

**Diploma in Child  
Day Care**

**Module Six  
Healthcare**

## **Health Care**

The child in a place of care spends a significant part of the day away from home. For this reason the health care of the child is an important responsibility.

### **1. Medical History Form**

The following matters are important with regard to the medical history form, (which can form a part of the registration form):

- a. information about the child's general state of health;
- b. any communicable illnesses that the child has had and the dates when he/she had these illnesses;
- c. details regarding the child's immunisation against polio, diphtheria, tetanus, whooping cough, measles, Hepatitis B and tuberculosis;
- d. allergies and any other diseases such as diabetes and epilepsy that the place of care should have knowledge of;
- e. the name, address and telephone number of the child's family doctor, together with permission for him to be called out, if necessary;
- f. the name, address and telephone number of the child's dentist.

## 2. Responsibilities of Supervisors/Caregivers To Child Health Care

Every supervisor and caregiver at a place of care should:

- a. watch out for possible indispositions, illnesses and diseases in the children;
- b. in case of any illness, indisposition or problem, notify the parent or guardian immediately;
- c. in urgent cases, and if the parent or guardian has given the necessary permission, call the family doctor or the doctor appointed by the place of care;
- d. if the child shows repeated bruising or injuries or suspect malnutrition, abuse and neglect, the matter must be reported to the social worker of the regional or branch office of the Department of Social Services or any other welfare organisation as well as the Child Protection Unit. The matter must be recorded at the Centre.
- e. Allow an ill child to rest away from the other children and inform the parent or guardian;
- f. Keep a proper record of any medicine that is given to a child.
- g. Place the names of children who are allergic to certain substances or products in prominent places in the place of care and inform **all** staff;
- h. Notify the medical health officer in cases of communicable diseases or diseases that must be reported;
- i. If head or body lice and/or scabies are observed, the parents or guardian have to be informed immediately and the child or children concerned may not be allowed back into the place of care before the condition has cleared up.
- j. The provisions of the Health Act, regarding the barring of children from schools owing to contagious diseases are applicable to all places of care.
- k. Keep careful note and a record of any injury, trauma, biting, blood, knocks to head, or where treatment is applied and diseases incurred

while the child is in the place of care, including the wounds and bruises with which it was admitted;

- l. keep a record of each child's immunisation programme;
- m. provide for the storage of medicine in such a way that it is out of the reach of children;
- n. provide for the safekeeping of first aid equipment;
- o. ensure that enough soap, towels or paper towels are available at the wash-basins at all times;
- p. ensure that caregivers are neat at all times; and
- q. ensure that each caregiver undergoes regular health tests annually, particularly for tuberculosis.

### **3. Universal Precautions in a Childcare Setting**

Childcare providers are responsible for ensuring a safe environment for the normal healthy development of children in their care. To protect children, universal precautions need to be taken to ensure the well being of the children

Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) are serious infections but preventable. In the childcare setting, blood is the most important source of spreading these viruses. Remember we cannot tell who is infected and who is not. Protective measures must therefore focus on preventing exposure to blood. The HBV or HIV infected child or staff member is not a risk of infection to others in the childcare setting when universal precautions are followed.

**Universal Precautions** are the careful measures by which all blood as well as certain body fluids (e.g. breast milk) containing blood are treated as if infected. Universal Precautions usually do not apply in exposure situations to faeces, urine, vomits, tears and nasal secretions, unless visibly blood\_stained.

### 3.1 Management Practices and Protective Measures:

1. Always practise Universal Precautions. Treat all blood or body fluids containing blood, as infected with HIV or HBV.
2. Hand washing: Thorough hand washing with soap and water is the simplest most effective precaution and should be practised by caregivers and children.
3. Intact healthy skin is the best defence against infection. Open sores, skin lesions and broken skin must be covered with waterproof dressings until healed.
4. Caregivers must use latex gloves or plastics packets to cover hands when contact with blood is a possibility, e.g. bleeding injuries, open sores, skin lesions, broken skin, cleaning up blood spills and handling of blood soiled items.
5. Gloves, plastic packets and absorbent paper should be kept in particular areas of the facility so that they are easily accessible when required, but out of reach of children.
6. Children from a very young age must be taught **never to touch other people's blood or body fluids**. Children should be trained to manage their own bleeding e.g. nose bleeding and minor cuts and grazes.
7. Attendance Registers and Incident Books must be accurately maintained.
8. **Infection Control Measures** are applied to prevent the spread of infections, diseases and conditions viz. diarrhoea, nits and lice.

### 3.2 The Procedure to be followed:

#### 3.2.1 Bleeding:

Bleeding needs immediate attention

- Apply pressure to the wound avoiding direct contact with blood. (When possible the injured person applies pressure to his/her own wound).
- Caregivers must use gloves or plastic packets as a barrier against blood.

- Do not move the injured person, until the bleeding is controlled. (This is to keep the blood spill in one area).
- In cases of grazes and small cuts, hold briefly under running water: clean with cotton wool and disinfectant, dry and cover with waterproof dressing.
- Hands must be **washed immediately** after accidental contact with blood.
- Hands must always be washed after gloves are removed. **GLOVES DO NOT SERVE AS A SUBSTITUTE FOR HAND WASHING.**
- If blood splashes onto mucous membranes (eyes, nose, mouth) flush with **running water** for at least **3 minutes**

### **3.2.2 Blood Spill:**

- Children must be separated from the person bleeding and from blood spills.
- Gloves or plastic packets must be worn when cleaning up the blood spills to prevent skin/blood contact.
- Spilt blood must be soaked up with absorbent material e.g. paper/dry soil/sawdust.
- Used paper/dry soil/sawdust and used gloves must be carefully placed in double plastic bags, tied securely and discarded into the refuse bin. Wash hands immediately thereafter.
- The blood stained area must be sprayed with a disinfectant solution (household bleach 1 part to 9 parts of water which is made up daily) and followed with the normal cleansing procedure.

### **3.2.3 Blood Stained Items:**

- Gloves or plastic packets must be worn when handling blood stained items such as Clothing/Linen/Carpets etc.
- Remove as much of the blood as possible using absorbent paper/tissues.
- Rinse or mop with cold water to remove the bloodstain.
- Place clothing/linen into a plastic bag and return to child's home for complete laundering.
- Carpets can be sponged with hot soapy water, rinsed and allowed to dry in the sun if possible.
- All disposable cleaning material (e.g. paper, tissue) and gloves to be placed in double plastic bag tied securely and discarded into the bin. Wash hands immediately thereafter.
- Used sanitary towels must be placed in double plastic bags, tied securely and disposed into a lidded refuse bin for collection.

## **4. Preventing Poisoning**

Every year thousands of children swallow dangerous things. These include medicines and tablets, sedatives, household products, garden and garage preparations. Hundreds of children are admitted to hospitals for treatment after swallowing poisonous substances. Some die as a result, others are left with permanent damage.

Remember that the young child

- explores with his mouth
- is unable to distinguish between odours
- will swallow even bad-tasting substances.

Children under 4 years of age are the ones most exposed to danger.

#### **4.1 Storage of medicine**

The golden rule is: Lock up all medicines and potentially dangerous household products. Even a high shelf is not safe. Don't forget that children are curious and persistent. And they can climb. Specially designed childproof cupboards – one for medicine and one for other dangerous substances are advised. Where possible, the centre should have two such childproof cupboards – one for medicine and one for other dangerous substances.

Always make sure that you replace the cap after having given the child a tablet. Put the container away immediately.

Never store potentially harmful products in soft drink bottles, containers or cups used for food or drink. Children get confused and might drink the contents by mistake.

Keep medicines separate from other products.

Never store cleaning agents with food – keep them in a locked cupboard.

You must know which products in the centre are poisonous or dangerous. Attractively packaged products that look harmless and are used in and around the home can be dangerous when swallowed by a child. Often such products are not labelled as poisonous and contain only the word "Caution" as warning. Remember, small children cannot read warnings.

#### **4.2 The trouble spots**

##### **Kitchen**

The cupboard under the sink with its polishes, bleaching powder, detergents, ammonia, washing powder, insecticides and cleaning agents for drainpipes.

##### **Bathroom Cupboards**

Medicines and tablets, practically all prescribed medicines and almost all other non-prescribed medicines that can be bought "over the counter", e.g. Aspirin, Paracetamol, tonics, iron tablets and home perm kits.

**Toilet**

Disinfectants, deodorant blocks and toilet cleaners.

**Other**

Perfumes, nail polish remover, moth balls and insect repellents in strips, sticks, aerosol cans and fluids. All batteries.

Be especially careful with button-sized batteries used in calculators and digital watches.

**Garage and garden shed**

Petrol, paraffin, brake fluid, battery acid, anti-rust paint, paint thinners, swimming-pool chemicals, weed killers, insecticides, pesticides, rodenticides and fertilizers.

A small child may also accidentally spray products in aerosol cans into his eyes.

**Poison out of doors**

Some plants, berries and mushrooms are poisonous. Children should be taught never to eat anything from the garden before asking an adult.

**4.3 Preventative hints****Administering medicines**

First make sure you have the correct bottle before giving medicine to children. Don't give medicines in the dark. Using the wrong bottle could have tragic results.

**Read the label**

Measure the dose carefully with a medicine spoon and give only the quantity prescribed for a child. Never talk a child into taking tablets by telling him that they are "sweets" or "lollipops". This makes them dangerously attractive at other times.

Don't allow a child to take his own medicine.

Avoid taking medicines or tablets in a child's presence. Children love imitating adults, especially their parents. Remember always to put containers away after use.

**Dispose of unused medicines in this way:**

- Never throw bottles of medicine in the rubbish bin.

- Dispose of unwanted, leftover medicines and pills by returning them to the local pharmacist. If this is not possible, flush them down the toilet or wash them down the drain.
- Wash out the empty bottle before putting it in the rubbish bin.

Never allow children to play with medicine containers, empty or full.

Teach the children not to eat or drink from bottles or cans left lying about.

**Keep an Emergency telephone numbers list near the telephone.**

**Important:**

Contact your nearest Poisons Information Centre immediately if you suspect that a child has accidentally swallowed some medicine or a poison.

Treat all cases of poisoning as urgent. If you take the child to a doctor or a hospital, also take along the following: the container, label, prescription, remaining tablets, the substance swallowed, vomited matter or whatever might help the doctor to identify and estimate the amount of poison taken.

## **5. Suggested Contents of a First Aid Box**

The following list is suggested by BUPA

- crepe bandage
- large open weave bandage
- small open weave bandage
- eye pad with bandage
- scissors
- sterile gauze swabs
- small sterile pads with bandage
- triangular bandage
- hypoallergenic tape
- sterile non-adhesive pads, perforated film absorbent dressings (x2)
- finger bandage and applicator
- disposable gloves latex
- safety pins (optional)
- disposable laerdal face shield (for resuscitation if trained)
- Ear thermometer - electrical thermometer, 'hold to head' or
- Strip thermometer

- First Aid book or similar instructions
- Special cuddly toy
- Disinfectant spray (for cleaning up, not for use on children)
- Disinfectant wipes (for cleaning up, not for use on children)
- Body fluid disposal kit inc: disposable gloves, apron and waste bags, absorbent crystals, plastic scrapper, paper towels

**DO NOT** include in your First Aid box ANY sprays, medicated wipes, creams or lotions. Also NO tablets or medicines are to be included. Remember you should only give a child medication supplied by the parent, on written instructions from the parent.

Alternatively, St John Ambulance suggest the following contents for a First Aid Kit for those responsible for young children

- 1 A leaflet giving general guidance on first aid
- 20 Individually wrapped sterile plasters
- 2 Sterile eye pads
- 4 Triangular bandages, individually wrapped
- 6 Medium sized individually wrapped sterile unmedicated wound dressings 12cm x 12xcm
- 2 Large wound dressings 18cm x 18cm
- 1 Pairs of disposable gloves
- 6 Safety Pins

**Additional useful items**

- 1 Sterile individually wrapped non-adhesive dressings to use with the tape
- 1 Roll of adhesive tape of the non-allergic variety
- 1 Individually wrapped moist cleansing wipes

## Current legislation

**Standard 7** of the new childcare regulations deals with Health. It states the registered person promotes the good health of children and takes positive steps to prevent the spread of infection and appropriate measures when they are ill. This standard deals with hygiene, animals, sandpits, food handling, medicine, first aid, sick children and smoking.

**Standard 7.8:** The childminder does not administer any medicine or other treatment to children unless the parent has discussed its use and given prior written permission. This forms part of the contract with parents. If medicine is to be given, the childminder ensures that:

- medicines are stored in their original containers, clearly labelled and inaccessible to children;
- medicines are not usually administered unless they have been prescribed for that child by a doctor;
- a childminder caring for a child with a specific condition on a long term basis makes sure that they have a thorough understanding of the medical condition and the medication (if any) that they are required to administer;
- written records are kept of medicines administered to children and the parent signs the record book to acknowledge the entry;
- if the administration of any prescribed medication requires technical/medical knowledge then individual training is provided for the childminder from a qualified health professional. Training is specific to the individual child concerned.

The childminder should be informed of any medicine prescribed by the child's doctor and be given written permission to administer the medicine if such administration is required. Written permission will be required each time medicine is administered. The NCMA produces an Accident/ Incident and Medication Record book, which is ideal for keeping accurate records.

**Standard 7.9:** There is a first aid box, the contents of which are checked frequently and replaced as necessary. This is kept in an accessible place out of the reach of children.

**Standard 7.10:** Written parental permission is requested, at the time of the placement, to the seeking of any necessary emergency medical advice or treatment in the future.

**Standard 7.11:** A record is maintained, signed by a parent, of any accidents. If these occur whilst the child is in the childminders care parents will be informed and an entry in the accident book will be completed which will require signature. Where a child is delivered 'damaged' parents should notify the childminder and an entry will be made in the accident/incident book to be counter-signed by the parent. These records are a statutory requirement and are there to protect the children from any danger of abuse. They are open to inspection by your local Social Services Department or Ofsted.

**Standard 7.12:** Sick Children. The childminder has a policy about the exclusion of children who are ill or infectious which is discussed with parents. This includes a procedure for contacting parents or another adult designated by the parent if a child becomes ill whilst in the childminder's care.

Parents should inform the childminder if their child has been ill within the last twenty-four hours before a contracted period. Childminders do not normally undertake the care of a sick child. However, depending on circumstances: nature of illness, other children in their care etc., it may be possible. The decision whether or not to accept a sick child for care is the childminders. Under no circumstance can a child with a notifiable infectious disease be accepted because of the risk of infecting other children or childminder. Parents should inform their childminder of any symptoms of ill - health shown by their child. If the child becomes ill while in the childminders care, they will contact the parent and, according to the severity of the illness, may ask them to take the child home.

For further information see the National Childminders Association web site:

[www.ncma.org.uk](http://www.ncma.org.uk)

or

[www.childcarelink.gov.uk/pdf/ofsted/Module2.pdf](http://www.childcarelink.gov.uk/pdf/ofsted/Module2.pdf)

and

[www.ofsted.gov.uk/publications/index](http://www.ofsted.gov.uk/publications/index)

**EXAMPLE OF A MEDICINE ADMINISTRATION CHART**

**NAME OF CHILD:** \_\_\_\_\_

**NAME OF MEDICINE:** \_\_\_\_\_

**INSTRUCTION OF PARENT OR GUARDIAN:**  
(Frequency, dosage/volume)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF PARENT/  
GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**\*SIGNATURE :** \_\_\_\_\_

**\*SIGNATURE OF STAFF MEMBER WHO ADMINISTERS THE MEDICINE**

**Other Information**