



University of the  
Highlands and Islands  
Argyll College

Oilthigh na Gàidhealtachd  
agus nan Eilean  
Colaiste Earra-Ghàidheil

A meeting of  
**Argyll College Human Resources & Remuneration Committee**  
to be held at 2pm on Friday 1 March 2019  
Lorne Street Centre, Lochgilphead PA31 8LU  
Tel 01631 559560

## A G E N D A

Item		STATUS	PAPERS
19.1.1	<b>Welcome &amp; apologies for absence</b>		
19.1.2	<b>Declarations of interest &amp; to identify any items deemed confidential</b>		
19.1.3	<b>Minute of meeting 16 November 2018</b>	For approval	Attached
19.1.4	<b>Matters arising</b> - Update on nursery - confidential	For information	Oral update
19.1.5	<b>Summary of Recruitment and HR</b> in last quarter	For information	Attached
19.1.6	<b>Policies to approve:</b> - <b>Nursery Infection Control policy</b> - <b>Nursery Medication policy</b>	For approval	Attached
19.1.7	<b>AOCB</b>		
19.1.8	<b>Date of next meeting:</b> Friday 24 <sup>th</sup> May 2019		



# Infection Control Policy

## Little learners Nursery Infection Control Policy Statement

Policy Number	
Revision Number:	
Date of Issue:	
Status:	
Date of Approval:	
Responsibility for Policy:	Nursery Manager
Responsibility for Implementation:	Nursery Manager
Responsibility for Review:	Nursery Manager
Date of Last Review:	
Date of Last Revision:	
Date of Next Review:	
Date of Equality Impact Assessment:	

**This policy was adopted at a meeting of:**

Little Learners' Nursery

On (date) ...5/12/18.....

Signed ..... Designation .....

## Statement of Purpose

As an Early Learning and Childcare (ELC) setting we recognise our 'duty of care' and requirement in law to provide a safe environment for the children in our care.

*The National Care standards: early education and children up to the age of 16* (Scottish Government, 2009) reflect this duty.

Standard 2, A Safe Environment:

- Children and young people are cared for in a safe, hygienic, smoke free, pleasant and stimulating environment (2.1).
- You can be confident that:
  - staff keep all play equipment clean and well maintained
  - staff take measures to control the spread of infection (2.4).

We will ensure that all staff are fully trained to enable the setting to meet these requirements and follow the national guidance *Infection Prevention and Control in Childcare Settings* (Health Protection Scotland, May 2018), recommended as best practice by the Care Inspectorate. For ease of reference we will use the term **the guidance** when referring to this document throughout the policy.

Appendix 1 of the guidance will be completed and displayed for staff and all service users affirming the use of the guidance as our local policy.

Throughout this policy the term **parents** is used to include all main caregivers.

## Prevention of Spread of Infection

In order to minimise the spread of infection the ELC setting will follow standard infection control precautions (SCIPs) as recommended by the NHS (see section below).

We will carry out regular risk assessments appropriate to our setting and current circumstances and maintain up-to-date records. In carrying out these risk assessments we will take account of the environment, daily routines, regular activities and occasional activities such as outings (see appendix 2 of the guidance). We will also take into consideration the risk to all service users especially those who are more vulnerable to infection e.g. pregnant women, children with conditions or on medication that makes them more susceptible to infection etc. In order to facilitate this parents will be requested on their child's admission to the setting to inform us of any relevant pre-existing conditions and also to inform us of illnesses as they occur.

We will ensure that all parents have access to information regarding immunisation. The child's current immunisation status will be checked on admission and parents reminded of the benefits of the programme. Appendix 4 of the guidance provides a sample letter to parents regarding illness and immunisation and it will be adapted and used post admission to reinforce these important infection control messages.

Information gathered from risk assessments will be shared with all staff and with children and parents as appropriate in order to improve infection prevention and control practice. Staff and children with symptoms of infectious disease should not attend the ELC setting. Recommended exclusions periods can be found in appendix 3 of the guidance. This information will be copied and displayed within the setting for all parents and staff.

## Standard Infection Control Precautions (SICPs)

All staff will be fully trained in these procedures and training refreshed at least annually. This training will include information on how infection spreads (page 4 of the guidance). The chart on page 4 detailing the 'chain of infection' will be copied and displayed as appropriate for staff and parental information.

SICPs are described in full within the guidance (pages 5 to 8) and encompass the following areas:

- **Hand hygiene** – appendix 7 provides a useful chart illustrating the correct method of hand washing. This will be displayed appropriately within the setting and

children will be trained in this procedure.

- **Respiratory and Cough Hygiene** – children will be trained in this.
- **Personal Protective Equipment (PPE)** – this will be worn as directed in the guidance.
- **Cleaning of the Environment** – is the routine cleaning of the environment on a daily basis (see appendix 9 of the guidance). This also includes toilets, hand basins and potties (see appendix 8 of the guidance).
- **Equipment cleanliness** – all toys and equipment will be well maintained and safe for use. Appendix 10 will be followed in the scheduled cleaning of toys and equipment.
- **Dealing with spillages of blood and body fluids** – staff should follow the procedures within the guidance (page 7).
- **Management of waste** – this includes nappy waste and the disposal of sharps.
- **Linen/Laundry**
- **Exposure injuries and bites** – are injuries where the skin is broken by a needle or bite. This section includes exposure to blood and bodily fluids into broken skin or into eyes, nose or mouth. Appendix 11 outlines the correct procedures in these circumstances.

### **Food and kitchen hygiene**

We recognise that the responsibility for food safety lies with the individual setting and SICPs will be followed at all times in the preparation of food.

In line with good practice outlined in *Setting the Table: Nutritional guidance and food standards for early years childcare providers in Scotland* (NHS Health, Scotland, 2015) we will have at least one member of staff who has a basic food hygiene certificate that is up to date.

When preparing and storing formula or breast milk for babies the procedures on page 10 of the guidance will be followed. These procedures will be displayed prominently for staff in the milk preparation area.

**Early warning signs of infection** - Staff will inform the ELC manager if a child has any of the following symptoms: appears unwell (feels hot or looks flushed); complains of feeling ill for example cough, sore throat, runny nose, muscle aches and headaches; diarrhoea and/or vomiting; blood in their faeces; unexplained rash.

The child should be kept apart from other children and their parent will be asked to collect them as soon as possible. On collection the parent should be encouraged to consult their GP if the child's symptoms persist. If more than one child within the setting displays these symptoms then advice will be sought from the local NHS Health Protection Team (HPT). (See appendix 6 for contact information.)

### **Outbreaks of infection in childcare settings**

We will ensure that standard infection control procedures are in force at all times. Should there be an outbreak of infection staff will be reminded of these precautions and appendix 5 of the guidance will be followed to ensure that all necessary procedures are being implemented.

Pages 11 and 12 of the guidance offers further support and direction in the case of an outbreak and all staff should make themselves familiar with this information.

The local Health Protection Team will be informed when there is an outbreak of infection and further guidance and support sought from them. As required by law we will also inform the Care Inspectorate of the outbreak.

The procedures to be followed in the case of an outbreak will be rehearsed and tested annually to ensure all staff know what to do.

# **Little Learners' Nursery Procedures**

## **Handwashing**

Good hand hygiene will help prevent the spread of common infections such as colds, flu and stomach bugs.

liquid soap is used and the dispensers are changed regularly.

Paper towels are to be used when drying, when dispenser becomes empty please refill.

Pedal bins should be used to dispose of paper towels.

Nail brushes should not normally be used as they can be a reservoir for bacterial multiplication.

NHS handwashing guidance should be referred too, to ensure excellent handwashing procedures are followed within the nursery and modelled for the children in our care.

Handwashing posters are displayed at all handwashing sinks within the nursery.

## **Staff should wash their hands-**

- Before they serve food
- After changing a child's wet clothing
- After they have been to the toilet
- After outdoor activities
- Before giving medication to a child or staff
- After blowing your nose, coughing or sneezing
- After touching animals or animal waste
- After contact with contaminated surfaces (e.g. food-contaminated surfaces, rubbish bins)
- After smoking before entering the premises although smoking is not permitted on the premises

## **Children to wash their hands-**

- Before they eat
- After use of the toilet
- After coming in contact with a sick child
- After playing outside
- After blowing your nose, coughing or sneezing
- After touching animals or animal waste
- If they have fresh abrasions, cuts etc and should then be covered with a waterproof dressing

## **Good hygiene Practice**

- Use warm running water
- Do not share water in a communal bowl when washing hands
- Use liquid soap ( no need to use soaps advertised as antibacterial or antiseptic)
- Dry hands thoroughly using paper towels
- When going on outdoor trips continue to promote good hand hygiene

## **Personal Protective Equipment (PPE) where possible**

- Staff are required to wear disposable gloves and aprons when dealing with blood and bodily waste. Spillages should be cleaned up as quickly as possible.

- Soiled and bloody linen or clothing must be dealt with by firstly wearing disposable gloves and placed in the washing machine on a rinse cycle only. They should then be washed on a hot wash. This is only relevant for items that belong to the nursery.
- If soiled clothing belongs to a child then it should be double bagged and sent home with the child. These should be stored in appropriate box (0-3 room), hung on peg unit (3-5 toilet) until child is collected.
- When finished disposable gloves/aprons should be folded inwards and disposed of in the bin
- See toileting procedures – these are displayed within the relevant areas of the nursery.

## **Using the Toilets**

### **Toilets need to be checked regularly by staff**

- Children to be reminded to wash their hands in the sinks provided in the toilet areas
- Children should be supervised to ensure they wash their hands after toileting and are following the proper handwashing procedures
- Toilets will be cleaned by the cleaner after all children have left.
- Adults should not use the same toilets as the children
- Toilet doors to be closed at all times

### **Children in Nappies (see nappy changing procedures)**

- Staff to wear disposable gloves/aprons for every nappy change and these must be changed for each child
- Hands to be washed and dried properly after changing
- Staff undertaking nappy changing where possible should not be involved in the preparation of food directly afterwards.
- Nappy changing mat should be wiped with antibacterial spray or equivalent after every change.
- Nappies should be put in the correct nappy bin ensuring there is a liner in place
- Nappy bins are emptied and changed by an outside agency

## **Toothbrushes**

- Hands to be washed before use
- Cuts/sores on hands should be covered
- Toothbrushes should be kept in their own cupboard in the correct buses
- All children have their own toothbrushes
- Children are to be encouraged only touch their own brush at the neck of the brush not the bristles
- Toothbrushes should be rinsed after use
- Toothbrush buses should be cleaned once a week and this should be recorded

## **Cleaning**

- Cleaning of toilets and main room floor is done by the cleaner after all children have left, but if using equipment please rinse and store properly. If using mops please store upside down once you have rinsed them in the sink inside the cleaning cupboard.

- Most daily cleaning should take place by using water and detergent solution and the cleaning schedules followed and signed once done.
- Do not use disinfectants for general cleaning
- Tables to be cleaned before and after snack
- Cleaning checklist to be completed each day
- When an outbreak of 3 or more cases of gastroenteritis occurs within the setting playdough should be disposed of, sand/water play should be suspended until the outbreak is over
- Toys are to be cleaned with hot water and detergent and a cloth on a regular basis, once cleaned this should be recorded. If there is an outbreak then all resources being used should be cleaned.
- Paddling pools to be wiped with detergent and hot water and then left to dry
- Sand to be changed at least once a term unless there has been an outbreak of gastroenteritis and/or it has become dirty.
- Sand that has spilled on the floor should be disposed of
- The water tray should be cleaned on a daily basis and water changed between sessions. Ensure the water is at the correct temperature.
- The fridge should be cleaned regularly and temperature recorded on a daily basis

### **Kitchen – snack preparation and serving**

- Staff member must ensure they wear an apron at all times when preparing & serving food
- Ensure hands are washed before handling food – follow good handwashing procedures
- Children who are helping at snack time must wash their hands first and with the support of staff, follow good handwashing procedures
- Children to be supervised at all times when helping with snack, baking or cooking
- Kitchen door to be kept closed and children are not allowed to enter the kitchen
- Staff member on snack should not be changing soiled children or carrying out toilet checks
- Daily cleaning checklist to be completed
- Daily fridge temperature to be recorded.

### **Cuts, bites and needle stick injuries**

#### **Cuts**

- Treat as advised on first aid training. For severe cuts refer to manager and first aider

#### **Bites that do not break the skin**

- Clean with soap and water (be aware of allergies – if allergic to soap just use water)

#### **Bites that break the skin**

- Clean immediately with soap and water again be aware of skin allergies
- Record in minor accidents book
- Refer to senior management and first aider for further action

#### **Animal bites**

- To be treated the same and seek medical advice

### Needle Stick injury

All areas should be checked to make sure children do not face this danger. Staff should be issued with appropriate gloves and advised how to pick up the items, correctly placing into metal drink can or bottle and contact local authority for advice and disposal. If this becomes frequent occurrence, arrange for sharp needle box for disposal of these items.

If a needle stick injury occurs

- Encourage the wound to bleed
- Wash the wound with soap and running water
- Cover with waterproof dressing
- Record in accident book
- Medical advice to be sought

### General

- Children/staff are encouraged to bring a separate pair of shoes for use within the nursery
- Dishwasher should reach 80 degrees
- Fridge temperature should be recorded daily
- COSHH sheets are available for cleaning products used with in the nursely to ensure the correct dilution is adhered to.



### **Monitoring of this Policy**

It will be the responsibility of Nursery Manager or Senior in the absence of Manager, to ensure that new or temporary staff are familiar with this policy and to monitor that it is being implemented by all staff, parents and children. This will be achieved through both formal and informal observation of staff practice, regular communications with parents and reminders to children of good hygiene habits. Additionally all relevant infection control records and cleaning checklists will be monitored on a regular basis.

### **See also:**

Health and Safety Policy

Nappy Changing Policy

Healthy Eating Policy

Administration of Medication Policy

Responsive Care Policy

Outings Policy

### **Links to national policy**

National Care Standards 2, 3, 10, 12, 13

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/guidelines/infection-prevention-control-childcare-2015-v2.pdf>

*Infection Prevention and Control in Childcare Settings* (Health Protection Scotland, September 2015)

[http://www.publichealth.hscni.net/sites/default/files/A2%20Schools%20poster\\_1.pdf](http://www.publichealth.hscni.net/sites/default/files/A2%20Schools%20poster_1.pdf)  
(*Guidance on infection control in schools and other childcare settings* – poster, October 2013)

<http://www.sssc.uk.com/about-the-sssc/codes-of-practice/what-are-the-codes-of-practice>

### **Find out more:**

<http://www.child-smile.org.uk/documents/5040.aspx>

Childsmile National standards for nursery and school tooth brushing programme, updated 2015.

<http://www.washyourhandsofthem.com/the-campaign/childrens-pack.aspx>  
(Health Protection Scotland 's National Hand Hygiene Campaign - “Handy” )



# Administration of Medication Policy

## Little learners Nursery Administration of Medication Policy Statement

Policy Number	
Revision Number:	
Date of Issue:	
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Date of Approval:	
Responsibility for Policy:	Nursery Manager
Responsibility for Implementation:	Nursery Manager
Responsibility for Review:	Nursery Manager
Date of Last Review:	
Date of Last Revision:	
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Date of Equality Impact Assessment:	

This policy was adopted at a meeting of:

***Little Learners' Nursery***

On (date) .....12/12/18.....

Signed ..... Designation .....



## **Statement of Purpose**

Children attend early Learning and Childcare (ELC) settings with a wide range of medicinal requirements related to their individual needs. These needs can be short term (finishing a course of medication) and/or long term (medication to keep them well). Staff will ensure procedures are followed in order to meet these needs.

Medication will only be administered in order to maintain the child's health and wellbeing and/or when recovering from an illness. Most children with medical needs can participate in everyday day experiences within the setting. Throughout this guidance the term parents is used to include all main caregivers

## **Insurance**

Early Years Scotland's (EYS) insurance provider, Royal Sun Alliance. RSA provides cover under the Public Liability section of the Group Insurance Policy where an ELC setting is found to be legally liable. The Public Liability section of the insurance cover has been extended to include administration of medication, provided that the ELC setting service has a clear policy and guidelines on the use, storage and administration of medication and staff are suitably trained to carry these out. The service must ensure that written consent is given by parents and carers for the use or administration of medication provided by them. A clear policy on how to deal with emergencies and staff are well trained in emergency procedures. Little Learners' Nursery (ELC) is fully compliant with the Health and Social Care Standards, 1.15, 1.23, 3.14, 4.15, and the following procedures are adhered to.

RSA treat inhalers for asthma and nebuliser as oral medication. The settings own consent form should be completed and signed by the parent and should be retained in the child's file, (appendix 6). Little Learners' Nursery (ELC) will ensure that staff training by a health professional such as the child's GP/District Nurse/Child Nurse Specialist /Community Paediatric Nurse or approved first aid training agency is undertaken in the use of inhalers, prior to the child being left at the setting without their parent/guardian.

Children taking prescribed medication must be well enough to attend the Little Learners' Nursery (ELC) session.

## **Procedures for Administration of Medication**

**Little Learners' Nursery (ELC)** setting will only administer prescribed medication when it is essential to do so. Parents will provide the setting with written consent for their child to be given medication for a minor ailment or allergy. If children attend the setting on a part time basis parents should be encouraged to administer the medication at home. If parents are present during the session they will also administer the medication for their own child. Parents will administer the first dose of a course of medication and any adverse reactions to the medication will be noted. Little Learners' Nursery(ELC) staff will only administer medication that has been prescribed by a doctor or pharmacist. The medication will be in the original container or box along with the information leaflet and will be clearly labelled with the child's name and dosage instructions.



- Children's medicines will be stored in their original containers in a locked cupboard or the office on the top shelf out of children's reach; they will be clearly labelled and inaccessible to the children.
- Medicine spoons and oral syringes must be supplied by the parent if required.
- Medications may only be used for the child whose name appears on the medicine. This includes emergency adrenaline injections (Epipen)
- Parents must 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:
  - full name of child and date of birth
  - name of medication and strength
  - If child has had medication prior to nursery Y/N. If yes, what time and dosage amount
  - dosage to be given in the nursery
  - signature, printed name of parent and date.
  - verification by parent at the end of the session.

No medication may be given without these details being provided. Medication forms for each child are found in the medication/accident/incident folder. If long term medication a copy of the child's form will also be found in their PLP

*Management of medication in day care of children and childminding services:*  
<http://hub.careinspectorate.com/media/189567/childrens-service-medication-guidance.pdf>

If a child is given too much medication, or medication is given to the wrong child, staff will inform the parent immediately. Further advice / instructions should be sought with the Doctor. 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 is a copy of the consent form signed by the parent. This procedure complies with the safeguarding of information sharing, including General Data Protection Regulations (GDPR) procedures.

If the child spits out or vomits the medicine, no further dose should be given, and the parent should be informed.

### **Reducing risk**

Systems in place which are checked at every point to reduce risk in administering medication:

- The consent forms are checked and complete with the parent and colleague at the initial stage.
- When the prescribed medication is being administered, it is rechecked with a colleague, this includes the dispensed and expiry dates.
- Reviews ensure that the medication is for a current condition (something prescribed for a condition six months ago might not be appropriate now).



- If a medicine, not dispensed recently, is still appropriate for use (for example liquid antibiotics usually only have a seven to ten day shelf life and eye drops should be discarded 28 days after opening and returned to the parent).
- Long-term medication will be reviewed on a 6 monthly basis or before, if needed, between Manager, Key worker and Parent.
- Any special instruction in relation to storage or administration of medication will be complete and adhered to.

Monthly reviewing/monitoring of medication taken by children and medication kept in the setting will be done by the Nursery Manager and recorded in the Monitoring folder.

### **Paracetamol and daycare of children**

The information in the Care Inspectorate's "Management of medication in daycare of children and childminding services" is in line with existing government advice and best practice guidance. It offers a framework for the routine management of medication in such services.

It allows parents to pro-actively choose if they would like to leave a small amount of medication in the service for an agreed time and for use by their child under agreed conditions. Some will choose to exercise this option, others will not depending on individual circumstances.

There may be a few occasions where a service considers a child to be unwell, and contacts NHS 24 for advice. The care inspectorate has been advised that on rare occasion NHS 24 have advised individual services to administer an over the counter (OTC) medicine such as paracetamol immediately.

The care inspectorate has clarified the temporal aspect of this advice with NHS 24, who advised administration as soon as is reasonably possible is the correct interpretation.

Services will not (and should not) be contacting NHS 24 on a routine basis for advice on every presentation of an ailment. Where a service has contacted NHS 24 and advice to administer a medicine is given; the care inspectorate will and should view this as a non routine duty of care situation. As such a care service's response in this situation should not be viewed against the framework for the routine management of medication in such services (as found in the best practice guidance). The response of each care service to the non-routine situations will be dependent on the context.

### **Storage of medicines**

All medication is stored safely in a locked cupboard below 25° or in a fridge between 2°-8° in an area where children cannot access alone. These temperatures will be recorded daily. Medication for individual children will be stored in separate containers with a lid and labelled clearly with the child's name and date of birth.

Staff are responsible for ensuring medicine is handed back at the end of the day to the parent. Medication will also be returned to the parent once the course of medication has been completed.

For some conditions, medication may be kept in the nursery. Staff must check that any medication held to administer on an as and when required basis or on a regular



basis, is in date. Any out-of-date medication must be returned to the parent. Children who have long term medical conditions and who may require ongoing medication must have a complete medical care plan. A record will be kept of any medication used by the children that is retained within the setting (Appendix 3)

Lifesaving medication needs to be accessible to those trained to administer it.

### **Care plan**

A 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 child's care plan should include the measures to be taken in an emergency. The child's 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 child's care plan and each contributor, including the parent, signs the consent for compliance with Data Protection, including GDPR and confidentiality of information.

When a parent is present they will be responsible for the storage of their child's medication. Otherwise the key staff member for that child will take responsibility.

### **Managing medicines on trips and outings**

Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and name of the medication. Inside the box, with the medication, is a copy of the consent form/medication form with the details as given above, which the parent signs on return to the setting. On no account may medicine be decanted into other containers or packets or envelopes. The original pharmacy labelled medication should be within the box.

### **Roles and Responsibilities**

**Parental Role** It is the responsibility of the parents to ensure that the child is well enough to attend the setting and the parent will inform Little Learners' Nursery (ELC) staff of any medication that is currently being administered. Parents will also inform the setting if the child has received the medication at home, when it was administered and how much was given to ensure the correct dosage instructions are being followed. Parents will be required to complete a Parental Medication Permission Form (Appendix 1) giving permission for staff to administer the medication. This form will be updated regularly and a new form will be completed for each new medication required by the child. Parents will be asked to sign and acknowledge the medication given to their child each day. Parents will inform the setting if the child stops taking medication.

**Staff Role** Before administering medication staff will need to have the relevant information pertaining to the child. Staff will ensure that they have written permission from the parent for the setting to administer the medication (Appendix 1). Each time a staff member administers medication to a child the Administration of Medication form (Appendix 2) will be completed and signed. A second member of staff will witness the administering of the medication and then countersign the form once the medication has been given. Staff will need to complete the Administration of Medication Form each time medication is given noting the date, time and dosage etc. of medication given (Appendix 2). Risk-assess the number of trained personnel who must be



present to deal with medicinal needs. Ensure all spoons, syringes, spacers for inhalers etc. are labelled, stored with the child's medication, and cleaned appropriately after use. Infection control issues in terms of applying creams, eye drops etc. will need to be considered. Staff will ensure children's individual care and support is consistent and stable by working together with families in a way that is well coordinated for consistency and continuity of their child's care needs.

The Nursery Manager will ensure that all Little Learners' Nursery (ELC) staff and volunteers know who is responsible for the medication of children with particular needs.

Staff will ensure the parent signs the form daily to acknowledge the medication given to the child. Parental consent to administer medication should be time limited depending on the condition.

### **Long Term Medication**

Children requiring medication for long term medical conditions such as epilepsy, diabetes, asthma need to have all relevant information recorded in their care support plan. This will be done by the key worker in consultation with the parent. A long term medication form will be completed and the medication record will be filled out when used, (appendix 4 & 6). Staff will check with parents of children on long term medication if any has been administered before attending nursery and this will be noted on the medication daily check form, (appendix 5) which is stored in the Administration of medication folder under the child's personal section.

### **Staff Training**

Staff will be required to have training from a qualified health professional if a condition requires specialist knowledge in order to administer the medication. Staff should also be trained to recognise the symptoms if medication has to be given on a 'when required basis'. This information will be recorded in the Long-term medication form and attached to the care support plan as appropriate. Training should be reviewed and refreshed on a three yearly cycle to ensure staff have the most up to date knowledge.

### **Outings**

Relevant medical details for all children participating in an outing will be taken by accompanying staff. Original copies will be left within the setting. Medication will be administered to the child before leaving home or the setting where possible. For children who may require medication during the trip this should be administered by appropriate staff.

### **Treatment of Minor Ailments/Fevers**

If a child becomes ill during a session when the parent is not present the Nursery Manager or key worker will call the parent or the emergency contact. If no contact can be made the key worker may call NHS 24 if deemed necessary and follow advice given.

### **Monitoring of this Policy**



It will be the responsibility of the manager to ensure that new or temporary staff are familiar with this policy and to monitor that it is being implemented by all staff and parents. This will be achieved through observation of staff practice and regular communication with parents. All relevant medication forms will be checked and updated on a regular basis. Parents will be made aware of this policy through the enrolment procedures and the parents' handbook. This policy will be reviewed annually to ensure that it is relevant and up to date.

### **Disseminating and Implementing this Policy**

Little Learners' Nursery (ELC) staff will be required to read this policy on their induction and to comply with the contents therein. The policy will be kept in the policy folder and will be available for staff to refer to at all times.

The implementation of the policy will be monitored on a day to day basis.

Any adverse incidents will be recorded and reviewed to ensure the policy is fit for purpose.

### **Appendices:**

Appendix 1 – Parental Permission Form

Appendix 2 – Administration of Medication: Daily Dosage of an Individual Child

Appendix 3 – Monthly Review of Administration of Medicines

Appendix 4 – Long-term medication record

Appendix 5 – Long term medication daily check

Appendix 6 – Long term medication form

Appendix 7 – Sun Awareness and Protection

### **See also:**

Health and Safety Policy

Infection Control Policy

GDPR – Privacy Policy

### **Links to national policy:**

Health and Social care standards: My Support, My Life

<https://beta.gov.scot/publications/health-social-care-standards-support-life/>

**Health and Social Care Standards, 1.15, 1.19, 1.23, 1.24, 2.23, 3.4, 3.14, 3.15, 3.16, 3.17, 3.18, 3.19, 4.11, 4.15**

Management of medication in daycare of children and childminding services

<http://hub.careinspectorate.com/media/189567/childrens-service-medication-guidance.pdf>

### **Find out more:**

Community pharmacists and NHS 24

[www.nhs24.com](http://www.nhs24.com)

Fever Management

<http://www.nhsinform.co.uk/health-library/articles/f/feverchildren/introduction>





## **Parental Permission Form**

## **Appendix 1**

### **Administration of Medicines**

Dear Parent/Carer

In order to enable staff to carry out safe practices in relation to the administration of medication please ensure the setting has the following information. All information should be recorded on this form.

- Medication required to be taken by your child whilst in the setting.
- Completed parental permission form.
- For ongoing medication a separate supply of medicine, appropriately labelled should be obtained from the pharmacist.
- Medicine should be clearly labelled with child's name, date of birth, name of medicine, dosage, time and frequency and expiry date.
- If your child suffers from asthma it is essential that the setting has been informed of any restrictions which need to be applied to his/her activities.
- If your child suffers from epileptic attacks, diabetes or anaphylactic shock it is imperative the setting is aware of the appropriate emergency treatment that should be given.
- If the child spits out the medicine, no further dosage will be given and you will be informed of this.

Thank you for your co-operation with this matter.

Yours sincerely

Nursery Manager

### **Personal Details**

Setting	
Name of Child	
Date of Birth	

### **General Medical Practitioner Information**

Name of Doctor	
Address	
Phone Number	



**A parental permission form must be completed for each type of medication being taken by the child**

**Parental Permission**

I confirm that my child .....requires the following medicine(s)  
.....and that I give permission that it /they can be administered by a non-medically qualified staff member of Little Learners' Nursery (ELC).

I will also inform the setting immediately of any changes in medication and will provide an appropriately labelled supply.

Signature ..... Date .....

Print Name .....

Home Address .....

..... Telephone No. ....

**Emergency Contact Person** (if different from above) .....

Relationship .....

Telephone No. ....

Child's Name .....

**Details of Medication**

TYPE OF ILLNESS	
NAME OF MEDICATION (AS STATED ON LABEL)	
TYPE OF MEDICATION EG TABLETS, SYRUP	
DOSAGE INSTRUCTIONS EG HOW OFTEN, WHEN AND ANY OTHER RELEVANT INFORMATION	

**Parent's signature confirming medication and dosage**

Signed: .....

Print Name: .....Date: .....











# Little Learners' Nursery Long-term medication form

Appendix 6

If your child requires medication on a regular, ongoing basis whilst attending Nursery then please complete the following:

Child's name \_\_\_\_\_ D.O.B \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Expiry date \_\_\_\_\_

Medication strength \_\_\_\_\_

Dosage instructions \_\_\_\_\_

Administration instructions \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Instructions as given by GP - specific dosage/wait times between dosage/emergency procedures:

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Signs/symptoms that indicate medication to be given:

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**The nursery will inform parent/carer by phone call if the medication needs to be administered, and this will be recorded on the long term medication form kept in the administration of medication folder.**

**G.P Details:**

**Have you informed your GP that your child attends Nursery and how often?  
Yes/No (delete as appropriate)**

**Does your child attend any specific clinic? Yes/no (delete as appropriate)**

**If so please indicate any further guidelines given by the clinic:**

.....  
.....  
.....  
.....  
.....  
.....

**A copy of this form must be held on file, along with the child's personal care plan in their PLP. A copy must also be attached to the long term medication record sheet and kept in the administration of medications folder.**

**This procedure will be reviewed on a 6 monthly basis or as required, if a child's circumstances change before the 6 months review date.**

**This will be done by the Nursery Manager/Senior Worker and Key worker, along with parents/carer.**





## Sun Awareness and Protection

## Appendix 7

### Statement of Purpose

Early Learning and Childcare settings need to be aware of the importance of protecting children from the sun. Both children and staff should apply sunscreen, be encouraged to wear protective clothing, drink water and stay in the shade as far as possible. Staff should be good role models for the children in relation to sun safety.

### Sun Screen

Sun Screen should be applied at least 30mins before the children go outside. For children who attend the setting on a part time basis parents are encouraged to apply the cream at home and let the nursery know. Parents will sign a permission slip to allow the nursery to apply sunscreen. The nursery will provide a specific sunscreen and if a parent wishes their child to have their own sunscreen they will provide this themselves. Staff will record when the cream was applied to ensure correct procedures in relation to the application of the sun screen are being followed.

The most important information on sun screen is the SPF (which shows how strong the protection against UVB is), and star rating (which ranks the level of UVA protection). Look for **at least SPF 15** but higher factors are preferable and **4 or more stars**.

You won't get the level of the protection on the bottle **unless you put enough sunscreen on**. An adult needs about two teaspoonfuls to cover their face and upper arms. It's also important to reapply sunscreen regularly – it rubs, sweats and washes off easily, plus you may well have missed bits.

### Appropriate Clothing

Children should be encouraged to wear clothing that provides good protection from the sun, for example, sun hats, long sleeved tops or sun glasses. Information in relation to sun awareness and protection will be made available to parents through newsletters and/or the noticeboard.

### Outdoor Activities

Outdoor activities will be held in the shade and in screened areas as far as possible. Children will be encouraged to drink water regularly. Children who do not wish to go outside will be allowed to stay indoors. Children wishing to return indoors to the playroom from outside will be able to do so.