

FIRST AID, ACCIDENTS, INJURIES, ILLNESS AND MEDICINE POLICY

We have Public Liability Insurance which is renewed annually.

FIRST AID

At least one member of staff with current paediatric first aid training is on the premises or on an outing at any one time. Our first aid kit complies with the Health and Safety (First Aid) Regulations 1981. It is regularly checked by and re-stocked as necessary, is easily accessible to adults and kept out of the reach of children. Parents sign a consent with their Registration Form, confirming that their child can receive basic first aid and/or emergency medical treatment if necessary. Details of any accidents, existing injuries, incidents, physical interventions or administrations of medicine are dealt with via the appropriate procedure (see below).

RECORDING AND REPORTING OF ACCIDENTS, INCIDENTS AND INJURIES

We follow the guidelines of Reporting Injuries, Diseases and Dangerous Occurrences (RIDDOR) for the reporting of accidents and incidents. If the injury is deemed to be major, we also contact Ofsted in accordance with *“Serious accidents, Injuries and deaths that registered providers must notify to Ofsted and local child protection agencies”*, within 14 days of the incident, and Kent Children’s Safeguarding Board. In the event of a fatality, we would follow advice from the emergency services.

All forms described below are kept in designated, safe, easily accessible places. All staff are trained on how to complete them in their set formats, and must be signed off by the staff member who dealt with it, and the parent/carer concerned. All forms are reviewed termly, by Sally Wingham, to identify any potential or actual risks.

Accidents

- For minor injuries, a generic notification text message will be sent to inform the parent/carer, as well as our template form being completed
- A template Accident Form is completed by the staff member and signed by the child’s parent on collection which is then stored with the child’s registration form. It is the responsibility of that member of staff to ensure the form is signed. If they will not be on duty, it is their responsibility to delegate the task to another named staff member.
- For serious injuries (judged by the staff member dealing with the accident), we will telephone the parent/carer instead of sending a message

Existing Injuries

- Logged on an Existing Injury Form at the time of staff awareness e.g. parent informing at time of drop off, or during session.

Incident / Physical Intervention

- Incident Forms are used to log any injury that was caused by intent of harm, e.g. biting. Parent may be telephoned also, depending on nature / seriousness of injury.
- In the unlikely event of a terrorist attack, natural disaster etc, we would follow the advice of the emergency services with regard to evacuation, medical aid and contacting children’s families.
- Physical Intervention Forms are used to log any incident where physical restraint was used to avert immediate danger of personal injury to any person (including the child). The parent/carer may be telephoned if deemed serious.

ILLNESS

If children appear unwell during the day – have a high temperature, sickness, diarrhoea or pains, particularly in the head or stomach – a member of staff will call the parent and ask them to collect if possible.

- An infrared, contact free thermometer is used to record a child’s temperature. If it is high, they are kept cool by removing top clothing and sponging their heads with tepid water but are kept away from draughts.
- Parents may be advised to seek medical attention, particularly for a head injury or rash.
- After sickness and/or diarrhoea, parents are asked to keep the child at home for 48 hours after the last bout, to prevent the spread of infection. This applies for staff also.
- In extreme case of emergency, the child will be taken to the nearest hospital by ambulance and the parent informed.
- We follow the guidance given to us by Public Health Agency, ‘Guidance on Infection Control in Schools and other Child Care Settings’ on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox, to protect other children in the setting.
- We reserve the right to refuse admittance to a child who has a temperature, sickness, diarrhoea or a contagious infection / disease, or any other illness in accordance with medical advice.

TRANSPORTING CHILDREN TO HOSPITAL PROCEDURE

- Call for an ambulance immediately if the accident / illness is severe. DO NOT attempt to transport the sick / injured child in a vehicle
- Whilst waiting for the ambulance, contact the parents/carers to arrange to meet them at the hospital
- 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
- Arrange for the most appropriate member of staff to accompany the child, taking with them any relevant information such as registration form, relevant medication / accident sheets, medication, comforter etc
- Inform a Manager immediately
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of reassurance. Staff may also require additional support.

REPORTING NOTIFIABLE DISEASES / FOOD POISONING

- If a child is diagnosed with a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, we will report this to our local health protection unit where advised. We will also inform Ofsted, following advice given by the unit, where appropriate.
- We will notify Ofsted of any food poisoning that affects two or more children cared for on the premises, within 14 days of the incident.

HIV / AIDS / HEPATITIS PROCEDURE

HIV virus, like other viruses such as Hepatitis (A, B and C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults:

- Single use protective gloves are worn when changing children's nappies, pants and clothing that are soiled with blood, urine faeces or vomit, and again for cleaning the area afterwards.
- Soiled clothing is rinsed and bagged for parents collection
- Spills of blood, urine, faeces or vomit are cleared using anti bacterial solution. Furniture and/or resources etc are cleaned with a disinfectant. Cleaning cloths are bagged and disposed of afterwards.

MENINGITIS PROCEDURE

If a parent informs us that their child has meningitis, a Manager will contact the Public Health Agency for advice.

HEADLICE

On identifying head lice, parents are informed and asked to treat their child and family members if appropriate. Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep their child away until the infestation has been treated.

ALLERGIES AND ALLERGIC REACTIONS

We are aware that children may have or develop an allergy resulting in an allergic reaction. Our aims are to ensure allergic reactions are minimised or, where possible, prevented and that staff are fully aware of how to support a child who may be having an allergic reaction.

Our procedures

- Staff are made aware of the signs and symptoms of a possible allergic reaction in Paediatric First Aid training (in case of a known / unknown or first reaction in a child. These may include a rash or hives, nausea, stomach pain, diarrhoea, itchy skin, runny eyes, shortness of breath, chest pain, swelling of the mouth or tongue, swelling to the airways to the lungs, wheezing and anaphylaxis
- Parents must record any known allergies on the child's registration form and update us where necessary
- A note of the allergy is displayed where staff can see it (on the staff room Be Aware of Me board, or for food related allergies / intolerances – around the kitchen hatch)
- If a child has a serious allergy, we will take a copy of the child's Allergy Action Plan from their GP to display, which will detail the following:
 - The allergen (i.e. the substance, material or living creature the child is allergic to)
 - The nature / symptoms of the allergic reaction e.g. anaphylactic shock, rash, swelling, breathing etc
 - What to do, any medication to be used including dosage and how to administer (e.g. EpiPen)
- We may seek permission from the parent/carer to contact the child's GP or Allergy Nurse as it's important to fully understand the severity of an allergy before agreeing that we can meet the child's needs, which is obviously paramount for all involved. There may be extreme cases where despite reasonable adjustments, we would be unable to meet a child's needs and would meet with the parent/carer to discuss our reasons for this.
- At food times, an adult will sit with the group, not on a 1:1 basis. Where age/stage appropriate, staff will discuss food allergies and the potential risks.
- Parents or external agencies train staff in how to administer special medication where a child is prescribed it (i.e. EpiPen) in the event of an allergic reaction
- Whole nuts are not used within the setting and parents are made aware of this policy

ADMINISTRATION OF MEDICINE

As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had the medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as giving time for the medication to get into the system and take effect.

These procedures are written in line with the current guidance in "Managing Medicines in Schools and Early Years Settings".

A staff member is made responsible for the correct administration of medication to the child. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. Only prescribed, in-date medication with a valid GP label may be administered. Children taking prescribed medication must be well enough to attend the setting. Children's prescribed drugs are stored appropriately, inaccessible to children. Parents give prior written permission for the administration of medication. This form states the name of the child, name/s of parent(s), date the medication starts, the name of the medication and prescribing doctor, the dose and times, or how and when the medication is to be administered. Two staff sign the form; the one administering and the one witnessing. We reserve the right to refuse to administer medication if we have any concerns.

For some conditions, e.g. asthma, medication may be kept in the setting. We check on a regular basis that the medicine is in date and return out of date medication back to the parent where possible (if unable to do so, we return to the pharmacy for disposal). If the administration of medication requires medical or technical knowledge, individual training is provided for a relevant member of staff by a health professional. We reserve the right to refuse attendance of a child where we are unable to access the required training, but will take all possible steps to resolve the problem first, such as allowing the parent to accompany the child.

INJECTIONS, PESSARIES, SUPPOSITORIES

As the administration of injections, pessaries and suppositories represents intrusive nursing, we will not administer these without appropriate medical training for every member of staff caring for this child. This training is specific for every child and not generic. We will do all we can to make any reasonable adjustments, including working with parents and other professionals to arrange for appropriate health officials to train staff in administering the medication.

CHILDREN WHO HAVE LONG TERM MEDICAL CONDITIONS AND MAY REQUIRE ONGOING MEDICATION

A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the Health and Safety Officer, Sally Wingham, alongside the Keyperson and parent/carer. Other professionals may need to be involved in this. For some medical conditions, staff will need to have basic training in understanding the condition and how to administer the medication correctly. The training needs for staff forms part of the risk assessment. The risk assessment will also include any activities which may give cause for concern regarding the child's health needs. It includes arrangements for taking medicines on outings. A health care plan must be drawn up with the parent; outlining the Keyperson's role and what information must be shared with the other staff who care for the child. The health care plan should include measures to be taken in the event of an emergency. The Health and Safety officer along with the Keyperson will review the care plan with the parents at least every six months, noting changes to medication or dosage, any side effects etc. Parents should receive a copy and each contributor should sign it.

MANAGEMENT OF MEDICINES ON OUTINGS

If children with complex health issues are going on outings, we ask the parent to attend. If this is not possible, staff accompanying the children must include the Keyperson for the child concerned. Medication must be taken in a sealed plastic box, labelled with the child's name and name of the medication. Inside the box must be a copy of the medicine form.

STAFF TAKING MEDICATION / OTHER SUBSTANCES

Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication that may do so, they should seek medical advice. We must ensure that those staff only work directly with the children if medical advice confirms that the medication is unlikely to impair their ability to look after children properly. Sally Wingham may request to see staff medication prescriptions with details of any possible side effects at any time. Staff medication on the premises must be securely stored, out of the reach of children, ideally in the staff member's lockable storage unit in the Staff Room.

INFECTION CONTROL

We promote the good health of all children attending through maintaining high hygiene standards and reducing the chances of infection being spread. We follow the guidance given to us by Public Health Agency for Schools and other Childcare Settings.

Viruses and infections can be easily passed from person to person by breathing in air containing the virus which is produced when an infected person talks, coughs or sneezes. It can also spread through hand/face contact after touching a person or surface contaminated with viruses.

We follow the procedures below to prevent a virus or infection from moving around the setting. Our staff:

- Encourage all children to use tissues when coughing and sneezing to catch germs
- Ensure all tissues are disposed of in a hygienic way and all children and staff wash their hands once the tissue is disposed of
- Develop children's understanding of the above and the need for good hygiene procedures in helping them to stay healthy
- Wear the appropriate Personal Protective Equipment (PPE) when changing nappies, toileting children and dealing with any other bodily fluids. Staff are requested to dispose of these in the appropriate manner and wash hands immediately
- Clean and sterilise all potties and changing mats before and after each use
- Clean toilets at least daily and check them throughout the day
- Remind children to wash their hands before eating, after visiting the toilet, playing outside or being in contact with any animal and explain the reasons for this
- Clean all toys, equipment and resources on a regular basis by following a comprehensive cleaning rota and using antibacterial cleanser or through washing in the washing machine
- Wash or clean all equipment used by children as and when needed, including when the children have placed it in their mouth, or urinated on or around it
- Store dummies in individual hygienic dummy boxes labelled with the child's name to prevent cross-contamination with other children
- Store toothbrushes (where applicable) hygienically to prevent cross-contamination
- Follow the procedures in this policy when children or staff are ill to prevent the spread of any infection.

In addition:

- Management retains the right of refusal of all children, parents, staff and visitors who are deemed contagious and may impact on the welfare of the rest of the setting
- Parents will be made aware of the need for these procedures in order for them to follow these guidelines
- Periodically, each room in the setting will be deep cleaned including carpets and soft furnishings to ensure the spread of infection is limited. This will be implemented earlier if the need arises
- We will ensure stocks of tissues, hand washing equipment and cleaning materials are maintained at all times and increased during the winter months or when flu and cold germs are circulating.

IMMUNISATION

We expect that children are vaccinated in accordance with the government's health policy and their age. We ask that parents inform us if their children are not vaccinated via their Registration Form so that we can manage any risks to their own child or other children/staff/parents in the best way possible. We will share the risks of infection if children have not had immunisations and ask parents to sign a disclaimer.

It is the responsibility of all staff to ensure they keep up to date with their own vaccinations. If a member of staff is unsure as to whether they are up to date, then we recommend that they visit their GP or practice nurse for their own good health.

This policy was adopted at a meeting of Clocktower Childcare Ltd held on 30th August 2019. Latest date to be reviewed: 31st August 2020.

Signed on behalf of Clocktower Childcare Ltd:

J. Law

S. Wingham

L. Baverstock

Jane Law, Director

Sally Wingham, Director

Lara-Jane Baverstock, Director