unwell.
- Have vomiting or diarrhoea.
- Have an infectious illness requiring exclusion.
- Are unable to participate normally in nursery activities.
- Require one-to-one medical care that the nursery cannot safely provide.
- Have symptoms which cause significant concern to staff.

Mild symptoms such as a minor cough, runny nose or sore throat do not automatically require exclusion where the child is otherwise well and does not have a high temperature.

Current UKHSA guidance states that where there is no public-health exclusion period, an infected person may attend and interact with others as usual.

WHEN A CHILD BECOMES UNWELL AT NURSERY

If a child becomes unwell during the session:

1. Staff will assess the child's condition and provide appropriate comfort and care.
2. The child will be supervised separately from other children where appropriate, while maintaining suitable staffing and safeguarding arrangements.
3. Parents/carers will be contacted when the child is considered too unwell to remain at nursery.
4. The child's symptoms and actions taken will be recorded.
5. Parents/carers will be expected to collect their child as soon as reasonably practicable.
6. If the child's condition deteriorates or there is an emergency, appropriate emergency medical assistance will be sought.

The nursery will never delay emergency treatment while waiting for a parent/carer to arrive.



INFECTIOUS DISEASES AND EXCLUSION

The nursery will follow the current UKHSA public-health exclusion periods.

Exclusion is based on the individual infection and the child's condition rather than a blanket rule that every illness requires exclusion.

The nursery will use the current UKHSA guidance when deciding whether a child should remain away from nursery.

The current guidance includes, for example:

- Chickenpox – exclusion until 5 days after the rash first appears.
- Diarrhoea and vomiting – exclusion until 2 days after symptoms have stopped.
- Flu – exclusion until the child is better and no longer has a temperature.
- Group A strep/scarlet fever – exclusion until 24 hours after antibiotics have started.
- Impetigo – exclusion until all blisters have formed scabs or 2 days after antibiotics have started.
- Measles – exclusion until 4 days after the rash started.
- Whooping cough – exclusion until 2 days after antibiotics have been taken, or 21 days from the onset of symptoms if antibiotics have not been taken.
- Ringworm – exclusion until treatment has started.

These periods must not be treated as permanent nursery rules. Staff must check the current UKHSA guidance because exclusion periods can change.

PARENT/CARER NOTIFICATION

Parents/carers must inform the nursery as soon as reasonably possible if their child:

- Has been diagnosed with an infectious disease.
- Has been admitted to hospital.
- Has started new medication.
- Has had medication administered before arriving at nursery.
- Has a new or changed medical condition.
- Has an individual healthcare plan or emergency medication.

During an outbreak, the nursery may provide general information to parents/carers about an infectious illness without identifying the child concerned.

UKHSA advises settings to ask parents/carers to inform them of a diagnosis of an infectious disease.

MEDICATION

Medication will only be administered where:

- Appropriate written parental/carer permission has been obtained.
- The medication is appropriate for the individual child.
- Staff have sufficient information to administer it safely.
- The medication is correctly labelled.
- The medication is in its original container.
- The medication is within its expiry date.
- The instructions are clear.

The EYFS requires providers to have a procedure for administering medicines and to obtain written permission for the particular medicine. Prescription medication must have been prescribed for the child by an appropriate healthcare professional.

PRESCRIPTION MEDICATION

Prescription medication must be prescribed for the individual child.

The nursery will follow the instructions on the prescription label and the written parental/carer consent.



Where a child is taking antibiotics, the child may return once they are well enough to attend and any applicable infectious-disease exclusion period has been completed.

Antibiotic treatment itself does not automatically mean that a child must remain away from nursery.

If the medication, strength, dosage or instructions change, new written permission will be required.

NON- PRESCRIPTION MEDICATION

Non-prescription medication may only be administered where:

- It is appropriate for the child.
- Written parental/carer permission has been obtained.
- The medication is clearly labelled.
- The medication is in its original container.
- Staff can administer it safely.

The nursery does not routinely keep liquid paracetamol for individual children.

Medication must not be given simply to mask symptoms so that a child can remain at nursery when they are too unwell to attend.

Medicines containing aspirin will only be administered where appropriately prescribed, in accordance with EYFS requirements.

CREAMS AND TRPICAL PREPARATIONS

Parents/carers must provide any non-prescription creams or topical preparations required by their child.

Written parental/carer permission must be obtained before administration.

The product must:

- Be clearly labelled with the child's name.
- Be in its original container.
- Be within its expiry date.
- Have clear instructions for use.

Staff will follow the manufacturer's instructions and parental/carer consent.

MEDICATION RECORDS

Before medication is administered, staff must check:

- The child's identity.
- The medication.
- The dosage.
- The time it is due.
- The route/method of administration.
- The expiry date.
- The parent's/carer's written permission.

The medication record will include:

- Child's name.
- Medication name.
- Dose.
- Date.
- Time administered.
- Name/signature of the staff member administering it.



- Witness details where required.
- Any relevant observations.

Parents/carers will be informed that the medication has been administered.

The nursery will maintain accurate and confidential medication records.

SAFE ADMINISTRATION OF MEDICATION

Medication will be administered by staff who are appropriately trained and competent.

Staff will follow the nursery's medication-checking procedure:

RIGHT CHILD – RIGHT MEDICINE – RIGHT DOSE – RIGHT TIME – RIGHT METHOD

Staff must not guess a dosage or administration instruction.

Children must never be forced to take medication.

Where appropriate and where the child is competent, children may be supported to self-administer medication such as an inhaler.

EMERGENCY MEDICATION

Emergency medication may include:

- Inhalers.
- Adrenaline auto-injectors.
- Other emergency medication identified within an individual healthcare plan.

Emergency medication must be readily accessible to authorised staff while remaining inaccessible to children.

It must not be stored in a child's bag.

Staff responsible for a child with an identified medical condition must be familiar with the child's emergency healthcare plan.

Emergency medication must be checked regularly for availability and expiry dates.

STORAGE OF MEDICATION

All medication must be stored securely and according to the manufacturer's instructions.

Medication must:

- Remain inaccessible to children.
- Be clearly labelled.
- Remain in its original packaging/container.
- Be stored at the required temperature.
- Be checked for expiry dates.
- Be removed from storage when no longer required.

Medication must **never be stored in children's bags**.

Refrigerated medication must be stored securely in the designated refrigerator.

Emergency medication must remain quickly accessible to staff while being kept safely out of children's reach.



INCORRECT ADMINISTRATION OR MEDICATION INCIDENT

If medication is administered incorrectly, staff must:

- Inform the Manager immediately.
- Contact the parent/carer without unnecessary delay.
- Seek appropriate medical advice where required.
- Follow emergency procedures if the child is at immediate risk.
- Record the incident fully.
- Review the circumstances to identify whether any changes to practice are required.

Emergency services will be contacted where necessary.

HIGH TEMPERATURE

A child's temperature should be assessed alongside their overall condition rather than relying solely on a numerical temperature reading.

If a child develops a high temperature or appears unwell:

- Staff will check the child's temperature using the nursery's thermometer.
- The child's condition and temperature will be recorded.
- The child will be monitored closely.
- The child will be kept comfortable and appropriately dressed.
- Fluids will be offered where appropriate.
- Parents/carers will be contacted where the child is unwell and needs to be collected.
- Staff will follow emergency procedures if the child's condition deteriorates.

The nursery will not routinely use cold compresses, cold baths or other measures intended to rapidly reduce body temperature.

A child who has a high temperature and is unwell should be collected from nursery.

If staff have serious concerns about a child's condition, they will seek urgent medical assistance.

VERY HIGH TEMPERATURE OR SERIOUS ILLNESS

If a child is seriously unwell, becomes unusually drowsy or unresponsive, has difficulty breathing, develops a seizure, shows signs of serious dehydration, or staff have any other significant concern:

- Emergency medical assistance will be requested.
- Parents/carers will be contacted immediately.
- Staff will follow the child's emergency healthcare plan where one exists.
- A member of staff will remain with the child until appropriate help arrives.
- All relevant events will be recorded.

The nursery will not rely on a temperature reading alone when deciding whether emergency assistance is required.

LOW TEMPERATURE

If a child's temperature is unusually low or staff suspect hypothermia, the child's condition must be assessed immediately.

Staff will:

- Move the child to a warm, dry environment.
- Remove wet clothing where appropriate.
- Replace wet clothing with dry layers.
- Wrap the child in blankets or other suitable dry coverings.
- Keep the child warm and supervised.
- Offer a warm drink only if the child is fully alert and able to swallow safely.



- Seek urgent medical advice where required.

Staff must **not**:

- Apply direct heat such as hot water bottles or heat lamps directly to the child's skin.
- Rub the child's arms, legs, hands or feet.
- Put the child into a hot bath or shower.

If the child is seriously affected, unresponsive or has a dangerously low temperature, emergency medical assistance must be requested immediately.

INFECTION PREVENTION AND CONTROL

The nursery will take practical steps to reduce the spread of infection, including:

- Regular handwashing with liquid soap and water.
- Teaching children effective handwashing.
- Encouraging good respiratory hygiene.
- Cleaning frequently touched surfaces.
- Cleaning toys and equipment appropriately.
- Safe handling and disposal of bodily fluids.
- Appropriate use of gloves and other personal protective equipment where required.
- Safe laundry and waste procedures.
- Maintaining appropriate ventilation.
- Following current guidance during outbreaks.

Children will be supported to understand why good hand and respiratory hygiene is important.

Particular attention will be given to hand hygiene before eating and after using the toilet, changing nappies, wiping noses and contact with bodily fluids.

UKHSA identifies hand and respiratory hygiene as particularly important in early years settings.

VOMITING AND DIARRHOEA

A child who has diarrhoea or vomiting must remain away from nursery until **48 hours after the last episode**.

Parents/carers must inform the nursery if their child has experienced vomiting or diarrhoea.

Any areas, equipment, clothing or surfaces contaminated by bodily fluids will be dealt with promptly using the nursery's infection-control procedures.

The 48-hour exclusion period is consistent with current UKHSA guidance.

INFECTIOUS DISEASES

The nursery will follow the current UKHSA public health exclusion guidance for infectious diseases.

This includes conditions such as:

- Chickenpox.
- Measles.
- Whooping cough.
- Scarlet fever.
- Impetigo.
- Ringworm.
- Hand, foot and mouth disease.
- Conjunctivitis where exclusion is advised.
- Diarrhoea and vomiting.
- Other infections identified by UKHSA guidance.



Exclusion periods may change when national public health advice is updated.

The current UKHSA guidance should therefore be consulted when a child is diagnosed with an infectious disease. The latest public health exclusion guidance was updated on 7 September 2026.

OUTBREAKS

If the nursery becomes aware of an outbreak or unusual increase in infectious illness, management will follow current UKHSA/local health protection advice.

This may include:

- Increased cleaning.
- Reinforcement of hand and respiratory hygiene.
- Increased monitoring of symptoms.
- Communication with parents/carers.
- Seeking advice from the local health protection team where appropriate.
- Implementing additional control measures where advised.

HOSPITAL ADMISSION

Parents/carers must inform the nursery if their child is admitted to hospital.

Where the circumstances meet current statutory notification requirements, the nursery will make the appropriate notification to Ofsted and/or other relevant authorities.

The Manager will ensure that any required reporting is completed in accordance with current statutory guidance.

CONFIDENTIALITY

Information about a child's health and medication will be treated confidentially.

Health information will only be shared with staff who need the information to safeguard and care for the child, or where disclosure is required by law or necessary to protect a child or others.

Medication and health records will be stored securely.

STAFF MEDICATION

Staff must inform the Manager if they are taking medication that may affect their ability to care safely for children.

Staff must seek medical advice where necessary.

Medication belonging to staff must be stored securely and out of children's reach.

Staff must not work directly with children if medication or another substance affects their ability to care for children safely.

The current EYFS framework specifically requires medication on the premises to be stored securely and out of children's reach and sets requirements regarding medication that may affect staff's ability to care for children.

RESPONSIBILITIES OF PARENTS/CARERS

Parents/carers are responsible for:

- Providing accurate and up-to-date health information.
- Informing the nursery about infectious illnesses.
- Completing medication consent forms accurately.
- Providing medication in its original, labelled container.
- Informing staff when medication has been administered at home.
- Collecting an unwell child promptly when requested.
- Following recommended exclusion periods.
- Informing the nursery about changes to medication or healthcare needs.



RESPONSIBILITIES OF THE NURSERY

The nursery will:

- Promote children's health and wellbeing.
- Follow current EYFS and UKHSA guidance.
- Maintain appropriate medication and illness records.
- Ensure staff are appropriately trained and competent.
- Store medication safely.
- Maintain infection-control procedures.
- Communicate appropriately with parents/carers.
- Seek professional medical advice when required.
- Review this policy regularly and whenever relevant national guidance changes.

The EYFS statutory framework currently in force for group and school-based providers was updated on 1 September 2026. Providers are required to follow the current framework applicable to their type of provision.

Important

If your child is unwell, please contact the nursery before bringing them in.

If you are unsure whether your child should attend, please seek advice from your GP, NHS 111 or another appropriate healthcare professional.

The nursery will always prioritise the child's wellbeing and the health and safety of all children and staff.

Please note: You will be required to complete a medicine form giving us permission to administer. You are very welcome to come into the nursery during your child's session to administer their medication yourself.

We just ask that you keep in mind that seeing you during the day can sometimes be a little unsettling for children, and they may find it harder to say goodbye and settle back into their routine afterwards.

If you would prefer, our trained staff can administer the medication on your behalf, provided we have the appropriate written consent and the medication meets our nursery requirements.

We are always happy to work with you to find what works best for you and your child. ❤️

Calpol / Paracetamol and Attendance

If a child has been given Calpol (paracetamol) before arriving at nursery, parents/carers must inform the nursery of the reason it was given and the time and dose administered.

A child who has been given Calpol **to reduce a high temperature or fever must not attend nursery** and should remain at home until their temperature has returned to normal and they are well enough to attend.

Where Calpol has been given **specifically for pain relief**, for example for toothache or another minor source of pain, the child may attend nursery provided they are otherwise well enough to participate comfortably in normal activities and do not have a high temperature or an illness requiring exclusion.

Parents/carers should tell staff about any medication given before the child arrives at nursery so that staff can monitor the child appropriately and avoid an accidental additional dose.

Throat-Relief Medication

Children who have been given throat-relief medication before attending nursery, such as a throat spray, medicated lozenge or other preparation, do not need to be excluded solely because they have received the medication.

Parents/carers must inform the nursery of any medication given before the child arrives, including the name of the medication, the time it was given and the reason it was administered.

If the medication has been given because the child has a **high temperature, fever or is otherwise unwell**, the child should remain at home until they are well enough to attend.



If the child has a mild sore throat but is otherwise well, has no high temperature and is able to participate comfortably in normal nursery activities, they may attend.

The nursery will only administer throat-relief medication where it is appropriate for the child's age, the product instructions allow its use, and the nursery has obtained the required written parental consent.

The nursery will not administer throat lozenges or other products that present a choking risk.

Parents/carers should seek advice from a pharmacist or healthcare professional if they are unsure which throat treatment is suitable for their child.

REVIEW

This policy will be reviewed at least annually and sooner where there are changes to:

- EYFS requirements.
- UKHSA guidance.
- NHS guidance.
- Public health advice.
- Medication procedures.
- Nursery practice.
- Relevant legislation or regulatory requirements.



Procedure for exclusion for illness / communicable disease

The following table is intended as a quick reference for parents/carers. It must always be read alongside the current UKHSA guidance, as public-health advice may change.

Antibiotics	If a child has been prescribed antibiotics then it is best if the child stays home for the first 24 hours
Eye drops	If a child has been prescribed antibiotics then it is best if the child stays home for the first 24 hours
Pre School Boosters	Fine to attend unless showing any side effects eg; high temperature
Temperature	☐ their temperature has returned to normal; and ☐ they are well enough to participate in normal nursery activities.
Chicken Pox	Stay away until 5 days after the rash first appears.
Cold sores	No public-health exclusion required.
Conjunctivitis	No public-health exclusion required , provided the child is otherwise well enough to attend.
COVID-19/respiratory infection	Stay away if symptoms are more than mild , for example a high temperature.
Diarrhoea / Vomiting	Stay away until 2 days after symptoms have stopped.
Flu	Stay away until the child is better and no longer has a temperature.
Glandular fever	No exclusion required. The child may attend nursery if they are well enough to participate in normal activities and do not have a high temperature.
Group A Strep	Stay away until 24 hours after antibiotics have started.
Hand foot and mouth	No public-health exclusion required , provided the child is otherwise well enough to attend.
Head lice	No public-health exclusion required.
Impetigo	Stay away until all blisters have scabbed or 2 days after antibiotics have started.
Measles	Stay away until 4 days after the rash started.
Mild cough/runny nose/sore throat	A child may generally attend if they are otherwise well and do not have a high temperature.
Meningococcal meningitis	Until recovered
Bacterial Meningitis	Until recovered
Mumps	Stay away until 5 days after swelling began.
Norovirus	Stay away until 2 days after diarrhoea/vomiting has stopped.
Ringworm	Stay away until treatment has started.
Rotavirus	Stay away until 2 days after diarrhoea/vomiting has stopped.
Rubella (German Measles)	Stay away until 5 days after the rash started.
Scarlet Fever	Stay away until 24 hours after antibiotics have started.
Shingles	A child with shingles should stay away from nursery if the spots are weeping and cannot be covered with loose clothing or a non-sticky dressing.
Streptococcal Throat Infection	The child must remain away from nursery until 24 hours after starting appropriate antibiotic treatment and must be well enough to attend.
Slapped cheek syndrome	No public-health exclusion required.
Threadworms	No public-health exclusion required.
Tonsillitis	child must remain away until 24 hours after starting appropriate antibiotics.
Whooping cough	Stay away until 2 days after antibiotics have been taken , or 21 days from onset of symptoms if antibiotics have not been taken.

Date Monitored: 1st September 2026

Name: Jodine Grutzmacher

Signature:

Review Date: September 2027

