



Innsworth Preschool

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Innsworth Preschool Illness Infection Control and Medication Policy

1. Purpose and scope

We support children's health, reduce the spread of infection and administer medicines safely. This policy covers illness, outbreaks, medication, emergency treatment and medical equipment. Staff illness and pay follow the separate Staff Sickness Absence and Sick Pay Policy.

2. Information and safe attendance

Parents must tell us about relevant health conditions, allergies, medicines and changes in care. Provide the child's required medication and equipment and keep permissions and plans current. Tell staff about medicine given before attendance, including the name, time, dose and reason, particularly anything given within the previous eight hours that could affect safe dosing or assessment.

The Manager or authorised duty manager decides whether a child may attend, remain at the setting or return after illness. The decision considers observed symptoms, the child's comfort and ability to participate, infection guidance, clinical advice, individual care plans and reasonable adjustments. Mild symptoms or a diagnosis alone do not require exclusion. Parents must follow a necessary safety decision while any review takes place; they cannot require staff to accept attendance that cannot safely be supported.

If essential medicine, information or equipment is missing, assess the actual risk and available safe alternatives, contact the parent and seek clinical advice where needed. A temporary restriction may be necessary if safe care cannot be provided, with reasons and a review plan. We do not impose a blanket refusal without considering the individual circumstances.

3. Infection control and exclusion

We follow the current UKHSA public-health exclusion table and any specific health-protection advice. For diarrhoea or vomiting, the usual exclusion is 48 hours after the last episode; some infections require longer or clinical clearance. A feverish child or one too unwell for safe participation stays home. There is no blanket rule that every fever requires a further 24 hours away after it resolves.

We use handwashing with soap and water, respiratory hygiene, safe nappy changing, cleaning and disinfection, appropriate ventilation and safe food practices. Staff use required protective equipment and follow product instructions and COSHH assessments. We clean body-fluid spills promptly using trained procedures and keep children away until safe.

Staff discuss the relevant exclusion and return arrangements with parents. Additional restrictions require a specific risk or public-health basis and must be reviewed. We do not treat every rash or cough as requiring medical clearance. We seek advice for symptoms that are unusual, severe or concerning.

A parent's view or general clinical reassurance does not settle whether safe group care is possible at that time. Management will explain the specific concern and take relevant clinical evidence seriously, seeking further

advice where needed rather than overriding treatment instructions. We record any additional precaution, its reason and the conditions for return. Medication must not be used to conceal symptoms or bypass an exclusion period; legitimate prescribed treatment and non-infectious conditions are assessed individually.

4. A child becoming unwell

If a child becomes unwell, staff provide appropriate first aid, a comfortable supervised space and medical advice where needed. The duty manager may require collection when the child cannot safely continue. Parents must respond promptly and arrange collection by themselves or another authorised adult, normally within an hour where practicable. Tell us immediately about a genuine difficulty so a safe alternative can be arranged. A disagreement about the decision does not justify leaving a child in unsuitable care. Staff maintain safe supervision until handover and follow clinical instructions.

Call 999 for life-threatening symptoms or serious deterioration and follow the call handler's advice. Staff must not wait for consent or collection before necessary emergency help. We record symptoms, times, observations, advice, contact and handover. Unsuccessful collection arrangements follow Arrival Departure and Uncollected Children, with earlier safeguarding action if needed.

Booking and account treatment follows Fees Funding and Charges. We distinguish ordinary child illness from provider-directed closure or restrictions; neither staff nor families should assume all circumstances have the same refund treatment.

5. Permission and administration

We obtain prior written parental permission for each particular medicine, including the name, dose, route, timing, reason and relevant instructions. Prescription medicine must be prescribed for the individual child by an authorised prescriber. Non-prescription medicine requires written permission, a clear need and safe instructions. Staff must not give aspirin to a child unless prescribed.

We accept medicine in its original labelled container, in date and with clear instructions. We check the child, medicine, dose, route, time, last dose, expiry, allergies and permission each time. We resolve discrepancies with the parent and pharmacist or prescriber before a non-emergency dose. Staff must never guess a dose or alter instructions independently.

A competent authorised practitioner administers medicine; staff use a second-person check where the care plan, medicine or risk assessment requires it and whenever practicable. We record immediately what was given, by whom, when and any response. We record refusal, omission, spillage or error and the action taken. We inform parents on the same day or as soon as reasonably practicable.

The first dose of a new medicine should normally be given by the family so any initial response can be observed, unless clinical advice or an emergency plan requires otherwise. This is a setting precaution, not a universal requirement to exclude for 24 hours after antibiotics. We agree arrangements according to the medicine and the child's condition.

6. Storage and emergency medicines

We store medicines according to the label, securely and out of children's reach. We keep emergency medicines immediately accessible to authorised staff, in named grab bags with the child's group, rather than locked where urgent access could be delayed. We check availability at handover, outings and evacuation.

Where prescribed, parents supply two in-date adrenaline auto-injectors. Asthma arrangements require the child's own reliever inhaler and spacer; the setting does not hold a generic emergency inhaler. Shortages require a documented individual assessment and clinical advice where appropriate, with a plan to restore safe provision.

We check refrigerated storage and temperatures where required and provide a safe alternative arrangement if facilities are unsuitable. We return unused or expired medicine to parents for safe disposal; if collection is not

possible, obtain pharmacy advice rather than place it in ordinary waste. We record returns and disposal arrangements.

7. Healthcare plans and equipment

We agree an individual healthcare plan for ongoing or complex needs with parents and relevant professionals. The plan includes symptoms, routine and emergency treatment, permissions, storage, trained staff, equipment, contact and review. Specialist tasks such as insulin administration or rescue medication require relevant competent training and documented authorisation.

We assess staff training, handling, infection control, supervision and equipment maintenance. We do not require staff to perform beyond competence. We review unresolved training or equipment arrangements at least weekly until a safe plan is established, and consider reasonable interim support and adjustments.

Topical creams and sunscreen require suitable permissions and clear instructions. We check ingredients, allergies, labelling and expiry. We agree safe alternatives for specific skin, sensory or medical needs; we do not assume every product or routine is suitable for every child.

8. Outbreaks and public health emergencies

Staff monitor linked illness and unusual absence patterns. We contact the local UKHSA Health Protection Team in line with current guidance, including two or more linked diarrhoea or vomiting cases, suspected food poisoning or an unusual or serious infection pattern. Management records cases, onset dates and advice securely, sharing only necessary information.

We follow advised testing, cleaning, exclusion, communication and return measures. We assess vulnerable children and staff and any adverse effect of restrictions. Business Continuity and Emergency Closure governs a reduction or closure where safe operation cannot be maintained; restrictions are reviewed and lifted when safe.

We notify Ofsted of serious illness, injury or death while a child is in our care and food poisoning affecting two or more children, as soon as reasonably practicable and within 14 days. We notify relevant safeguarding agencies and other authorities where required. We do not use the Ofsted deadline to postpone urgent health-protection or safeguarding contact.

9. Errors, records and review

For a medication error or adverse reaction, assess the child, seek immediate clinical advice and call 999 if necessary. We notify management and parents promptly, preserve the medicine and record details. We investigate safely, assess notification duties and support staff to report mistakes honestly; concealment and clinical error require separate fair assessment.

We keep permissions, administration records, healthcare plans, training and decisions securely under Data Protection and Confidentiality. We review this policy annually and promptly when UKHSA guidance, clinical plans or significant incidents require change. This policy should be read alongside Allergy Management and First Aid Accidents and Head Injuries.

10. Review and related documents

Management reviews this document at least annually and sooner following relevant changes in law, guidance, practice or significant incidents. The next scheduled review is by 23 September 2027. Staff are briefed on material changes and families receive updated information where relevant.

Read alongside: First Aid Accidents and Head Injuries Policy; Allergy Management Policy; Food and Nutrition Policy.