TRUST POLICY
Nursery Handbook – Medication and Illness Policy

Approval		
Director approval	**Date approved:**	13th March 2026
Ratification		
Trust Management Committee	**Date approved:**	22nd July 2026
	Review Date	22nd July 2029

Version	Date	Author	Status	Comment
1.0	February 2026	Tracey Gregory	LIVE	New trust wide policy
2.0				
3.0				
4.0				

Contents

1. Introduction

They must have a procedure, which must be discussed with parents and/or carers, for taking appropriate action if children are ill or infectious. This procedure must also cover the necessary steps to prevent the spread of infection

3.59 pg. 35 EYFS Statutory Framework 2025

2. Policy Statement

This Policy has been developed to ensure the continued good health and wellbeing of all the children who attend the University Hospitals Sussex NHS Foundation Trust nurseries.

The Nursery Manager is the day-to-day operational manager per setting and is responsible for the health and safety of all children and staff who attend the nursery on the day. With the welfare of the sick child in mind and in the interests of the other children and staff, if in the opinion of the Nursery Manager or a senior staff member the child is unwell then the parent or carer will be contacted and asked to collect their child.

Information provided on the 'Admission Forms' is regularly updated to allow nursery staff to administer medication and give authorisation for emergency treatment.

When arriving for the nursery session the parent or carer will be asked to provide details of the child's current health and well-being, and if any medication has been given to the child within the past 24 hours prior to attendance. The child's 'Day Sheet' will have a simple symptom checker to ensure full handover has been given to the nursery.

3. Medication

We do not stock medicines. Calpol / Ibuprofen in the nursery are individual children's only and have the name clearly labelled.

We provide the contents of the statutory "First Aid Box"

Medication containing Aspirin will only be given to a child if prescribed by a doctor.

On each occasion that Prescribed or Non-Prescribed Medication is requested to be administered the medication form must be completed by the child's parent or carer stating:

- Name of Medication
- Indication for treatment
- Dose to be administered
- Date-Time-Dose of the last medication administered.
- Parent or carer must sign to authorise the administration of medication.

First Dose: Staff will never give a first dose of any medication. This must always be tried at home so the parent/carer can monitor for any adverse or allergic reactions.

Preventative procedure i.e., Bronchial inhalers etc. will be administered to children following written instructions of parents/guardian/carer. Inhalers must be in their original packaging and clearly labelled.

No medication will be given in foods, milk or other drinks from home. Medication that requires water as part of the solution will need to be brought to nursery in the original packaging with all administered instructions to enable the staff to make the medication up correctly i.e. Movicol sachet. All details will be required as stated above and a completed medication form.

A staff member administering medication will be an NHS AFC Band 3 or NVQ 2 and above qualified. They will always have a colleague acting as a witness to any medication given.

The member of staff, who has administered the medication will date and sign the form in the presence of another member of staff. This member of staff must be present during the administration of the medication and sign the form as a witness. Parent or carer should also sign on collection the medication form.

Parents should discuss any query about the administering of medication with the Nursery Manager.

It is imperative that if a child has been administered medication before they have arrived in nursery that staffs have been given the details of the type of medication, dosage and the reason why to ensure there is no overdose of medication and /or to provide details in the event of a child becoming unwell and needing emergency medical treatment.

If a child arrives at nursery in a condition in which they will require medication during the session the Nursery Manager/Deputy Manager has the right to refuse attendance if it is to the detriment of their wellbeing of the compromised of the care of other children.

On arrival at nursery should a child present a condition that is likely to be contagious and potentially impact on the health and wellbeing of other children or staff the nursery staff can refuse attendance. They will contact the Nursery Manager/ Deputy Manager immediately.

Please ensure you inform staff when you bring medication into the nursery so that it may be stored safely out of reach of the children or in the main nursery fridge in the kitchen if necessary. Do not leave medication in your child's bag. Please do not send drinks into the nursery with medication added to them e.g. paracetamol.

If a child refuses the medication this will be documented on the medication form, the parent will be contacted, and it will be written the child's day sheet and medication form.

Parents and carers are made aware when arriving at the start of the session with their child that should the need arise and the child's health deteriorates; they will be contacted to collect immediately.

Medical Error: Occasionally mistakes can happen; a child may miss a dosage or given a dosage in error in most cases there is likely to be no harm. UHSussex NHS FT nurseries would like to provide a working environment which is open and honest and in such an event the following will happen:

- The Parent will be contacted by the Nursery Manager / Deputy Manager Parent may be able to advise and this will be recorded on the child's Day Sheet Form and Medication Form
- The Child will be monitored
- The Nursery Manager/ Deputy Manager will investigate

Parents and carers should ensure their child is appropriately protected and prepared for the weather conditions when attending nursery, we request that Sun cream lotion is applied prior to a nursery session.

4. Prescribed Medication

Prescription medication is medicine which has been prescribed from a Doctor, Nurse or Pharmacist which clearly shows:

- Child's name,
- Child's Date of Birth
- Name of Medication
- Dose required
- Method of administration
- Expiry date

Prescription medicine will only be given to the person named on the bottle/box and for the dosage stated.

It is important that prescribed courses of antibiotics are completed. Staff will only administer the required medication following written instructions from the child's parent or carer

The first dose of any Antibiotic medication is required to be taken for at least 24hrs before a child can return to nursery.

5. Non-Prescribed Medication

The nursery will not administer any non-prescribed medication which contains Aspirin.

Non- prescribed medication for example teething gel / Calpol may be administered but only with prior written consent of the parent and only when there is a health reason to do so. The parent or carer is required to complete and sign the medication form. Staff will ring the parent or carer if Calpol / ibuprofen if needed.

The nursery will only administer non-prescribed medication for a short period (for example 2 days in a row) dependent on the type of medication and reasons. After such time medical treatment should be sought.

If the nursery feels the child would benefit from seeking medical attention rather than continuing with non-prescribed medication the nursery reserves the right to refuse nursery care until the child is seen by a medical practitioner.

The nursery reserves the right to refuse to give 'non-prescribed' medication if the child does not display any signs of needing it.

Non-prescribed cream for nappy care i.e. Sudocrem, prior consent is required on the Admission Form and a record of this will be kept in the child's playroom. The onus for supplying nappy creams such as Sudocrem or Vaseline is with the parent, and carer and the child's name should be clearly labelled on it. If there is no prior consent on the Admission Form than a medication form will be written.
The use of a nappy barrier cream will be recorded on the child's day sheet.
Our nurseries do not supply proprietary nappy barrier creams.

Sun cream lotion is encouraged to be applied at home prior to a nursery session and will be reapplied by nursery staff whilst in the nursery care. Parental consent is required on the Admission Form for staff to apply sun cream and this will be recorded on the child's day sheet. Details of the sun cream supplied by the nursery will be displayed for parent/carer information, should they wish for an alternative lotion then the child's name should be clearly labelled.

6. Long Term Medication

Parents/cares that have a child on long term medication will be required to complete a different medication form.

Staff will regularly check the expiry date on long term medication and will advise the parent/carer should they require a repeat prescription.

7. Common Childhood Illnesses

UHSussex nurseries are busy, noisy, fun and active learning environments and are not equipped or staffed to care for sick children. Nursery staffs are not qualified to diagnose specific illnesses or prescribe medication, and though it is not possible to enforce strict rules as to when children may or may not attend the nursery the nurseries work very closely within the guidance set out by Public Health England (gov.uk) for Health Protection in Schools and Childcare settings as well as our own Infection Prevention Control team at University Sussex Hospitals NHS Foundation Trust.

For further information please refer to the link below:
www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

Antibiotics	Children will not be able to attend until **24hrs** after the commencement of treatment
High Temperature	Temperature on Arrival: If a child arrives at nursery being treated for a temperature, then the nursery has the right to refuse attendance for the session. A child should be clear of a temperature a minimum of 12 hours prior to a session and not requiring paracetamol. Temperature in Nursery: If a child registers a high temperature the staff will try to endeavour to encourage them to drink plenty of fluid. Look out for signs of dehydration such as dry mouth, sunken eyes, and fewer wet nappies. Though current research has shown that tepid sponging or undressing a child does not reduce a fever we would ensure the room is cool and the child is not over clothed or wrapped in bed sheets. The Parent or carer will be contacted to arrange collection of the child.
Diarrhoea	48hrs after the last episode and when a firm stool has been passed.
Sickness	48hrs after the last episode.
Norovirus	Known as the 'Winter Vomiting Bug'. Should the nursery have an outbreak than a 72hr exclusion period will be enforced to ensure a break in contact.
Conjunctivitis	Parents notified to enable them to purchase 'over the counter ointment'. The child is not excluded however to prevent the risk of infection the nursery will request that the child restrains from nursery until 24 hours after the first dose of treatment.
Hand, Foot and Mouth	Incubation period is 3-6 days. There is no exclusion however we would advise the child does not attend nursery whilst any blisters are weeping, or they are generally unwell. It is recommended contacting your local HPT if many children are affected. Further exclusions may be considered in some circumstances.
Scarlet Fever	Child can return 24 hours after starting appropriate antibiotic treatment.
Slap Cheek/ Fifth disease/Parvovirus B19	No exclusion. Someone with slapped cheek syndrome is infectious during the period before the rash develops. Once the rash appears, the condition can no longer be passed on, and no exclusion period is needed. Pregnant contacts should consult with their GP or midwife.
Whooping Cough	48 hours after they have started taking the first dose of antibiotics, or 21 days from the onset of symptoms if no antibiotics. It is recommended contacting your local HPT if a large number of children are affected. Further exclusions may be considered in some circumstances.
Head lice:	No exclusion but the parent will be notified before or when they collect their child. Parents are encouraged to ensure frequent checking and combing of their child's hair with a specified fine-toothed comb.

Skin infections	Parent will be notified and asked to collect their child. The cause will need to be diagnosed by the child's G.P. and the necessary treatment prescribed. Common childhood skin conditions. ▪ Impetigo: Requires Antibiotic cream, Exclusion until lesions are crusted and healed or 48hrs after the commencement of antibiotics. Cold sores (herpes simplex) will be asked to be checked as have the potential to develop into Impetigo. ▪ Ringworm: We would advise 24hrs after first treatment no further exclusion is not usually required. ▪ Scabies – They can return to nursery 24hrs after first treatment ▪ Molluscum Contagiosum – No exclusion
Threadworm	Child will be isolated and parent notified to collect their child. Condition requires treatment for the child and family. They can return 24hrs after first treatment with no exclusion after commencement of treatment.
Chicken Pox, Shingles, Measles	Exclusion approximately 5-7 days of the onset on the spots/rash. The child should not return to the setting until all blisters have crusted over. Please inform nursery staff if your child has been diagnosed so that information to other parent/carers can be given. Measles: It is recommended contacting your local HPT if there are 2 confirmed cases. Further exclusions may be considered in some circumstances.
Mumps	Exclusion period is approximately 5 days after the swelling started. Please inform nursery staff if your child has been diagnosed so that information to other parent/carers can be given.

8. Immunisation

When a child commences at UHSussex nurseries the parent/carer will complete a full Admission Form. Information regarding a child's vaccination programme will be asked to complete however further vaccines such as the MMR and pre-schooling vaccines will be scheduled. Please share this information with the Key Worker or Nursery Manager. Updates on vaccines will be asked whilst your child is enrolled in the nursery.

UK Health Security Agency

Routine childhood immunisations

From January 2026

Age due	Vaccines that protect against		Vaccine given and trade name		Usual site[1]
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B		DTaP/IPV/Hib/HepB (6 in 1 vaccine)	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)		MenB	Bexsero	Thigh
	Rotavirus gastroenteritis		Rotavirus	Rotarix[2]	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B		DTaP/IPV/Hib/HepB (6 in 1 vaccine)	Infanrix hexa or Vaxelis	Thigh
	MenB		MenB	Bexsero	Thigh
	Rotavirus		Rotavirus	Rotarix[2]	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B		DTaP/IPV/Hib/HepB (6 in 1 vaccine)	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)		PCV	Prevenar 13	Thigh
One year old (on or after the child's first birthday)	Pneumococcal MenB Measles, mumps, rubella, varicella		PCV MenB MMRV	Prevenar 13 Bexsero ProQuad or Priorix Tetra	Upper arm or thigh
Eighteen months old	**Born on or after 1 July 2024** Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B Measles, mumps, rubella, varicella	**Born on or before 30 June 2024** No appointment	DTaP/IPV/Hib/HepB MMRV	Infanrix hexa or Vaxelis ProQuad or Priorix Tetra	Upper arm or thigh
Three years four months old or soon after	**Born on or after 1 January 2025** Diphtheria, tetanus, pertussis and polio	**Born on or before 31 December 2024** Diphtheria, tetanus, pertussis and polio Measles, mumps, rubella, varicella	dTaP/IPV MMRV	REPEVAX ProQuad or Priorix Tetra	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types		HPV	Gardasil 9	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio		Td/IPV	REVAXIS	Upper arm
	Meningococcal groups A, C, W and Y		MenACWY	MenQuadfi	Upper arm

Eligible paediatric age group See annual flu letter at: www.gov.uk/government/collections/annual-flu-programme	Influenza (each year from September)	LAIV (Live attenuated influenza vaccine) • If LAIV is contraindicated or otherwise unsuitable use inactivated flu vaccine (check Green Book Chapter 19 for details)	Fluenz (Contains porcine gelatine)	Both nostrils

1. Intramuscular injection into deltoid muscle in upper arm or anterolateral aspect of the thigh. | 2. Rotavirus vaccine should only be given after checking for SCID screening result.

*Chicken Pox Vaccine. From the 1st January 2026 parents will be able to vaccinate their child from Chicken Pox in a 2-dose programme offering vaccination at 12 and 18 months of age using the combined MMRV (measles, mumps, rubella and varicella) vaccine.

9. The Sick Child

In the case that a child becomes suddenly unwell in the nursery, the child will be taken to a quiet place with a member of staff who will attend to their needs. The Nursery Manager or Deputy Manager or Key Person will contact the parent or carer to come and collect the child. On collection the Nursery Manager/Deputy/Key Person will discuss with the parent when the child can return to nursery.

If the child is requiring medical assistance either through sudden illness or has sustained an injury and we cannot contact the parent or carer the child will be accompanied by a nursery staff member to Accident and Emergency at the hospital. A member of staff would continue to contact the Parent or carer.

If a child is unwell in the nursery the staff with the support of the nursery manager at deciding on whether they should remain in the nursery or to go home.

If the child should have:

- Presenting a temperature
- Vomiting not usual for a child after mealtime or not related to other symptoms such as a cold
- Diarrhoea
- Pain such a as stomach or head
- Covid related symptoms

The ability to participate in the usual nursery activities.

Whether the child requires or is likely to require additional care and support that would impact of staff ratios.

Whether the child is presenting signs or symptoms of an infectious illness that according to the guidance from Public Health England requires a period of exclusion from the nursery.

10. A Child Attending with an Injury

It is important for a child to feel they can participate in the nursery routine however we recognise there are times that an injury or illness may prevent them accessing all the resources or activities available in the nursery.

If a child has had a significant injury such as a fracture to an arm or leg the nursery will request the child stays home for one week after the injury to ensure pain relief is met. After this period the key Worker or Nursery Manager will meet with the parent to discuss a health care plan of the reasonable adjustments the setting will make to ensure the child is comfortable at attending the nursery. UHSussex Nurseries reserve the rights for a 'Disclaimer' letter from the Parent or carer should they attend with a significant injury.

11. A Child Attending after a General Anaesthetic

It is important to discuss with the Nursery Manager or Deputy Manager the reasons for the anaesthetic prior to the procedure. The recovery of the child will depend on their pre-existing medical condition and the nature of the surgery or procedure undertaken.
UHSussex nurseries would advise a 24-hour exclusion period to ensure that any side effects such as headache, tiredness, dizziness, disorientation and distress are minable; therefore, recuperation at home is vital.

12. Pandemic / Sickness Outbreak Adjustments

As NHS workplace nurseries we must adhere to the recommended standards of our Governing body Ofsted and the measures in place for NHS employees in terms of infection control and prevention of serious illness.

During the Pandemic (COVID-19) the nurseries were fully operational, working within the Government guidelines for educational settings but also the requirements within the NHS. Regular risk assessments were in place to ensure that the risk of infection was minimised and those in vulnerable health categories were prioritised.

There are periods of the year when infection rates can be higher with clusters of illnesses such as flu or vomiting bug and the nurseries must make operational changes to minimise the spread of infection, such as limiting activities that have a higher risk of infection such as singing, malleable resources, sand and water. Reducing the service to enable us to keep within staff ratios in such cases the Nursery Manager may request those parents not working either due to rota days off, maternity leave or annual leave do not send their child to the planned session.

Parents and carers will be regularly updated to any operational changes due to any sickness outbreaks, with care, and consideration will be at the utmost importance.

13. Pregnancy

It is vital that if a child presents any of the below suspected illnesses than the parent or carer informs the Nursery Manager or Deputy Manager as soon as possible to ensure that any possible/or pregnant staff members can gain advice either from the Trusts Occupational health service or their own GP or Midwife.

Chickenpox can affect the pregnancy if the staff member has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

Please inform the Nursery Manager at the earliest point if your child should be administered a ‘live’ vaccine such as Chickenpox to enable us to seek advice should we have a pregnant member of staff.

German measles (rubella). If a pregnant staff member encounters German measles, they should inform their GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the staff member is not immune and is exposed in early pregnancy.

Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant staff member is exposed, they should immediately inform whoever is giving antenatal care to ensure investigation.

All staff members born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine

The nurseries will take guidance from 'Guidance on Infection Control in Schools and other Child Care Settings', Health Protection Agency 2017, NHS England and NHS Choices.
We will also consult University Hospitals Sussex FT Occupational Health or Infection Control Services for support.

14. Nursery Staff Wellbeing

As part of staff induction programme with the Nursery Manager or Deputy Manager, nursery staff should discuss any medication treatment or allergies that they have. If they have any allergies that presents severe reactions these should be discussed with the other staff members in case of an emergency.

All staff medication should either be kept in their bag or locker or in the main kitchen (areas that are not accessed by a child). If inhalers are required these should be kept out of the reach of children in a 'labelled' box in the playroom.

15. Nursery Fees

Absence of general illness nursery fees is applied.

In exceptional circumstances such as a significant injury or medical condition nursery fee waiver is at the discretion of the Service Manager or Nursery Manager.

16. Links to other Trust policies

UHSHN012 Nursery Handbook - Arrival and Departure Policy
UHSHN008 Nursery Handbook - Safeguarding and Child Protection Policy