

# MEDICAL POLICY

<b>Approving Body</b>	Trust
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<b>Responsible Officer</b>	BMAT CEO for and on behalf of the Trust

## **MEDICAL POLICY**

### **INTRODUCTION – PURPOSE AND SCOPE.**

This policy supplements the 'Health and Safety Policy', which is available on the BMAT website, and the additional guidance documents referred to therein.

This policy is guided by and in accordance with:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Officer (HSO), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records.
- [DfE First Aid in Schools, Early Years and Universities, 2022](#).

### **1. FIRST AID**

1.1 Busy Beacons Nursery is committed to the health and safety of children. The fundamental aim of this policy is to ensure that, where required, individuals receive immediate and appropriate first-aid attention. This policy also aims to ensure that:

- a. Adequate and appropriate first aid equipment, facilities, and trained employees are available on nursery premises.
- b. All Busy Beacons employees are cognisant of this policy, the 'Health and Safety Policy' and the relevant procedures contained therein.
- c. Designated employees are adequately trained; and that training is reviewed in accordance with legal requirements.
- d. The content and implementation of this policy is reviewed every three years.
- e. Records are kept of first aid training and practice.

This policy is reviewed formally every three years, but the register of first aiders is reviewed at least annually, when new first-aiders are trained and when current first-aiders have moved location or leave their employment.

### **1.2 GENERAL STATEMENT**

The definition of First aid is as follows:

- In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until help

- is obtained; and,
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

This policy provides an overview of the statutory requirements and how these are met in nursery. All safeguarding and child protection policy guidelines must be adhered to both on and off the nursery site, when first aid is administered.

The policy applies to all those covered by the Statutory Frameworks for the Early Years Foundation Stage (EYFS) 2021.

The responsibility for drawing up and implementing the First aid policy is delegated to the Manager, including informing staff and parents. However, implementation remains the responsibility of all staff in our nursery to keep children healthy, safeguarded and protected whenever they are in our care.

### 1.3 FIRST AID PERSONNEL AND TRAINING

The nursery manager in the case of Busy Beacons Nursery has overall responsibility for the implementation of this policy, including:

- a. Ensuring that an appropriate number of first aid personnel are present in the school at all times;
- b. Ensuring all employees are aware of first aid procedures;
- c. Ensuring appropriate risk assessments are completed and appropriate measures are put in place;
- d. Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place;
- e. Ensuring that adequate space is available for catering to the medical needs of pupils;
- f. Reporting specified incidents to the HSO when necessary.

A record of First Aid Personnel is stored securely by the Nursery Manager as well as BMAT Human Resources and made available to staff in a secure location. It is updated regularly by the Nursery Manager, at least annually, and:

- a. Lists the Nursery employees who are trained in first aid, and to what level;
- b. The source, start date and expiry date of training;
- c. Whether an employee is a qualified first-aider (someone holding a current first aid at work certificate from a course approved by the HSE) or an appointed person (someone with basic first aid training and who can take charge when someone is injured or falls ill, including calling for an ambulance if necessary; and can look after the first aid equipment and restock the first aid boxes).

All Busy Beacons employees **must** be informed of the first aid arrangements, including the location of equipment, facilities and first-aiders. First aid notices are displayed in prominent locations in the building. All employees are responsible for:

- a. Ensuring they follow first-aid procedures; and
- b. Completing accident reports when needed.

First aid information is included during induction training.

## 1.4 CURRENT PROCEDURE

Our appointed person (First aid co-ordinator - Nursery Manager) undertakes and records an annual review. A first aid needs assessment is carried out to ensure that adequate provision is available given the size of our nursery, the staff numbers, our specific location and the needs of individuals.

Our first aid needs assessment includes consideration of children and staff with specific conditions and major illnesses, such as asthma and epilepsy, takes account of an analysis of the history of accidents in our nursery, as well as the identification of specific hazards. It also includes careful planning for any trips and visits, including residential and higher risk trips which always include a suitably trained first aider, in keeping with our Educational Visits policy.

Our procedure outlines when to call for help when necessary, such as an ambulance or emergency medical advice from professionals/treatment and outlines the requirements for documenting necessary treatment once applied. The main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at nursery. We ensure that first aid provision is available at all times, including out on nursery trips, during physical activity, and at other times when the nursery facilities are used. We keep a written record of all accidents or injuries and first aid treatment. We must inform parent(s)/carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, of any first aid treatment. The Accident Form is filled out as soon as possible by the member of staff who has administered first aid. This form is given to parents on the day of the accident. The adult collecting the child is to sign the form and a copy is kept in the accident folder.

## 1.5 MATERIALS, EQUIPMENT AND FACILITIES

First aid boxes are located on Busy Beacons premises and are clearly signposted. First-aid boxes are accessible at all times. The contents of first aid boxes are regularly examined and restocked after. Once items have reached their expiry date, they are disposed of safely. Our minimum provision, (not mandatory) as recommended by HSE is to hold a suitably stocked first aid box, to nominate an appointed person, as well as the provision for staff of relevant information on first aid arrangements. We do not keep tablets, creams or medicines in the first aid box. Our first aid boxes are kept in the following places: kitchen, outdoor cupboard for the garden and in the fire evacuation bag.

Off-site procedures: Employees should refer to the '[Educational Visits Policy and Procedure](#)' on the BMAT website for more information. In brief, employees will ensure that risk assessments are completed prior to any educational visit that necessitates taking children off school/nursery premises; and that they always have the following:

- a. A school mobile phone
- b. A portable first aid kit

- c. Information about the specific medical needs of pupils
- d. Parents' contact details

We take great care to prevent the spread of infection in nursery, particularly in the event of spillages of bodily fluids which we manage effectively by washing off skin with soap and running water, out of eyes with tap water and or an eye wash bottle, wash splashes out of nose with tap water, record details of any contamination, and seek medical advice where appropriate.

First aiders take careful precautions to avoid the risk of infection by covering cuts and grazes with a waterproof dressing, wearing suitable powder free vinyl gloves, using suitable eye protection and aprons where splashing may occur, use devices such as face shields when giving mouth to mouth resuscitation, wash hands after every procedure.

We ensure that any third-party lettings or providers, including transport, have adequate first aid provision which complies with our standards.

## **1.6 ACTION IN THE EVENT OF AN INJURY**

For serious accidents to children or staff, the main consideration is to avoid delay in securing treatment. If the case is sufficiently serious to warrant hospital treatment (e.g. cases of suspected fracture) an ambulance should be called immediately.

If possible, arrangements should be made for an employee to accompany an injured child in the ambulance. Parents should be informed as soon as possible.

## **1.7 ANAPHYLAXIC PROTOCOL**

Busy Beacon Nursery will recognise and respond quickly and appropriately in an emergency. Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.

Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:

- a. Generalised flushing of the skin anywhere on the body
- b. Nettle rash (hives) anywhere on the body
- c. Difficulty in swallowing or speaking
- d. Swelling of tongue/throat and mouth
- e. Alterations in heart rate
- f. Severe asthma symptoms
- g. Abdominal pain, nausea and vomiting

- h. Sense of impending doom
- i. Sudden feeling of weakness (due to a drop in blood pressure)
- j. Collapse and unconsciousness

When symptoms are those of anaphylactic shock the position of the child is very important because anaphylactic shock involves a fall in blood pressure.

If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should not stand up.

If there are also signs of vomiting, lay them on their side to avoid choking (recovery position).

If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up. Action to take: (Ask other staff to assist, particularly with making phone calls, one person must take charge and ensure that the following is undertaken). Ring (9) 999 immediately to get the ambulance on the way.

Ring Reception for Medical Assistance – state what has happened so that they can assess the situation and bring medication to the location. Please note that medical staff may not be able to attend immediately, and there should be no delay in using the person’s medication. Locate the nearest first aider in the nursery to come and assist.

Use the person’s adrenaline device\*, or the one located in the nearest medical room.

Ensure that BHS reception staff are aware that an ambulance is coming onto site. Stay in the immediate area to assist reception/first aid staff and/or direct the Emergency Services.

Ensure that accident forms are filled out if applicable.

*\*Staff should update their training to use the adrenaline device every year as a minimum under the guidance of the school medical administrator. This will be delivered as part of first aid training, and by staff attending training delivered by the School Nurse.*

## **1.8 RECORDING AND REPORTING INCIDENTS/ACCIDENTS**

For detailed guidance on how to conduct a risk assessment or accident/incident investigation, see [‘Risk Assessment Policy’](#) and [‘Accident and Incident Investigation Guidance’](#) on the BMAT website, or contact the HSO at [HSO@beaconacademytrust.co.uk](mailto:HSO@beaconacademytrust.co.uk)

First aid personnel should record the date, time and location of any incident; the name and job/form of the injured person; details of the injury and any treatment given; and details of what happened following treatment (e.g. went home, went to hospital, returned to work). Information should be entered as an Accident and Incident Report in Evolve Accident Book at reception.

All accidents other than minor accidents (e.g. bumps, bruises, scrapes) to students; and all incidents and near misses **must** be reported as promptly as possible by submitting an Accident and Incident Report in the Accident Book at reception

The HSO will complete RIDDOR F2508 (<https://www.hse.gov.uk/forms/incident/>) and inform the Health and Safety Executive ['HSE'] if the accident is significant as listed by the HSE, using F2509.

All accidents, however small, should be investigated and the findings recorded by the HSO. The time allocated to each investigation will depend on the seriousness of the accident. During or on completion of an investigation, a risk assessment should be carried out to avoid reoccurrence.

The First Aid Co-Ordinator is responsible for the maintenance of accurate and appropriate accident records, including the evaluation of accidents, and regular reporting to the Management committee for monitoring purposes.

When an ambulance has been called, a first aider will stay with the child until the parent arrives or accompany child to hospital by ambulance if required. Where it is decided that pupil should be taken to A&E Department a first aider must either accompany them or remain with them until the parent/carer arrives. Where a child must be taken to hospital by a member of staff they should be taken in a taxi and not use their own car.

## **2. MANAGING ALLERGIES AND SICK OR INFECTIOUS CHILDREN AND ADMINISTERING MEDICINES**

We provide care for healthy children and promote health through identifying allergies, preventing contact with the allergenic substances and through preventing cross infection of viruses and bacterial infections.

### **2.1 Prescribed medication**

Wherever possible, children who are prescribed medication should receive their doses at home. Staff should only administer medication for a child if it is prescribed by a GP, Dentist, Nurse or Pharmacist and ensure that the following checks are made:

- All stored medication must be clearly labelled with the name of the child, the name and dose of medicine and frequency of administration.
- Prescription medicine will only be given to the child named on the bottle for the dosage stated.
- The parent/carer gives written permission stating the frequency and dosage of each medication
- The nursery will accept written permission once for a whole course of medication or for the ongoing use of a particular medication.
- The written permission is only acceptable for that Brand and Lot Number(Lot) /Batch Number (BN) as stated on the medication bottle, it cannot be used for similar types of medication e.g: if the course of antibiotics changes, a new medical administration form will need to be completed.
- Any change in the type of medication, or dosage requires a new "Medication Administration Form" to be completed by the parent/carer.
- Parents should notify us IMMEDIATELY if the child's circumstances change; e.g: a dose has been given at home, or a change in the strength/dose needs to be given.
- The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by a doctor's letter.

- Parents/ carers make sure that you take home every day the medicine you instructed us to administer to your child when you come to collect your child.
- If your child is prescribed 4 – 6 hourly any such prescribed syrups or medications, then you should keep your child off nursery until they no longer require it. This is because we feel that any child requiring that amount is not well enough to be in the nursery and can infect others.
- Parents/Carers are free to come in during your child's session to administer medication yourself, please be aware this could unsettle your child.
- Giving Liquid Paracetamol will be a last resort, and the nursery staff will use other methods first to try and reduce a child's temperature e.g.: remove clothing, fanning, and tepid cooling with a wet flannel. Parents will be contacted before any medication can be administered.
- The child will be closely monitored until the parents collect the child.
- ANTIBIOTICS If your child is prescribed oral antibiotics, they must be kept at home for the first 3 days (72 hours), to allow the treatment to take effect and to monitor the child in case they have an allergic reaction to the medicine. Antibiotic creams should be administered for 24 hours before the child can attend the setting. Parents/Carers must contact the nursery manager who together will assess the child's health, and permission will be given for the child to return to nursery if the child is feeling better, the manager needs to grant permission for staff to administer antibiotics after this time.

## **2.2 Non -Prescribed medication**

- All stored medication must be clearly labelled with the name of the child, the name and dose of the medicine and frequency of administration.
- Medicine should be stored in the original box or container in which it was dispensed.
- Medication will need to be provided by the parents/carer and not stored within the setting for longer than required by the child.
- A child under 16 should never be given Aspirin or medicines containing Ibuprofen unless it has been prescribed by a doctor.
- Staff will check non-prescribed medication to check it does not contain aspirin.
- For any non-prescription cream or skin conditions e.g. Sudocream, Teething Gels, prior written permission must be obtained from the parent/carer on the medicine administration form and the onus is on the parent/carer to provide the cream which should be clearly labelled with the child's details.
- As with any kind of medication, staff will ensure that the parent is informed of any nonprescription medicines given to the child whilst at the nursery, together with the times and dosage given.
- The nursery DOES NOT administer any medication unless prior written consent is given for each medicine.

## **2.3 Recording Medication**

Settings must obtain prior written permission for each medicine from parent/carer before any medication is given on the Medication Administration Form. The setting must record full details of all medication administered at the setting and store them in the Medicine File designated for each classroom. A central office register will be kept of all long-term use medicines, alongside Health Care Plans for children with long term health needs.



## **2.4 Injections, pessaries and suppositories**

The administration of injection, pessaries and suppositories represents intrusive nursing; they should not be administered by any member of staff unless appropriate medical training is given to each member of staff caring for this child. This training would be specific for this child and not generic.

Children must remain at home after receiving injections for 24 hours in case of a reaction or high temperature. If a child receives an MMR vaccination, they must remain at home for 24 - 48 hours due to the high content of the injection. This exclusion is in place as a precaution because children can have an allergic reaction to the immunisations. This is the case for all injections even if they have had them before because an allergy can develop at any stage.

## **2.5 Staff medication**

Staff medication on the premises must be securely stored in their locked locker, if the medication needs to be refrigerated then it must be stored in the staff fridge. Staff must inform the manager if they are bringing any medicine on the premises and ensure that it does not impair their ability to work. Providers must ensure that those practitioners taking medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly.

## **2.6 Storage of medication**

All stored medication must be clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

- Medicine should be stored in the original box or container in which it was dispensed.
- All prescription medications should have the pharmacist's details and notes attached to show the dosage needed and the date the prescription was issued. This will be checked, along with expiry dates before staff agree to administer medication.
- Medication should be stored in a high cupboard (except where storage in the fridge is required) and only named members of staff should have access.
- Some medicines such as antibiotics need to be refrigerated. There should be restricted access to a refrigerator holding medicines or if kept in a refrigerator containing food they should be clearly marked.
- Medication MUST NOT be stored in children's bags.
- All emergency medications, such as Asthma inhalers and Adrenaline Epi Pens, need to be readily available to staff/children but kept out of reach of children. Other non-emergency medicines should be kept in a secure place not accessible to children.
- Staff should not dispose of medicines.
- Parents/carers should collect medicines such as Liquid Paracetamols and Fever / Cough Relief Syrups held at the nursery at the end of each day when they come to sign their child's medical administration form (unless the medication is for ongoing/ long term medical needs). Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal, and that a replacement medication is provided to the nursery on time before the current medication expires.

## 2.7 Administration of Medication Procedure

Prior to administering medication, the child's parent/carer must complete the Medication Administration Form with a member of staff (see above section). For long term health needs the staff, manager and parent/carer must complete a Health Care Plan.

The staff member must sign to state they have discussed this with the parent/carer, and long term medications must be logged onto the Children's Medicine Register. The medication is to be stored correctly (see above section).

Medicine will only be administered to children by a First Aid Trained / Senior Staff. The nursery must have sufficient information about the medical condition, the medication, and any possible side-effects of the medication. If any child is brought to nursery in a condition in which she/he may require medication sometime during the day, the manager will decide if the child is fit to be left at nursery. If the child is staying, the parent/carer must be asked if any kind of medication has already been given; at what time and what dosage and this must be stated on the medication form.

Similarly, when the child is picked up, the parent /carer must be given precise details of the times and dosage given throughout the day. The parent's signature must be obtained both times.

The nursery has the right to decline parents or carer's requests to administer medication. This may occur where administering the medication involves technical knowledge or training beyond what can safely be managed in the setting.

A named member of staff is assigned to administer medication for each individual child concerned. They will also be responsible for ensuring that:

- Prior written consent has been received from the parent/carer.
- Medication is properly labelled and safely stored in the setting
- At the time of administering medicine, a named staff will ask the child to take the medicine, or the medicine will be given by that staff to a small child, in a manner acceptable to the small child, at the prescribed time and in the form.

The nursery will allow children to self-administer inhalers if felt by the staff/parent/carer that the child is competent to do so. However, the medication will still need to be stored out of reach of children. If for any reason a child refuses to take their medication, staff must not attempt to force them to do so against their wishes. The manager and the child's parent/carer should be notified, and the incident recorded on the medicine form.

It is good practice to have the dosage and administration of medication witnessed by a second adult in group care settings. This helps to avoid dosage errors. Both staff are required to check the details on the medication form and sign the form stating the medication was administered.

If at any point during the course of medication staff administer the treatment incorrectly the parents will be phoned immediately and the management will take appropriate measures, this could be either calling a local GP, NHS Direct (111) or taking the child to hospital (999).

## How does staff decide whether your child is well enough to attend or remain in nursery?

When considering whether a child's illness should prevent them from attending or remaining in the nursery the staff and management will take the following into consideration;

- The ability of the child to participate fully in the activities of nursery.
- Whether the child requires or is likely to require additional care and support that would prevent the staff from discharging their duty of care to all other children in the setting.
- Whether the child has an infectious illness that, according to guidance from Public Health England requires that they be excluded from nursery for a specified period of time.
- If after consideration of the above, it is the view of the nursery staff the child is not well enough to remain in nursery the parents are called and asked to collect the child, or to send a known carer to collect on their behalf. Staff will call parent/carer following consultation with Room Leader or Manager.

### **2.8 What happens if a child becomes unwell at nursery?**

- Staff must inform the manager if a child becomes unwell. The manager must use their discretion as to whether the parent/carer needs to be contacted immediately or if the situation can be monitored.
- The child's parents should be notified immediately if a child has had a head injury, or if a child needs to go home due to illness or displays symptoms of an infectious disease. The remaining children should be supervised while the manager contacts the parent/carer
- Children who are unwell must be comforted, kept safe and under close supervision until they are collected. Where a child has a temperature-see the main temperature procedure outlined below.
- Staff must document the care provided. This must include:
  - Action Taken
  - The time that the parent was contacted, and the child was collected
  - And any advice given to the parent/carer
- The nursery must consider taking appropriate measures if a child needs urgent medical attention and they are unable to contact the parent: This includes:
  - Calling/ Taking the child to the local GP
  - calling NHS Direct for further guidance (111)
  - or taking the child in to hospital, or calling for an Ambulance (999)

### **2.9 Infectious and Communicable / Notifiable diseases**

Please notify us if your child has a contagious illness, even if it has yet to be confirmed by your doctor. If your child has a contagious illness, we must have written confirmation from your doctor that your child is fit to return to nursery, the nursery reserves the right to contact the child's GP via telephone/letter/email to determine if the child is fit to return to nursery. **ATTENTION** Children must not be brought to the nursery if they have any types of infection or illness e.g.: chicken pox, diarrhoea, conjunctivitis etc.

### **2.10 Procedure for dealing with an infectious/communicable or notifiable disease**

Any child found to be unwell will be sent home. Parents/carers will be contacted and appropriate advice given by a Manager. Children suffering from Conjunctivitis must be kept home until treatment commences and to ensure the child does not have an allergic reaction to the medicine.

An exclusion periods chart is detailed in Appendix 1, clearly stating the exclusion periods for the most common childhood ailments.

Children Parent/carers must be informed verbally and in writing as soon as possible if any infectious or notifiable diseases are detected on the nursery's premises. If a child or adult is diagnosed suffering from a Notifiable Disease under the (Public Health, Guidance on infection control in schools and other childcare settings) the nursery will report this to the Environmental Health Agency.

The nursery has a duty to contact the Environmental Health Agency when two or more infectious cases arise. The nursery will liaise regularly with the Agency, and follow the procedures and guidelines as set by the Agency as well as the nursery's own emergency procedures on Outbreaks of Infection.

Children will be allocated a quiet area on the day-away from other children- where they can wait for their parents or carers to collect them during an outbreak. When the nursery becomes aware, or is formally informed of the notifiable disease, the manager informs OFSTED and acts on the advice given by the Environmental Health Agency.

There may be occasions when these exclusion times are extended due to regional outbreaks or contagious illnesses. The nursery can refuse to accept a child back if they do not/until such time as they receive a doctor's note confirming that the child is fit to return and no longer poses any risk of infecting the other children or staff at the setting.

In addition OFSTED must be notified of:

- any food poisoning incident affecting two or more children cared for on the premises
- any child having meningitis
- an outbreak on the premises of any Notifiable Disease identified as such in the Public Health Infectious Diseases Regulations 1988

### **2.11 Children with ongoing/ long term medical needs**

Children with long term medical needs should have an individual Health Care Plan drawn up by the child's parent/carer, manager, and key worker. This should include instructions on how to manage the child in an emergency. Long Term/ Ongoing Medication must be logged on the Nursery Long Term Medicine Register. Staff should be provided with the technical/medical training required to safely manage the care of any child with ongoing medical needs.

### **2.12 Head lice**

Head lice are small brown insects about the size of a sesame seed which are usually found close to the scalp; they cannot fly, jump, or hop and are spread where heads touch each other. Head lice may be apparent without inspecting a child's head; it may be obvious to the human eye that moving head lice are present. (Nits are not the same as lice. They are the empty white eggshells which stick to the hair).

When a case of head lice is discovered, the situation should be handled carefully and safely. We recommend that all children in the classroom participate in activities where head-to-head

contact is unlikely to occur or is minimised. We will not isolate children from activities while the parents/carers are on their way to collect their child.

When the child concerned is collected, their parent/carer must be informed in a sensitive manner. Support will be offered to the parents of that child by way of a head lice information / separate leaflet containing advice on detection, treatment, and prevention; the General Practitioner and Pharmacist are another means of support. Other parents/carers must be informed as quickly as possible in writing including advice and guidance on treating head lice.

Children do not need to be kept away from nursery once head lice have been treated at home. Treatment is needed only if you see one or more live lice, children can return once treatment has been applied.

Prevention at all times will be stressed by staff which includes:

- Parents/carers checking their children's hair weekly using a fine-tooth plastic or detector comb (detection combing).
- Children and adults combing their hair twice a day with normal shampooing and conditioning. This will prevent any infection being established (wet combing).
- Treating head lice infections quickly and effectively.
- Staff should check themselves regularly for head lice and treat whenever necessary. The nursery can request confirmation from the child's GP that effective treatment of head lice has occurred prior to the child returning at nursery if there has been ongoing infestation with an individual child and staff are concerned that treatment is ineffective.

### **2.13 Managing medicines on trips and outings**

If a child is on medication and is going on an outing, staff accompanying the child must include the key person for the child with a completed 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 /clear folder, clearly labelled with the child's name and the name of the medication. Inside the box/clear folder there should be a copy of the consent form and a medicine administration form to record when it has been given, with the details as given above. On returning to the nursery medicine is stored safely and the parent signs the form on collection.

If a child on medication must be taken to hospital, the child's medication is taken in a container clearly labelled with the child's name and name of the medication. Inside the box is a copy of the authorisation / consent form signed by the parent. Staff will also take to the hospital the child's Registration Details and Entry Profile Form.

### **2.14 Measure for Temperature (Over 37 C)**

If you suspect a child has a temperature the following steps must be followed.

- Take child's temperature using the ear digital thermometer, if using the forehead thermometer  
ensure you check on the instructions the normal temperature expected
- Record the child's temperature on a Temperature Log Form.
- Record comments that show what measures have been done to help reduce temperature
- Take layers of clothing off and sponging head with cool water to help reduce temperature.

- Give the child some cool water to drink.
- Call the Parent and record time of call on a monitoring sheet.
- Ask the parent to collect the child.
- Comfort the child if upset (however try not to cuddle them too long as your body heat will add to temperature).
- Record and monitor every 15 minutes.
- If it continues to rise call parent again to see how long before collection.
- If you are unable to bring the temperature down and it continues to rise, and you cannot contact the parent/carer/emergency contacts named on the child's Registration Form call NHS Direct (111) for further guidance, or call an ambulance to take the child to Hospital.

#### **Measures for High Temperatures- (38.5 C-40 C - and above)**

- If the child's temperature is 38.5 C or above complete the monitoring form and inform the manager.
- Manager to check child's temperature and contact parent/carer and ask them to collect.
- If the parent/carer is unable to collect immediately inform them that the temperature will continue to be monitored every 15 minutes and if there is no change or it increases an ambulance will need to be called due to high risk of febrile convulsions.
- Continue to monitor temperature and reduce layers of clothing.
- If temperature maintains or increases after 10 minutes an ambulance will need to be called.
- Parents/carer to be notified immediately.
- Giving Liquid Paracetamol will be a last resort, and the nursery staff will use other methods first to try and reduce a child's temperature e.g.: remove clothing, fanning, and tepid cooling with a wet flannel. Parents will be contacted before any medication can be administered. The child will be closely monitored until the parents collect the child.
- If the child should be taken to hospital, a senior member of staff is to accompany the child to the Hospital ensuring they take the child's emergency copy of the Registration Details, and The Entry Profile Form, and the Medical Authorisation Form and a mobile phone.
- Upon returning to the setting the manager is to inform Ofsted /And or RIDDOR.
- Complete a Major Incident Form.

#### **2.15 Contagious Disease**

For the benefit of the other children in the nursery, you must not allow your child to attend the nursery if they are suffering from a contagious disease which could easily be passed on to another child during normal daily activities of the nursery. The Nursery reserves the right to refuse to accept children until the Nursery is satisfied they are not infectious. This is to protect other children from cross infection. The Nursery's exclusion policy is guided by the relevant local Authority.

## Appendix 1

<b>NURSERY MINIMUM EXCLUSION PERIODS</b>	
When prescribed oral antibiotics	72 hours from first dose
Chickenpox	5 days from appearance of rash and until all spots have crusted over
Conjunctivitis	None
Diarrhoea	48 hours after last bout
Gastroenteritis	Until free of symptoms for 48 hours
Hand, foot, and mouth	Until well
Impetigo	48 hours after commencing antibiotic treatment
Infective Hepatitis	7 days from onset of jaundice
Headlice	As soon as treatment is given
Measles	4 days from onset of rash
Meningitis C	Until recovered from illness
Mumps	Until swelling has subsided and, in no case less than 5 days from start of treatment
Plantar warts	No exclusion- Should be treated and covered
Poliomyelitis	Until authorised by health authority
Rubella	6 days from onset of rash
Ringworm	Once treatment has been given
Scabies	Until treated
Scarlet fever	72 hours after antibiotics
Tuberculosis	Until authorised by health authority
Typhoid fever	Until authorised by health authority
Vomiting	48 hours from last bout
Whooping cough	21 days from the onset of paroxysmal cough / 5 days from start of treatment