

MEDICINES, ACCIDENT & INJURIES

Aim

To ensure that Pre-school remains a safe environment for all children and staff members within its care.

First Aid and Medication

At least one member of staff with a current paediatric first aid training certificate is on the premises at any one time. We display a list of staff who are trained in Paediatric First aid and certificates are available to be seen upon request.

We have written permission from parents to seek emergency treatment which is recorded on their child's day care records.

We maintain information about a child's needs for medicines, and are responsible for keeping this information up to date.

Our first aid kit:

- complies with the Health and Safety (First Aid) Regulations 1981;
- is regularly checked by a designated member of staff and re-stocked as necessary;
- is easily accessible to adults and is kept out of the reach of children.

Procedure for a Minor Injury

- Child is soothed and appropriate first aid is administered.
- We inform parents of any accidents or injuries sustained by a child whilst in our care, and of any first aid treatment that was given. The member of staff who witnessed the accident completes the accident book which is signed by the parent/carer at pick up to acknowledge the treatment given.
- the accident book is accessible and all staff are aware of the procedure.
- it is reviewed termly by the Manager and a member of the Committee to identify any potential or actual hazards.

Procedure for a Major Injury

- Child will be attended to by a staff member with paediatric first aid.
- Another staff member will stay nearby; phone for emergency service and/ or parent while offering support and relaying information given by services to aid recovery.
- Remaining staff will keep other children safely away from first aid site and keep them calm.
- Details of accident and action taken will be recorded for emergency services information.

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In accordance with the EYFS Statutory framework, Ofsted must be notified of any serious accident, illness or injury to, or death of, any child while in their care and of the action taken. Notification is to be made as soon as is practicable but must be within 14 days of the incident.

The local child protection agency must also be notified. We make a report to the Health and Safety Executive using the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) and we act on any advice given.

ILLNESS

Procedure for Illness.

- If a child appears unwell during the day, has a temperature – **in children under five, a fever is considered to be a temperature higher than 37.5C (99.5F)**, (thermometer kept on site), sickness, diarrhoea or pains, particularly in the stomach or head – the parents/carer will be phoned to collect the child.
- If a child has a temperature they are reassured and monitored while waiting to be collected.
- Calpol can be administered if verbal consent is given by recognized parent if there is a delay in collection. See “procedures for medication” in policy.
- In extreme cases of emergency the emergency services will be called.
- Pre-school can refuse admittance to children who have a temperature, sickness and diarrhoea or an infection that requires isolation in accordance with HPA list of contagious diseases.
- If a child has diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- After sickness, parents are asked to keep children home for 48 hours after the last bout of sickness before returning to the setting.
- The setting has a list of excludable diseases and current exclusion times
- [Children and young people settings: tools and resources - GOV.UK](#)

Procedures for Medication.

- Medication can be administered with the written permission of the parent. The medication name, exact dosage and time will be recorded on the sheet.
- Medication will be kept in the fridge/ kitchen out of children’s reach.
- Two staff members will administer/ witness and sign to confirm the medication has been given in accordance with these instructions.
- On collecting the child, the parent/carer will sign sheet to acknowledge procedure has been carried out and the medication will be returned to parent.

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Prescribed medication.

Parents must complete a health care plan for children with ongoing medical needs that require medication while in our care

The health care plan will be kept in a medical folder in the medical box for easy access. (and original in day care records).

- All medication kept on site must be in their original containers, are clearly labelled with the child's name and are kept in the medical box which is not accessible to the children.
- If medication is required during the session, two staff members will administer/ witness and sign to confirm the medication has been given in accordance with instructions.
- If the administration of prescribed medication requires medical knowledge, individual training is sought from a health professional or parent.
- It is the parent's responsibility to ensure all prescribed medication given to store at pre-school for use is within the expiry date.
- If a child refuses to take medication, staff will not compel them to do so. This will be recorded in the records and parents phoned/advised at the end of the session.
- Medical needs will be confirmed with parents and updated each term to ensure the correct medication is on site.

This policy was agreed and adopted at a Committee Meeting held on	
Signed	For and on behalf of Marlow Bottom Pre-school CIO

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Marlow Bottom Pre-school refers to HPA (the Health Protection Agency) for up-to-date advice on all infectious diseases. The following table provides a guide to both parents and staff on the control of the most common illnesses and infections which affect children and adults. This is not intended as a diagnosis which should only be undertaken by a professional.

ILLNESS	Recommended period a child should be kept away from school (when a child would normally be considered well)	COMMENTS
RASHES AND SKIN AILMENTS		
Athletes Foot	None	
Chickenpox	Should not return to pre-school until spots/blisters have crusted	Pregnant staff should inform their GP if they are exposed.
Cold sores (herpes simplex virus)	None	Many healthy children and adults excrete this virus at some time without have a 'sore'.
German Measles (Rubella)	Five days from onset of rash	A child is most infectious prior to the diagnosis. Most children should be immune due to immunization so that exclusion after the rash appears will prevent very few cases
Hand, foot and mouth disease	None	Usually a mild disease not justifying time off.
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing. If lesions can reliably kept covered then exclusion may be shortened.
Measles	Five days from onset of rash	Measles is now rare in the U.K.
Molluscum contagiosum	None	A mild condition.

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Ringworm (Tinea)	None	Proper treatment by a GP is important. Scalp ringworm requires treatment with an anti-fungal by mouth.
Roseola	None	A mild illness, usually caught from well persons.
Scabies	Until treated	Outbreaks have occasionally occurred in schools and nurseries. A child may return as soon as properly treated. This should include all the persons in the household.
Scarlet Fever	24 hours from commencement of antibiotics	Treatment recommended for the affected child.
Slapped cheek or Fifth disease	None	Exclusions is ineffective as nearly all transmissions takes place before the child becomes unwell.
Warts and verrucae	None	Affected children may go swimming but verrucae should be covered

DIARRHOEA AND VOMITING

Diarrhoea and/or vomiting (with or without specified diagnosis)	Until diarrhoea and vomiting has settled. Children under 7 with diarrhoea should not return to pre-school until symptom free for 48 hours	Usually there will be no specific diagnosis and for most conditions there is not specific treatment. A longer period of exclusions may be appropriate for children under age 5 and older children unable to maintain good personal hygiene.
E.Coli and Haemolytic Uraemin Syndrome	Depends on the type of E.coli	Seek further advice from CCDC
Giardiasis	Until diarrhoea has settled (neither for the previous 24 hours)	There is a specific antibiotic treatment.
Salmonella	Until diarrhoea and vomiting has settled (neither for the previous 24 hours)	If the child is under five years or has difficulty in personal hygiene, seek advice from the CCDC.
Shigella (Bacillary dysentery)	Until diarrhoea has settled (neither for the previous 24 hours)	If the child is under five years or has difficulty in personal hygiene, seek advice from the CCDC

OTHERS

Conjunctivitis	On Doctor's advice	If an outbreak occurs consult CCDC.
Glandular Fever (Infectious mononucleosis)	None	
Head lice (nits)	None	Treatment is recommended only in cases where live lice have definitely been seen.

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Hepatitis A	See comments	There is no justification for exclusion of well older children with good hygiene who will have been much more infectious prior to the diagnosis. Exclusions is justified for five days from the onset of jaundice or stools going pale for the under fives of where hygiene is poor.
Meningococcal meningitis/ septicaemia	The CCDC will give specific advice on any action needed	There is no reason to exclude from schools, siblings and other close contacts of a case.
Meningitis not due to Meningococcal infection	None	Once the child is well infection risk is minimal.
Mumps	Fives days from onset of swollen glands	The child is most infectious before the diagnosis is made and most children should be immune due to immunization.
Threadworms	None	Transmission is uncommon in schools but treatment is recommended for the child and family.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic. For one cause, streptococcal infection, antibiotic treatment is recommended.
HIV/AIDS		HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery. (See CLEANING UP BODY SPILLS.)
Hepatitis B and C		Although more infectious than HIV, hepatitis B and C have only rarely spread within a school setting. Universal precautions will minimize any possible danger of spread of both hepatitis B and C. (See CLEANING UP BODY FLUID SPILLS.)

