

Innsworth Preschool Illness, Medication, and Medical Equipment Policy

Last Updated: June 2026

1. Purpose and Scope

1.1 Overview: This policy sets out the procedures for managing illness, administering medication, and ensuring the appropriate use of medical equipment at Innsworth Preschool.

1.2 Objective: It is designed to protect the health and safety of every child, staff member, and visitor in our care. All health-related decisions prioritise the safety of the individual child and the protection of the wider preschool community from infection.

2. Statutory Framework

2.1 Compliance: This policy is underpinned by and ensures compliance with:

- The Statutory Framework for the EYFS: Safeguarding and Welfare Requirements. Specifically, the requirements to have a procedure for responding to illness and infection, a policy for administering medicines, and systems for obtaining written permission and keeping written records.
- The Health and Safety at Work etc. Act 1974.
- The Children Acts 1989 & 2004.
- The Health Protection (Notification) Regulations 2010: We cooperate with the UK Health Security Agency (UKHSA) and local authority to prevent the spread of infection.
- UKHSA Guidance: Managing infectious diseases in childcare settings.

3. Our Principles

3.1 Core Rules:

- **Child Safety:** We will not accept a child into care if they are not well enough to participate or if their presence poses a risk to others.
- **Parental Responsibility:** Parents/carers must ensure that required medication and medical aids are consistently provided.
- **Risk Prevention:** Children will be refused entry if they are unwell or are missing essential medication or equipment.

4. Illness Management and Exclusion

4.1 Manager's Decision: The decision regarding whether a child can attend rests with the Manager or Deputy in charge for that day.

- **Criteria:** Decisions are based on observed symptoms, the child's ability to cope with group care, and the infection-control risk.
- **Documentation:** The decision is documented. Parents may request a review, but the child may not attend until the Manager confirms the child is fit for group care.
- **Clinical Advice:** We consider clinical advice (e.g. from a GP), but a note stating a child is "non-infectious" does not automatically mean they are fit for group care if they remain symptomatic or unable to cope with the preschool day.

4.2 Exclusion Criteria: Children displaying symptoms of illness must not attend.

- **Standard:** We follow UKHSA exclusion guidance as a minimum.
- **Extension:** We may extend exclusion periods during an outbreak or where a child is not well enough to safely participate.
- **Common Periods:**
 - **Vomiting and/or Diarrhoea:** Exclusion is 48 hours from the last episode.
 - **Fever (High Temperature):** Exclusion until the child is clinically well and fever-free for 24 hours without the use of fever-reducing medication.

- **Other:** Unexplained rash (until cleared by a professional), persistent cough that disrupts care, or severe lethargy.

4.3 Masking Symptoms: Parents must declare any antipyretics (e.g. paracetamol/ibuprofen) given within the last 8 hours, including the time, dose, and reason.

- **Procedure:** If medication appears to be masking an illness (e.g. the child presents unwell once it wears off), we will require immediate collection and apply the relevant exclusion period for the symptoms shown (e.g. fever/vomiting).
- **Breach:** Repeated non-disclosure is treated as a serious breach of safety procedures and may trigger a suspension or withdrawal review.

4.4 Wellness Checks: We operate routine wellness checks.

- **Scope:** Reasonable health checks include questions such as: "Has the child vomited or had a fever in the last 48 hours?", "Have they had any medication today?", or "Do they have any new rashes?"
- **Temperatures:** We do not routinely take temperatures on arrival.
- **Refusal:** If we have cause for concern and a parent refuses to provide the information necessary to keep children safe, we may be unable to accept the child for that session.

4.5 Becoming Unwell in Care: If a child becomes unwell, shows signs of heat stress, dehydration, overheating, unusual tiredness, distress, dizziness, vomiting, confusion, breathing difficulty, or is otherwise unable to cope safely with the session, staff will provide appropriate first aid, move the child to a suitable area, monitor them, seek medical advice or emergency help where needed, and contact the parent/carer.

4.6 Sessions Missed Because of Illness: If a child cannot attend, is refused entry because they are unwell, or is collected early because of illness, the booked funded or privately paid session is managed under the Fees, Funding and Charges Policy.

Illness does not create an automatic right to a refund, credit, moved session, replacement session, or alternative funded session.

- **Isolation:** The child will be cared for in a quiet area, away from other children (where possible), and monitored by a member of staff until collected.
- **Collection:** If a child is struggling with heat, becomes unwell, or management decides that continued attendance is no longer safe or appropriate, parents/carers will be contacted and must arrange prompt collection by themselves or an authorised adult. This is a safeguarding and welfare instruction and is not optional. Collection should be as soon as reasonably possible and normally within one hour unless emergency services or clinical advice require a different course.
- **Escalation:** If not collected within one hour, we will call emergency contacts. Continued failure to collect may be treated as a welfare concern and escalated to Children's Social Care or the Police. Late collection fees apply as per the Fees Terms.
- **Setting-Wide Safety:** Where illness, heat, environmental conditions, staffing or premises suitability affects the setting more widely, management may restrict attendance, reduce hours, close a room, close early or close the setting under the Emergency Closure, Health and Safety, and Hot and Cold Weather policies.
- **UKHSA Notification:** We will contact the UKHSA Health Protection Team for advice if there are 2 or more linked cases (e.g. diarrhoea/vomiting) or an unusual increase in absences.

5. Medication Procedures

5.1 First Dose Safety Rule:

- **General:** We will not administer the first ever dose of a new prescribed medicine in the setting, unless it is an emergency medicine agreed in an Individual Healthcare Plan (IHCP).

- **Antibiotics:** Where clinically appropriate, we expect the first dose to be given at home and the child to remain at home long enough to monitor for an adverse reaction (typically until the next day).

5.2 Administration Rules: We administer medicines in line with the EYFS requirements:

- **Prescribed Medicines:** Must be prescribed for that specific child by a doctor, dentist, nurse, or pharmacist.
- **Non-Prescription (OTC) Medicines:** Will only be administered with written parental permission and where we are satisfied it is necessary and appropriate, and where we can follow safe dosing instructions.
- **Consent & Records:** Parents must give prior written permission for each specific medicine. We keep a written record of every dose administered, which parents must sign on the same day.

5.3 Storage:

- **Standard:** Medicines are stored in accordance with manufacturer instructions.
- **Refrigeration:** If a medicine requires refrigeration and we cannot safely refrigerate it (e.g. due to lack of facilities), the child may not be able to attend unless an alternative is agreed in an IHCP.
- **Emergency Meds:** Life-saving medicines (AAls, inhalers) are kept unlocked but out of reach of children, in clearly labelled grab-bags for instant access.
- **Disposal:** Parents must collect out-of-date or unused medication. We do not dispose of medication.

6. Specific Medical Conditions & Equipment

6.1 Adrenaline Auto-Injectors (AAls):

- **Requirement:** Parents must supply **two** in-date AAls every day where prescribed.

- **Exception:** If a family is temporarily unable to supply two (e.g. due to prescription delays), attendance *may* be refused or restricted pending a written risk assessment, at the Manager's discretion.
- **Storage:** AAls travel with the child's group in a designated grab-bag.

6.2 Asthma: Parents must provide the child's own reliever inhaler and spacer device. We do not hold a generic emergency inhaler. If the inhaler/spacer is missing, attendance may be refused or restricted pending a risk assessment.

6.3 Complex Conditions: For complex conditions requiring specialist training (e.g. buccal midazolam, insulin pumps), we will agree an Individual Healthcare Plan (IHCP).

- **Training:** We will document required training, who needs it, target dates, and interim control measures. We will review this weekly until resolved. We reserve the right to defer a start date until training is complete.

6.4 Topical Creams (Allergen Control):

- **Setting-Provided:** We provide preschool-approved barrier creams and sun protection.
- **Parent-Provided (Opt-Out):** Due to severe allergies within the setting and lack of safe storage space, we only accept creams that are sealed, fully labelled, and free from prohibited allergens (including nut oils).
- **Rejection:** Unacceptable items will not be applied. If a required cream cannot be safely accepted, the parent may be required to attend to apply it, or the child may not be able to participate in certain activities (e.g. outdoor sun exposure) without safe controls.

7. Off-Site Visits & Emergencies

7.1 Off-Site Activities: On any trip or off-site visit, the child's medication grab-bag and IHCP must accompany them. Staff will carry a charged mobile phone to summon assistance.

7.2 Medical Emergencies: In a life-threatening emergency, 999 will be called immediately. Treatment may proceed without prior consent in accordance with NHS/paramedic guidance. Parents will be contacted as soon as possible.

7.3 Statutory Notifications: We are legally required to notify Ofsted and local child protection agencies as soon as reasonably practicable, and in any event within 14 days, of any serious accident, illness, or injury to, or death of, a child while in our care, or of any food poisoning affecting two or more children.

8. Parent Responsibilities

8.1 Duty to Inform: Parents must:

- Notify us immediately of any changes to the child's health or medication.
- Supply all necessary medication and aids daily.
- Inform us on arrival if a child has received any medication in the last 8 hours and the reason why.

9. Monitoring and Review

9.1 Review: This policy is reviewed annually or following any significant medical incident.

