Holy Trinity EYFS
Medicine and Illness Policy
September 2025

The health, safety, and wellbeing of all children at Holy Trinity EYFS is our top priority. This policy outlines the procedures our setting follow when a child is unwell or requires medication, ensuring compliance with the **EYFS Statutory Framework**, **Public Health guidance**, and relevant **safeguarding** responsibilities.

When a Child Becomes Unwell
If a child becomes unwell while attending Holy Trinity Nursery EYFS:

- Staff will **contact parents/carers immediately**.
- The child will be cared for in a quiet, comfortable space away from others, if appropriate.
- We may request that the child be **collected immediately** to prevent the spread of infection.

Parents and Carers should follow this-
if their child has the following symptoms must be kept at home:

- Fever of 38°C or higher
- Diarrhoea or vomiting (must remain at home for **48 hours** after the last episode)
- Contagious rashes (e.g. chickenpox, impetigo) until cleared by a doctor or the rash has scabbed over
- Severe cough, breathing difficulty, or unusual fatigue

Exclusion Periods
We follow current **NHS and Public Health England** guidance on exclusion periods for common illnesses. A summary is available upon request and displayed in the setting.

Administering Medication
Staff will only administer medicine if:

- It is **prescribed by a doctor**, pharmacist, or dentist **and** has the child's name and dosage clearly labelled.
- If your child needs to take medication prescribed by a doctor, please discuss this with the manager. The details of the medication will need to be added to the permission form. A child on antibiotics may be asked not to attend for 2 days to recover at home and to prevent the spread of an infection to others.
- A completed **Medication Consent Form** has been signed by the parent/carer.
- Staff can administer non-prescribed medication, such as Calpol or teething gel if your child is teething so long as a consent form it signed by parents/carers. There may be other circumstances where Calpol is deemed appropriate and this will be discussed/ agreed with the Nursery Manager.
- It is expected that you inform the setting through Blossom, of any medications the child has had in the previous 24 hours to arriving to ensure an overdose does not occur.
- If your child has acute allergies and carries/needs an EpiPen, please discuss the matter with the manager (see allergy policy)

Recording and Storage

- All medications are stored **safely and securely**, out of children's reach.
- **Medication Records** noting the time, date, dose, and who administered it will be kept.
- Emergency medications (e.g. EpiPens, inhalers) are kept accessible but secure, and staff are trained in their use (see allergy policy).

Emergency Illness or Injury
In case of a serious illness or medical emergency:

- The setting will call **999** and provide emergency first aid if required.

- The setting will contact the child's parent/carer immediately.
- If we cannot reach the parent, staff will follow instructions on the **Emergency Contact Form**.

Chronic Health Conditions
If a child has a long-term medical condition (e.g. asthma, epilepsy, allergies):
- A **Care Plan** will need to be completed by the parent and healthcare provider.
- Our setting will need the same medication that you have at home.
- Staff will work with parents and relevant professionals to ensure the child's needs are safely met in our care.

Infectious Disease Outbreak
If there is an outbreak of a contagious illness (e.g. norovirus, flu,):
- The setting will notify all families while maintaining confidentiality.
- It may be necessary to temporarily close or limit attendance in line with public health advice.

Parental Responsibilities
Parents must:
- Keep children at home when they are unwell or contagious
- Inform the setting of any illness, injury, or recent medication
- Provide up-to-date emergency contact and medical information
- Supply all necessary medication which is properly labelled
- It is vital that you inform staff, through Blossom, of any medication you may have given your child before they arrive into our care. This includes what medicine they have had, the dose and time given.

Exclusion Periods for Common Illnesses in Early Years Settings

Illness	**Recommended Time to Stay at Home**
Diarrhoea and/or vomiting	**48 hours** after the last episode
Chickenpox	Until all spots have **crusted over** (usually 5–7 days after rash appears)
Hand, Foot and Mouth	No exclusion needed unless the child is unwell; keep home if unable to cope
Conjunctivitis	No exclusion unless advised; encourage good hygiene
COVID-19 (current guidance)	Stay home for **3 days** from symptom onset (5 days for adults); return if well
Flu/influenza-like illness	Stay home until **fever is gone** and the child is well enough to return
Impetigo	Until **blisters have crusted over** or **48 hours after starting antibiotics**
Measles	For **at least 4 days** after the rash appears
Mumps	For **5 days** after onset of swelling
Rubella (German measles)	For **4 days** after rash appears
Scarlet fever	Return **24 hours after** starting antibiotics
Tonsillitis / sore throat	No exclusion unless caused by **Strep A** – then **24 hours after antibiotics**
Whooping cough (Pertussis)	**48 hours** after starting antibiotics (or 21 days from cough onset if not treated)
Head lice	**No exclusion** – treat as soon as possible
Threadworms	**No exclusion**, but treatment required for child and household contacts
Slapped cheek (Fifth disease)	No exclusion needed once the rash appears
Ringworm	Exclude until treatment has started
Scabies	Can return **after first treatment**

Review date: Sept 2027, or in response to statutory changes.