

## **11.1 Accident, Sickness, Medicine Procedure and Code of Practice for Health and Hygiene**

### **Accidents/ Incidents**

All accidents/Incidents that happen to children on the premises, at home or on an outing are recorded on an Accident/Incident Form, child's chronological and inputted onto our Accident Log. The accidents are reviewed on a termly basis. First Aid is administered by a qualified first aider. Parent/carers are informed of the Accident/Incident when collecting their child and will be asked to sign the form. If a head injury is sustained parent/carers will be contacted immediately and advised to seek medical advice that day. We will ensure that there are trained first aiders present at each setting and that at least one member of trained staff will be present on outings.

In the event of a serious accident or injury, emergency services would be called and a child would be taken to the nearest Hospital Accident and Emergency. Parents/Carers would be notified immediately. Children would be taken to hospital in an ambulance and escorted by parent/carer or an allocated member of staff and a senior staff member would follow in their own vehicle or taxi.

*Ofsted is informed in writing within 14 days of the incident occurring.*

We will inform Waltham Forest's Local Authority Child Protection Designated Officer (LADO) and the Multi Agency Safeguarding Hub (MASH) team on any serious accident, injury to, or death of a child whilst in our care. Under our statutory duties we will report any death, major injuries, and injuries to HSE under (RIDDOR- Reporting of Injuries Diseases and Dangerous Occurrences Regulations). [www.HSE.gov.uk](http://www.HSE.gov.uk)

All Parent/Carers will be asked to complete consent for emergency medical treatment before starting at the setting.

### **Procedures for children who are sick or infectious**

The Charity does not have the facilities or staffing to care for a child who is

presenting as unwell and therefore children should not attend if unwell. If a child or team member has sickness or diarrhoea, they should not attend the Charity for at least 48 hours after the last episode.

If a child becomes unwell during the day or appears to have any infectious diseases, the parent/carer will be contacted and they are expected to collect their child immediately. If a child presents with a high temperature of 38c or more the following steps will be taken:

- If a child has a raised temperature, we will offer them water.
- The child's temperature is taken using a thermometer, kept in the first aid cupboards.
- If the child's temperature does not go down and remains high, then we may give them Calpol, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child. In extreme cases of emergency, an ambulance is called and the parent informed.

We have a list of excludable diseases and current exclusion times. The full list is obtainable from [www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities)

### **Reporting of 'notifiable diseases'**

If a child or team member is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.

When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and contacts Public Health, and act[s] on any advice given.

Any actions taken following advice, will be saved on HHC Admin in folder titled 'Public Health'.

### **Controlling the spread of viruses**

Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.

Hygiene precautions for dealing with body fluids are the same for all children and adults, we:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.
- A notice will always be displayed if there has been exposure of an infectious disease in the Centre.

### **Nits and head lice**

- Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of nits and head lice, we inform all parents and ask them to treat their child and all the family.

### **Prescribed Medication**

If a Doctor has prescribed antibiotics to a child, we presume the child has an infection and therefore should not attend our setting for 48 hours from starting to take the medication.

Medicines should only be taken into the setting when it is essential. Staff will not, under any circumstances, administer medicine without written consent of the parent, without the presence of a witness. Prescribed medication will only be administered orally by staff and the centre does not administer eye and ear drops. If, in the event a child refuses to take the medication and becomes upset the parent/carer will be called and informed that we have not administered the medication as requested and that will be noted in the medication book (See below for details).

In circumstances of administering on-going medication we must have:

- a letter from the child's GP/consultant stating the child's condition and what medication is to be administered;
- no medicine will be administered without the prescription label on the medication.
- a staff member must have the relevant medical/ First Aid training/experience, which may include receiving appropriate instructions from parents or Carers.
- appropriate 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 completed Care Plan for children requiring additional support.
- In the case of practitioners working directly with children, we must have sought confirmation that their prescribed medication is unlikely to impair their ability to fulfil their role. A full risk assessment would be undertaken with the team member.

Treatments, such as inhalers or Epipens are immediately accessible in an emergency.

We ensure that staff are confident and fully trained in administering relevant medicines and performing invasive care procedures on children when these are required.

## **Medication Book**

The medication book is used in the setting to record and monitor any prescribed medications given. Details include name of Child, permission from parent, child's date of birth, the date and time of giving the medicine, the dosage given and the expiry date of the medication, who administered and the witness. The medication is checked that it is in the **original container and the prescription label is intact**.

## **Storing of Medication**

All emergency medications and other non-emergency medications are kept securely in a place not accessible to the children. Medications that need to be kept refrigerated will be kept in the allocated fridge, out of children's reach.

All medications will be returned to the Parent/Carer when the child leaves the setting or when the expiry date is reached.

There is a lead First Aider responsible for ensuring this happens.

### **Procedures for children with allergies**

If a child has an allergy, we work with the parents to ensure a care plan is in place for the child. This will include:

- 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.
- Review measures.

This care plan is kept in the child's personal file and a copy is displayed where our staff can see it (ensuring confidentiality).

### **First Aid Equipment**

First aid boxes are located in each area of the setting. First Aid Boxes will contain all necessary equipment and be checked and refreshed on a weekly basis in the main children areas and two weekly basis in all other areas by the Lead First Aider.

A mobile first aid kit is available for all outings.

## **Code of Practice for Hygiene and Infection**

**The aim of this Code is to eliminate opportunities for disease to develop or spread within the Charity and to ensure, as far as possible, a safe environment for all users.**

- Children are supervised with handwashing before eating, after using the toilet, and before taking part in food activities.
- Tissue to be available to encourage children to blow and wipe their noses. Ensure soiled tissues are disposed of hygienically.
- Encourage children to cover their mouth when coughing.
- Children to have individual sleep mats/cots and bedding. Sleep mats to be washed with anti-bacterial cleaner at each change of bedding. Bedding to be washed and changed after each use.
- Separate flannels to be used for each child and washed after each use.

### **Team Procedures:**

- Wash up thoroughly in hot water and detergent.
- Appropriate cleaning materials must be used in accordance to manufacturer's instructions. Use clean drying up cloths that must be changed each day.
- Use colour coded cloths, mops and buckets for areas as designated. Mop heads to be changed and washed each day.
- Use PPE routinely nappy changing, mealtimes, during the cleaning up bodily fluids. Disposable gloves and apron must be worn and disposed of after each nappy change and disinfect the nappy change area.
- Disposable nappies should be bagged and placed in the bins provided.
- Used terry towelling nappies to be kept in lidded bucket and labelled with child's name. Parent to take home at end of session.
- Cloth nappies will be used with liners. Liners are disposed in bin provided. Cloth nappies are hand cleaned to remove faeces prior to washing with detergent. PPE is used whilst completing this task.
- Adults to wash hands before and after handling food/ supporting

- toileting / changing nappies, and after using the toilet.
- Sanitary items should be sealed in the bags provided and placed in the appropriate bin.
- Kitchen staff to change into appropriate Chef Whites clothing before entering the kitchen.
- Only designated staff wearing appropriate PPE to enter main kitchen area.
- Ensure food is cooked accordingly and temperature probed to ensure thorough cooking.
- Dispose of any leftover food.
- Label food produce that has been opened accordingly.
- Wash fabrics contaminated with body fluids using the hot cycle in a washing machine.
- Ensure First Aid boxes are fully stocked.
- Apply dressing to cuts following current first aid procedures.
- Ensure all accidents/incidents are recorded. Equipment to be washed, cleaned and sterilised as per rota.
- Sterilise feeding equipment for under ones such as bottles and spoons.

Policy Name	Accident, Medicine, Sickness Policy and Code of Practice for Health and Hygiene
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