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# Parent Handbook Health & Medication Policies



**“Putting the care of your child first”**

## Safeguarding and Promoting Children's Welfare – Health:

*3.44 The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill (EYFS 2017).*

Parents are requested to bring their child's health record into the setting, so that in the event of an emergency the child's details are on the premises.

### Exclusion procedure for illness/communicable Diseases

Disease/Illness	Minimal exclusion period
Temperature	Until temperature is normal for 24 hours
Conjunctivitis	No exclusion though it is advised to seek medical attention from a GP
Vomiting	48 hours from the last episode of vomiting
Diarrhoea	48 hours from the last episode of diarrhoea
Gastro-enteritis, food poisoning, salmonellosis and dysentery	Until authorised by GP
Impetigo	Until lesions are crusted and healed or 48 hours after commencing antibiotic treatment
Pediculosis (Lice)	Until appropriate treatment is given
Ring worm of scalp or body	Seldom necessary to exclude, providing treatment is given
Scabies	Child can return after first treatment
Chicken pox	Spots must be dry and scabbed
Measles	4 days from appearance of rash
Meningococcal infection	Until recovered from the illness
Mumps	Exclude child for 5 days after the onset of swelling
Hepatitis A	7 days from onset of jaundice or 7 days after symptoms onset if no jaundice
Rubella (German Measles)	6 days from the onset of rash
Scarlet Fever	Child can return 24 hours after commencing appropriate antibiotic treatment
Tonsillitis	None however if children are unwell with high temperature they are to be off until temperature is normal for 24 hours
Tuberculosis	Until declared free by GP
Typhoid Fever	Until declared free by GP
Hand, Foot and Mouth	None
Thrush	Until the child receives treatment

The above list shows examples of illnesses which will require exclusion from the setting. It will be the responsibility of the Key Person or other practitioner from the child's room, to inform the child's parents immediately, if a child becomes ill or has an injury whilst at the setting. In either circumstance, the parent or designated collector must collect the child promptly.

We **must** be notified by the parent/carer immediately, if a child has a communicable disease, confirmed by his/her doctor, so that other parents/carers can be warned within 24 hours of their child's exposure. Notification of exposure to infectious diseases will be done in the form of an emergency newsletter, verbally and information on the setting's notice board.

If a child who attends the setting is suffering from a notifiable disease identified as such in Public Health Infectious Diseases Regulations 1988, Ofsted and the Health Protection Agency will be informed, and we will act upon advice given by Health Protection Agency and inform Ofsted of any action taken.

## Safeguarding and Promoting Children's Welfare – Accidents and First Aid Policy

*3.25 At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present, and must accompany children on outings. The certificate must be for a full course consistent with the criteria set out in Annex A. PFA training must be renewed every three years and be relevant for workers caring for young children and where relevant babies. Providers should take into account the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly. All newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, must also have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff:child ratios at level 2 or 3 in an early years setting. Providers should display (or make available to parents) staff PFA certificates or a list of staff who have a current PFA certificate.*

*3.50 Providers must ensure there is a first aid box accessible at all times with appropriate content for use with children. Providers must keep a written record of accidents or injuries and first aid treatment. Providers must inform parents and/or carers of any accident or injury sustained by the child on the same day as, or as soon as reasonably practicable after, and of any first aid treatment given.*

*3.51 Registered providers must notify Ofsted of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. A registered provider who without reasonable excuse, fails to comply with this requirement, commits an offence. Providers must notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and must act on any advice from those agencies.*

(EYFS 2017).

**At the setting**, we always aim to protect children during their attendance, however we recognise that accidents or incidents may sometimes occur. The following outlines our policy and procedure to ensure all parties are supported and cared for when accidents or incidents happen; and that the circumstances of the accident or incident are reviewed with a view to minimising any future risks. Each accident is assessed under the criteria laid out under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and The Early Years Compliance Handbook (Ofsted, 2018) to establish whether they are treated as serious or minor injuries

### Accidents

Location of accident files: **In each child's room and the main office**

- The person responsible for reporting accidents, incidents or near misses is the practitioner who saw the incident or was first to find the child where there are no witnesses. They must record it on the appropriate Accident Form and report it to the Nursery Manager or another member of the Management Team. Other practitioners who have witnessed the accident may also countersign the form and, in more serious cases, provide a statement. This should be done as soon as the accident is dealt with, whilst the details are still clearly remembered. Parents must be shown the Accident Report and, informed of any first aid treatment given and asked to sign it on the same day, or as soon as reasonably practicable. If parents refused to sign for any reason they will be asked to sign a separate document to say they have been informed of the accident.
- Accident forms are reviewed at least monthly/for patterns, e.g. one child having a repeated number of accidents, accidents within a particular area in the nursery or a particular time of the day when most accidents happen. Any patterns will be investigated by the Management Team and all necessary steps to reduce risks put in place
- Any serious accident will be reported to the Registered Person for investigation for further action to be taken (i.e. a full risk assessment or report under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR))
- The Accident File will be kept for at least 21 years and three months
- Where medical attention is required, a senior practitioner will notify the parent(s) as soon as possible whilst caring for the child appropriately. If parents/carers cannot be reached immediately, and emergency treatment is required (either on the premises or on an outing) the Nursery Manager will call an ambulance. Parent's declare that they agree with this action when completing the Child's Health and Registration Form.
- Where medical treatment is required the Management Team will follow the insurance company procedures, which may involve informing them in writing of the accident.
- The Setting Manager/Registered Provider will report any accidents of a serious nature to Ofsted and the Local Authority Children's Social Care Team (as the Local Child Protection Agency), where necessary. Where relevant such accidents will also be reported to the Local Authority Environmental

Health Department or the Health and Safety Executive and their advice followed. Notification must be made as soon as is reasonably practical, but in any event within 14 days of the incident occurring.

Organisation	Contact
Ofsted	0300 123 1231 or online <a href="https://ofstedonline.ofsted.gov.uk/ofsted/Ofsted_Early_Years_Notification.ofml">https://ofstedonline.ofsted.gov.uk/ofsted/Ofsted_Early_Years_Notification.ofml</a>
Lincolnshire Safeguarding Children Board	01522 782111
Local authority environmental health department	<u>0344 2254 524 option 1</u>
Health and Safety Executive	0345 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).
RIDDOR report form	<u><a href="http://www.hse.gov.uk/riddor/report.htm">http://www.hse.gov.uk/riddor/report.htm</a></u>

### Head injuries

If a child suffers a head injury in the setting, the injury will be assessed and dealt with accordingly. We will:

- Assess the child's condition to ascertain the seriousness of the injury and if hospital treatment or an ambulance is required. We will follow our procedure for this if this is required (see below)
- If the **skin is not broken** we will administer a cold compress for short periods of time, repeated until the parent arrives to collect their child
- If the **skin is broken** then we will follow our first aid training and stem the bleeding
- Call the parent and make them aware of the injury
- Complete the accident form
- Keep the child in a calm and quiet area whilst awaiting collection
- For major head injuries we will follow our first aid training.

### Transporting children to hospital procedure

The Setting Manager/Practitioner must:

- Call for an ambulance immediately if the injury is severe.
- Whilst waiting for the ambulance, contact the parent(s) and arrange to meet them at the hospital/setting
- Arrange for the most appropriate practitioner to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter
- Inform a member of the Management Team immediately who may redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together.
- Remain calm, as children who witness an incident may well be affected by it and may need reassurance. Staff may also require additional support following the accident.

### First aid

Practitioners are aware of the location of the first aid kit, accident and incident forms and the procedures for reporting.

First aid kits are located in each of the children's rooms and the Kitchen. They are easily accessible with appropriate content for use with children. The practitioners first aid box is kept in the Office. This is kept out of reach of the children.

The appointed person responsible for first aid checks including the contents of the boxes is the Room Manager of each children's room.

First aid boxes should only contain items permitted by the Health and Safety (First Aid) Regulations Act 1981, such as sterile dressings, bandages and eye pads. No other medical items, such as paracetamol should be kept in them.

Many of our practitioners are trained in Paediatric First Aid and this training is updated every three years on a rotational basis.

All First Aid Trained practitioners are listed in every room. When children are taken on an outing away from our nursery, we will always ensure they are accompanied by at least one practitioner who is trained in first aid. A first aid box is taken on all outings.

Personal protective equipment (PPE) is provided according to the need and accident to be dealt with. Practitioners wear PPE to protect themselves and children when dealing with tasks that involve bodily fluids.

#### **Dealing with blood**

We ask parents to inform us during the Admissions Process if they, a member of their family or their child has a condition that may be transmitted via blood. Any practitioners dealing with blood must:

- Always take precautions when cleaning wounds as some conditions such as hepatitis or the HIV virus can be transmitted via blood.
- Wear disposable gloves and wipe up any blood spillage with disposable cloths, neat sterilising fluid or freshly diluted bleach (one part diluted with 10 parts water). Such solutions must be carefully disposed of immediately after use.

#### **Needle punctures and sharps injury**

We recognise that injuries from needles, broken glass and so on may result in blood-borne infections and that practitioners must take great care in the collection and disposal of this type of material. For the safety and well-being of the employees, any practitioners dealing with needles, broken glass etc. must treat them as contaminated waste. If a needle is found the Local Authority must be contacted to deal with its disposal.

At the setting, we treat our responsibilities and obligations in respect of health and safety as a priority and we provide ongoing training to all practitioners which reflects best practice and is in line with current health and safety legislation.

## Emergency Procedure:

In the event of an accident/emergency involving one child, practitioners will:

- Adminstrate first aid if it is required whilst ensuring that the remaining children are supervised in a calm manner and ratios are maintained
- Call the child's/children's parents/carers
- Call an ambulance or medical professional if one is required
- Inform the Manager or most Senior Practitioner present about the accident
- If the parent is unavailable a practitioner would accompany the child in the ambulance should this be necessary, prior consent is sought at time of registration, for us to act in this situation. A remaining practitioner will be designated to keep trying to contact the parents, and inform them in a calm manner of the situation.
- If the situation does not require evacuation from the room or premises, but is isolated to one or more child, then the person in charge of the room should call either The Manager or most Senior Practitioner. The Manager or Senior Practitioner would then make suitable arrangements for the remainder of the group, depending on the circumstances of the emergency
- Parents are informed of all accidents, and in the case of a serious accident or injury the Health & Safety Executive (RIDDOR), Ofsted and Children's Services are informed.

## Health

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- If the situation does not require evacuation from the room or premises, but is isolated to one or more child, then the person in charge of the room should call either The Manager or most Senior Practitioner. The Manager or Senior Practitioner would then make suitable arrangements for the remainder of the group, depending on the circumstances of the emergency
- Parents are informed of all accidents, and in the case of a serious accident or injury the Health & Safety Executive (RIDDOR), Ofsted and Children's Services are informed.

## Medicines:

*3.46 Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable (EYFS 2017).*

Sleaford Day Nursery will administer both prescribed and non-prescribed medication.

As part of Safeguarding we will follow all procedures to ensure the safety of the child is paramount at all times, we will not deviate from the procedures to suit the individual. The setting will only administer non-prescribed medication for a short initial period, for Safeguarding purposes all administration of medication is monitored closely and logged. We will only give medication for the number of days stated on each individual medication label, there after medical advice must be sought if the ailments persist (NHS 2014).

### Non-prescription medication

**Ibuprofen/Paracetamol** is typically used to relieve mild or moderate pain, such as headaches, toothaches, sprains and reduce fevers caused by illness such as colds and flu (NHS 2016). It is not always necessary to use medication to treat a slightly high temperature (slight fever) in children – for example, if your child isn't distressed by the fever or underlying illness (NHS 2014). However, if children are needing ibuprofen or paracetamol as a pain relief, for example headaches, toothaches, teething, sore throats, ear infections, sprains or if a child develops a temperature while at nursery they may be administered by the setting.

*3.45 Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor) (EYFS 2017).*

If Ibuprofen or paracetamol has not been prescribed by the doctor the setting asks that parents complete a disclaimer on the medication form, providing the setting with the reason the medication is needed. This will be required each time the child requires the medication. However, the setting reserves the right to refuse to administer medication to the child if they consider that there is no valid reason for doing so, or if the child has had a temperature for 72hrs or more.

The parents must declare on the medication form that the children have had the medication previously, and have had no bad reaction from it.

Practitioners will check the details provided on the medication form that; the strength, dose and times of administering are correct for the child. However, the setting does not keep a supply of any medication on site, therefore, if you feel your child may fall ill during the day or your child is prone to Febrile seizures (febrile convulsions) we recommend that you sign in the Ibuprofen or paracetamol and complete a disclaimer for the setting to administer medication to your child if necessary.

**If the child requires Ibuprofen or paracetamol for a temperature the setting will send the child home. The child will not be able to return to the setting until they are clear of the temperature for 24 hours without the aid of Ibuprofen or paracetamol.**

To help reduce the child's temperature before the parent arrives, the setting may use other methods such as remove clothing but still be appropriately dressed for their surroundings, fanning, drink of water. The child will be closely monitored until the parents collect the child.

The reason for sending a child home once they develop a temperature is that children between the age of six months and 3 years, children can have Febrile seizures (febrile convulsions) which can be frightening and distressing for the child, the practitioners and the other children in their room. In the event of a child developing a Febrile seizure it is policy to ring 999 for emergency help.

### Signs of a Febrile seizure

- A febrile seizure usually lasts for less than five minutes.
- The child will become stiff and their arms and legs may begin to twitch
- Lose consciousness and may wet or soil themselves
- They may also vomit and foam at the mouth, and their eyes may roll back.
- After the seizure, the child may be sleepy for up to an hour afterwards.
- A straightforward febrile seizure like this will only happen once during the child's illness.
- Occasionally, febrile seizures can last longer than 15 minutes and symptoms may only affect one area of your child's body. These are known as complex febrile seizures. The seizure sometimes happens again within 24 hours or during the period in which your child is ill.

In the Event of a Febrile seizures we would do the following:

- Place the child in the recovery position, and stay with the child
- Another person would phone 999 and contact the parents
- Log how long the seizure lasts for emergency services
- We wouldn't put anything into their mouth during a seizure – including medication – as there's a slight chance they might bite their tongue.

For more information on Febrile seizures please visit: <http://www.nhs.uk/conditions/Febrile-convulsions/Pages/Introduction.aspx>

Ibuprofen/Paracetamol will not be kept on the premises overnight, parents must sign the medication out each day and take it home and sign back in the next day if needed.

The medication given must be in its original bottle that it was dispensed in, not decanted into any other container. The existing dispensing label(s) should never be altered.

Prior written consent must be given for each medicine from parent/carer before any medication is given.

The label on the medication should have the following information:

- Child's name (prescribe medication will only be given to the person named on the container for the dosage stated)
- Name of medication and strength
- Dosage of medication
- Frequency of dose in 24 hrs
- Date of dispensing or date of alteration

The following checks and information must be recorded:

- The expiry date should be checked on the medication.
- The medication contains No Aspirin, unless prescribed by a G.P for a specific medical condition.
- The quantity of medication received should be recorded on the consent form
- Information will be taken from the consent form and written on the daily reminder sheet, which is displayed prominently.
- Dosage on the dispensing label should correspond to the dosage on the consent form.
- If the G.P does not state that the medicine is to be given to the child for example every 4 hours on the medication bottle/box, the setting must follow the manufactures label. It is advised that parents ask the G.P to state on the medication label what intervals the medication is to be given to the child as the setting will not go against the manufactures instructions unless the G.P sates otherwise.
- When the label states doses are to be given 4 times a day, it is our policy based on NHS advice that this is in the 24-hour day unless stated during the waking day.
- The setting will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by a doctor's letter.
- All details should be entered on the medications form and to include a signature of a witness. Parents/carers must sign this before they leave the premises, to check they know the medication has been administered.
- Parents must be asked when the child had last been given the medication before coming into the setting; this information will be recorded on the medication form.
- Any letters from parents/carers concerning medication must be kept with their consent form.
- All medications must be stored out of the reach of children and independently of each other, in a lockable non-portable container (except where storage must be in the fridge which will be stored within the staff room fridge to ensure that it is out of the children's reach).
- It is the person in charges responsibility to ensure all children due medications receive them, forms are filled out correctly and parents signed.
- Medications should only be administered to one child at a time.

Specific permission, instruction and training must be obtained before an agreement is reached with a parent to administer specialist medications (e.g. nebuliser), and or lifesaving/emergency medications (such as adrenaline injections). Please Note: This training is specific to the individual child concerned. A health care plan will be established for these children, which will include:

- A letter from child's G.P./Consultant stating that the child is fit enough to attend and information about the child's condition.
- Instructions on how and when the drug/medication is to be administered and what training is required.
- Written proof of training, if required, in the administration of the medication by the child's G.P., a district nurse, specialist or community pediatric nurse.
- Prior written consent from the parent/guardian to allow medication to be administered.

All medication will only be administered by practitioners who have been designated to do so, and will sign a voluntary agreement to say they are confident to take responsibility of this procedure.



Last Reviewed April 2017, Rebecca Moor