

# Walton Lane Nursery School & Rocking Horse Club

<b>Policy:</b>	<b>CHILD HEALTH POLICY</b>
<b>Reviewed:</b>	August 2014
<b>Next Review:</b>	3 years or as legislation may require
<b>Responsibility:</b>	Senior Link Worker
<b>Category:</b>	Safeguarding (H & S Policies)

This policy comprises of all necessary health policies relating to children.

**Section 1** Administration of medicines

**Section 2** Managing an Outbreak of Diarrhoea and Vomiting

**Section 3** Oral Health

**Section 4** Head Lice

**Section 5** Sun Awareness and Protection

**Section 6** Plaster Cast Procedure

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## Section 1

### Administration of Medicines

Should a child appear to be unwell whilst at the Centre, the Practitioner will speak to a Team Leader and arrangements will be made for the child to return to the care of their parents.

#### General

- Medicine should only be taken at the Centre when essential; that is if it would be detrimental to a child or young person's health if the medicine was not administered during the settings day.
- A medical authorisation form must be completed on the first day the medication is brought into the Centre by the parent.
- For children who require medication on a long term basis a Health Care plan must be completed.
- The following procedure is to be followed for children who require medication on a short term basis:

#### Receipt of Medicines (Short Term)

- Parents must complete the medical authorisation form and provide information on the child's medical condition.
- Each medicine must be delivered in a separate original container and should be labelled with the following :
  - ⇒ Name of medicine
  - ⇒ Patients name
  - ⇒ Dosage
  - ⇒ Dosage frequency
  - ⇒ Date of dispensing
  - ⇒ Storage requirements
  - ⇒ Expiry date
- Medicines from unlabelled containers will **not** be accepted.
- The Centre is allowed to administer medication prescribed by a GP or Dentist or recommended by a Pharmacist or Nurse.

#### Over the Counter Medication

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The Centre may administer over the counter medication such as pain and fever relief or teething gel – written permission must be given by parents prior to administration.

Should a second dose of pain relief medication be considered necessary in the same day, Team Leaders will contact the parents for verbal permission prior to administering a second dose.

The Team Leader will have discussed the nature of the illness/illness situation with a senior team member who will have provided advice.

It may be deemed necessary that parents are contacted to collect their child from the Centre, having been advised to speak to the GP.

### **Administration of Medicines**

- Medicines must not be transferred from one container to another.

As each dosage is administered, the details, including date, time, dose and member of staff administering the medicine must be recorded and a Team Leader is to witness the administration of the medicine. These details must be kept with the medicine in the locked medicine cabinet located in each room.

### **Receipt of Medicines (Long Term)**

- A Health Care Plan must be completed for children who have ongoing health problems and who require medication on a long term basis.
- The Health Care Plan will be reviewed if the health care needs of the child change or annually if the needs remain the same.
- A maximum of four weeks medication will be accepted at any time.

### **Specific Medical Interventions**

Should a child require more specific medical interventions, Beverly Wilkinson will liaise with parents and specialist nurses to provide training for staff.

The advice will be written into a Health Care Plan. Records of staff receiving training will be kept.

The parents of children who require the application of emollient type creams on a regular basis will be asked to sign the Permission Slip on the 'Essential Information Form'.

### **All Care Services**

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- In all cases the child's welfare is paramount. If a child appears to need urgent medical attention all necessary measures will be taken to ensure the child receives medical attention as soon as possible.

## Self – Management

- It is good practice to support and encourage young people who are able, to take responsibility to manage their own medicines. The age at which they are able to be responsible for their own medicine would vary.
- Staff should discuss with parents if it is appropriate for young people to self manage their own medication. Staff will always supervise young people administering their own medication. Medicines will always be kept in a secure place.

## Refusing Medicines

- If a child or young person refuses to take their medicine, this should be recorded and parents should be informed as soon as possible. If the refusal is reoccurring parents should be advised to speak to their G.P.

## Disposal of Medicines

- Parents are responsible for ensuring that date –expired medicines are returned to the pharmacy for safe disposal. If medicines are not collected by parents, staff to take unwanted medicines to the Link Workers' office where arrangements will be made for disposal.

## Medicines are Drugs

In Partnership with parents, and by implementing our medicines policy we will help children understand the safe use of medicine.

We will teach children to understand:

- That people put good and bad things into their bodies
- That milk and fruit keep them strong and healthy
- That too much of even good things can make them sick
- Medicine can also be good for people but only when used properly.
- Too much medicine can hurt children
- Medicine is kept in a safe place. Children must not touch it.
- Only parents may give children medicine, unless they have filled out a medicine form. Children should be aware of the form and who is allowed to give them medicine.
- Some children require medicine for health problems such as asthma or diabetes. It is important for children to understand what these medicines do and to follow the doctor's directions for use. These are detailed on the Health Care Plan

## Smoking is Bad for You

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Adults are not permitted to smoke in the Centre building or in the grounds.

If children role play smoking this should be discouraged by staff.

### **Alcohol**

Although alcohol is a legal and accepted drug in our society, we know that it can be harmful. If children are role playing drinking alcohol, staff are to redirect the role play and encourage the children to choose another drink for role play.

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<b>Parental agreement for medicine to be administered</b>
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<b>Name of child</b>			
<b>Date of birth</b>			
<b>Setting</b>			
<b>Medical condition/illness</b>			
<b>Name and strength of medicine (as described on the container)</b>			
<b>Medication has been prescribed or recommended by a pharmacist/nurse</b>	Yes	<input type="checkbox"/>	Date prescribed: .....
<b>Dose and frequency</b>			
<b>Expiry date</b>			
<b>Agreed review date</b>			
<b>Procedure to take in an emergency:</b>			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the Centre administering medicine in accordance with Centre policy. I understand that all medicines must be provided in the original container as dispensed by the pharmacy.

I will inform the Centre immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped.

<b>Parent/carer signature</b>		<b>Relationship to child</b>	
<b>Staff signature</b>		<b>Date</b>	

<b>Date medicine returned</b>	
<b>Staff signature</b>	

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### Record of medicine administered to an individual child

**Child's Name:**

Administered at home		Administered in Centre					
Date		Date					
Time given		Time given					
Dose given		Dose given					
Parents signature		Name of staff member					
		Staff initials		1st	2nd	1st	2nd
		Parents signature					

Administered at home		Administered in Centre					
Date		Date					
Time given		Time given					
Dose given		Dose given					
Parents signature		Name of staff member					
		Staff initials		1st	2nd	1st	2nd
		Parents signature					

Administered at home		Administered in Centre					
Date		Date					
Time given		Time given					
Dose given		Dose given					
Parents signature		Name of staff member					
		Staff initials		1st	2nd	1st	2nd
		Parents signature					

Administered at home		Administered in Centre					
Date		Date					
Time given		Time given					
Dose given		Dose given					
Parents signature		Name of staff member					
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### Section 2

## Managing an Outbreak of Diarrhoea and Vomiting

The aim of this policy is to provide guidance on how to manage an outbreak of diarrhoea and vomiting at the Centre and outline the procedures that should be followed to facilitate effective investigation and control of the outbreak. It also provides advice relating to the provision of accurate information to staff and parents.

### ■ Reporting

It is recognised that occasional diarrhoeal illness is not unusual in young children. However, an incidence in excess of that normally observed would justify an investigation.

Prompt notification is essential for the monitoring of infection and allows the investigation and control of its spread.

An outbreak may be defined as having two or more related suspected or confirmed cases linked through common exposure, personal characteristics, time and location.

**As soon as an outbreak is suspected within the establishment, then the person in charge should contact the Food Safety Section: 01772906159**

### ■ Obtaining Faecal Samples

The germs responsible for diarrhoea and vomiting outbreaks are usually bacterial or viral. Illness caused by viruses is characterised by the rapid onset of nausea, vomiting, abdominal cramps and diarrhoea.

Parents will be made aware that:

**It is essential that faecal samples are obtained for symptomatic cases as quickly as possible and collection arranged for them to be taken to the hospital laboratory as soon as possible. This will be done by environmental health staff on receipt of case details.**

**It is necessary that the above information regarding obtaining and collecting samples is given to parents when their child is collected.**

### ■ Recording Information



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The purpose of the investigation is to identify the source of the incident and keeping of records can assist in determining this and also deciding the management procedures which require implementing.

The person in charge should complete the following:

- Pupil Cases log sheet
- Staff Cases ( including students and helpers) log sheet
- Copy of meals served on 3 days prior to onset of symptoms
- Details of any other activities e.g. trips out

### ■ Management

The objective of controlling the outbreak is to prevent the spread of an illness either within or beyond the establishment. The most important practical aspects for the management of the outbreak are:

- Isolation of affected children
- Exclusion of affected children and staff
- Restriction of activities
- Enhanced cleaning of the environment
- Effective hand washing

### ■ Isolation of affected children and staff

Segregation of those who are ill from those who are not can be effective at reducing the spread of infection. The parents of symptomatic children should be contacted immediately and collection arranged as soon as possible. The special needs bathroom should be used as a waiting area.

It is important to minimise the circulation of staff between affected and unaffected areas.

Any staff that become ill at work should leave immediately.

### ■ Exclusion of affected children and staff

Any children or staff who have been sent home with diarrhoea and/or vomiting symptoms should not return to the Centre for a full **48 hours** after the last episode of vomiting or diarrhoea.

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The absolute importance of hand hygiene must be reinforced on return.

### ■ Restrictions on Activities

The following activities should be stopped until the outbreak is declared closed and restrictions are lifted.

- ⇒ Play with water, playdough, plasticine, sand, shaving foam, and soft toys
- ⇒ Visits to other establishments
- ⇒ Baking, making snacks or other food handling activities.
- ⇒ Outside visitors to the premises

### ■ Enhanced Cleaning of the Environment

Immediate cleaning and decontamination of soiling due to vomiting and diarrhoea is vital in controlling the spread of infection. The longer the delay in cleaning the area the greater the risk the infection could spread to other children and staff in the area.

In an outbreak situation the cleaning of affected areas must be increased to **twice daily**.

It is essential that those responsible for carrying out the cleaning have adequate protective clothing and equipment – **they should not be food handlers**.

Bleach is the preferred cleaning agent as it will kill both bacteria and viruses. **It is important to follow manufactures instruction for dilution**. Particular attention should be focused on toilet seats, door/handles and sink taps.

### ■ Effective Hand Washing

The most effective way of controlling outbreaks of diarrhoea and vomiting is scrupulous hand washing. Frequent washing with warm water and antibacterial soap for at least 10 seconds is the correct method – see hand hygiene sheet. The use of paper towels is advised.

Children and staff should be hand washing in particular after using the toilet, and before preparing and eating food. Children should be supervised to ensure correct hand washing takes place.

Alcohol based hand gels can be used as a further measure to prevent the spread of infection by contaminated hands but does not replace the need to wash hands properly. Hand gels are not effective at killing viruses.

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### Section 3

#### Oral Health

Aims: To ensure children and families establish a regular habit and all have good oral health and work towards preventing tooth decay in children.

The Centre is Smile4Life accredited and Smile4Life is embedded within sessions and health promotion within the Centre.

Parents and carers are encouraged to brush their child/ren's teeth twice a day with one being last thing before they go to bed. It is recommended that children are supervised until the age of 7 with tooth brushing and that a family fluoride toothpaste is used.

It is also recommended that toothbrushes are changed every 3 months.

The Centre asks all families about being registered with a dentist and can help signpost if families are not registered (dental helpline 0845 533 3230) and that families visit the dentist for regular check ups.

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### Section 4

#### Head Lice

From time to time children, as well as adults, may contract head lice.

As part of the Centre's prevention, detection and treatment of head lice, the Centre will support children and families in the following way:

- The Centre will work with the Health Visitor to seek advice about issuing standard letters to parents/carers.
- In confirmed cases of head lice parents/carers will be provided with advice on how to treat the child and also the rest of the family as a precautionary procedure.
- The Centre expects the parents/carers to treat the child within twenty-four hours of notification of the infection. Once a child with head lice has gone home, the Head of Centre/Head Teacher may restrict the child from attending the Centre until treatment has been carried out. Failure of the parent/carers to comply with treatment may lead to the involvement of the Education Department.
- Children will not be excluded from the Centre once they have been treated.
- In case of persistent head lice infection, the child will be referred to their Health Visitor, G.P. and/or local chemist.
- The parent/carers will always be informed if live lice are evident. Parent/carers permission to treat a child must be sought and signature acquired.

Parents/carers are advised to regularly check their child's hair.

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### Section 5

#### Sun Awareness and Protection

Young children need special care when they are in the sun. As adults it is important that we take precautions to avoid children becoming sunburnt as this can lead to a greater risk of skin cancer in later life. Experts believe that four out of every five cases of skin cancer are preventable.

##### ■ The Centre aims to:

Protect children whilst they are in our care at the Centre.

Work in partnership with parents to protect children at other times.

Help children understand the importance of keeping themselves safe in the sun.

##### ■ How the aims will be achieved:

Staff to ensure that they are aware of the risks of sunburn.

Staff to take particular care when children are playing out during the hottest part of the day between 11 a.m. and 3 p.m. During this period children should:

- only be outside for very limited periods of time, when it is sunny. Shaded areas are available.
- wear an appropriate sun hat
- wear clothing covering shoulders and arms
- wear appropriate sunscreen ( parents will need to provide their child with appropriate sun screen, and sign a permission form to enable staff to apply the cream)

Parents will be informed of the Centre policy and be given appropriate information about use of sunscreen, sun hats, and appropriate eye protection.

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### Section 6

#### Plaster Caste Procedure

My child \_\_\_\_\_ has recently attended hospital after sustaining an injury.

This has resulted in them having to wear a plaster cast on their \_\_\_\_\_.

Advice given from the hospital staff is that it is safe for \_\_\_\_\_ to attend their sessions at Walton Lane Nursery School and Children's Centre.

I understand that the Centre staff will do their best to accommodate my child's needs but cannot be held responsible for any accident/incident that may result in damage to the plaster cast or further injury to the affected limb.

I accept that should my child appear to be experiencing discomfort or difficulties staff from the Centre will contact me and I will collect my child as soon as is possible.

I would prefer my child \*to / not to play outside.

I would prefer my child \*to / not to participate in 'messy' play activities.

**\* Please delete as appropriate**

Signed \_\_\_\_\_ Parent / Carer

Date \_\_\_\_\_

**Comments / Concerns**