



Histon Early Years Centre INJURY AND SICKNESS POLICY

Reviewed on: February 2020

Next review: February 2021

Amended May 2020-Covid – 19

Amended June 2020 Public Health England COVID-19 update

Accidents

If any child has an accident in the setting, it is recorded on an individual accident record sheet. A qualified first aider must treat the child straight away. The member of staff who dealt with the accident will accurately fill in an accident record and have it countersigned by a witness and by a member of the Senior Management Team. The Head of Centre will be notified and this form will be copied to the appropriate authority following outlined procedures. This may include informing either/or the Local Authority and OFSTED to notify them of the accident.

In the case of a minor accident – i.e. graze to the knee, a form will be completed detailing the accident and passed to the admin team to ensure all accidents are noted within the setting, to support the Health and Safety requirements for risk assessment.

Depending on the nature of the injury, the child's parents/carers may be contacted straight away and informed of the situation. This will be agreed with a Senior Member of the Team. If a child sustains a head injury, the parents/carers will also be given a head injury information sheet, when collecting their child.

The records include the following information:

- date and time of accident
- where the accident took place and what happened
- the nature of any injury and treatment given
- who dealt with the accident and their signature and printed name, along with a countersigning witness (as required)
- a Senior Member of Staff made aware of the accident
- the parents/carers to sign the form when they collect the child.
- the form to be passed to the admin team, or to an SMT member if considered appropriate

The child will be monitored for signs of further complication i.e. concussion. If this appears then appropriate action will be taken. The setting will contact paramedics and follow medical advice. The child's parents/carers will also be contacted immediately. If further professional advice needs to be sought and a visit to a hospital or emergency unit is recommended, two members of staff must take the child. Full details of the accident must be recorded following Centre guidelines in order for information to be passed onto the medical staff.

Medication

Parents/carers must sign the medication form to say they give practitioners permission to administer medication. The medication must be kept out of any child's reach and in the Centre fridge, situated in the Centre kitchen. The following procedure must be followed when administering medicine:

- the parent/carer must sign the correct form before leaving the premises
- the correct times and dosage must be accurately recorded
- the medicine must be prescribed to the named child and be in date, with the label clearly visible and the dosage indicated
- two practitioners are present when the medicine is administered; the member of staff administering the medication must be qualified to at least a level 3 qualification
- both practitioners must sign the medication form indicating the correct dosage has been administered

- the parents/carers will then sign the form at the end of the session.

The setting will only administer oral medication with the co-operation of the child, without the requirement of additional training from qualified practitioners. The setting will administer prescribed medication to support parents return to work when the child is well. However, children must have had at least the first dose at home and be well in themselves before returning to the Centre. Parents are required to contact the setting to discuss their child's individual well-being, prior to their child returning with medication. No invasive (including eye drops) medication will ever be administered by the Centre unless it is part of an agreed care plan between parent/carer, health practitioner and the Centre.

If a child has been given medication prior to the child attending the setting, the parent/carer must notify the setting and provide written information detailing the dosage, time and reason for administration. This information is required in the event of a request from a medical practitioner at a later time.

Please note the setting has the right to respectfully request a child should be cared for at home if they are considered to be a risk to other children or adults within the Centre. Also, please note that if your child has been administered infant suspension prior to their session, they are required to stay at home as it is unclear what it could be masking.

If a child has an ongoing medical condition, which would require regular medication or treatment, the Centre will request support, in the form of a letter or communication from a GP or other health professional, to inform the completion of an Individual Care Plan. This plan must be agreed between all parties before the child attends or recommences at the Centre. This may incur specialist training from a clinician or health professional and the child will not be able to attend the setting until this training has been undertaken.

Covid-19

If anyone at the Centre becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they will be sent home. It is vital that the Centre holds up to date details of an emergency contact person for the child and that they be collected as soon as possible. Parents/Carers will need to follow the [COVID-19: guidance for households with possible coronavirus infection guidance](#) (This states that the ill person should remain in isolation for 10 days and the rest of the household in isolation for 14 days). Children will not be able to return to the Centre until this time has passed or that they have had a negative test for Coronavirus.

While a child is awaiting collection, they will be moved to an area where they can be isolated from others, with appropriate adult supervision.

Isolation rooms/areas are as follows:

Robin Room - Light and Dark Room
 Greenfinch room – Home Corner
 Community room - Block Room
 Little Owls - PPA room
 Space room – The area at the back of room

Personal protective equipment (PPE) will be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained. Contact will be minimised as much as possible. All equipment, surfaces and the area must be sterilised once the child has gone home and any waste double bagged. (see the Centre's COVID-19 Risk Assessment- September 2020 and Policy- May 2020)

First Aid

Safe working arrangements

If a minor accident occurs, avoid close contact in the first instance, consider minor injuries where you may be able to instruct a child about what to do or pass them the items that they need and stand at a distance, if this is age appropriate to do so. However, it is recognised that children of nursery age cannot be expected to remain two metres away.

If you are concerned that a child is displaying symptoms of COVID -19, where possible, move the child to isolation room/area. First aid to be carried out in isolation rooms/areas. PPE should be kept with First Aid kits so that it is readily available when needed quickly. It can be kept in a labelled box or bag.

Where a close contact response is needed (for symptomatic and non-symptomatic people)

The following equipment is required:

- Disposable gloves and plastic apron
- Fluid repellent surgical mask
- Disposable eye protection (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)
- Resus face shield
- Hand sanitiser
- Two bin bags
- Disinfectant wipes (to clean down first aid box).

If staff members carry out first aid to a symptomatic child, all surfaces that they have come into contact with after they developed symptoms should be cleaned following the cleaning requirements which are outlined in the specific Early Years guidance document.

First Aiders must ensure that they undertake first aid duties applying the principles of social distancing and infection control as much as is possible.

- Wipe down the first aid box after use using a disinfectant wipe.
- Replace used PPE so that it is available for the next first aid event
- Follow your normal arrangements for recording first aid and checking stock.

If staff have been in close contact with a person and/or have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days.

Sickness

If a child has been sick while they are at the setting, their parents/carers must be contacted straight away so they can arrange for the child to be collected within half an hour. While the child is waiting to be collected they should be isolated from the other children and made as comfortable as possible. Any toys the child has played with in that time should be sterilised once the child has gone home. The child should not return to the Centre for 48 hours after the last time they were sick. It is vital that the Centre holds up to date details of an emergency contact person for the child to be collected at the earliest opportunity and definitely within an hour of the initial contact.

Temperatures (see section on COVID-19)

If any child has a high temperature (above 38°C/100.4°F) their parents/carers must be contacted immediately and the child collected within half an hour. An infant suspension may be given to the child, so long as the parents/carers permission has been given in advance and the correct procedure (as stated above) is carried out. If a temperature is 39°C/102.0°F or higher, medical attention needs to be sought as soon as possible; clothing will be removed and a compress of tepid/warm water will be used to reduce the temperature. Water will be offered to the child while they are waiting to be collected. As with all sick children they need to be comforted. The child cannot return to nursery for 24 hours after their temperature has returned to normal (37.5°C/98.6°F). (Edit 05 June 2020: Under current circumstances, this is 48 hours as per Public Health England flow chart.) Children must not be brought to the setting if they have had a high temperature during the previous night or before attending the setting and have been in receipt of an infant suspension to reduce temperature.

Diarrhoea

If any of the children have a diarrhoea stool twice in one session, their parents/carers must be contacted and the child collected immediately. The child may return to nursery 48 hours after their first normal stool. Children must not be brought in to the session if they have a loose stool while at home.

Chicken Pox

Chicken Pox are small red spots which turn into blisters and then scab. The child is infectious 2 days before the spots appear and they should not return to the Centre until **all** the spots scab over, which usually takes about a week. Any pregnant parents/carers/staff should be informed of the situation.

Measles

Measles cause a fever, bad cold and cough. 4-5 days after this, a red rash will appear on the face which spreads downwards. The child is infectious from the start of the cold symptoms until 5 days after the rash appears, so should be excluded for this time. (Please note MMR vaccination has reduced the prevalence of measles but it is still active and parents/carers are urged to seek medical advice if they suspect their child is suffering from measles)

German Measles

This is a mild illness which consists of a red rash and swollen glands. The child is infectious from the start of the rash to when it disappears, so can only return to the Centre then. Any pregnant parents/carers/staff in the Centre need to be informed.

Conjunctivitis

This is a contagious eye infection, which makes the eye look red with a green/yellowish discharge. Due to discomfort and irritation, children need to be cared for at home until they have received medical advice and/or completed medical treatment from their GP. Please note, for the wellbeing of all children, the Centre will reserve the right to refuse access to the child if they feel an infection is still active.

Head lice

If a child has head lice or nits they are advised by the setting on how to treat the infestation, recommending that the whole family should have the treatment. This is not an excluded complaint but we do ask parents/carers to inform the setting of any outbreaks and anticipate co-operation when dealing with an incident. If families are not able to respond to the request of the Centre then this may result in further action being taken on behalf of the Centre.

Other

From time to time there might be an unusual outbreak of infection, disease or condition, which will require action and/or the Centre to notify parents, this will be followed as per instructions received by the appropriate authorities.

Related Policies and Procedures:

Medication Policy
Notifiable Diseases Policy
Health and Safety Policy
COVID -19 Policy

Related Documentation:

Serious accidents, injuries and deaths - Ofsted

NOTIFIABLE DISEASES

The guidance to the national Standards under standard 7 – Health States:

“Children Act regulations – you must notify Ofsted of any infectious diseases that a qualified medical person considers notifiable”

- Acute Encephalitis
- Acute Poliomyelitis
- Anthrax
- Cholera
- Diphtheria
- Dysentery
- Food Poisoning
- Leprosy
- Leptospirosis
- Malaria
- Measles
- Meningitis - Meningococcal/ pneumococcal/
Haemophilus influenza/ viral
- meningococcal Septicaemia
(without Meningitis)
- Paratyphoid fever
- Plague
- Rabies
- Relapsing fever
- Rubella
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhoid fever
- Typhus fever
- Viral haemorrhagic fever
- Viral Hepatitis
Hepatitis A
Hepatitis B

Hepatitis C

- Mumps
- Ophthalmia neonatorum
- Whooping Cough
- Yellow Fever

It is the responsibility of the provider to report to Ofsted if a child in their care is diagnosed by the child's GP or Hospital Consultant with one of these diseases.