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**Administering medicines**

**POLICY STATEMENT**

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication under certain conditions as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children’s GPs to prescribe medicine that can be taken at home in the morning and evening. 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 a medication before or is under three, it is advised that the parent keeps the child at home for the first 48 hours to ensure that there are no adverse effects, as well as to give time for the medication to take effect.

Children taking antibiotics on a short course will be actively discouraged from coming into school, as their resistance to other ailments will be reduced at this time – this is guidance from the Local Authority.

These procedures are written in line with current guidance in Managing Medicines in Schools and Early Years Settings; the Head Teacher is responsible for ensuring all staff understand and follow these procedures.

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the Head Teacher is responsible for the overseeing of administering medication.

*EYFS key themes and commitments*

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.4. Health and well-being	2.2. Parents as partners 2.4. Key person	3.2. Supporting every child	

**PROCEDURES**

Children taking prescribed medication must be well enough to attend school.

Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition.

Children's prescribed medicines are stored in their original, named containers, are clearly labelled and are inaccessible to the children.

Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:

- Full name of child and date of birth;
- Name of medication and strength;
- Who prescribed it;
- Dosage to be given in the setting;
- How the medication should be stored and expiry date;
- Any possible side effects that may be expected should be noted; and
- Signature, printed name of parent and date.

The administration is recorded accurately each time it is given and is signed by staff. Parents/carer sign the medication register sheet to acknowledge the administration of a medicine when they collect their child and the medicine is returned to them. The medication register sheet records:

- Name of child;
- Name and strength of medication;
- The date and time of dose;
- Dose given and method; and is
- Signed by key person/manager; and is verified by parent signature at the end of the day.

**1. Storage of medicines**

All medication is stored safely in a cupboard in the downstairs office or refrigerated in the kitchen fridge. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.

The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.

For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as-and-when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

All medicines are to be kept securely in the downstairs office, above child height, and if necessary refrigerated. All staff will be made aware of the location of medicines in regular staff meetings.

If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

If rectal diazepam is given another member of staff must be present and co-sign the record book.

No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

## **2. Children who have long term medical conditions and who may require on-going medication**

A risk assessment is carried out for each child with long term medical conditions that require on-going medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.

Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.

For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training need's for staff is part of the risk assessment.

- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key

person's role and what information must be shared with other staff who care for the child.

- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

### 3. Managing medicines on trips and outings

If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.

Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication, inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.

On returning to the setting the card is stapled to the medicine record book and the parent signs it.

If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.

As a precaution, children should not eat when travelling in vehicles. This procedure is read alongside the outings procedure.

#### Legal framework

Medicines Act (1968)

#### Further guidance

Managing Medicines in Schools and Early Years Settings (DfES 2005)  
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

## First aid

### POLICY STATEMENT

We aim to have all classroom staff holding a current Emergency First Aid Training. At least one member of staff with current Paediatric first aid training is on the premises or on an outing at any one time. At least one staff with full First Aid at Work certification is on the premises while children are in school. The first aid qualifications include first aid training for

*EYFS key themes and commitments*

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.3. Keeping safe 1.4. Health and well-being	2.2. Parents and partners 2.4. Key person	3.2. Supporting every child 3.4. The wider context	

**INDEPENDENT SCHOOLS COMMITMENT**

23B(1) The owner ensures that suitable accommodation is provided in order to cater for the medical and therapy needs of pupils which includes:

23B(1)(a) Accommodation for the medical examination and treatment of pupils.

23B(1)(b) Accommodation for the short term care of sick and injured pupils, which includes a washing facility and is near to a toilet facility.

**PROCEDURES**

**1. The First Aid Kit**

Our first aid kit complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items only:

- Triangular bandages (ideally at least one should be sterile) - x 4.
- Sterile dressings:
  - ✓ Small (formerly Medium No 8) - x 3.
  - ✓ Medium (formerly Large No 9) – HSE 1 - x 3.
  - ✓ Large (formerly Extra Large No 3) – HSE 2 - x 3.
- Composite pack containing 20 assorted (individually-wrapped) plasters 1.
- Sterile eye pads (with bandage or attachment) e.g. No 16 dressing 2.
- Container or 6 safety pins 1.
- Guidance card as recommended by HSE 1.

In addition to the first aid equipment, each box should be supplied with:

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.
- a children's forehead 'strip' thermometer.
- Ice packs are stored in the fridge.

The first aid box is easily accessible to adults and is kept out of the reach of children. It is checked regularly and replenished when necessary.

No un-prescribed medication is given to children, parents or staff.

At the time of admission to the setting, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.

Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

The school has portable first aid kits which are used on outings and visits. Our

Designated Key First Aider is:

**HELENE KNUPFFER**

In the event of an accident or injury requiring first aid:

- The child is treated by a first aider.
- The injury is recorded in the school accident book giving details of
  - ✓ The child's name and class
  - ✓ A description of what happened
  - ✓ The injury
  - ✓ First aid treatment given
  - ✓ A signature of the person administering first aid
- A parent form is filled in and placed in the child's communication book.

## **2. Emergency Procedure in the event of an accident, illness or injury**

Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services on the School site.

If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate next course of action, which may involve calling immediately for an ambulance or calling for a First Aider. If summoned, a First Aider will assess the situation and take charge of first aid administration.

In the event that the First Aider does not consider that he/she can adequately deal with the presenting condition by the administration of first aid, then he/she should arrange for the injured person to access appropriate medical treatment without delay.

	Choking, Chest pain, Blacking out, Blood loss.	<b>A&amp;E or 999</b> Emergencies only
	Unwell? Unsure? Confused? Need help?	<b>Call 111</b> out of hours
	Vomiting, Ear pain, Stomach ache, Back ache.	<b>GP Surgery</b>
	Diarrhoea, Runny nose, Painful cough, Headache.	<b>Pharmacy</b>

### a. Ambulances

The first aider/appointed person is to always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

If an ambulance is called then the First Aider in charge should make arrangements for the ambulance to have access to the injured person.

Arrangements should be made to ensure that any pupil is accompanied in an ambulance, or followed to hospital, by a member of staff until one of the pupil's parents, guardian or their named representative is present

A member of staff will remain with the pupil until one of the pupil's parents, guardian or a named representative appointed by a parent arrives at the hospital.

### b. Medical Room

There is a medical room located in the upstairs sitting room, priority is given to its use as a medical room if it is being used for other purposes. The medical room is clearly marked with a sign on the door.

### c. Procedure in the event of contact with blood or other bodily fluids

First Aiders should take the following precautions to avoid risk of infection:

- cover any cuts and grazes on their own skin with a waterproof dressing

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- wearsuitable disposable gloves when dealing with blood or other bodily fluids
- use suitable use devices such as face shields, where appropriate, when giving mouth to mouthresuscitation
- eye protection and a disposable apron where splashing may occur
- wash hands after every procedure

If a First Aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids which are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water
- wash splashes out of eyes with tap water and/or an eye wash bottle
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water
- record details of the contamination in the accident book
- take medical advice (if appropriate)

**Legal framework**

Health and Safety (First Aid) Regulations (1981)

First Aid in schools (DFEE- 20025 - 2000)

**Managing children with allergies, or who are sick or infectious**

*(Including reporting notifiable diseases)*

**POLICY STATEMENT**

We provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections. Guidance will be in line with LA policies as well as the requirements of the EYFS.

*EYFS key themes and commitments*

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.2. Inclusive practice 1.4. Health and well-being	2.2. Parentsas partners learning 2.4. Keyperson	3.2. Supporting every child	

**1. Procedures for children with allergies**

When parents start their children at the School they are asked if their child suffers from any known allergies. This is recorded on the registration form.



Nov. 11 If a child has an allergy, the following information is recorded:

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
- The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).
- Control measures – such as how the child can be prevented from contact with the allergen.

This form is kept in the child's personal file and a copy is displayed where staff can see it. Parents or health professionals train staff in how to administer special medication in the event of an allergic reaction.

Generally, no nuts or nut products are used within the setting.

Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

At all times the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in *Managing Medicines in Schools and Early Years Settings* (DfES 2005)

## 2. Oral Medication

Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to your insurance provider.

Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.

The group must be provided with clear written instructions on how to administer such medication.

All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.

The group must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.

## 3. Life saving medication & invasive treatments

Adrenaline injections (Epipens) for anaphylactic shock reactions  
(caused by allergies to nuts, eggs etc)  
or invasive treatments such as rectal administration of Diazepam  
(for epilepsy).

The school must have:

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- A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
- Written consent from the parent or guardian allowing staff to administer medication; and
- Proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.

Key person for special needs children –

children requiring help with tubes to help them with everyday living  
e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

#### 4. Procedures for children who are sick or infectious

If children appear unwell during the day or session – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the key worker will arrange to call the parents and ask them to collect the child, or send a known carer to collect on their behalf.

If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.

Temperature is taken using a digital thermometer kept near to the first aid box.

In extreme cases of emergency the child should be taken to the nearest hospital and the parent informed.

Parents are asked to take their child to the doctor before returning them to nursery; the nursery can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.

Where children have been prescribed antibiotics, parents are asked to keep them at home until the short course has finished.

After diarrhoea or vomiting, parents are asked to keep children home for 48 hours.

The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from

[www.hpa.org.uk/servlet/ContentServer?c=HPAweb\\_C&cid=1194947358374&pagename=HPAwebFile](http://www.hpa.org.uk/servlet/ContentServer?c=HPAweb_C&cid=1194947358374&pagename=HPAwebFile)

and includes common childhood illnesses such as measles.

#### 5. Reporting of 'notifiable diseases'

If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency.

When the school becomes aware, or is formally informed of the notifiable disease, the Head Teacher will inform the LA and act on any advice given by the Health Protection Agency.

#### a. 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 vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/sludging clothing after changing.
- Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the nappy bin waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

#### b. Nits and headlice

Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.

On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

#### Further guidance

Managing Medicines in Schools and Early Years Settings (DfES 2005)

<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

### **Policy in the event of a major Accident or Illness with a child**

All parents/carers must complete and sign the Emergency Medical Treatment Form to give permission for emergency medical treatment for their child in the event of a major accident, incident or illness occurring at La Petite Ecole Bilingue. These forms are filed in the child's individual file.

In the event of a major accident, incident or illness the following procedures will apply:

- A First Aider (FA) will be notified and will take responsibility for deciding upon the

appropriate action.

➤ The FA will assess the situation and decide whether the child needs to go straight to hospital, or whether they can safely wait for the parents/carer to arrive.

- If the child does need to go straight to hospital, an ambulance will be called. The parent/carer will be contacted and told which hospital they are going to. A member of staff (preferably the child's keyworker) will accompany the child to hospital and will consent to medical treatment being given, as long as consent has been completed and signed by the parent/carer. They must take the child's file with them, including the signed consent forms.

The member of staff must ensure they take the medical treatment and medical consent form; these are to be found within the child's file.

- If the child does not have to go straight to hospital, but they do need to go home, the parent/carer will be asked to collect their child. In the meantime the child will be kept as comfortable as possible and kept under close supervision (paying attention to infection control guidelines)

Upon collection, parents/carers will be made fully aware of the details of any accidents or incidents, and any actions taken. These will be recorded in the Accident Record and Incident Record Book, which the parent/carer must sign.

Managers should consider whether the accident or incident highlights any actual or potential weakness in the settings policies or procedures, and act accordingly, making adjustments where necessary.

The Head Teacher must notify Ofsted and Children's Social Care of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care, and act on any advice given.

<u><b>OFSTED</b></u>	<u><b>0300 123 1231</b></u>
<u><b>SOCIAL CARE</b></u>	<u><b>020 7361 3013</b></u>
<u><b>(OUT OF HOURS)</b></u>	<u><b>020 7373 2227</b></u>

### **1. In the event of a serious incident**

Regulation 19 of the Children Act 1989 requires that in the event of a serious incident occurring, full details of the incident must be recorded.

#### **A SERIOUS INCIDENT CAN BE DEFINED AS:**

- Causing serious harm or damage to other children or staff.
- Causing serious damage to property.
- Causing physical harm or damage to themselves.

A RIDDOR form (<http://www.hse.gov.uk/riddor/index.htm>) must be completed for a

serious incident and also a relevant entry made in the accident book. All of the above documents need to be completed fully and accurately. The RIDDOR form must be sent off to the appropriate body.

After a serious incident a member of staff should, within a reasonable amount of time, discuss the incident with the young person involved. Before the discussion, the young person must be calm and rational.

The Head Teacher and parent/carers must be informed of the incident within 24 hours, giving a full account of the incident. The serious incident form must be read and signed by the Head Teacher at the earliest opportunity.

The Head Teacher must notify Ofsted and Children Social Care of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care, and act on any advice given.

<u>ISI</u>	<u>02076000100</u> <u>concerns@isi.net</u>
<u>OFSTED</u>	<u>0300 123 1231</u>
<u>SOCIAL CARE</u>	<u>020 7361 3013</u>
<u>(OUT OF HOURS)</u>	<u>020 7373 2227</u>

## 2. In the event of a child needing to be restrained

All incidents using restraint techniques are recorded in the incident book by the person who actually performed the restraint, or by the person and any other staff member who witnessed the incident. Parent/carers must be informed and the form must be signed and dated by the child's parent/carers.