Durham University
Day Nursery

# DURHAM UNIVERSITY DAY NURSERY

# MANAGING SICKNESS AND ILLNESS IN CHILDREN & ADMINISTRATION OF MEDICATION POLICY

## 1. Policy Statement / Purpose Information

1.1 At Durham University Day Nursery we promote the good health of the children attending. We will usually only administer prescribed medication to children although with consent, will apply teething gel, nappy cream and sun cream as required. If a child becomes unwell at nursery, we will seek consent and may administer one dose of branded Calpol.

## 2. The Policy

2.1 If any child is brought to the nursery in a condition in which he/she may require medication sometime during the day, the manager will decide if the child is fit to be left at the nursery.

2.2 No child will be given any medication without prior written consent for each and every medicine. All medication provided must in its original container, be labelled and be in date or it will not be administered.

## 3. Sickness & Illness in Children

3.1 In the event of a child being unwell they must stay at home until they are well enough to return to Nursery. For Sickness/Diarrhoea children must stay at home for 48 hours from their last episode before returning to Nursery. Parents/carers to follow exclusion period as set out in the table below (Section 4). For Covid-19 guidelines, please refer to our risk assessment and for up-to-date guidance please visit:

Coronavirus (COVID-19) - NHS (www.nhs.uk)

Please notify the Nursery as soon as reasonably practicable if the Child is absent at any time and notify us of the cause if your child is absent due to illness.

3.2 Definition of a well-child:

- A child is happy and able to take part fully in Nursery.
- A child who does not have a temperature.
- A child who is not dependent on Calpol.
- A child who is not reliant on 1-1 care.

3.3 In the event that the child becomes ill during a session, a member of the Nursery team will monitor the child i.e. temperature and symptoms and recorded on the sick child form. If whilst monitoring the child, they continue to be unwell we will contact Parent/Carer or another emergency contact of which you have notified

us on the registration form to collect the child. If the child has a high temperature, please follow point 9 in the policy - Emergency medication and telephone the Parent/Carer.

Parents/Carers must inform us immediately of any changes to their contact details or the emergency contacts.

3.4 If a child becomes unwell in our care and needs emergency medical attention a staff member would ring 999 giving details of the child's name, D.O.B, what's happened, nursery address. Follow advice from 999. Another member of the team to call the Parent/Carer to arrange to meet at nursery or the hospital they are to attend if required.

3.5 In the event of a child needing to go to hospital a member of staff who was present in the room must accompany the child to hospital if the parent/carer hasn't arrived at nursery. Collect registration forms, relevant medication sheets, medication and child comforter. Staff member to take nursery outing mobile or own if not available.

Inform a member of the management team, the member of staff to remain with the child till parent/carer arrives at the hospital. Staff member to keep nursery informed and once parent/career arrives a member of the team to collect the staff member from the hospital.

Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of reassurance and support. Remove children from the area where possible to another room or outdoors.

3.6 If a child has been admitted to hospital, on discharge they need to remain at home the following day to ensure the child is fully recovered and well enough to return to nursery.

3.7 If a child is needing antibiotics, they are to remain at home for the first 24 hours from the first dose of antibiotics.

3.8 <u>Rash Related Illness Guidance – extra measures in place</u>

- If we have an increase of rash related illnesses in nursery, management will seek advice from the Health Protection team and may need to put further periods of exclusions in place to reduce the spread of infection.

Durham University Day Nursery

## Health Protection for schools, nurseries and other childcare facilities (exclusion Table)

| Infection | Exclusion period | Comments |
|---|---|---|
| Athlete's foot | None | Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others. |
| Chickenpox | At least 5 days from onset of rash and until all blisters have crusted over. | Pregnant staff contacts should consult with their GP or midwife. |
| Cold sores (herpes simplex) | None | Avoid kissing and contact with the sores. |
| Conjunctivitis (pink eye) | None | If an outbreak or cluster occurs contact your local health protection team. |
| Respiratory infections including coronavirus (COVID-19) | Individuals should not attend if they have a high temperature and are unwell.<br><br>Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test. | Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting. |
| Cryptosporidiosis | Individuals should stay away until 48 hours after diarrhoea and vomiting has stopped. | Contact your local health protection team if there are 2 or more cases with similar symptoms who are linked. |

| Infection | Exclusion period | Comments |
|---|---|---|
| Diarrhoea and vomiting | Individuals can return 48 hours after diarrhoea and vomiting have stopped. | If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.<br><br>For more information, see Managing outbreaks and incidents. |
| Diphtheria* | Exclusion is essential.<br><br>Always contact your local UKHSA health protection team. | Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local UKHSA health protection team. |
| E. coli (STEC) | Individuals should stay away for 48 hours, children under 6 should stay away until it's been confirmed safe to return by their healthcare professional. | Contact your local health protection team. |
| Flu (influenza) or influenza like illness | Until recovered. | Report outbreaks to your local health protection team.<br><br>For more information, see Managing outbreaks and incidents. |
| Food poisoning | Individuals should stary away until 48 hours after diarrhoea and vomiting has stopped. | Contact your local health protection team if there are 2 or more individuals with similar symptoms who are linked. |

| Infection | Exclusion period | Comments |
|---|---|---|
| Giardiasis | Individuals should stay away until 48 hours after diarrhoea has stopped. | Contact your local health protection team if there are 2 or more infected people who are linked. |
| Glandular fever | None | |
| Group A strep (GAS) and invasive group A strep (iGAS) | Individuals should stay away until 24 hours after starting antibiotic treatment. | Only contact local health protection team in cases of invasive group A strep. |
| Hand foot and mouth | None | Contact your local health protection team if a large number of children are affected. Exclusion may be considered in some circumstances. |
| Head lice (nits) | None | Treat head lice as soon as they are spotted. Head lice and nits - NHS |
| Hepatitis A | Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice). | In an outbreak of hepatitis A (2 or more) your local health protection team will advise on control measures. |
| Hepatitis B, C, HIV | None | Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local health protection team for more advice. |
| Impetigo | Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment. | Antibiotic treatment speeds healing and reduces the infectious period. |

| Infection | Exclusion period | Comments |
|---|---|---|
| Measles | 4 days from onset of rash and well enough. | Preventable by vaccination with 2 doses of MMR.<br><br>Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.<br><br>Contact your local health protection team. |
| Meningococcal meningitis* or septicaemia* | Until recovered and have no symptoms. | Meningitis ACWY and B are preventable by vaccination.<br><br>Your local health protection team will advise on any action needed. |
| Meningitis* due to other bacteria | Until recovered. | Hib and pneumococcal meningitis are preventable by vaccination.<br><br>Your local health protection team will advise on any action needed. |
| Meningitis viral | None | Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded. |
| Mpox | Until confirmed safe to return by their clinician or in line with any current guidance. | Contact your local health protection team for further advice on management and support for anyone considered a close contact of the confirmed case. |

| Infection | Exclusion period | Comments |
|---|---|---|
| MRSA | None | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread.<br><br>Contact your local health protection team for more information. |
| Mumps* | 5 days after onset of swelling. | Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. |
| Norovirus | Individuals should stay away until 48 hours after diarrhoea and vomiting has stopped. | Contact https://www.gov.uk/health-protection-team if need further specialist advice. |
| PVL-SA | Only attend if wounds can be covered with a plaster or bandage. | Only contact your PVL-SA if there are 2 or more cases. |
| Respiratory infections | Can attend with mild symptoms and normal temperature. | Only contact your local health protection team if there is an unusually high number of absences. |
| Respiratory syncytial virus (RSV) | Can attend with mild symptoms and normal temperature. | Only contact your local health protection team if there is an unusually high number of absences. |
| Ringworm | Stay away until treatment has started. | Treatment is needed. |

| Infection | Exclusion period | Comments |
|---|---|---|
| Rotavirus | Stay away until 48 hours after diarrhoea and vomiting has stopped. | |
| Rubella* (German measles) | 5 days from onset of rash. | Preventable by vaccination with 2 doses of MMR.<br><br>Promote MMR for all individuals, including staff.<br><br>Pregnant staff contacts should seek prompt advice from their GP or midwife. |
| Scabies | None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment).<br><br>Those unable to adhere to this advice (such as under 5 years or additional needs), should be excluded until 24 hours after the first dose of chosen treatment. | Household and close contacts require treatment at the same time. |
| Scarlet fever* | Exclude until 24 hours after starting antibiotic treatment. | Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms.<br><br>In the event of 2 or more suspected cases, please contact your local UKHSA health protection team. |
| Shingles | Stay away unless spots can be covered or have formed scabs. | |

| Infection | Exclusion period | Comments |
|---|---|---|
| Slapped cheek/Fifth disease/Parvovirus B19 | None (once rash has developed). | Pregnant contacts of case should consult with their GP or midwife. |
| Threadworms | None | Treatment recommended for child and household. |
| Tonsillitis | None | There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment. |
| Tuberculosis* (TB) | Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB.<br><br>Exclusion not required for non-pulmonary or latent TB infection.<br><br>Always contact your local health protection team before disseminating information to staff, parents and carers, and students. | Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.<br><br>Your local health protection team will organise any contact tracing. |
| Typhoid fever and paratyphoid fever | Stay away until 48 hours after diarrhoea and vomiting has stopped. | Contact your local health protection team. |
| Warts and verrucae | None | Verrucae should be covered in swimming pools, gyms and changing rooms. |
| Whooping cough (pertussis)* | 2 days from starting antibiotic treatment, or 21 days from onset of symptoms (coughing) if no antibiotics and feel well enough to return. | Preventable by vaccination.<br><br>After treatment, non-infectious coughing may continue for many weeks. |

| Infection | Exclusion period | Comments |
|---|---|---|
| | | In the event of more than 2 cases who are linking your local health protection team will organise any contact tracing. |

*Denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) health protection team (HPT) of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.

The NHS website has a useful resource to share with parents. - Children and young people settings: tools and resources - GOV.UK

## 5. Medication Forms

5.1 If a child requires medication while at nursery we will ask the parent/carers to send an email stating:

- Child's full name.
- The name of medication.
- The reason for the medication.
- Required dosage.
- Start date of medication.
- The time of the last dosage taken at home.

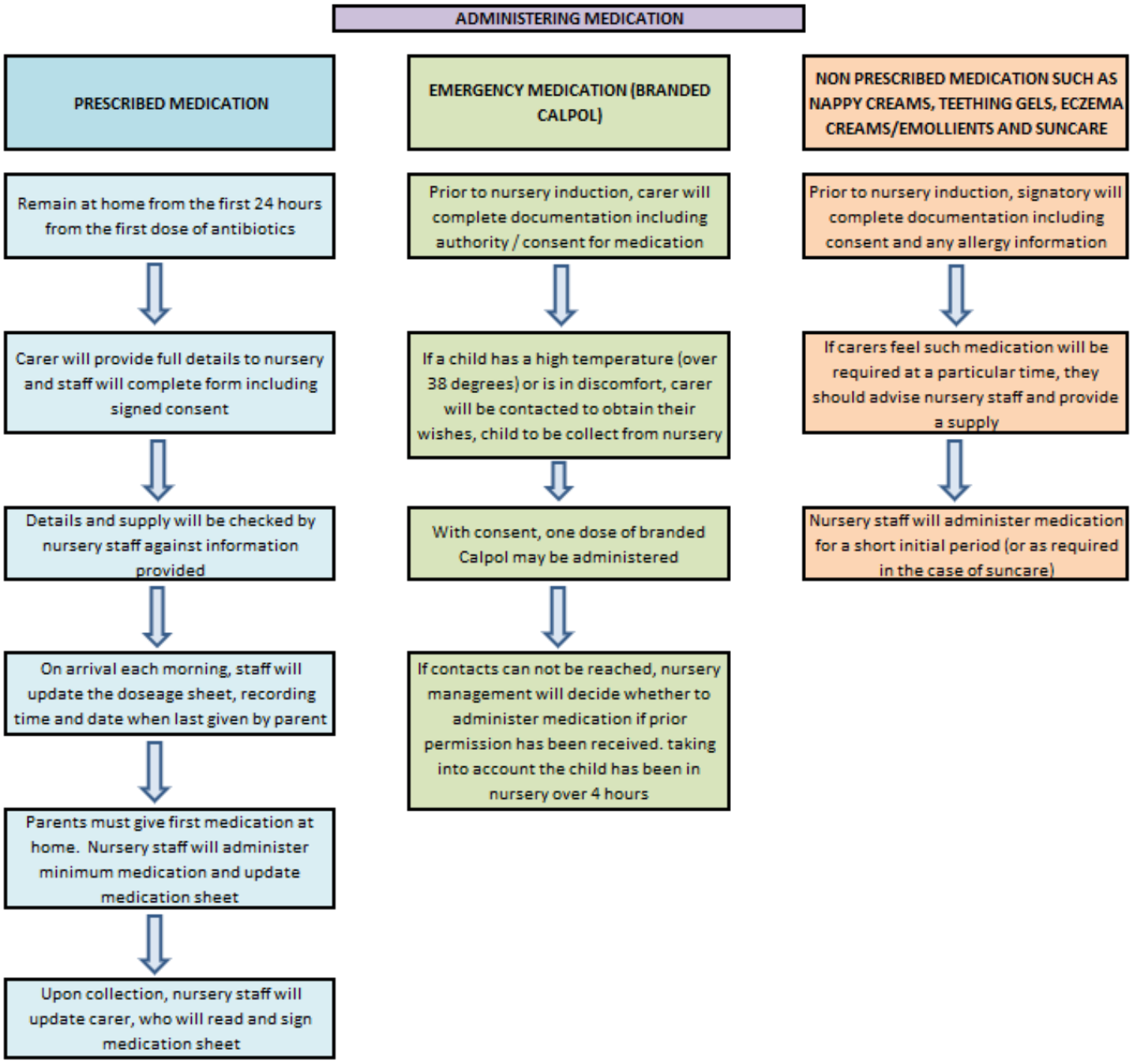
5.2 This email will be the parent/carers consent for us to give their child the medication while at nursery. It will be printed off for our records.

5.3 Staff will complete the nursery medication form as normal, following our nursery medication policy and the printed email will be attached to the medication form as proof of consent. Parent/carers will be required to sign this at the end of each day.

5.4 The following nursery medication policy to be adhered to at all times:

## 6. Policy Procedure

### University Nursery – Administration of Medication



## 7. Important Information

7.1 The Six R's of Administering medication:

- Right Child.
- Right Medication.
- Right Dose.
- Right Route.
- Right Time.
- Right Recording.

## 8. Prescription Medication

8.1 Antibiotics – each time a child has a new prescription for antibiotics they will not be able to attend the nursery until 24 hours after the first dose. This is in case there is a reaction to the medicine and to reduce any cross infection.

Please note that in the case of antibiotic eye/ear drops or cream prescribed for the treatment for example conjunctivitis the first dose must be administered at home. Children may then attend the nursery as usual.

In addition, where antibiotic cream is prescribed for the treatment of skin conditions the first dose must be applied at home. Children may then attend nursery as usual providing that the exclusion period for the condition has been observed where necessary- please see the 'infection control table' for details.

8.2 When a child is issued with prescription medication, the parents/carers should bring the labelled medication into the nursery on the first relevant day. The staff member receiving the medication will complete the medication form detailing the medication, dosage and regularity, checked from the box and prescription label, only a minimum dose will be administered by the nursery. Once the form is completed the parents/carers will sign the medication form giving consent or prior written permission will be given for the administration of each and every medication. We will accept written permission once for a whole course of medication or for the ongoing use of a particular medication under the following circumstances:

8.3 The written permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g., if a course of antibiotics changes, a new form will need to be completed.

8.4 The dosage on the written permission is the only dosage that will be administered. We will not give a different dose unless a new form is completed.

8.5 The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by a doctor's letter.

8.6 Parents/carers should notify us IMMEDIATELY if the child's circumstances change, eg, a change in strength/dose needs to be given.

8.7 Two members of nursery staff (one being senior/room lead and with valid paediatric first aid training) will check the information provided on the form alongside the medication and prescription to ensure all details are correct and countersign the form. Prescription medication will only be given to the person named on the medication / prescription for the dosage stated.

8.8 Upon arrival each day, the parents/carers must advise the nursery when the last dose of medication was administered, and staff will update the medication form. A senior member of staff/ room lead alongside the buddy/witness will administer the required medication during the day and complete the medication form. Two members of staff (buddy system) will read and check form/medication together before administering any medication. The parents/carers will be updated upon collection of the child and will be required to sign the form.

8.9 Most medication is sent home daily however there are exceptions, for example, inhalers, EpiPens and long-term medication.

8.10 Once a course of medication is complete, it is returned to the parents/carers and paperwork is stored on the child's file in the office.

8.11 If the GP has advised the use of paracetamol or ibuprofen to supplement antibiotics, these will be administered by the nursery with appropriate written consent.

8.12 At the time of administering the medication, the senior or room lead will ask the child to take the medicine or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. If the child refuses to take the appropriate medication, then a note will be made on the form and the parents/carers listed contacted immediately. Where medication is "essential" or a lack of it may have side effects, discussion with the parents/carers will take place to establish the appropriate response.

## 9. Emergency Medication

9.1 Upon induction, parents/carers will be required to give consent on the registration form. This will include wishes in relation to the administration of branded Calpol and any known allergies. The nursery keeps a supply of branded sugar free strawberry Calpol which is suitable for children over the age of two months.

9.2 Parents/carers are required to keep the nursery up to date should any wishes or information, for example allergies, change. The nursery will retain such information; update it as required and ensure it is available to staff.

9.3 In the event of an increase in temperature > 38 degrees, staff will contact the parents/carers listed to determine if they wish for one dose of Calpol to be administered. If carers cannot be contacted, nursery manager, deputy or room leads will determine whether to administer any medication, referring to the original registration form and considering the child has been in the nursery over 4 hours, the circumstances surrounding the need for the medication and the medical history of the child.

9.4 Giving liquid paracetamol will be a last resort and the nursery staff will use other methods first to try and reduce a child's temperature, e.g. remove clothing and tepid cooling with a wet flannel. The child will be closely monitored until a parent/carer collects the child as soon as possible.

## 10. Non-Prescribed Medication such as Nappy creams, Teething Gels, Eczema creams / Emollients

10.1 Upon induction, parents/carers will be required to complete a consent form in their registration documents. This will include wishes in relation to the administration nappy cream, teething gel, eczema creams / emollients and sun cream, including detailing any allergies. Products are to be provided by parents/carers, clearly labelled with the child's name.

10.2 We do not administer any herbal or homeopathic remedies.

10.3 Parents/carers are required to keep the nursery up to date should any wishes or information, for example allergies, change. The nursery will retain such information update it as required and ensure it is available to staff.

10.4 The nursery will administer eczema cream/emollient and teething gel/powders, dependent on the medication or the condition of the child. After this time, medical advice should be sought. If the nursery feels the child would benefit from medical advice rather than non-prescription medication, we reserve the right to refuse nursery care until the child is seen by a medical practitioner.

10.5 As with any kind of medication staff will ensure that the parents/ carers are informed of any non-prescription medicines given to the child whilst at the nursery, together with the times and dosage given. This will be done in the format of a medication form if the non-prescribed medication has a maximum dosage such as with teething gels/ powders. For creams such as nappy cream this can be done via tapestry. As with any kind of medication, staff will ensure that the parents/carers are informed of any non-prescription medicines given to the child whilst at the nursery, together with the times and dosage given.

## 11. Sun Care

With regards to sun care, our nursery is committed to ensuring that all children are fully protected from the dangers of too much sun. We use the following procedures to keep children safe and healthy in the sun.

11.1 Upon induction, parents/carers will be required to complete a consent form.

11.2 Children must have a clearly named sun hat which will be worn at all times whilst outside in sunny weather. This hat will preferably be of legionaries design (i.e. with an extended back and side to shield children's neck and ears from sun) to provide additional protection.

11.3 Children must have their own sun cream (SPF 30 or above and a minimum of 4 stars) named and dated with prior written consent for staff to apply. This enables children to have sun cream suitable for their own individual needs. As effectiveness reduces over time, a new bottle of sun cream will be required each year.

11.4 Please be aware that some sun cream products can contain Almond oil. As we have children and staff with nut allergies and we are a nut free zone, we will have to ask that this product or any other that contains Almond oil or any form of nut oil is not brought into the Nursery.

11.5 Children need light-weight cotton clothing suitable for the sun, with long sleeves and long legs if prone to sunburn. Children's safety outside in the sun is the nursery's prime objective so staff will work closely with parents/carers to ensure all appropriate cream and clothing is provided.

11.6 Children will not be out in the sun between 11am and 3pm on very hot days or when the UV is an 8 or above. The met office website should be checked before going outside to see the latest information. Each time sun cream is applied it is to be recorded on the room sheet with the date and time.

11.7 All parents/carers to apply suncream on the hotter days before bringing their child into nursery and nursery staff will keep reapplying throughout the day.

11.8 Children will have suncream applied at nursery based upon nursery practitioners' professional judgment on how hot it is outside. Nursery practitioners will apply suncream before going outside in the sun as recommended by then NHS when required. Staff can also check the UV if unsure if suncream is needed. Practitioners to be more aware of the need for suncream between the months of April through to the end of September when the sun is at a hotter temperature.

Children are offered cooled water more frequently throughout sunny or warm days.

Please see the below websites for relevant information:

World Health Organisation - https://www.who.int/news-room/questions-and-answers/item/radiation-the-ultraviolet-(uv)-index

NHS: sunscreen and safety - https://www.nhs.uk/live-well/seasonal-health/sunscreen-and-sun-safety/

Met Office - https://www.metoffice.gov.uk/blog/2025/what-is-uv-radiation-and-how-does-it-affect-your-health

11.9 Children are made aware of the need for sun hats, sun cream and the need to drink more fluids during their time in the sun.

11.10 Staff will make day-today decisions about the length of time spent outside dependant on the strength of the sun.

11.11 Shade will be provided in the form of a gazebo / parasol to ensure children are able to cool down or escape the sun should they wish or need to.

## 12. Long Term and Specialist Medication

12.1 For children who are on long term medication treating for example, asthma, allergies or intolerance, in addition to the above, the child will have an additional medication plan as per the SEN Policy. This would include the administration of injections, pessaries and suppositories; as these represent intrusive nursing, they will not be administered by any member of staff unless appropriate medical training is given to each member of staff caring for the child. This training would be specific for each child and medication will be administered only by a SENIOR MEMBER OF STAFF with training details will be kept on the file for that member of staff.

## 13. Staff Medication

13.1 If staff are taking medication which may affect their ability to care for children, they will update management and seek medical advice. Managers will ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises will be securely stored in staff lockers and out of reach of children at all times. No medication to be loose.

## 14. Storage of Medication

14.1 Emergency medication, such as inhalers and EpiPens, will be within easy reach of staff in case of an immediate need, but will remain in a locked cabinet in each room.

14.2 Any antibiotics requiring refrigeration must be kept in an area inaccessible to children. They must be in a zip lock bag in the centre of the fridge.

14.3 All medications must be in their original containers, legible and not tampered with or they will not be given. All prescription medications should have the pharmacist's details and notes attached to show the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before staff agree to administer medication. Any medication will be stored in a locked cabinet in the main office.

14.4 Medicines will be returned to parents/carers on completion of a course or when out of date as they may require replacement.

## 15. Managing Specific Infectious Diseases

www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

15.1 Nurseries are common sites for transmission of infections. Children are particularly susceptible because:

- They have immature immune systems
- Have close contact with other children
- Sometimes have no or incomplete vaccinations
- Have a poor understanding of hygiene practices

15.2 We aim to provide information for staff about managing a range of common and important childhood infections in settings including schools and nurseries.

15.3 The guidance is not intended to be used as a tool for diagnosing infectious disease but to help and direct staff about where and when to seek further advice. It can also be used as a tool to help develop local policy and training.

15.4 The way to prevent and manage infectious disease in our setting is to:

- Promote immunisation.
- Promptly exclude the unwell child or member of staff.
- Check that effective handwashing is being carried out routinely.

15.5 If we are notified of a case of infectious disease in a child or staff member, we will report it to our local North-East Health Protection Team (HPT) or on 0300 303 8596 (option 1) as soon as possible as not all infections require exclusion.

15.6 The local team can also give you additional advice and support as needed.

## 16. Further Information

Please see the following government websites for up-to-date information:

Early years foundation stage (EYFS) statutory framework - GOV.UK (www.gov.uk)

www.allergyuk.org

Coronavirus (COVID-19) - NHS (www.nhs.uk)

## 17. Related Documents

- Allergies and Allergic Reaction Policy – University Policy
- Accident and first aid policy - nursery policy
- Supporting Children with medical conditions in Early Years - SEND Code of Practice 2014. (Medical Plan).
- Medication Incident Report

## 18. Version Control / Revision History

Current Status Version: Final

Approval Date: 05.10.2026

## 19. Revision History

| Version | Date | Changes | Changed by |
|---|---|---|---|
| V6.1 | 19/04/2023 | Updated Section: 8.1 (Antibiotics) 10.6 (Almond oil sun cream) updated the administration of medication table. | Kim Roberts, Nursery Manager |
| V6.1 | 20/04/2023 | Approved | Kim Roberts, Nursery Manager |
| V7.1 | 06/03/2024 | Changes to section 9, 9.3. | Kim Roberts, Nursery Manager |
| V7.1 | 06/03/2024 | Approved | Kim Roberts, Nursery Manager |
| V8.0 | 13/11/2024 | Changes to section 6, also added in section 3, 3.6 and 3.7. | Kim Roberts, Nursery Manager |
| V8.0 | 13/11/2024 | Approved | Kim Roberts, Nursery Manager |
| V9.0 | 09/06/2025 | Changes to section 10 and added section 11 suncare. | Katie Earnshaw, Room Lead, Adele Warner, Deputy Manager, Hayley Staff, Deputy Manager, Kate Sanderson, Acting Deputy Manager |
| V9.0 | 09/06/2025 | Approved | Kim Roberts, Nursery Manager |

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|---|---|---|---|
| V10 | 20/06/2025 | Changes to section 11 suncare | Adele Warner<br><br>Deputy manager |
| V10 | 20/06/2025 | Approved | Kim Roberts, Nursery Manager |
| V11 | 07/10/2025 | Added section 3, 3.8 | Kim Roberts, Nursery Manager |
| V11 | 07/10/2025 | Approved | Kim Roberts, Nursery Manager |
| V12 | 14/05/2026 | Changes to 11.7 & 11.8 | Kate Sanderson<br><br>Deputy Manager |
| V12 | 14/05/2026 | Approved | Kim Roberts, Nursery Manager |
| V13 | 17/07/2026 | Changes to 3.8 | Hayley Staff, Deputy Manager |
| V13 | 17/07/2026 | Approved | Kim Roberts, Nursery Manager |
| V14 | 05/10/2026 | Updated Health Protection for schools, nurseries and other childcare facilities (exclusion Table)<br><br>Checked and updated all links | Kim Roberts, Nursery Manager and Hayley Staff Deputy Manager |
| V14 | 05/10/2026 | Approved | Kim Robers, Nursery Manager |