



Illness, medication and Emergency procedures

In order to manage any accidents or illnesses that occur on the nursery's premises, the following procedures are in place:

First Aid

All members of staff will hold a valid First Aid certificate, specialising in paediatric care.

We will carry a First Aid box that will be checked on a weekly basis to ensure its contents are up to date, in good condition and fulfil the criteria set out in the Health and Safety (First Aid) Regulations 1981. In addition when a member of staff has used an item they should inform the H&S Officer (Abbie Mitchell)

The box should contain:

- A card or leaflet giving general guidance
- Sterile triangular bandages
- Adhesive plasters
- A sterile eye pad with attachment
- Crepe bandages
- A sterile gauze
- Individually wrapped assorted dressings
- Waterproof disposable gloves
- A disposable bag for soiled material

The location of the First Aid box will be clearly displayed and will be inaccessible to the children. It will regularly checked and the contents replenished as necessary

A second First Aid box will be held on site which will be available for all off site visits or outings. This should undergo the same systems of checking.

In the Event of a Major Accident, Incident or Illness

As part of the child's induction, the Nursery requests that parents/carers sign to give their permission for staff to administer medication in the event of a major accident, incident or illness occurring at the nursery.

In the event of such an event, the following procedures will apply:

- Staff will assess the situation and decide whether the child needs to go straight to hospital or whether they can safely wait for their parent/carer to arrive.
- If the child needs to go straight to hospital, an ambulance will be called. The parent/carer will also be contacted. A member of staff will accompany the child to the hospital, having ensured the safety of remaining staff ratios at the setting. They will consent to medical treatment being given, so long as the Emergency Medical Treatment Form has been completed and signed.

- If the child does not need to go straight to hospital but their condition means they should go home, the parent/carer will be contacted and asked to collect their child. In the meantime, the child will be made as comfortable as possible and be kept under close supervision
- If a child is suffering from a fever with a temperature in excess of 38 C and the staff are concerned of the child developing a febrile convulsion they will ring the parent (or emergency contact) for permission to administer Calpol (which is kept securely on site). If permission cannot be obtained via the telephone and there are serious concerns regarding the child's health, the staff will call for an ambulance and seek the advice of paramedics.
- Parents/carers will be made fully aware of the details of any incidents involving their child's health and safety, and any actions taken by the Nursery and its staff.
- All such accidents or incidents will be recorded in detail and logged on the Accident Record form. Parents/carers will be asked to sign in the relevant section of the form to acknowledge the incident or accident and any action taken by the nursery and its staff.
- The Manager and other relevant members of staff should consider whether the accident or incident highlights any actual or potential weaknesses in the Nursery's policies or procedures, and act accordingly, making suitable adjustments where necessary.

Injuries that must be reported to RIDDOR include:

- fractures, other than to fingers, thumbs and toes;
 - amputations;
 - any injury likely to lead to permanent loss of sight or reduction in sight
- ; ■ any crush injury to the head or torso causing damage to the brain or internal organs;
- serious burns (including scalding), which: – cover more than 10% of the body; or – cause significant damage to the eyes, respiratory system or other vital organs;
 - any scalping requiring hospital treatment;
 - any loss of consciousness caused by head injury or asphyxia;

Any other injury arising from working in an enclosed space which: – leads to hypothermia or heat-induced illness; or – requires resuscitation or admittance to hospital for more than 24 hours.

For more information on reporting to RIDDOR we refer to the following guidance:
<http://www.hse.gov.uk/pubns/edis1.pdf>

In the Event of a Minor Accident, Incident or Illness

- If the child does not need hospital treatment and is judged to be able to safely remain at the Nursery, the child will be taken away from the source of the accident and dealt with by a member of staff
- If and when the child is feeling sufficiently better, they will be resettled back into the activities, but will be kept under close supervision for the remainder of the session.
- At the end of the session, the member of staff who dealt with the problem will fully inform the parent/carer of the incident or accident and any treatment given via the accident report form and ask that the parent/ carer sign the form.
- If the injury or illness incurred is such that treatment by the First Aider is deemed inappropriate or insufficient, but does not warrant hospitalisation, the parent/carer will be contacted immediately and asked to collect their child. Until the parent/carer arrives, the child will be kept under close supervision and as comfortable as possible
- All such accidents and incidents will be recorded in detail and logged on the Accident Record forms and parents/carers should sign to acknowledge the incident and any action taken.
- The Manager and any other relevant staff should consider whether the accident or incident highlighted any actual or potential weaknesses in the Nursery's policies or procedures, or any aspect of the building, facilities and equipment, and make suitable adjustments if necessary.
- Antihistamine is kept on site for administration in the event of a bad reaction to a wasp or bee sting. Once again, this will not be given without prior verbal consent of the parent or legal guardian.

Head injuries.

In the event of accidents involving a bang to the head:

- In the event of any head injury, even if the child has not initially shown any signs of concussion, the member of staff dealing with the accident will report it to the manager who will call the parent to advise them of the incident. The child will then be closely monitored following the accident for any signs of concussion. If the child becomes dizzy, loses consciousness or is sick or overly tired an ambulance will be called.
- If the child has stayed at nursery with no other side effects the parents will be given a head injury fact sheet and informed to still be aware of possible later concussion.

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- If the child has experienced any period of loss of consciousness, has gone pale, quiet or drowsy then the parent/ carer will be called immediately and an ambulance called.

Medication

Managing the administering of long term medication

- Staff need to know about any particular needs before a child starts nursery or when a child first develops a medical need. For those with long term medical needs a written [health care plan](#) will be devised, involving the parents and relevant health professionals.
- For children who attend hospital appointments on a regular basis, special arrangements may also be necessary
- Where appropriate we will try to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. This will be done in consultation with the family and if necessary other health care professionals. This will be detailed on the health care plan.
- If children can take their medicines themselves, staff need to supervise. The individual health care plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

Educational Visits

- [We want to](#) encourage children with medical needs to participate fully in safely managed visits. To this end we will consider any adjustments we might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.
- Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.
- If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.

Sporting Activities

- Most children with medical conditions can participate in physical activities. We will ensure there is sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in physical activities should be recorded in their individual health care plan.
- All adults should be aware of issues of privacy and dignity for children with particular needs.
- Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising physical activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Administering a short term course of prescribed medication

Medicines must not usually 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)" (Ofsted Statutory framework 3.45)

- No child under 16 should be given medicines without their parent's written consent
- Medicines should only be taken to the nursery when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the nursery 'day'. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

"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" (Ofsted Stat Framework 3.46)

- Staff may only administer off the shelf medication (such as calpol) for a *specific condition* and with clear guidelines from the parent (such as reaching a temperature of 38 c or above or suffering from known pain in teething) to the child at the consent of the parent or legal guardian and only if this consent is given in writing at the start of *each* session, stating frequency, any potential side effects and dosage. Parents/carers can make such a request by completing and signing the [Adminstrating Medication Form](#)
- A member of staff (the child's key worker if available), will be assigned to administer medication for each individual child concerned. They will also be responsible for ensuring that:
 - prior consent is arranged.

- all necessary details are recorded, included any dosages that have been given at home, and the time.
- that the medication is properly labelled and safely stored during the session.
- another member of staff acts as a witness to ensure that the correct dosage is given.
- parents/carers sign the Medication Record to acknowledge that the medication has been given.

If for any reason a child refuses to take their medication, staff will not attempt to force them to do so against their wishes. If and when such a situation occurs, the Manager and the child's parent/carer will be notified, and the incident recorded on the medication record,

- Full details of all medication administered at the Nursery, along with all Administering Medication Forms, will be recorded and stored confidentially.

Storing Medicines

- Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labeled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.
- **All emergency** medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. (Please see separate entry for children managing their own inhalers). Other non-emergency medicines should generally be kept in a secure place not accessible to children.
- A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

Administering non prescription medicine

- Little Star Nursery reserves the right to refuse the administering of non prescribed medication.
- We will not administer medication without agreed times/ dosage etc as advised by the parent or guardian when following emergency procedures (as defined above).
- If a parent deems it necessary for a child to have medication administered whilst at nursery then we would suggest the decision should be that they are not fit to attend and should be kept at home. There may be exceptions to this, such as in the case of teething.

- Other exceptions to this rule may be for the treatment of skin conditions such as eczema where routine creams or ointments should be applied (again only with parental permission or under a health care plan).

Sun Protection

We at Little Star Nursery recognise the dangers that exposure to sun can pose, especially to young children and are committed to protect them against these whilst in our care.

We ask all parents to supply their own sun cream at the start of the Spring/ Summer term which will be re applied at regular intervals throughout the day and recorded. If they do not have their own then the nursery will have suitable cream to apply, SPF 30 or above and appropriate for children.

Children will also be encouraged to wear a hat when playing outside in the sun. Again, we will have supply but encourage the children to bring their own.

Amended policy adopted July 2018