



Merry Poppets Nursery

Medication/Sickness and Accidents policy for Children

Introduction

Merry Poppets follows the guidelines issued by Public Health England on the provision of medication to children.

As a Nursery we have a moral and civil duty to the stand in “Loco Parentis” which extends our duty of care for the children. This allows staff to administer medicines by following strict guidelines but wherever possible medicines should be administered by parents.

The Nursery have adopted a policy that staff should only be required to undertake the administration of medicines if they feel confident to do so, and that they have received the relevant training.

It is recognized that specific conditions and requests for unusual medication will be made. Should this circumstance arise, there will be a need for close liaison with the nursery, parents and GP. If training is required for the administration of medicine, we will seek that required training.

Administration of Medicines

Provision of Medication

Medicines will never be issued to a child without a written request from the child’s parents. Children are not allowed to possess or self-administer medication without supervision.

Storage

Medicines are stored in a cabinet, or fridge as appropriate. These can be accessed only by authorized persons and not by children. All medication must be in English.

Administration of Regular Medicine in Nursery

Named Persons:

All first aiders are responsible for storage of medicines. They are able to administer medication by following guidelines set out below.

- The label on the medicine container should be checked against the Nursery Medicine Record. Any discrepancy should be queried with the parent before administering a medicine. Medicine should always be in the original container, unopened unless prescribed by a doctor, dentist or hospital and will only be administered to the prescribed person.
- Medication containing aspirin will only be administered if prescribed by a doctor



Parents should confirm any changes of dose and reason for it in writing.

All medication needs to be clearly labeled in an unopened bottle, unless its antibiotics prescribed by a doctor.

- Name
- Name of Medicine
- Doses to be given
- When to be given

Recording

A record of dosages will be communicated via the parentzone app and stored electronically on our learning platform- iconnect.

If your child has a fever whilst at nursery, we adhere to the “Procedure Flowchart – Temperature in Children”.

Teething gel

Will follow the same procedure as all other medication.

Calpol

Upon joining parent/carers will be asked to sign a form to give permission to administer Calpol although where possible parents will be contacted to give verbal permission prior to the medicine being given. The nursery is able to administer Calpol if a child has a high temperature. The amount of Calpol administered will relate to the amount stated on the packaging and according to the child’s age. Please note as per the label on the bottle, Calpol must not be given to a child for more than 3 days. Therefore, if a child has been given Calpol on 3 consecutive days they will not be able to return to the nursery until they have been seen by a GP. The 3 days include any days when a child is not at the nursery. Please communicate with the nursery deputy who will advise you when your child can return.

EpiPen’s and injections

Injections/EpiPen’s can only be undertaken by a qualified nurse or medical practitioner. The nursery will follow the parent/carers instructions but may seek parents help in finding suitable trainers to train staff.

Illness

We adhere to the government guidelines in relation to illness and infection (refer to the Guidance on Infection Control in Schools and other Childcare Settings)



First aid

At our settings at least 70% of our nursery practitioners are First Aid trained and able to act in case of an emergency, for minor cuts and grazes any member of staff is able to see to a child, we have a consent form that is signed upon entry to the nursery for the use of plasters. If a child bumps their head a cold compress must be applied, and they are kept in the fridge and the freezer.

When a child becomes unwell at nursery it is our policy to inform the parents, then on their recommendation we are able to administer Infant Paracetamol such as Calpol or Nurofen only if they have signed the appropriate consent forms,

Allergies

To ensure we are aware of any allergies a child may have, we include relevant paperwork for parents to fill out in their registration forms. Parents are required to update this information every 12 months. To ensure all staff are aware of any allergies an up-to-date list is displayed in the kitchen, in the room and sent to our chef. Parents are asked to provide details in writing if an allergy occurs in this period.

Asthma

Causes of Asthma Attacks

People with asthma have airways that narrow as a reaction to various triggers. Triggers vary between individuals, but common ones include viral infections, cold air, pollen, animal fur and house dust mites. Exercise and stress can also provoke asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and asthma symptoms appear. Such as a cough, wheezing, a tight chest and shortness of breath. Symptoms can be eased by treatment (usually a reliever inhaler).

Medication and Inhalers:

Relievers (sometimes called bronchodilators) quickly open up narrowed airways and generally come in **blue** containers. This is the inhaler that children need to use immediately when asthma symptoms appear. In the event of a severe asthma attack relievers can be given in higher doses using a metered dose aerosol inhaler and larger volume spacer.

Preventers make the airway less sensitive to asthma triggers. Preventer inhalers usually come in **brown** containers (some containers are also white, orange, red or grey and white). Children with asthma may take regular, twice daily, preventative treatment at **home**. Occasionally children are prescribed extra doses to be taken during the day such as on long outings or when the asthma has become troublesome.

Spacers make metered dose inhalers (spray inhalers) easier to use and more effective. They allow more of the medication to be breathed straight down into the lungs.

- Inhalers must be clearly marked with the child's name and will be kept in Nursery where they are immediately accessible.



Asthma Awareness in Nursery

Nursery staff are able to make observations that may help in recognizing Asthma and monitoring its severity. They should be aware that there are three principal symptoms or any combination of them, which are:

- wheezing
- breathlessness
- coughing

Accident Procedure

1. Administer appropriate First Aid. Any injuries requiring First Aid should be followed up by an appropriate referral.
2. In the case of a more **serious accident** to a child, the staff will contact the parent/guardian to agree a course of action if time permits.
3. If the parent/guardian cannot be contacted, the staff will seek appropriate medical attention or treatment for the child.
4. Children should not be given anything to eat or drink.
5. If a child needs to be transported to hospital every effort should be made to use a car with fully comprehensive insurance including business use.
6. If a child is driven to hospital, an adult must accompany the child to hospital who is not the driver.
7. Should an ambulance be required, one adult must accompany the child/member of staff.
8. The child's Emergency contact details must be taken to the hospital with the child.
9. The hospital will take responsibility to act in the child's best interests if no consent has been given for the staff to act *in loco parentis*.
10. Every effort must be made to maintain appropriate staffing levels at the setting.

Records

11. All accidents to children, however slight the injury, must be clearly recorded on an accident form via iconnect/parentzone by the member of staff who dealt with the incident. If necessary, a detailed, confidential report should be written.
12. The accident form must also be signed by the parent/carer (or person collecting the child) via parentzone. Parents/Carers of children/relatives of staff should be fully informed regarding the accident and the action taken. This record should include: date, time and nature of accident, type location of injury, action taken at the time and subsequently and by whom, circumstances of the accident, any witnesses, other people involved (for whom a separate report will be made). The staff member who dealt with the incident and parent/carer should sign the accident report.
13. The accident records for all children are kept until the child reaches 21 years of age (Limitations Act 1980).

Reporting

14. Any accident requiring treatment by a general practitioner or hospital, overnight stay in hospital, or the death of a child or adult will be reported to Ofsted (within 14 days) and to the local office of the HSE in line with RIDDOR (the Reporting of Injury, Disease and Dangerous Occurrences Regulations). Any update on the condition of the child will also be reported to



Early Learning Day Care Nurseries

RIDDOR after the original report is made. Any death, serious injury or accident of any child in our care will be reported to the Local Children's Safeguarding Board (LSCB). Serious accidents should be reported to OFSTED on 03001231231 please see attached details.