

Trinket Box Pre School

04 Health policy

Alongside associated procedures in 04.1-04.7 Health, this policy was adopted by **Trinket Box Pre School Committee on 26th SEPTEMBER 2022**

Aim

Our provision is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. They meet all statutory requirements for promoting health and hygiene and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare requirements.

Objectives

We promote health through:

- Ensuring emergency and first aid treatment is given where necessary.
- Ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements.
- Identifying allergies and preventing contact with the allergenic substance.
- Identifying food ingredients that contain recognised allergens and displaying this information for parents.
- Promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill.
- Promoting healthy lifestyle choices through diet and exercise.
- Supporting parents right to choose complementary therapies.
- Pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance.

04.1 Accidents and emergency treatment

Person responsible for checking and stocking first aid box: Amanda Groves

The setting provides care for children and promotes health by ensuring emergency and first aid treatment is given as required. There are also procedures for managing food allergies in section 03 Food safety and nutrition.

- Parents consent to emergency medical treatment consent on registration.
- At least one person who has a current paediatric first aid (PFS) certificate is on the premises and available at all times when children are present, who regularly update their training; First Aid certificates are renewed at least every three years.
- All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations as follows:
 - 20 individually wrapped sterile plasters (assorted sizes)
 - 2 sterile eye pads
 - 4 individually wrapped triangular bandages (preferably sterile)
 - 6 safety pins
 - 2 large, individually wrapped, sterile, un-medicated wound dressings

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- 6 medium, individually wrapped, sterile, un-medicated wound dressings
- a pair of disposable gloves
- adhesive tape
- a plastic face shield (optional)
- No other item is stored in a First Aid box.
- Vinyl single use gloves are also kept near to (not in) the box, as well as a thermometer.
- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents.
- Ice packs are kept to use as a cold compress.
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded in the setting's Accident Record book. Parents sign the accident form on collection of their child.
- In the event of minor injuries or accidents, parents are normally informed when they collect their child, unless the child is unduly upset or members of staff have any concerns about the injury. In which case they will contact the parent for clarification of what they would like to do, i.e. collect the child or take them home and seek further advice from NHS 111.

Serious accidents or injuries

- An ambulance is called for children requiring emergency treatment.
- First aid is given until the ambulance arrives on scene. If at any point it is suspected that the child has died, '06.07 Death of a child on site' procedure is implemented and the police are called immediately.
- The registration form is taken to the hospital with the child.
- Parents or carers are contacted and informed of what has happened and where their child is being taken to.
- The setting manager arranges for a taxi to take the child and carer to hospital for further checks, if deemed to be necessary.

Recording and reporting

- In the event of a serious accident, injury, or serious illness, the Manager notifies the designated officer using '6.1c Confidential safeguarding incident report form' as soon as possible.
- The Committee is consulted before a RIDDOR report is filed.
- If required, an online RIDDOR form is completed; a copy is retained for the file.
- The Committee are notified by the setting manager of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care in order to be able to notify Ofsted and any advice given will be acted upon. Notification to Ofsted is made as soon as is reasonably practicable and always within 14 days of the incident occurring. The Manager will, after consultation with the directors/trustees, inform local child protection agencies of these events

04.2 Administration of medicine

Key persons are responsible for administering medication to their key children; Management ensure consent forms are completed, medicines stored correctly and records kept.

Administering medicines during the child's session will only be done if absolutely necessary.

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If a child has not been given a prescription medicine before, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect. The setting manager must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

Consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent. Consent can be given by those other than the parents with parental responsibility, if an email has been received stating the medication, the dosage, expiry date and doctors name. This is printed and attached to the consent form.
- When bringing in medicine, the parent informs a member of the Management team, who will complete the consent form with the parent. All staff are aware that they don't take the responsibility of completing the form with parents.
- Management who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label.
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Management must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.
- The Management team member who receives the medication, asks the parent to sign a consent form stating the following information. No medication is given without these details:
 - Full name of child and date of birth.
 - Name of medication and strength.
 - Who prescribed it.
 - Dosage to be given.
 - How the medication should be stored and expiry date.
 - A note of any possible side effects that may be expected.
 - Signature and printed name of parent and date.

Storage of medicines

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in the children's fridge in the kitchen and the time to administer the medication is written up on the board. This is also relayed to the child's keyworker.

- The key person is responsible for ensuring medicine is handed back at the end of the day to the parent, although ultimately it is the parents responsibility to collect it.
- For some conditions, medication for an individual child may be kept at the setting. A Healthcare plan form must be completed. The setting Manager checks that it is in date and returns any out-of-date medication to the parent.
- Parents do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

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Record of administering medicines

A record of medicines administered is kept near to the medicine in the kitchen, or in the setting manager's office. Settings can choose which works best for them, as long as members of staff are aware and it is consistent.

Medicine record sheets are kept in the Medication folder, which is in a locked cupboard in the Setting Manager's office. Once it has been signed by the parent at the end of the day, the keyworker will hand it to the Management team and they will file it.

The medicine record sheet records:

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

A witness signs the medicine record sheet to verify that they have witnessed medication being given correctly according to the procedures here.

- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns.
- The Healthcare plan form is completed fully with the parent; outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed annually. This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc. The parent should notify the setting in writing if any medication needs to change.

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Managing medicines on trips and outings

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic wallet labelled with the child's name, name of medication, copy of the consent form and a form to record administration, with details as above.
- The form is later signed and filed in the Medication folder.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic wallet clearly labelled as above.

Staff taking medication

Staff taking medication must inform their manager. The medication must be stored securely away from the children. The manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required. The setting may request a medical report from the employees' doctor, depending on the type of medication prescribed.

04.3 Life-saving medication and invasive treatments

Life-saving medication and invasive treatments may include adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatment such as rectal administration of Diazepam (for epilepsy).

- The key person/other responsible first aider responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
- The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
- The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Children with complex and/or long-term health conditions have a healthcare plan in place which takes into account the principles and best practice guidance given here.
- Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Key persons speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's right to privacy and modesty is respected. Another practitioner is usually present during the process.

Record keeping

For a child who requires invasive treatment the following must be in place from the outset:

- A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered or anaphylaxis care plan.
- Written consent from parents allowing members of staff to administer medication.

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- 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.
- A healthcare plan.

The insurance providers are informed of any children requiring invasive treatments. A record is made on the medication record form of the intimate/invasive treatment each time it is given.

Physiotherapy

- Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.
- If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime, then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the practitioner applying the technique in the first instance.

Safeguarding/child protection

- Practitioners recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.
- If a practitioner has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

Treatments such as inhalers or EpiPens must be immediately accessible in an emergency.

04.4 Poorly children

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea* or pains, particularly in the head or stomach then the setting manager calls the parents and asks them to collect the child or send a known carer to collect on their behalf.

*Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.

www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis

- If a child has a raised temperature, they are kept cool by removing top clothing, sponging their heads with cool water and kept away from draughts.
- A child's temperature is taken and checked regularly, using Fever Scans or other means i.e. ear/body thermometer. In the event of Covid 19 symptoms being present, the setting will follow the guidance 'Actions for Early Years and Childcare Providers during the Covid 19 Pandemic' (section 4).
- In an emergency an ambulance is called and the parents are informed.
- Parents are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for 48 hours.

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- After diarrhoea or vomiting, parents are asked to keep children home for 48 hours following the last episode.
- Some activities such as sand and water play and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times.
- The setting manager notifies the Committee if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.
- The setting manager has a list of notifiable diseases and contacts Public Health England (PHE) and Ofsted in the event of an outbreak.
- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS111 and informs parents.

HIV/AIDS 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/sluicing 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 clinical waste.
- Tables and other furniture or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Baby mouthing toys are kept clean and plastic toys cleaned in sterilising solution regularly.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting 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, using current recommended treatments methods if they are found.

****Paracetamol based medicines (e.g. Calpol)**

The use of paracetamol-based medicine may not be agreed in all cases. The setting cannot take bottles of non-prescription medicine from parents to hold on a 'just in case' basis. Settings do not normally keep such medicine on the premises as they are not allowed to 'prescribe'. A child over two who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.

A child who is unwell and requires Calpol should not attend preschool. It should be noted that Calpol can mask Covid 19 symptoms.

Whilst the brand name Calpol is referenced, there are other products which are paracetamol or Ibuprofen based pain and fever relief such as Nurofen for children over 3 months.

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04.5 Oral health

The setting provides care for children and promotes health through promoting oral health and hygiene, Fresh drinking water is available at all times and easily accessible.

- Sugary drinks are not served.
- In partnership with parents, children are discouraged to drink from a 'baby bottle'.
- Only water and milk are served with morning and afternoon snacks, unless a parent has provided a specific drink for their child.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents are discouraged from sending in confectionary as a snack or treat.

Pacifiers/dummies

- Parents are *advised* to stop using dummies/pacifiers once their child is 12 months old.
- Dummies that are damaged are disposed of and parents are told that this has happened.
- The setting has strategies to help parents 'ditch the dummy' and are happy to advise.

4.5(a) Managing a suspected case of Coronavirus

The main symptoms of coronavirus are:

- a high temperature
- a new continuous cough – this means coughing a lot, for more than an hour, or three or more coughing episodes in 24 hours
- a loss of change to smell or taste – this means they cannot smell or taste anything, or things smell or taste different to normal

Please refer to the latest government guidance on [next-steps-for-living-with-COVID](#). If it is suspected that a child has COVID, staff do not attempt to diagnose or make assumptions about symptoms presented. They should immediately respond and take action as detailed in this procedure. This includes asking parents/carers to seek further advice from a medical practitioner who may/or may not advise that the symptoms meet the criteria for testing. In which case if the child appears well and displays no further suspect symptoms, they can return to the setting within the timescale advised by the medical practitioner.

The focus on coronavirus must not detract from staff being alert to the signs and symptoms linked to other serious illness as detailed below:

What to do if a child seems very unwell

Children and babies will still get illnesses that can make them very unwell quickly. It is important to get seek medical help and to contact the child's parents immediately.

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Call 999 if a child:

- has a stiff neck
- has a rash that does not fade when you press a glass against it
- is bothered by light
- has a seizure or fit for the first time
- has unusually cold hands
- has pale, blotchy, blue or grey skin
- has a weak, high-pitched cry that is not like their usual cry
- is extremely agitated (does not stop crying) or is confused
- finds it hard to breathe
- has a soft spot on their head that curves outwards
- is not responding like they normally do

Being prepared

- All staff are aware of this procedure and their responsibility if a child becomes unwell with coronavirus symptoms at the setting.
- Staff are instructed in how to remove and dispose of PPE equipment safely – this includes aprons and gloves worn during routine care procedures.

If a child becomes unwell

- If a child is displaying any of the symptoms of coronavirus. The manager/deputy calls their parents to collect them immediately. Current guidance states that: *'If a child or young person has a positive COVID-19 test result they should try to stay at home and where possible avoid contact with other people for 3 days after the day they took the test. The risk of passing the infection on to others is much lower after 3 days, if they feel well and do not have a high temperature. Children and young people who usually attend an education or childcare setting and who live with someone who has a positive COVID-19 test result should continue to attend as normal.'*
- We will maintain contact with the parent(s) of the child who was sent home, and ensure they know that their child is entitled to a test and encourage them to get their child tested. To access testing parents should use the [111 online coronavirus service](#).
- We will ask the parent(s) to let us know the outcome as soon as possible.

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- If the test result is positive we will inform all other parents that a child has tested positive and remind them to be aware of the symptoms to look out for.
- We will inform our local authority if a child, or staff member in the setting tests positive for coronavirus.

04.05b Infection control

Good practice infection control is paramount in early years settings. Young children's immune systems are still developing, and they are therefore more susceptible to illness.

Prevention

- Minimise contact with individuals who are unwell by ensuring that those who have symptoms of an infectious illness do not attend settings and stay at home for the recommended exclusion time (see below UKHSA link).
- Always clean hands thoroughly, and more often than usual where there is an infection outbreak.
- Ensure good respiratory hygiene amongst children and staff by promoting 'catch it, bin it, kill it' approach.
- Where necessary, for instance, where there is an infection outbreak, wear appropriate PPE.

Response to an infection outbreak

- Manage confirmed cases of a contagious illness by following the guidance from the [UK Health Security Agency \(UKHSA\)](#)

Informing others

Early years providers have a duty to inform Ofsted of any serious accidents, illnesses or injuries as follows:

- anything that requires resuscitation
- admittance to hospital for more than 24 hours
- a broken bone or fracture
- dislocation of any major joint, such as the shoulder, knee, hip or elbow
- any loss of consciousness
- severe breathing difficulties, including asphyxia
- anything leading to hypothermia or heat-induced illness

In some circumstances this may include a confirmed case of a Notifiable Disease in their setting, if it meets the criteria defined by Ofsted above. Please note that it is not the responsibility of the setting to diagnose a notifiable disease. This can only be done by a clinician (GP or Doctor). If a child is displaying symptoms that

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indicate they may be suffering from a notifiable disease, parents must be advised to seek a medical diagnosis, which will then be 'notified' to the relevant body. Once a diagnosis is confirmed, the setting may be contacted by the UKHSA, or may wish to contact them for further advice.

Further guidance

Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)

Guidance on infection control in schools and other childcare settings (Public Health Agency)

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

Infant & Toddler Forum: Ten Steps for Healthy Toddlers www.infantandtoddlerforum.org/toddlers-to-preschool/healthy-eating/ten-steps-for-healthy-toddlers/

Medication Administration Record (Early Years Alliance 2019)

Accident Record (Early Years Alliance 2019)

Legal references

Medicines Act (1968)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

Control of Substances Hazardous to Health (COSHH) Regulations (2002)

Health and Safety (First Aid) Regulations 1981

Food Information Regulations 2014