



London Road, Braintree, Essex, CM7 2LD
Manager – Mrs Claire Macklin
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MEDICAL POLICY

FIRST AID

Staff are able to take action to apply first aid treatment in the event of an accident. At least one member of staff with a current first aid certificate is on the premises at any one time. On an outing there is always at least one member of staff with a current first aid certificate present.

In the event of a child requiring emergency treatment, an ambulance is called. On the general consent form, parents sign to allow their child to be taken to A&E examined and treated as necessary. In this event, the parent is contacted immediately after the initial first aid and ambulance is called.

In the event of minor injuries and accidents we will normally inform the parents via email with the completed accident form. When they collect their child we will ask them if they have seen the form. If in the event of a head injury we will call the parents, advise seeing a doctor & give them the accident form to sign and a copy to take with them. If a child is unduly upset, or we have any concerns, we may also telephone the parent for clarification of what they'd like to do, and ask them to collect the child and take them to their GP.

ADMINISTRATION OF MEDICINES

We would not normally expect to administer medications at Nursery. If a child is unwell they would be at home, however in some circumstances it is permissible. **We would need clear a letter, clearly signed and dated with instructions from a parent.** Training must be given where the admission of medicine requires medical or technical knowledge. The medicines must have been prescribed a doctor, dentist, nurse or pharmacist. (Medicines containing aspirin should only be given if prescribed by a doctor). Where medication is to be administered by a member of staff, another member of staff would be present to double check dosage, instructions etc. The medicine would be administered by the child's key person. The information and time would be entered into the medication book signed by both members of staff and counter signed by the parent/carer. Any medicines are stored in the original packaging in a container labelled with the child's name. They are stored out of reach of children. For children with long term medical condition, a risk assessment is carried out where parents will observe routines and activities and point out anything they think may have a risk factor for their child. Other medical personnel may also be required to contribute. This information is retained in the risk assessment file and a copy in the medical box in each room.

INHALERS

We must be informed if a child has an inhaler in nursery. It will be kept in a marked box out of children's reach. We again, require written consent from a parent if it necessary for us to administer inhalers. We must have the exact dosage stated within the letter, confirmation that the inhaler is in date, full and ready to use. It may be necessary to demonstrate how it is used to staff. Children cannot self-administer. Where they are capable of understanding they need medication, they are encouraged to tell their key person who will observe and assist where necessary. This does not replace staff vigilance in knowing and responding when a child needs medication.

ALLERGIES

We must be informed of any allergies a child may have on their registration form prior to starting Nursery and kept up to date if any allergy develops or any changes occur during their time with us. We ask that we have as much information as possible about the allergy (triggers, symptoms, reactions etc). Allergies are recorded on the child's registration card and a list of allergies is displayed in each room and in the risk assessment folder. Children who have allergies or special dietary requirements have their food/biscuits in a separate marked container away from any possible allergens.

INFECTIONS/COVID 19

Nursery can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease. We have a poster with a list of excludable diseases and current exclusion times and ask that parents take their child to the doctor before returning to Nursery, if one of these is suspected.

COVID

During COVID it was a requirement that all parents and staff signed our declaration form confirming they understood the symptoms and would keep up to date with changing lockdown rules. They promised to inform us of any symptoms or self-isolation requirements and had to abide by NHS Track and Trace. We took children and staff's temperatures on arrival. Anyone with a temperature of 37.8 or higher or COVID symptoms would be refused entry and advised to test and follow government guidance on isolation. We issued new sickness posters to all parents and staff and asked they abide by this for the foreseeable time, or they may be refused entry. We have since returned to previous guidance, before COVID. Paperwork, declaration forms etc are now kept off the premises but can be easily accessed.

If a child is diagnosed as suffering a notifiable disease under the Health Protection Regulations 2010 the GP will report this to the Health Protection Agency. When the Nursery is informed of a notifiable disease, the Manager will inform OFSTED and act on any advice given by Public Health England.

POORLY AT NURSERY

If a child were to become poorly while at Nursery, we will attempt to contact first the parent, carer then emergency backup contact from the child's contact card. The child will be made comfortable somewhere quiet and away from the other children and a member of staff will provide one to one care and attention. Another member of staff will check up every 5 minutes providing back up support if needed. This care will continue until parent/authorised adult has arrived to collect the child.

If while in our care any visible minor injury occurs to a child we will endeavour to contact the parent/carers to inform them.

If a serious accident /sudden onset of any serious illness should occur to a child in our care 999 will be contacted immediately and, if necessary, emergency first aid administered. We will contact the parent /carer. Should a child need to go to hospital a member of staff would be on hand to accompany, offer support and assist the child/parent in any way.

We have an emergency plan. We have qualified paediatric first aid staff on the premises and staff are regularly refreshed and would be fully aware of what to do in an emergency.

We have an accident report book where details are entered into the nature of any accident, where and when and how it occurred is noted and signed by a member of staff and countersigned by the parent/carers. This book is looked at regularly to identify any significant areas of weakness, equipment safety, areas within rooms etc, so that they may be reviewed and put right if needed.

LIFE SAVING MEDICATION AND INVASIVE TREATMENTS

ANAPHYLACTIC SHOCK

This medical emergency has become more common in recent times. Anaphylactic shock is brought about by a rapid increase of chemicals called histamine, as a more severe response to an allergen. This causes a narrowing of the airways, which affects breathing and relaxing of the blood vessels leading to a sudden drop in blood pressure. In sensitive individuals this may begin within minutes of the offending allergen.

SYMPTOMS: can include acute anxiety, skin pallor, sweating, weakness, floppiness, blotchy raised skin rash (nettle rash/hives) swelling and itching of the face, inside of mouth and tongue, puffy face and neck, difficulty in breathing and swallowing (saliva may dribble from mouth) abdominal pain, vomiting, diarrhoea, loss of consciousness.

TREATMENT: call 999 for an ambulance. If the child has a known severe allergy they will carry an EpiPen, instructions on how to administer this pen should be given only by a Doctor or Nurse to staff members, and this

should be administered – at the same time the ambulance is being called, by the persons trained to do so. Contact parent/carer to inform them of the situation. While waiting for medical help do not give anything by mouth. Raise head and chest on propped up pillows to aid breathing. If the child vomits or loses consciousness place in recovery position.

The Nursery will inform our Insurance company, providing them with copies of:

- *A letter from child's GP/Consultant stating the child's condition and what medication is to be administered.
- *Written consent from the parent allowing staff to administer medication.
- *Proof of training in the administration of such medication by the child's GP, a district nurse.
- *Written confirmation that the insurance has been extended will be issued by return.

KEY PERSON FOR SPECIAL NEEDS CHILDREN –

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

Prior written consent must be obtained from child's parent to give treatment and/or administer medication prescribed by child's GP.

Key Person must be given relevant medical training/appropriate instructions from parents or qualified professional.

This must be documented, with dates, in the written consent letter.

Copies of all letters relating to these children must first be sent to Insurance Company for appraisal. Written confirmation that the insurance has been extended will be issued.

NITS/HEADLICE

This is not an excludable condition. When it is found that a child has headlice, we will inform all parents and ask them to check and treat their child and family if they are found to have headlice.

This policy was agreed at a meeting of Nursery Committee held on 5/2/23

Signed:

Manager

Committee member

CONTENTS OF MAIN FIRST AID BOX

Can be found on windowsill of entrance hall – out of the sight and reach of the children.

Stocks are checked half termly and replenished where necessary by the First Aid Co-ordinator. Each Room also has a smaller first aid bag for outings.

STOCK LIST

Thermometer

Assorted plasters – 1 box

Triangle bandage – 2

Sterile dressings – 1 box

Sterile Eye pads – 2

Micropore tape – 1

Safety pins – 1 packet

Bottle of calpol – 1

Burn Gel

Absorbent dressing pads

Bandages – 3 large and 3 small

Plastic gloves – non-latex

Plastic apron

HSE recommended guidance card

Scissors – 1 pairs

Syringes – 2.

List of Staff that hold current paediatric First Aid Qualification.