

Alton School Early Years Department

Incorporating

Alton School Nursery and Reception Year

Safeguarding and Welfare Requirement: Staff Qualifications, Training, Support and Skills

At least one person who has a current paediatric first aid certificate is on the premises at all times when children are present, and must accompany children on outings.

Health

The provider must ensure there is a first aid box accessible at all times with appropriate content for use with children. Providers must keep a written record of accidents or injuries and first aid treatment.

Promoting health and hygiene

First Aid Policy

Policy statement

The First Aid Policy is in operation to ensure that every child, member of staff and visitor will be well looked after in the event of an accident, no matter how minor. The Early Years Department will ensure first aid is administered in a timely and competent manner by qualified paediatric first aiders who will effectively implement our first aid policy.

All staff within the Early Years Department at Alton School, are trained paediatric first aiders. Certain staff within the department are further trained to 'Higher Level First Aid'. New staff receive Paediatric first aid training as part of their induction training.

Early Years staff will administer first aid for children with minor injuries, or in the event of serious incidents, whilst awaiting medical assistance. It is emphasised that the team consists of qualified First Aiders and not trained doctors or nurses.

In any serious incidence, where it is felt medical attention from a Doctor is required, staff will administer any first aid necessary, commensurate with their training, whilst awaiting medical assistance**.

Parental/Guardian consent is required to authorise medical intervention by a trained GP, Nurse or Consultant. This consent will be taken upon registration.

The Early Years Department will ensure all staff first aid qualifications are valid and up to date with retraining taking place within 3 years. The Bursar will ensure insurance (provided by the school) is valid and up to date.

Appendix 1 attached to this policy deal with the Administration of medication.

Appendix 2 attached to this policy deals with children who have allergies or who are sick or infectious.

Appendix 3 attached to this policy deals with the exclusion periods for certain illnesses.

Appendix 4 attached to this policy details the procedures to follow when calling an ambulance.

Procedures

Each child within the department has their own accident and medical book. A report is logged in the child's book on every occasion the child has a bump, fall, medication, is sick etc. This is signed by the member of staff dealing with the incident; it is also witnessed by another member of staff. When the child is collected, parents are required to countersign the details recorded as confirmation that they have been informed of the incident. Staff are responsible for the correct logging of information in the accident and medical book. Should a child need treatment by a professional these details should be recorded, either at the time, or from information given by the parent.

Cuts, grazes and 'bumps and bruises'

**Staff must always wear disposable gloves whenever there is
loss of bodily fluids.**

'Cuts and bumps' can be dealt with by any member of the Early Years staff. Providing comfort and reassurance is as important as treating minor injuries.

First aid boxes are present in all rooms.

Cuts should be cleaned with water.

Impact injuries (bumps and bruises) should be treated with a cold compress. Cold packs are stored in the fridges/freezers in The Nest, The Chicks, The Robins and Pre-School.

For head injuries cold packs should be used from the fridge and not the freezer.

Cuts will usually be left open to the air unless there is continued mild bleeding or if the cut would be likely to be re-opened by continued involvement in normal activity. In these cases, cuts will be dressed with the appropriate dressing from the first aid box.

Cuts that are deep, continue to bleed through light dressing or that raise concerns in other ways, will be treated as requiring medical assistance, and parents will be contacted immediately. Should we not be able to contact either parent, or the named emergency contact persons, we will seek medical attention if we deem it to be in the child's best interest. This may be from the local Health Centre or we will call an ambulance** and be advised by the paramedics.

Nose bleeds can be treated with a cold compress, with the head held steady (not tilted backwards).

Impact injuries will be treated with a cold compress and any sprain injuries checked to determine severity. Impact injuries that result in unconsciousness or concerning behavior (drowsiness, grogginess, severe pain etc), will be treated as in need of further assistance and an ambulance will be called**. Parents will be contacted immediately. Should we not be able to contact either parent or the named emergency contact persons, we will accompany the child to hospital if paramedics advise this course of action and stay with the child until parents arrive.

All soiled dressings, gloves and any items which may have been contaminated with blood or bodily fluid must be double bagged, secured and then placed in the yellow bag bins **only**, for safe disposal.

Asthma, allergic reactions, seizures and other serious conditions

Children who suffer from asthma, epilepsy, diabetes, serious medical conditions and known allergies will have an action/care plan for managing these conditions in severe cases. This action/care plan would form the basis for first aid as it may need to be treated in a different manner. If a child has mild asthma and allergies which are not life threatening, details will be known on entry, recorded in the child's learning journey and all staff made aware.

A list of known allergies are displayed in the dining area with photographs of the child. Each room will have a list with a photograph of all children within their room with known medical conditions. All staff are also provided a copy of this and are made fully aware of all the children with allergies/intolerances within the Nursery.

Asthma inhalers for any child requiring one, are kept in the medicine cabinet. A list will be displayed in the cabinet showing the dates the inhalers are checked and by whom. This will be every two months. Out of date inhalers will be returned to parents. Staff are able to assist /or give the asthma inhaler to the child if required. Parents would be contacted if staff felt the child's condition was not improving.

Parents of any child who appears to be having an allergic reaction would be contacted immediately and asked to collect their child and seek medical advice. If parents or named emergency contacts were not able to be contacted, depending on the severity of the reaction, we would seek emergency medical assistance*.

Children who require an epipen or similar for severe allergic reaction would be given this, an ambulance called**, and parents contacted immediately.

If a child has a seizure, an ambulance will be called** at onset and parents will be contacted immediately. Should parents or the named emergency contact not be able to be reached, the child's Key Person (or other known adult) will accompany the child to hospital if this is the advice of the paramedics.

An ambulance will be called** and advice taken from paramedics for any child whom staff deem to be requiring additional medical assistance which is felt beyond that of a

pediatric first aider, or higher level first aider. This will be done in the best interest of the child.

Minor ailments

Children with splinters which are partially protruding will have them removed. If the splinter is under the skin and cannot be removed easily, this will be covered with a plaster, logged in their accident and medical book, and parents informed when collecting their child. Children with stomach upsets, sickness, high temperatures or any ailments that raise concerns, will be monitored and parents asked to collect their child where necessary.

Staff will ensure they clear away and dispose of contaminated items correctly after dealing with any first aid incident as detailed above.

Resuscitation with an AED

An AED machine is fixed to the wall centrally in the school, just outside the Refectory. All staff paediatric first aid trained cover using an AED machine within their training. Instructions are with the machine but more detailed instructions are stuck on the wall beside the machine. In an emergency if no trained member of staff was available any adult would access the machine and follow the instructions in order to save a life.

****If an ambulance is called and the paramedics deem it necessary for the child to be taken to hospital, the child's Key Person, or other known adult, will accompany the child to the hospital and remain with them whilst awaiting parents or other relative. Staff will take the child's contact details, medical book, mobile phone and any medication in the ambulance with them. See Appendix 4, Procedures to follow when calling an ambulance.**

Note

A separate First Aid Policy is in place for the main School. The two policies complement each other.

Appendix 1, 2, 3 and 4 form part of this policy

Signed on behalf of The Early Years Department Alton School

S. Harvey

Head of the Early Years Department

Date: December 2019

Policy review date: December 2020

Appendix 1 – Administration of Medicines

Staff taking medication

Staff medication must only be stored in staff lockers, or if needing refrigeration this must be in the staff room refrigerator. Staff must report any medical condition, or medication they are taking which could affect their ability to care for children effectively. Staff must not be under the influence of any substance which may affect their ability to fully care for children.

Administering of Medication statement

Whilst it is not our policy to care for sick children, we will agree to administer medication when a child is recovering from an illness as part of maintaining their health and well-being, or when in need of long term medication due to a medical condition.

As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given whilst at school or Nursery. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school or Nursery hours.

If a child has been prescribed antibiotics they are unwell and we request that the parent keeps the child at home for the first 24 - 48 hours. It is our policy not to accept children into the Early Years Department for the first **48 hours** if they have **not had the prescribed medication previously**, or we feel the child is not well enough to return.

These procedures are written in line with current guidance contained in: **Supporting pupils at school with medical conditions**; Statutory guidance December 2015 and the **Safeguarding and Welfare requirements of Early Years Foundation Stage**. The Nursery Manager/Deputy Manager & Head of Early Years is responsible for ensuring all staff understand and follow these procedures. Schools, including Early Years settings, should **only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage**. The exception to this is insulin, which must still be in date, but will generally be available to schools/early years settings inside an insulin pen or a pump, rather than in its original container.

Generally the key person/teacher 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, either in the box at the top of the

door in the main fridge if requiring refrigeration, or in the locked medicine cabinet and that records are kept according to procedures. In the absence of the key person, the room leader or Deputy Manager is responsible for the overseeing of administering medication.

No member of staff will accept medication from a parent without a medication form having been completed. Medication will not be administered without completion of the said form.

Administering liquid paracetamol (Calpol)

Parents have a responsibility to inform the Early Years Department if their child has been given liquid paracetamol such as Calpol or similar medication, liquid Neurofen for example, prior to attending Nursery or School. Parents must therefore inform their key person/staff member/teacher, or Manager/Deputy Manager before leaving their child. This is to avoid accidental overdose of liquid paracetamol which may be administered in the event of high temperature without contacting parents if they are not immediately available. Staff MUST ensure this information is communicated effectively with the other members of staff and also that the Manager/Deputy Manager is informed. This will then be recorded and logged in the Managers office.

Children's paracetamol (un-prescribed) will be administered in cases of high temperature by the child's key person, room leader, deputy manager or the Manager/Head of Early Years, whilst awaiting the collection of the child, if it is felt they should not remain in the setting. The child's temperature will be recorded and witnessed by another member of staff along with the dosage and time of the administration of the medication. Parents are required to sign a consent form when registering their child at the school allowing liquid paracetamol to be administered in cases of high temperature.

NB. Children's paracetamol (un-prescribed) is normally only administered for children under the age of one year with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child. In the event the child's parent or other named contact cannot be contacted, paracetamol will be administered to prevent a febrile convulsion at the discretion of staff. The child's temperature will be recorded and witnessed by another member of staff.

Parents who wish their child to have liquid paracetamol administered for other reasons, such as teething, will be required to complete a medication form as above. It is not our policy to

administer liquid paracetamol to children who are not showing signs of being in pain or running a temperature.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication, including asthma inhalers, are administered. Medication must be prescribed by a GP, dentist, nurse or pharmacist and prescribed for the current condition.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication. Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children being either stored in the medication box on the top shelf of the fridge, for those requiring refrigeration, or kept in the locked medicine cabinet.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available and easily accessible to staff.
- We must be provided with clear written instructions on how to administer such medication.
- We must have the parent or guardians prior written consent **before** administering any medication to a child. This consent must be kept on file. We have medication forms which **must be completed and signed by the parent**. For the administration of liquid paracetamol in cases of emergency only, consent from parents is sort prior to their child starting with us and a signed form completed giving permission. This does not negate a permission form being signed prior to a request from parents to administer liquid paracetamol for a valid reason such as teething.
- **The staff receiving the medication must ask the parent to sign a consent (medication) form stating the following information:**
 - 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;
 - any possible side effects that may be expected should be noted; and
 - signature, printed name of parent and date.

No medication may be given without these details being provided on a medication request form.

Children's medication is to be handed directly to the child's key person/co-person/teacher or in her absence, directly to the Room Leader, Deputy Manager or Manager. The child's key person (or in their absence the person receiving the medication) is responsible for obtaining a signed consent form to enable the medication to be administered and ensuring the medication is stored correctly. Staff will be made aware of this as part of their induction training. Staff are required to keep themselves updated with the settings policies and procedures.

- The administration of medicine is recorded accurately each time it is given in the child's personal accident and medical book. The dose is drawn up and checked by a second member of staff before being administered. The child's accident and medical book is signed by the staff member administering the medication and the staff member who checked and witnessed the giving of the medication. Parents sign the child's accident and medical book to acknowledge the administration of a medicine when collecting their child. The accident and medical record book contains the following information:
 - name of child;
 - name and strength of medication;
 - the date and time of dose;
 - dose given and method; and is
 - signed by Key Person (or other adult administering), witnessed by another staff member and is verified by parent signature at the end of the day.
 - any reaction/sickness resulting from giving the medication.
- Each child has their own individual accident & medical book in which we record all medication administered and any accidents the child may have. We use the Pre-school Learning Alliance's publication *Medication Record* as a guide for recording administration of medicine and comply with the detailed procedures set out in that publication.
- All medication given to a child will be checked prior to administering. The dose and name on the container will be verified by a 2nd staff member before being administered to the child.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant members of staff by a health professional, for example,

blood sugar testing and insulin administration for diabetic children, Buccolam administration for epileptic seizures.

- If rectal diazepam is given another member of staff must be present and co-signs 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/teacher what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Storage of medicines

- All medication, not requiring refrigeration, will be stored in a lockable cupboard in a central location. Staff are made aware of this at their induction training and all staff are required to keep themselves updated with the settings policies and procedures. Within the Early Years Department there are locked medication cupboards in The Nest - Baby Room, The Chicks - Toddler Room, The Robins – Toddler Room 2. Our Pre School room have 3 cabinets, one located in the Sparrows room and two located in Red Kites room. There is also one in the Reception classroom as well as the main school medical room. At the Medstead site there are lockable medication cupboards in the under 2's room, the over 2's room,
- Where medication requires refrigeration and the refrigerator is not used solely for storing medicines, they must be kept in a marked plastic box on the top shelf.
- The child's key person or person responsible for end of session handover 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.

Children who have long term medical conditions and who may require ongoing medication

- Where necessary, a risk assessment may need to be carried out for a child with a long term medical condition that requires ongoing medication. This is the responsibility of the Deputy Manager/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.

Parents will be shown around the setting, made aware of the routines and activities and asked to point out anything which they feel 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 needs for staff would form part of the risk assessment.
- The risk assessment may include vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment will include arrangements for taking medication on outings.
- A health care plan, not to be confused with an Education and Health Care Plan, for the child will be written in conjunction with the parent; outlining the teacher/key person's role and what information must be shared with other staff who care for the child.
- The health care plan will include the medical condition, signs, symptoms and treatment. The child's needs and the measures to be taken in an emergency if appropriate.
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 this.
- 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 and name of the medication. Inside the box will be a copy of the consent form signed by the parent.

Managing medicines on trips or outings

- If a child/children are going on an outing who require long term medication, staff accompanying the child/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 medication.
- The risk assessment should be checked to ensure it covers any risks associated with the outing.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form. The child's accident & medical book will accompany the child on the outing to record the time when

the medication has been given, including the details of who gave the medicine and witnessed it. On return the parents will be required to sign the accident & medical book.

Lifesaving medication & invasive treatments

Adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs, bee stings etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy), we must have:

- In the case of rectal administration a letter from the child's GP/consultant stating the child's condition and how/when medication is to be administered;
- written consent from the parent or guardian allowing staff to administer said medication; and training in the administration of such medication by the child's GP, a district nurse, childrens' nurse practitioner or specialist paediatric nurse practitioner.
- Staff will receive epipen training as required from community nursing team or specialist paediatric nurse practitioner.
- Epipen training is also received on completion of the Paediatric first aid course.
- Training will be given to all relevant staff for any condition requiring specialist knowledge prior to a child attending the setting.

Key person for children with special needs - 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, Room leader and other relevant staff will have the required medical training/experience, which may include receiving appropriate training from specialist nursing teams, outside agencies, or require staff to attend training off site.

Food allergy ingestion

- Should a child with a known food allergy be accidentally exposed to the food, either by ingestion or spillage, staff will immediately inform the Deputy Manager/Manger or their absence the Head of Early Years.

- Where it is known the child is given Piriton, this should be administered immediately as a precautionary measure. Parents will be immediately informed. Details will be recorded in the child's accident & medical book.
- Where a child has a known food allergy such as egg and may have an anaphylactic shock, procedures should be followed as per their care plan which may include the administering of an epipen.
- **Staff are aware failure to comply with these measures will result in disciplinary measures being taken.**
- The above is in relation to severe known food/substance **ALLERGY** not intolerance.
- Intolerance to a known food which is given in error must also be brought to the attention of the Manager/Deputy Manager and recorded, parents will be informed.
- **Staff are reminded they have a 'duty of care' to each and every child. Failure to comply with the high standards of care we give within the Early Years Department, will lead to disciplinary action being taken.**

S.Harvey
Nursery Manager

Date: December 2019

Appendix 2 - Children with allergies or who are sick or infectious

Statement

We provide care for healthy children. We aim to prevent cross infection of viruses and bacterial infections through meticulous hygiene procedures, careful handling and disposal of soiled materials and through thorough cleaning of all areas.

It is emphasised that the Early Years team consists of qualified Paediatric and Higher level First Aiders and not trained doctors or nurses. The Early Years Department will ensure first aid is administered in a timely and competent manner by qualified paediatric first aiders who will effectively implement our first aid policy.

Parents have a responsibility to inform the child's key person/teacher or room leader, if their child has been given Calpol (liquid paracetamol), or similar medication, prior to attending the Nursery or School. Parents must inform us before leaving their child. This is to avoid accidental overdose of liquid paracetamol which may be administered in the event of high temperature without contacting parents if they are unavailable.

Procedures for children who are sick or infectious

If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the Deputy Manager/ Manager, Key Person or other responsible adult will call the parents and request they collect their child, or send a known carer to collect on their behalf. They will be cared for by known staff whilst awaiting collection. Should a child be sick, have diarrhoea, nose bleed or lose any bodily fluids, all soiled dressings, gloves and any items which may have been contaminated with blood or bodily fluid must be double bagged, secured and then placed in the yellow bag bins **only**, for safe disposal.

- 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. Liquid paracetamol will be

administered. Parents are required to sign a consent form when registering their child at Nursery.

- Temperature is taken using a ‘fever scan’ or digital thermometer kept in the first aid box.
- In extreme cases of emergency, an ambulance** will be called and the child may be taken to the nearest hospital and the parent informed. We will act upon the advice given by the paramedics.
- Parents are asked to take their child to the doctor before returning them to the setting; the setting can, and will, refuse admittance to children who have a temperature, sickness and/or diarrhoea, a contagious infection, or disease.
- Where children have been prescribed antibiotics, the doctor will have done so because the child is unwell. Please see **Appendix 1, administering medicines**. Parents are asked to keep their child at home for between 24 and 48 hours before returning them to the setting. If a child has not had the antibiotic previously they **must not** return for a full 48 hours after commencement of the antibiotic.
- After diarrhoea, parents are asked to keep children home for a minimum of **48 hours** or until a formed stool is passed which may be longer.
- After sickness, parents are asked to keep their children home for **48 hours** after the last bout of sickness.
- Parents are asked not to bring their child to Nursery/School if they have bad colds, coughs etc which spread infection to other children and adults. Normal colds are inevitable and acceptable, a child with a yellow or green discharge from their nose or a chesty cough, should not be at Nursery/ School.
- We cannot provide care for unwell or sick children and will contact you to collect them.

Please be aware we will send your child home if they arrive visibly unwell. Children must be well to attend the setting and a child who requires antibiotics is not well. A child with an illness listed in Appendix 3, may not return before the exclusion period has passed for any of the illnesses with an exclusion period. We do understand it is difficult for working parents to be called to collect their child, or to remain home with them. We wish to stress we do not send children home lightly, however, a sick or unwell child needs Mummy or Daddy and should be at home. A busy Nursery or school environment is not where they should, or wish to be. We have a duty of care to all children within our setting to reduce the spread of infection as far as possible, we ask for your full cooperation.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations, the GP will report this to Public Health England (PHE).
- When we become aware and formally informed of the notifiable disease, the Nursery Manager/Head of Early Years informs Ofsted, and acts on any advice given by PHE.

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 gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is rinsed and double bagged for parents to collect.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.

- All soiled dressings, gloves and any items which may have been contaminated with blood or bodily fluid must be double bagged, secured and then placed in the yellow bag bins **only**, for safe disposal.

Nits and head lice

- 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 family members if they are found to have head lice. We ask parents to notify us if they find head lice on their child so we can notify other parents to be vigilant. Confidentiality is respected.

Procedures for children with allergies

- When parents place their children with us they are asked if their child suffers from any known allergies. This is recorded on the registration form and on the child's 'All About Me' information.
- If a child has an allergy, a risk assessment/care plan form is completed to detail the following:
 - 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, 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.
- This form is kept in the child's personal file and a copy is displayed if necessary where staff can see it.

- Photos of all children with known allergies and/or intolerances are displayed in all rooms with details of the allergy/intolerance.
- Parents, or the child's community nurse, train staff in how to administer special medication in the event of an allergic reaction.
- As far as possible, no nuts or nut products are used within the setting as we aim to be nut free.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

Insurance requirements for children with allergies and disabilities

- The School insurance will include children with disabilities or allergies but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider will be obtained to extend the insurance if required.

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; Supporting pupils at school with medical conditions. Statutory guidance December 2015

Oral Medication - See Appendix 1 Administering medicines

Oral medications, including asthma inhalers, must be prescribed by a GP, dentist, nurse or pharmacist. We 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 setting must have the parents or guardians prior written consent. No medication will be administered without signed medication forms being completed. Full details in Appendix 1.

Lifesaving medication & invasive treatments

Please see Appendix 1 – Administering medicines for details.

Key person for children with special needs - children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

Please see Appendix 1 – Administering medicines for details.

Childhood infections/viruses

It is inevitable that children will catch numerous childhood illnesses throughout their young lives. Thankfully most infections/virus are relatively short lived and the child is back to normal very quickly. Unfortunately, some viruses and infections can be a slight risk to pregnant mothers and we make every effort to try to reduce the spread of infection.

We can appreciate the inconvenience to parents having to take time off work to be at home with their child when they have conjunctivitis, hand foot & mouth, ringworm, sickness and/or diarrhoea, especially if they appear well in themselves. However, we have a duty of care to all the children within the setting and we are committed in our efforts in trying to prevent the spread of infection. Please do not return your child before the given exclusion period has expired and they are clear of symptoms. **Children who return before this will be sent home.** If you know your child is unwell, or has been unwell through the night, please do not bring them to Nursery, they will not wish to be here and when they are not well, they need to be at home.

Please see Appendix 3 Infectious diseases and exclusion times

S. Harvey

Nursery Manager

Date: December 2019

Review date: December 2020

Appendix 3 - Infectious diseases and exclusion times

The following is a list of infectious diseases with their recommended exclusion times. This list is not exhaustive and parents should notify the setting of any infectious illness. We reserve the right to exclude children who are contagious to prevent the spread of infection to other children.

- **Chickenpox** - exclusion period **5 days after rash appears or until all spots have scabbed.**
- **Diarrhoea and vomiting** - exclusion period **48 hours after symptoms have subsided.** (child must have passed a firm stool and not return prior to 48 hours)
- **Hepatitis A** - exclusion period **7 days after the onset of jaundice (or 7 days after symptom onset if no jaundice.)**
- **Impetigo** - exclusion period **until lesions are crusted or healed, minimum of 48hours after commencement of antibiotic cream.**
- **Measles** - exclusion period **4 days after the rash appears.**
- **Mumps** - exclusion period **5 days after the onset of swollen glands.**
- **Whooping cough** - exclusion period **5 days after the commencement of antibiotics** or 21 days if not taking antibiotics.
- **Rubella** - exclusion period **6 days after the onset of the rash.**
- **Scarlet fever** - exclusion period **24 hours after the commencement of antibiotics.**
- **Scabies** - exclusion period is **until treated and then for 24 hours(households and close contacts also require treatment).**
- **Ringworm** – there is no official exclusion period, however treatment by the GP is required. Scalp ringworm requires treatment with an oral antifungal. The setting reserves the right to impose our own exclusion period which is **48 hours after commencement of treatment.**
- **Threadworms** – there is no official exclusion period as above but the child must have received proper treatment by the GP with treatment having been commenced for **48 hours before returning to the setting.** Treatment is recommended for the child and household contacts.
- **Hand, foot & mouth** – there is no official exclusion period for this, however children feel unwell and should be kept at home until feeling better. The settings exclusion period is a **minimum of 48 hours.** Please notify the setting immediately as this is very infectious before the symptoms appear.

- **Conjunctivitis (viral or bacterial)** - there is no official exclusion period for this. The child should receive proper advice or treatment prescribed by their GP or Practice Nurse. This is highly contagious and we prefer parents to keep their child at home until their symptoms have cleared. We will call you to collect your child should they appear unwell or distressed due to the infection. **We have a duty of care to all children in our department and will do our utmost to control the spread of this condition and request parents are sensitive to the nature of this condition.**
- **Slap cheek (Parvovirus B19)** – there is no official exclusion period for this as it is contagious prior to the symptoms developing. However some children may be unwell with the virus and should remain at home. If you suspect your child may have been in contact with Slap Cheek (Parvovirus B19), please keep them at home to avoid passing the infection on. Parvovirus B19 is potentially harmful to foetuses in the first 20 weeks.
- **Roseola infantum** – There is no official exclusion period for this childhood condition. Children may be off colour and develop a rash and should remain at home if unwell.

S.Harvey

Date: December 2019

Appendix 4

When to call an Ambulance and the Procedures to follow

It is important to remember you are a paediatric or higher level first aider, not a trained Doctor or Nurse. After initial assessment, if you feel the treatment needed is beyond what you, or a colleague can deal with, you call an ambulance. It is better to call an ambulance and the paramedics make the decision to take to A & E, or to stabilise on site, and ask parents to take to GP. **They are trained to make this decision, you are not.**

Be prepared for when you might need emergency services. Child is main priority. A first aider continues to care for the child whilst one person calls the ambulance and gives the details, another person informs school office who will get site staff to direct ambulance to you.

Procedures to follow

- When you require an ambulance dial **999**, ask for an ambulance.
- Be ready to give the following information. It is important to speak clearly and slowly and be ready to repeat information if asked.

THINGS YOU WILL NEED AND YOU WILL BE ASKED-

- **YOUR NAME – SAY WHO YOU ARE AND YOU ARE FROM ALTON SCHOOL NURSERY**
- **YOUR CONTACT TELEPHONE NUMBER**
- **Nursery Office- 01420 566938**
- **General School Office- 01420 82070**
- **Nest- 01420 566939**
- **Chicks- 01420 566940**
- **Robins- 01420 566929**
- **Pre-School - Sparrows- 01420 566937**
- **Pre-School - Red Kites - 01420 566948**
- **YOUR LOCATION- INCLUDING POSTCODE-**
- **Alton School Nursery, Anstey Lane, Alton, Hampshire, GU34 2NG**
- **EXACT LOCATION WITHIN THE SETTING- If located in Nursery office, Nests, Chicks or Robins**
- **Direct to the nursery car park by saying – go past the main Alton School drive and turn next right almost opposite Tesco's. Drive right the way down the drive as far as you can go.**

- If located in Pre-School or Reception,
- Direct to the main school entrance. Turn down drive and at the crossing turn in left towards school buildings.
- You must ensure that the general office are notified and aware an ambulance is on its way and it is for (tell them the child and where the child is) you need for them to arrange for someone to meet the paramedics on arrival to bring them to where the child is.

YOU WILL NEED CHILDS ALL ABOUT ME CONTACT AND INFORMATION AT HAND FOR THE EMERGENCY SERVICES

- NAME OF CHILD AND DESCRIPTION OF SYMPTOMS- ARE THEY BREATHING/ NOT BREATHING CONSCIOUS/UNCONSCIOUS
- ANY ALLERGIES OR MEDICAL CONDITIONS PRIOR TO THIS?
- PARENT'S NAME, CONTACT INFORMATION, ADDRESS
- ANY MEDICATION OR TREATMENT GIVEN? IF YES, HAVE READY TO GIVE TO PARAMEDICS ON ARRIVAL.

IF YOU ARE GOING IN THE AMBULANCE WITH THE CHILD, BE SURE TO TAKE A MOBILE PHONE WITH YOU TO BE CONTACTABLE WHEN NEEDED AND THE CHILD'S 'ALL ABOUT ME' CONTACT INFORMATION AND DETAILS OF ANY MEDICAL CONDITIONS.