



SHANKLEA EYFS

Accident and First Aid Policy and Procedure

Policy Control Details			
Date policy approved:	September 2020		
Prepared by:	Kay Laughton	Signature	Date
Approved for issue by:	Dawn Nicholson	Signature	Date
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Accident and First Aid Policy and Procedure

Early Years Foundation Stage

General Welfare Requirement: Safeguarding and Promoting Children's Welfare. Suitable Premises, Environment and Equipment.

EYFS Principles: Unique Child and Enabling Environments.

Outcome: Being Healthy and Stay Safe.

Statement

It is our responsibility to keep children safe whilst in our care.

Our premises have been checked and meets the requirements of the Early Years Foundation Stage Framework. We will review and practice our safety routines regularly.

Shanklea Pre School believes that the health and safety of all children is paramount. We have public liability insurance and the certificate is displayed in the foyer.

We follow the guidelines of the Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for reporting accidents and incidents.

As a registered provider, we are required to have designated people who have completed their first aid training. They are Lisa Connelly who has completed Paediatric First Aid training and the all the other key persons who work in the setting have received first aid training. We can administer basic first aid treatment (with parent's permission) and our first aid box is clearly labelled and easily accessible. It is stored on the cupboard above sink area next to First Aid notice board.

We hold prior written permission from parents to enable us to carry out emergency medical treatment for their child if it is needed. (See individual child records)

Procedure

We will ensure that our first aid training is kept up to date and only put items in our first aid box that are advised from the first aid trainer. The contents will be reviewed to ensure there are adequate resources for the size of our setting and that the products have not expired.

We will seek prior written consent from parents to seek emergency medical treatment.

While dealing with the accident, we will reassure the injured child and make sure the other children in our care are safe.

In the event of a serious accident or death of a child on the premises, we will ring 999 for an ambulance.

If a member of the staff team has to accompany or take a child to hospital, we will ensure the emergency back up cover is implemented and ratios are not compromised.

If it is a minor accident and we are able to manage it ourselves, then we will inform the parents immediately.

If we accompany or take a child to hospital the managers will contact the parents and ask them to meet the staff member at the hospital.

The health and safety officer Lindsay Carr will report the accident to the environmental health department and follow the RIDDOR guidelines. (RIDDOR telephone 0845 300 9923 website www.riddor.gov.uk) and carry out a full risk assessment and implement any recommendations and actions found.

Administering medicines

Policy statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings; the manager is responsible for ensuring all staff understand and follow these procedures.

The key person 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 and that records are kept according to

procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - 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 and expiry date;
 - any possible side effects that may be expected should be noted; and
 - signature, printed name of parent and date.
- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:
 - name of child;
 - name and strength of medication;
 - the date and time of dose;
 - dose given and method; and is
 - signed by key person/manager; and is verified by parent signature at the end of the day.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person 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.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

- 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 what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the Nursery leaders alongside the key person, Foundation Stage Manager and Head Teacher. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think 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 is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- 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 it.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the 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/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication, Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- 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, name of the medication. Inside the box is a copy of the consent form signed by the parent.

- As a precaution, children should not eat when travelling in vehicles
- This procedure is read alongside the outings procedure.

Legal framework

- Medicines Act (1968)

Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>