



Quality

Well Child policy

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1. Policy statement

At Partou, we prioritise the health and wellbeing of every child in our care. As part of our commitment to creating a safe and nurturing environment, we follow a *well child* approach. This means we focus on helping children stay healthy and giving the right support when they're unwell. It's how we maintain a happy, healthy space for children, families, and our team.

To help us do this, children attending nursery:

- Must not be reliant on any medication to manage a fever, as this can mask an underlying illness.
- Must be well enough not to require one-to-one care, beyond what's typical for their age and stage of development.

If a child becomes unwell during the day, we will care for them until they are collected by a family member or, if needed, transferred to hospital.

We follow the [Nursery Exclusion Guidance](#), which outlines how long public health advises children should remain at home if they are unwell.

Each nursery holds paracetamol suspension (e.g. Calpol), ibuprofen suspension (e.g. Nurofen), and antihistamine (e.g. Piriton) for emergency use only. We will only give medication in line with the dosage instructions on the packaging for the child's age—unless we have a prescription that states otherwise.

For more information on how we manage and administer medication, please refer to our [Medicine Policy](#).

2. Procedures for children who are sick or infectious

To help keep everyone at nursery safe and well, we follow clear steps when a child is unwell or showing signs of illness:

- Children must not attend nursery if they have been sick or had diarrhoea in the past 48 hours. If a child arrives with these symptoms, we will ask their family member to take them home. The same rule applies to team members.
- Children must not attend nursery if they have a contagious infection or illness. If a child arrives with signs of an infectious condition, we will ask their family member to take them home or seek advice from their GP.
- Children must not attend nursery if they have a high temperature of 38°C or above, or if they have been given medication at home to reduce a fever. If a child arrives having had medication to lower their temperature, we will ask their family member to take them home.
- If a child becomes unwell while at nursery – for example, with a high temperature, vomiting, diarrhoea or signs of pain – the key person or room leader will inform the manager, and the family will be contacted to collect the child.
- Children who have been sent home with a high temperature can return once they are fully well and no longer reliant on medication to manage their symptoms. This means their temperature remains normal without needing medicine such as paracetamol suspension (e.g. Calpol) or ibuprofen suspension (e.g. Nurofen).
- If a child becomes seriously unwell while at nursery, a trained first aider will provide immediate care, an ambulance will be called, and the family will be informed.

- If a child has a known medical condition, we will follow their agreed care plan. If their condition worsens, we will respond according to the plan. In an emergency, we will call an ambulance and contact the family immediately.

2.1 High temperatures

In children under five, a high temperature is classed as 38°C or above. This is common and often caused by minor viral infections such as coughs or colds, which can be treated at home. If a child develops a high temperature whilst at nursery, the team will contact the family to arrange collection and with permission, will give medication to help keep the child comfortable while they wait. The child can return to nursery once their temperature has returned to normal and they are no longer reliant on medication to manage it.

If high temperatures continue or the child appears unwell in other ways, advice should be sought from a healthcare professional before returning to nursery.

2.1.1 Procedure for a child with a high temperature at nursery

The following steps will be taken when a child is identified as having a high temperature while at nursery:

- If a child feels hot, team members will first consider possible causes such as recent physical activity, high outdoor temperature, or a warm room environment.
- The child's temperature will be measured using an infra-red tympanic (ear) thermometer, a forehead thermometer, or an electronic thermometer placed in the armpit. Oral temperature measurement and forehead chemical thermometers will not be used, as these methods are unreliable and not recommended by NICE (the National Institute for Health and Care Excellence).
- If the child is warm, steps will be taken to maintain comfort by removing footwear and ensuring the child is dressed in lightweight clothing. A lightweight blanket may be used or a window opened to cool the child naturally. Children will remain dressed suitably for the environment. Sponging with cool water is not advised to reduce a fever.
- The child will be encouraged to drink fluids to avoid dehydration.
- The child's condition will be monitored for 10 minutes. If the temperature remains at or above 38°C, or if the child shows other signs of illness, the family will be contacted and asked to collect the child as soon as possible.
- Paracetamol suspension (e.g. Calpol) or ibuprofen suspension (e.g. Nurofen), may be administered to help keep the child comfortable while awaiting collection. Written consent for administering medication is obtained at the start of the child's nursery placement. Before administering medication, a senior team member (room leader, deputy manager, senior deputy manager, or manager) will contact the family to obtain verbal permission and confirm whether the child has received any medication within the previous four hours. This ensures safe administration and allows time for family to arrange collection.
- If we're unable to reach the family within 15 minutes of our first attempt and the child has been in nursery for at least four hours (confirming no recent medication), and the temperature continues to rise, the nursery manager or person in charge may administer medication at their discretion, provided written consent is on file. Attempts to contact the family will continue, to let them know about their child's high temperature and to ask for them to be collected.

- Families are expected to collect their child as soon as possible. We understand that this might take longer for those who live and work further away. Families should let the nursery know how long it will take them to arrive. If a family member isn't able to collect their child within a reasonable timeframe, they may be asked to arrange for someone else to collect them.
- If the child's condition deteriorates or causes concern, emergency services (999) will be contacted immediately. The family will be informed at the earliest opportunity.

2.2 Teething

While most babies begin teething at around 6 months, some may start earlier or later. Teething is a normal developmental stage, but it can cause mild discomfort and changes in behaviour.

Common signs of teething include:

- Red or sore gums
- One or both cheeks looking flushed
- A facial rash
- Rubbing ears
- Dribbling more than usual
- A strong urge to chew
- More unsettled or fretful behaviour than usual
- Disrupted sleep
- A mild temperature below 38°C

Teething does not cause vomiting or diarrhoea. If a child experiences either, this will be treated in line with our procedures for sickness and diarrhoea.

2.2.1 Procedure for a child with teething related pain

The following steps will be taken to support a teething child while they are at nursery:

- Teething rings will be offered to help soothe sore gums and provide a safe outlet for chewing. Some teething rings can be cooled in the fridge—team members will follow manufacturer instructions for safe use. Teething rings will never be frozen, as this may damage a baby's gums.
- Children over 6 months who have started weaning and eaten the foods at home before may be offered soft fruit (such as melon) or breadsticks during mealtimes to help relieve discomfort. A team member will always closely supervise children while they are eating.
- Families may provide homeopathic teething gels, granules, nappy creams, and eczema creams, as long as they are in their original packaging. Homeopathic products do not contain any active medicinal ingredients, but a member of the management team must check the packaging to confirm this. If any active ingredients are listed (shown as a percentage next to the ingredient), the product cannot be used at nursery unless it has been prescribed.
- Paracetamol suspension (e.g. Calpol) or ibuprofen suspension (e.g. Nurofen) will not be given for teething-related pain. If a child is in significant discomfort, they are best cared for at home where they

can be given appropriate rest and support.

2.2.2 Procedure for a child with teething related temperatures

A mild temperature between 37.5°C and 37.9°C is common with teething and usually doesn't require the child to be sent home, as long as they are otherwise well. A high temperature of 38°C or above is uncommon and is unlikely to be caused by teething alone.

A child may remain at nursery if:

- The child is showing signs of teething and develops a mild temperature between 37.5°C and 37.9°C and doesn't require medication to manage their temperature.
- The child is showing signs of teething and has a high temperature of exactly 38°C and has not received medication for a temperature at home. In this circumstance, one dose of paracetamol suspension (e.g. Calpol) or ibuprofen suspension (e.g. Nurofen) may be given to help manage their symptoms, with verbal permission from the family.

The family will be contacted and asked to collect the child if:

- The child's temperature is 38.1°C or above, as this is unlikely to be due to teething alone and may suggest illness or infection.
- The child's temperature remains at 38°C or increases after 30 minutes of giving medication, or the child requires constant one-to-one support.
- The child's temperature rises to 38°C or above again once the first dose of medication wears off (usually around four hours later). A second dose may be given while the family are on their way to collect the child.

Children with ongoing or repeated raised temperatures while teething must not return to nursery until further medical advice has been sought and they are well enough to attend.

2.3 Diarrhoea, vomiting and infectious diseases

To help stop the spread of illness and protect everyone's health, we follow the guidance below when a child has diarrhoea, vomiting, or an infectious condition:

- Children who have experienced diarrhoea or vomiting must not return to nursery until at least 48 hours have passed since their last episode.
- We follow the [Nursery Exclusion Guidance](#) which shows the recommended exclusion periods issued by public health authorities, which outlines how long children should stay home depending on their illness or infection.

3. Serious illness and transfer to hospital

If a child becomes seriously ill, injured, or their life is at risk, immediate action will be taken to ensure they receive urgent medical attention. A trained First Aider will assess the child and provide appropriate care while an ambulance is called without delay.

3.1 Calling an ambulance

To call an ambulance, 999 will be dialled and the following information will be provided:

- The nursery's location, including the postcode
- The phone number the call is being made from
- A clear explanation of what has happened, including any worsening of a known medical condition

The ambulance service may also ask for:

- The child's age, gender and any relevant medical history
- Whether the child is conscious, breathing, or experiencing any serious pain or bleeding
- Details of any injury and how it occurred

Answering these questions will not delay the ambulance but helps the call handler give the right first aid advice until help arrives.

While waiting for the ambulance:

- A team member will stay with the child and continue to provide first aid
- A team member will be asked to wait at the entrance to guide the ambulance team
- A team member will print the child's details from the database, including GP information
- Any medication the child is currently taking will be collected in a sealed, labelled container, along with the child's medicine form
- A team member will call the child's family

3.2 When the ambulance arrives

- Paramedics will be shown directly to the child
- A team member will stay with and reassure the child
- Paramedics will be given a full explanation of what has happened, along with any known allergies
- If the child's family has not yet arrived, one or two team members will accompany the child to hospital

3.3 Notifying the nursery support centre and RIDDOR/Ofsted

- The Area Manager will be contacted immediately
- The Area Manager will notify the Regional Business Manager and the regionally aligned Quality team
- Any necessary RIDDOR and Ofsted notifications will be submitted by the Company DSL

3.4 If a child dies

This would be an extremely rare and deeply distressing event.

All appropriate procedures for serious illness or injury will already have been followed, including calling an ambulance, giving first aid, and notifying a senior manager. RIDDOR and Ofsted may already have been informed.

If the child dies—either at nursery or after being transferred to hospital—the police or coroner will usually inform the nursery.

The nursery support centre will lead on contacting the child's family. This must not be done by nursery team members unless specifically requested by a senior leader. We will ensure this is done with the greatest possible care and compassion.

Team members will be supported in the following ways:

- Emotional support and guidance will be provided by the Area Manager
- Confidential mental health and counselling support is available 24/7 through the Employee Assistance Programme (EAP)
- The Area Manager will help complete a RIDDOR form and, if required, a LADO referral
- The nursery support centre will manage all media or press enquiries

No information must be shared with anyone outside the Police, Local Authority, or Ofsted.

4. Reporting of 'notifiable diseases'

Some infectious diseases are classed as "notifiable," which means a GP or healthcare professional must report them to public health authorities to help prevent further spread. A full list of notifiable diseases is available on the government website: [gov.uk/notifiable-diseases](https://www.gov.uk/notifiable-diseases)

It is not usually the nursery's responsibility to report a notifiable disease. This will be handled by the child's GP or healthcare professional. However, if a family member informs the nursery that a child has been diagnosed with a notifiable disease, or if the nursery is formally notified by the local authority or Health Protection Team, the following steps will be taken:

- The nursery manager will inform their area manager and the Partou Health & Safety Manager
- The nursery will act on any advice given by the local Health Protection Team or relevant authority
- If required, the local Health Protection Team will provide guidance on managing the illness within the nursery

To speak to your local Health Protection Team, you can search by the nursery's postcode here: [gov.uk/health-protection-team](https://www.gov.uk/health-protection-team)