

# **Low Farm Therapy Centre**

## **FIRST AID and MEDICAL POLICY**

*Written October 2015 Ruth Lo*

*Reviewed August 2019*

*Next review Sept 2020*

*(To be read in conjunction with  
Health and Safety policies)*

### **Aims**

To provide a clear procedure for staff to follow regarding the administration of prescribed and non-prescribed medication

To provide clear procedures to follow when a child is feeling unwell, has a temperature, diarrhoea or has vomited

To provide procedures for children with allergies and chronic medical needs

To provide clear guidelines for staff regarding their own medication

To provide clear guidelines for parents (the term 'parents' is used throughout to refer to parents and all primary carers) to follow

To reduce the risk of spread of infection within the Low Farm Therapy Centre (hereafter known as 'the Centre')

To provide information relating to First Aid training and equipment at the Centre

To provide clear procedures for responding to accidents

### **Procedure for illness at home**

If a child is sick on a day when they are due to attend the Centre, parents should call or email to inform staff.

Parents should not administer a dose of pain medication to prior to bringing their child to the Centre, as this may mask symptoms of illness. If any medication has been given, and parents are not remaining with the child for the session, then staff must be informed at handover with a detailed

explanation. Staff reserve the right to refuse entrance if the symptoms described imply that the child should not be at the Centre.

Parents must ensure their child is well before bringing them into the Centre. They must ensure that the child has no signs of the following;

**Temperature** - A normal temperature is 36.4 to 37.5 degrees centigrade. Should a temperature exceed 37.8 degrees centigrade the child should not attend the Centre until their temperature returns to normal and the child is fully recovered.

**Sickness and diarrhoea** - Children must not attend the Centre if they have sickness and/or diarrhoea. They must be kept at home for 48 hours **after** symptoms persist.

## **Procedures for the care of children taken ill whilst at the Centre:**

Generally parents will accompany their children to the Centre and remain onsite. In these circumstances if the child becomes unwell the parents will take responsibility for their child. However, if the parents are not onsite, for example if the children are attending our Early/School Age Intervention Groups, then procedures for staff to follow are laid out below. If a child becomes unwell, the Head of Centre or Director of Operations should be informed immediately.

### *Temperature*

If a child becomes hot and fretful whilst at the Centre, if parents are onsite they will be informed. If parents are offsite then a first aid trained member of staff will take their temperature with a head or ear thermometer.

The temperature must then be recorded in the temperature log.

If the child's temperature is over 37.8 degrees then the child must be taken to lie down. The child's clothing, such as their jumper, may be removed to help cool them down. The child must then be sponged using tepid (not cold) water and a soft cloth.

A member of staff will telephone the parents giving full details of temperature and condition of the child. The parent will be requested to come and collect their child immediately.

After 20 minutes the child's temperature must be taken again and recorded.

The temperature of the child should continue to be taken every 20 minutes until the parent has arrived, and it must be recorded in the temperature log.

### *Vomiting*

If a child vomits then a member of the staff will inform onsite parents, or if they are offsite telephone the parent and ask them to collect their child.

The sick child will be taken to lie down and comforted by a member of the team until the parent arrives.

The parent should be informed upon collection, if relevant, that the child can only return to the Centre 48 hours after symptoms have ceased.

### ***Diarrhoea***

Parents must inform staff of any conditions which may affect the child's bowel movements.

If a child has an unusual bowel movement onsite parents should be informed. If parents are offsite the Head of Centre should be informed, and parents informed on collection.

If a child has one loose bowel movement the child will be monitored for other signs of illness.

If the child has two consecutive bouts of diarrhoea offsite parents will be contacted and asked to collect their child.

Parents should be informed upon collection, if relevant, that their child can only return to the Centre 48 hours after symptoms ceased.

### ***Allergic reaction***

Parents must inform the Centre of all known allergies. All allergies must be clearly displayed in the kitchen.

The Centre is a nut free environment.

Onsite parents and a first aid trained member of staff must be informed immediately if a child suddenly develops a rash, breathing difficulties, swelling or any sudden and unusual symptoms. They will immediately assess the situation.

If the child's condition is worsening and there is concern regarding restriction to the airway the emergency services (999), and offsite parents, will be telephoned immediately.

If the allergic reaction subsides the parent/carer will be informed and the child will be closely monitored until completely clear of symptoms.

Children with known allergies must have their own written procedure in the event of an allergic reaction in place, and it is the parent's responsibility to ensure that staff have the relevant medication. These should be displayed in the kitchen and in the file in the medicine cupboard. They must be followed as soon as the child presents with the identified symptoms. The relevant first aid staff are trained to use epi pens where required for allergies.

### ***Human bites.***

It is recommended that staff working in the Centre have up to date Hepatitis B and Tetanus vaccinations.

If staff or children are bitten or have a scratch which breaks the skin the Head of Centre should be informed as soon as possible.

Incidents should be recorded on an accident form immediately.

If a child is bitten their parents should be informed at pick up, or sooner if the skin is broken.

### **Initial wound care following a bite**

Where **the bite has not broken the skin** clean and put a cold compress on the area.

Where **the bite has broken the skin** the management of a bite wound should:

Encourage the wound to bleed, unless it is bleeding freely;

Irrigate the wound thoroughly with warm, running water;

Remove any foreign objects

Cover the wound with a waterproof dressing;

Seek medical attention

If the bite is on the hand the arm should be elevated.

If the biter has blood in the mouth they should be encouraged to swill it out well with tap water and spit out (do not swallow).

## **Chronic medical needs**

The Centre is committed to supporting children and their parents in managing chronic medical needs. Children who suffer from chronic medical conditions such as asthma or epilepsy require their own individualised medical procedure which should be provided by the child's parent/carer. The procedure should outline the cause of action to be taken should a child suffer an attack when in the Centre, if they will be attending without their parents. Parents will be required to supply written consent if they require medication to be given to children on a long-term basis, for example Ritalin, or on an emergency basis, for example inhalers or EpiPens.

## **Procedure for administering prescribed medication**

*In general, aside from in the management of chronic medical needs as above, the Centre will not administer medication. However, if parents are not onsite, if absolutely necessary the Centre will administer prescribed medication, for example for children attending our Early/School-age Intervention Groups if they must have the medication during the session times. The Centre does not administer non-prescribed medication.*

*The following regulations should be followed in the event of administering prescribed medications;*

Medicine will only be administered by staff who have received in house training in accordance with our policies and procedures.

Parents will need to submit a signed consent form, and update this daily as required.

Parents must supply medication in its original packaging.

Trained staff will be responsible for ensuring that the medication is stored correctly and that it is returned to the parent/carer at the end of the day.

If the child has **NOT** had the medication before and the last dose was given less than 12 hours before coming to the Centre the parent/carer will be asked to take their child home and the Centre will not administer any medication on site.

A trained member of staff will ensure that the medicine is stored according to the instructions on the bottle. Individual medicines will be stored in a clear, plastic bag and these will be placed in the medicine cabinet which is locked.

*Administration of a prescribed medication by a trained member of staff;*

1. A trained member of staff to check that the prescribed medication has been stored in the correct environment according to the instructions on the box or bottle
2. Ensure that the identity of the child has been verified by the trained member of staff and one other member of staff before starting the administration procedure.
3. The prescribed medication and the medicine consent form must be checked by the trained member of staff with one member of staff, and a prescribed medical administration checklist should be completed. The following points should be checked:

The Child's full name and date of birth

The nature of the prescribed medication

The prescribed dosage

The date of prescription

The expiry date of the prescribed medication

Confirmation that the child has had the medication before and if they have **not** confirmation given that they have had their first dose more than 12 hours ago

Time(s) dose to be administered and stated length of time drug course to be taken for

That signed and dated parental consent has been received

4. Verify again that the name of the child on the prescribed medication box/bottle is the same as the name of the child you intend to administer the prescribed medication to.
5. Once the above points have been verified the trained member of staff may continue to administer the prescribed medication with another member of staff as a witness.
6. Once the prescribed medication has been administered, ensure that the medicine administration checklist form has been signed by both the trained person and another member of staff.

7. Ensure that the prescribed medication is replaced in the medication box and re-stored in the correct environment.

8. The parent will then be given the medicine at the end of the day by the trained staff member.

**Should any member of staff become aware at any time during the day that a prescribed medication has been incorrectly administered the Head of Centre must be informed immediately so that the necessary precautions and medical advice can be taken.**

**Failure to comply with this procedure will be considered gross misconduct and could result in instant dismissal.**

## **First Aid**

It is a statutory requirement for an employer to make First Aid provision for all employees. At the Centre we recognise that the provision should cover all staff, children and visitors. The Centre is committed to providing a safe work environment for everyone and will provide appropriate training for staff who would like to complete a first training course. There is always at least one Paediatric First Aid trained staff member on duty. Each First Aider must have an approved up to date certificate.

First Aid kits and Eye Wash can be found in the sick bay area. If any First Aid equipment is used the Director of Operations must be informed that day so that more can be ordered. The kits are checked every half term.

### ***Control of Risks (Universal Precautions)***

Wash hands before and after potential contact and avoid hand to mouth contact

Wear gloves when the contact with blood or body fluid is anticipated

Protect skin lesions and existing wounds by means of waterproof dressings and/or gloves

Avoid use of, or exposure to, needles and sharp objects

Avoid contamination of the person by waterproof or plastic apron

Control surface contamination by blood and bodily fluids through containment and appropriate decontamination procedures

Dispose of all contaminated waste and linen safely. Waste must be placed in a biohazard bag and dealt with as clinical waste

In the event of changing nappies or toileting children staff should follow the hygiene guidelines outlined within the 'Hygiene- Toileting' policy.

In the event of contact with a body fluid in the eyes, mouth or open wounds the following precautions should be taken;

Wash affected part thoroughly

Encourage wounds to bleed

Affected persons should go to A&E as soon as possible (within 1 hour if possible and certainly within 24 hours)

***Procedure for Accidents:***

In the event of an accident the following procedures apply:

If parents are onsite they should be informed straight away.

If the accident is minor and involves a slight cut, bump or a graze, the child should be brought inside and a first aid trained member of staff will administer the appropriate treatment and complete an accident form immediately. This will then be signed by the parents at collection. The form must be kept on file.

If the accident appears more severe a first aider should be called to the scene to assess the situation. Once this has been done the injured person should then be taken to the 'sick bay' area and be monitored. Parents will need to be informed and an accident form completed immediately. This will be signed by parents at collection, and a copy will be supplied.

All head injuries should be reported immediately to the parents.

If an accident appears to be severe then the first aider should ask for an ambulance to be called. Prior to admission the Centre requests permission from parents for future emergency advice and treatment as needed. The person taken to the hospital should be accompanied by an appropriate adult. The parents must be immediately informed.

All appropriate precautions will be taken by the support staff when cleaning up after an incident involving blood, vomit etc.

If an accident involves a major injury, death, injury that involves being off for over 3 days or a disease (occupational ill health) then Low Farm Therapy Centre understands it has a duty under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

<p>The address and telephone number of the nearest hospital with accident and emergency facilities is:</p>  <p>James Paget University Hospitals NHS Foundation Trust</p>	<p>ECCH Beccles Hospital</p> <p><b>Tel:</b> 01502 719820</p> <p><b>Address:</b> St. Marys Road, Beccles, Suffolk, NR34 9NQ</p> <p><b>(Minor injuries)</b></p>
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Lowestoft Road, Gorleston, Great Yarmouth, Norfolk, NR31 6LA Tel: 01493 452452	Minor Injuries Unit, Cutler, Bungay Road, Halesworth, Suffolk, IP19 8SP  Tel  01986 874618
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### **In the case of a serious accident or serious incident where a child:-**

Is very seriously injured (where 999 has been called or an emergency ambulance service is required); or is involved in a serious incident as a result of extreme poor practice or extreme poor supervision, then Low Farm Therapy Centre must contact the following within 24 hours:-

The LADO LADOCentral@suffolk.gcsx.gov.uk or telephone number 0300 123 2044

If the accident or serious incident calls into question any indication of negligence, poor practice or breach of legislation, which may result in a police or health and safety investigation, Low Farm Therapy Centre must also notify:

**The Health & Safety (H&S) Executive** 08453009923 (where there has been a serious accident)

**Police** (emergency) 999 (non-emergency) 101 (according to judgement)

Any relevant photos of the room, area or resources where the accident/incident occurred should be taken, where appropriate.

Low Farm Therapy Centre understands that it must not investigate the accident/incident. Everyone involved should provide a written account which they should sign as a true and accurate record. This should be in the person's own words and there should be **no** collaboration amongst those present prior to writing their accounts. The Head of Centre should also write an overview detailing what happened, with a timescale, details of children and staff involved and the action taken to date. These will need to be made available should there be an investigation by the police, H&S, or the local authority.

Where it is clear that the accident or incident was the direct result of one particular person, arrangements will need to be made to safeguard children through the Designated Safeguarding Lead.

There will be other records held at the Centre which may also be included in an investigation. The Centre should ensure that any relevant records are kept (e.g. attendance registers, child records, staff records, accident records, medication records, incident records, training records, relevant policies or procedures etc.)

The Centre will wait for decisions to be made by the organisations contacted as to what will happen next, and will comply with any instructions given or decisions that are made.



## **If a child dies as a result of an accident or incident at Low Farm Therapy Centre:**

Immediate contact, making it clear that a child has died and the situation is urgent, must be made with:-

**The LADO** at [LADOCentral@suffolk.gcsx.gov.uk](mailto:LADOCentral@suffolk.gcsx.gov.uk) or telephone number **0300 123 2044**

**Social Care/MASH team** on [Customer First](#) on **0808 800 4005**

**The Police** (emergency) 999 (non-emergency) 101 (if appropriate)

**The Health & Safety (H&S) Executive** 08453009923

It is important when contacting the above organisations that it is made clear that a child has died and the urgency of the situation is stressed.

Low Farm Therapy Centre understands that they must not clean up after the accident/incident, as the room or place where the accident/incident occurred could be a potential crime scene. Any other children will be moved to another area, or be collected where this is necessary. Where it is not possible to leave the area exactly as it was, then photos should be taken immediately of all areas, equipment and resources. This will need to be made available for any investigations which may take place by the police, H&S, or the local authority.

Low Farm Therapy Centre understands that it must not investigate the accident/incident, however, everyone involved should provide a written account which they should sign as a true and accurate record. This should be in the person's own words and there should be **no** collaboration amongst those present prior to writing their accounts.

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