



Cylch Meithrin Pwll Coch

POLISI SALWCH AC AFIECHYDON HEINTUS

Nod

Mae'r **Cylch Meithrin** yn ymwybodol y gall achosion godi pan fo plant yn sâl. Mae llawer o afiechydon plant yn heintus, ac mae gan y **Cylch Meithrin** gyfrifoldeb i sicrhau lles a iechyd pob plentyn sy'n mynychu'r lleoliad.

Egwyddorion

Nod y **Cylch Meithrin** yw cynnig awyrgylch ddiogel a glân drwy gynnal a chadw'r ystafell ac offer, a gweithredu canllawiau a threfn sydd yn galluogi'r staff i weithio yn ddiogel heb risg i'w hunain, y plant nac eraill.

Os yw plentyn yn sâl ni ddylent fod yn cael eu gadael yn y **Cylch Meithrin**. Os bydd plentyn yn ymddangos yn anhwylyd wrth gyrraedd, ni fydd y plentyn yn cael ei dderbyn i'r lleoliad. Cred y **Cylch Meithrin** mae'r lle gorau i blentyn sâl fod yw gartref gyda'i rhieni / gofalwyr / gwarchodwyr. Os bydd plentyn yn dod yn sâl tra'u bod yn y **Cylch Meithrin** bydd y cod ymarfer isod yn cael ei ddilyn.

Gwneir pob ymdrech i osgoi lledaenu heintiau ymysg plant a'r oedolion yn y lleoliad. Mae hyn yn cynnwys edrych ar y plant am arwyddion a symptomau o glefydau cyswllt e.e. brech yr ieir, y frech goch, y dwymyn doben/clwy'r pennau (*mumps*), rwbela, meningitis, hepatitis, dolur rhydd, chwydu neu gwres o 101°F/38°C neu fwy.

Nod y **Cylch Meithrin** yw osgoi niwed yn hytrach na delio â hwy. Rhaid i staff fod yn ymwybodol o sefyllfaoedd peryglus posib e.e. eitemau bach o fewn cyrraedd y plant lleiaf, ymddygiad corfforol.

Ni ddylid gadael plant ar ben eu hunain yn yr ystafelloedd, y tu allan nac yn y toiledau.

Bydd y **Cylch Meithrin** yn cynnig unrhyw hyfforddiant neu oruchwyliaeth sydd ei hangen ar staff i sicrhau ein bod yn cyrraedd y safonau hyn.

Hawliau Plant

Mae sicrhau lles, iechyd a gofal o blant sy'n dioddef o salwch neu afiechyd yn rhan o sicrhau fod y **Cylch Meithrin** yn parchu hawliau plant sydd yng Nghonfensiwn y Cenedloedd Unedig ar Hawliau Plant, yn benodol:

Erthygl 3 Dylai pob sefydliad sy'n ymwneud â phlant weithio at yr hyn sydd orau i bob plentyn.

- Erthygl 12 Mae gan blant yr hawl i ddweud eu barn ynghylch yr hyn a ddylai ddigwydd pan fo oedolion yn gwneud penderfyniadau sy'n effeithio arnyn nhw, ac i'w barn gael ei hystyried.
- Erthygl 23 Dylai plant sydd ag anabledd o unrhyw fath gael gofal arbennig a chefnogaeth fel y gallant fyw bywyd llawn ac annibynnol.

Cod Ymarfer

Trefn Ymateb i Salwch Plentyn

- Bydd y **Cylch Meithrin** yn dilyn canllawiau **lechyd Cyhoeddus Cymru** ar hyd amser eithriadau am resymau meddygol. (Gweler Poster yr **Asiantaeth Diogelu lechyd Health Protection Agency yn Atodiad 1.**)
- Os bydd plentyn yn datblygu salwch tra ei fod yn y lleoliad bydd yr **arweinydd** yn cysylltu gyda'r rhieni / gofawyr / gwarchodwyr a gofyn iddynt gasglu'r plentyn cyn gynted a bod modd.
- Os bydd aelod o staff yn amau bod afiechyd heintus ar blentyn o dan ofal y lleoliad, rhaid iddynt hysbysu'r **arweinydd** ar unwaith. Bydd y **Cylch Meithrin** yn dilyn canllawiau **lechyd Cyhoeddus Cymru** sydd yn y ddogfen '**Atal a Rheoli Heintiau ar gyfer Lleoliadau Gofal Plant (0 - 5 Oed) Meithrinfeydd, Gwarchodwyr Plant a Grwpiau Chwarae Canllawiau Cymru Gyfan (2014)**'. (Gweler y rhestr cysylltiadau defnyddiol isod.)
- Os oes gan y plentyn anhwylder heintus e.e. dolur rhydd neu chwydu, mae'n rhaid gadael o leiaf 48 awr ar ôl i'r symptomau ddiflannu cyn i'r plentyn ddychwelyd i'r **Cylch Meithrin**.
- Os bydd achos o afiechyd heintus yn digwydd yn y lleoliad, bydd y **Cylch Meithrin** yn sicrhau rhannu manylion am y symptomau cynnar gyda'r rhieni / gofawyr / gwarchodwyr. Bydd hyn yn eu helpu i fedru adnabod symptomau a chadw eu plant/plentyn adref a chael sylw / triniaeth feddygol briodol iddynt yn ôl yr angen.
- Er mwyn parchu preifatrwydd plant a theuluoedd, ni fydd enw'r plentyn / plant sy'n sâl yn cael eu rhannu gyda theuluoedd eraill.
- Pan fo achos o afiechyd heintus yn y lleoliad, bydd pob cyfarpar ac adnodd sydd wedi bod, neu a allai wedi bod mewn cysylltiad gyda'r plant / plentyn yn cael ei glanhau a'i sterileiddio yn drylwyr.
- Dylai staff adrodd i'r **arweinydd** a nodi'n syth unrhyw bryderon sydd ganddynt am heintiau neu anafiadau ymhlith y plant neu eraill sy'n ymwneud â'r lleoliad.
- Dylid nodi'r rheswm dros absenoldeb plentyn ar y **Ffurflen Cofnodi Salwch Plentyn** (Gweler **Atodiad 2**) sydd i'w chadw gyda ffurflen cofrestrriad y plentyn a ffurflenni meddyginiaeth y plentyn.

Gweithredu Mewn Argyfwng

- Petai angen triniaeth feddygol mewn ar frys ar blentyn a bod y **Cylch Meithrin** yn methu cysylltu â'r rhieni / gofalwyr / gwarchodwyr na'r personau cyswllt brys arall, bydd y **Cylch Meithrin** yn gwneud y trefniadau angenrheidiol i sicrhau diogelwch y plentyn.
- Mae arwyddo'r **cytundeb gofal plant** a'r **ffurflen gofrestru** yn caniatáu i'r **Cylch Meithrin** awdurdodi unrhyw driniaeth feddygol brys a allai fod yn angenrheidiol mewn argyfwng. (Gweler y **Ffurflen P1-13**). Rhaid i berson â chyfrifoldeb rhiant cyfreithiol bod wedi arwyddo'r ffurflen hon.

Digwyddiadau Peryglus

Mae 'Digwyddiadau Peryglus' yn cyfeirio at ddigwyddiadau penodol sydd angen eu hadrodd, fel y diffinnir yn **Rhestr 2** y canllawiau **RIDDOR**. Eu bwriad yw casglu manylion am ddigwyddiadau sydd â photensial uchel i arwain at farwolaeth neu anaf difrifol, ond sy'n digwydd yn gymharol anaml. Am fwy o wybodaeth, ewch i **wefan yr AGID (HSE)**.

Os bydd rhywbeth yn digwydd nad yw'n achosi anaf i'w adrodd, ond a allasai yn amlwg fod wedi achosi anaf o'r fath, yna gallai fod yn 'ddigwyddiad peryglus' y dylid ei gofnodi ar unwaith. Rhaid cofnodi hyn yn y **Llyfr Digwyddiadau** ac adolygu'r asesiad risg i leihau neu waredu ar y perygl.

Er mwyn adrodd ar unrhyw ddamwain neu ddigwyddiad o'r fath i'r **AGID** dylid ffonio **0845 300 9923**, neu gellir cwblhau'r adroddiad ar y we yma:

<http://www.hse.gov.uk/riddor/>

Dylid hefyd adrodd i **Iechyd Cyhoeddus Cymru** neu'r **Adran Iechyd yr Amgylchedd** lleol fel sy'n briodol os oes achosion dylid eu hysbysebu ohonynt.

Rhaid hefyd adrodd yr achosion hyn at **AGC** o fewn 10 diwrnod i'r digwyddiad. Mae'r manylion llawn ar gael yma: <http://CIW.org.uk/news/140523-changes-to-the-way-you-notify-us/?skip=1&lang=cy>

AR ÔL DAMWAIN NEU DDIGWYDDIAD DIFRIFOL RHAID ADOLYGU ASESIAD RISG Y LLEOLIAD.

CYNLLUN GWEITHREDU: YMATEB I DDAMWAIN NEU DDIGWYDDIAD

Mae gan y **Cylch Meithrin Llyfr Damweiniau** a **Llyfr Digwyddiadau**.

Diffinnir **damweiniau** fel unrhyw beth sy'n achosi niwed: megis plentyn yn syrthio ac yn anafu'i fraich, aelod o staff yn llithro ac yn troi ei f/bigwrn.

Diffinnir **digwyddiad** fel unrhyw beth a fyddai wedi gallu achosi niwed: megis plentyn yn dianc o'r lleoliad neu aelod o staff yn bachu'i th/droed mewn gwifren ond na chafwyd niwed.

- Mewn achos o anaf, rhaid ysgrifennu'r manylion yn y **Llyfr Damweiniau** a rhaid i'r staff, arweinydd a rhieni / gofalwr / gwarchodwr ei arwyddo fel sy'n briodol.
- Rhaid nodi unrhyw ddigwyddiad yn y **Llyfr Digwyddiadau**. Rhaid i'r staff, arweinydd a rhieni ei arwyddo fel sy'n briodol.
- Rhaid cadw cofnod perthnasol o ddamweiniau a digwyddiadau yn ffeil y plentyn.
- Os bydd damwain i neu salwch difrifol ar blentyn, rhaid cysylltu â'r rhieni / gofalwyr / gwarchodwyr yn syth a'r gwasanaethau argyfwng yn syth a chymryd y camau hysbysu priodol.
- Os na fydd y rhieni / gofalwyr / gwarchodwyr ar gael, bydd yr **Arweinydd** neu aelod arall o staff yn cymryd gofal o'r sefyllfa ac os oes angen, mynd a'r plentyn i'r ysbyty gyda'r manylion perthnasol. Bydd y **Cylch Meithrin** yn sicrhau bod goruchwyliaeth effeithiol o weddill y plant sydd yn y lleoliad wrth ymateb i'r sefyllfa.

Dylid sicrhau bod y rhiant / gofalwr / gwarchodwr yn llofnodi pob adroddiad am ddamwain neu ddigwyddiad. Rhaid sicrhau bod y wybodaeth yn cael ei rannu gyda'r **Unigolyn Cyfrifol / Person Cofrestredig** a fydd yn cynnal archwiliad i'r achos yn ôl yr angen. Yn dilyn hyn, bydd y **Cylch Meithrin** yn sicrhau gweithredu ar unrhyw beth sy'n achosi perygl o fewn y **Cylch Meithrin** a cheisio rhwystro'r un ddamwain neu ddigwyddiad rhag digwydd eto.

Os **oes damwain neu ddigwyddiad difrifol** yn digwydd i blentyn, gweithiwr neu ymwelydd o fewn y **Cylch Meithrin**, yna mae'n rhaid adrodd am hyn i'r **Awdurdod Gweithredol lechyd a Diogelwch** o dan reoliadau RIDDOR (*Reporting of Injuries, Diseases and Dangerous Occurrences Regulations*) ac i **AGC** o fewn 10 diwrnod.

Diffinnir damwain neu ddigwyddiad difrifol fel y nodir isod:

Marwolaeth Neu Anaf Difrifol

Os bydd damwain yn gysylltiedig â'r gwaith ac un o'r staff, neu berson hunangyflogedig yn gweithio ar eich eiddo yn cael ei ladd neu yn dioddef anaf difrifol (gan gynnwys gweithred o drais corfforol); neu aelod o'r cyhoedd yn cael ei ladd neu ei ddwyn i ysbyty; rhaid hysbysu'r Awdurdod Gweithredol lechyd a Diogelwch heb oedi.

Engbreifftau o Anafiau Difrifol sydd angen eu hadrodd:

- Torri unrhyw asgwrn heblaw bysedd, bodiau neu fysedd y traed.
- Colli rhan o'r corff.
- Datgymalu'r ysgwydd, y glun, y ben-glin neu'r asgwrn cefn.
- Colli golwg (dros dro neu yn barhaol).
- Cemegyn neu fetel poeth yn llosgi'r llygad neu unrhyw anaf sy'n cyffwrdd a'r llygad.
- Anaf o ganlyniad i sioc drydan neu losgiad trydanol sy'n achosi i'r person fynd yn anymwybodol neu sydd angen dadebriad neu fynd i ysbyty am fwy na 24 awr.
- Unrhyw anaf arall: yn arwain at hypothermia, salwch o ganlyniad i wres neu fynd yn anymwybodol; neu sydd angen dadebriad; neu fynd i ysbyty.
- Mynd yn anymwybodol o ganlyniad i fegu neu ddod ar draws sylwedd neu asiant biolegol niweidiol.
- Salwch sydyn sy'n gofyn am driniaeth feddygol, neu fynd yn anymwybodol o ganlyniad i ddod i gysylltiad ag unrhyw sylwedd drwy anadlu, llyncu neu drwy'r croen.

Anaf Dros Dridiau

Os oes damwain yn gysylltiedig â'r gwaith (gan gynnwys gweithred o drais corfforol) a bod un o'ch staff, neu berson hunangyflogedig sy'n gweithio ar eich eiddo, yn dioddef anaf dros dridiau mae'n rhaid i chi hysbysu'r **Awdurdod Gweithredol Iechyd a Diogelwch ac i AGC** o fewn 10 diwrnod.

Mae anaf dros dridiau yn un nad yw'n ddifrifol ond yn un sy'n golygu bod y person a anafwyd i ffwrdd o'r gwaith neu'n methu â gwneud ei g/waith arferol am fwy na thridiau (gan gynnwys dyddiau nad ydynt yn ddyddiau gwaith arferol). Gall gwirfoddolwyr, ymwelwyr a phlant fod ynghlwm ag anafiau difrifol, a rhaid hefyd hysbysu'r digwyddiadau hyn.

Er mwyn adrodd ar unrhyw ddamwain neu ddigwyddiad o'r fath i'r **ADIG** dylid ffonio **0845 300 9923**, neu gellir cwblhau'r adroddiad ar y we yma:

<http://www.hse.gov.uk/riddor/>

Mae gwefan yr Adran Weithredol Iechyd a Diogelwch (HSE) yn darparu gwybodaeth bellach hefyd ynglŷn â threfn adrodd ar ddigwyddiad neu ddamwain ddifrifol. Mae'r wybodaeth ar gael yma : <http://www.hse.gov.uk/cymraeg/forms.htm>

Afiechyd Gweithwyr

Rhaid i afiechydon i'w adrodd gael diagnosis Doctor. Rhaid i staff darparu'r ddiagnosis yn ysgrifenedig i'r **Cylch Meithrin**. Os bydd meddyg yn eich hysbysu bod un o'ch gweithwyr yn dioddef o afiechyd sy'n gysylltiedig â'r gwaith ac sy'n afiechyd sydd rhaid ei gofnodi, yna mae'n rhaid i chi hysbysu'r **Awdurdod Gweithredol Iechyd a Diogelwch**. Ceir rhestr llawn o heintiau hysbysadwy ar wefan **Iechyd Cyhoeddus Cymru** yma:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=48544>

Mae afiechydon i'w hysbysu yn cynnwys:

- Rhai gwenwynau
- Botwliaeth
- Enseffalitis (aciwt)
- Twymyn enterig (teiffoid neu dwymyn parateiffoid)
- Gwenwyn bwyd
- Dolur rhydd gwaedlyd heintus
- Hepatitis Heintus (aciwt)
- Clefyd streptococol a'r dwymyn goch
- Clefyd y Llengfilwyr
- Gwahanglwyf
- Malaria
- Y Frech Goch
- Llid yr Ymennydd (aciwt)
- Septisemia meningococaid
- Clwy'r Pennau
- Poliomyelitis (aciwt)
- Rwbela
- SARS
- Tetanws
- Twbercwlosis
- Teiffws
- Twymyn gwaedlifol firaol (VHF)
- Y pês
- Y dwymyn felen

Ceir manylion pellach trwy'r gwefannau perthnasol a nodir isod.

Mae gwefan yr **Adran Weithredol Iechyd a Diogelwch** (HSE) yn darparu gwybodaeth bellach ynglŷn â threfn hysbysu am ddigwyddiad neu ddamwain ddifrifol. Mae'r wybodaeth ar gael yma : <http://www.hse.gov.uk/cymraeg/forms.htm>

Polisiâu Cysylltiedig

Polisi Meddygyniaeth

Polisi Staffio

Polisi Cyfrinachedd a Diogelu Data

Polisi Cludo a Throsglwyddo Plant

Polisi Iechyd, Diogelwch a Lles

Cysylltiadau Defnyddiol a Gwybodaeth Pellach

Awdurdod Gweithredol Iechyd a Diogelwch: RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

<http://www.hse.gov.uk/riddor/>

Awdurdod Gweithredol Iechyd a Diogelwch: Digwyddiadau Difrifol

<http://www.hse.gov.uk/riddor/dangerous-occurences.htm>

Awdurdod Gweithredol Iechyd a Diogelwch: Ffurflenni Iechyd a Diogelwch (Cymraeg). <http://www.hse.gov.uk/cymraeg/forms.htm>

Iechyd Cyhoeddus Cymru: Rhestr o hentiau hysbysiadwy

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=48544>

Iechyd Cyhoeddus Cymru: [Atal a Rheoli Heintiau ar gyfer Lleoliadau Gofal Plant \(0 - 5 Oed\) Meithrinfeydd, Gwarchodwyr Plant a Grwpiau Chwarae Canllawiau Cymru Gyfan \(2014\)](#)

<http://www.wales.nhs.uk/sitesplus/documents/888/Infection%20Prevention%20and%20Control%20for%20Childcare%20Settings%20Final%202014%20%282%29%20%2D%20Welsh.pdf>

AGC: Newidiadau yn y ffordd yr ydych yn ein hysbysu am anafiadau difrifol, digwyddiadau, afiechyd a marwolaethau <http://CIW.org.uk/news/140523-changes-to-the-way-you-notify-us/?skip=1&lang=cy>



Cylch Meithrin Pwll Coch

ILLNESS AND INFECTIOUS DISEASES POLICY

Aim

The **Cylch Meithrin** is aware that incidences of child illness may arise at the setting. Many childhood illnesses are contagious, and the **Cylch Meithrin** has a responsibility to ensure the Health and wellbeing of all children who attend the setting.

Principles

The aim of the **Cylch Meithrin** is to ensure a safe and clean environment through maintaining the space and the Equipment, and putting guidelines in place which allow staff to work safely without risk to themselves, the children or others.

If a child is ill, they should not be brought to the **Cylch Meithrin**. If a child appears unwell on arrival, the child will not be accepted at the setting. The **Cylch Meithrin** believes that the best place for an ill child is at home with their parents / carers / guardians. If a child becomes ill whilst at the **Cylch Meithrin** the Code of Practice detailed below will be followed.

The **Cylch Meithrin** will do everything practicable to avoid spreading disease amongst children and adults at the setting. This includes observing children for signs of contact diseases e.g. chicken pox, mumps, rubella, meningitis, hepatitis, diarrhoea, sickness or temperatures of 101°F/38°C or above.

The aim of the **Cylch Meithrin** is to avoid injuries rather than responding to them. All staff must be aware of possible dangerous situations e.g. small items within reach of the smallest children, physical behaviour.

No child should be left on their own: in the rooms, outside or in the toilet area.

The **Cylch Meithrin** will offer any training or supervision that is needed by staff to ensure that they meet these standards.

The Rights of the Child

Ensuring the welfare, health and care of children who are experiencing illness or disease is part of ensuring that the **Cylch Meithrin** respects the rights of the child, as noted in the United Nations Convention on the Rights of the Child, specifically:

Article 3: All organisations concerned with children should work towards what is best for each child.

Article 12: Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.

Article 23: Children who have any kind of disability should have special care and support so that they can lead full and independent lives.

Code of Practice

Procedure for Responding to an Ill Child

- The **Cylch Meithrin** will follow **Public Health Wales** guidelines on exclusion periods for medical reasons. (See the Health Protection Agency Poster in **Appendix 1.**)
- If a child develops an illness whilst at the setting the **leader** will contact the parents / carers / guardians and ask them to collect the child as soon as is possible.
- If a member of staff suspects that a child in the care of the setting is suffering from a communicable disease, they must inform the **leader** at once. The **Cylch Meithrin** will follow the guidelines laid out in the **Public Health Wales** document '**Infection Prevention and Control for Childcare Settings (0-5 years) Nurseries Child Minders and Playgroups All Wales Guidance (2014)**'. (Refer to the list of useful contacts below.)
- If a child has a contagious complaint e.g. diarrhoea or sickness, they must be kept away from the **Cylch Meithrin** for at least 48 hours after the symptoms have stopped.
- If an incident of a communicable disease occurs at the setting, the **Cylch Meithrin** will ensure that it shares information about its early symptoms with parents / carers / guardians so that they are able to recognise them and keep their child/children at home and seek appropriate medical advice / treatment as required.
- With respect for the privacy of children and their families, the name[s] of the ill child / children will not be disclosed to other families.
- When an incident of a communicable disease occurs at the setting, all equipment and resources that have, or potentially have come into contact with the child / children will be thoroughly cleaned and sterilised.
- Staff should report any concerns they have about illnesses or injuries amongst the children or others at the setting to the **leader**.
- The reason for a child's absence should be noted on the **Recording a Child's Illness Form** (See **Appendix 2**), to be kept with the child's registration and medication form.

Emergency Procedures

- If a child should need emergency medical treatment, and the **Cylch Meithrin** is unable to contact the parents / carers / guardians or any other emergency contacts, the **Cylch Meithrin** will make the necessary arrangements to ensure the child's safety.
- Signing the **childcare agreement** and the **registration form** gives the **Cylch Meithrin** permission to authorise any emergency medical treatment that may be necessary. (See **Form P1-13**). A person with legal parental responsibility must have signed this form.

Dangerous Occurrences

'Dangerous Occurrences' are specific reportable events, as defined in **Schedule 2** of the **RIDDOR** guidelines. They are designed to obtain information primarily about incidents with a high potential to cause death or serious injury, but which happen relatively infrequently. For more information, refer to the **HSE website**.

If an incident occurs that does not result in a reportable injury, but which could have caused a reportable injury, it may be a dangerous occurrence which needs to be noted and reported at once. This should be recorded in the **Incident Book** and the setting's risk assessment should be reviewed to lesson or remove the danger.

To report an accident or incident of this nature to the **HSE**, you should call **0845 300 9923**, or the report can be completed online here: <http://www.hse.gov.uk/riddor/>

Where applicable, incidents should also be reported to **Public Health Wales** or **The Environmental Health Department**.

CIW must also be informed within 10 days of any incident. Full information is available here: <http://CIW.org.uk/news/140523-changes-to-the-way-you-notify-us/?lang=en>

FOLLOWING ANY SERIOUS ACCIDENT OR INCIDENT, THE SETTING'S RISK ASSESSMENT MUST BE REVIEWED.

OPERATIONAL PLAN: RESPONDING TO AN ACCIDENT OR INCIDENT

The **Cylch Meithrin** has both an **Accident Book** and an **Incident Book**.

An **accident** is defined as anything which causes harm: e.g. a child falling and hurting their arm, a member of staff tripping and turning their ankle.

An **incident** is defined as anything which could have caused harm: e.g. a child escaping from the setting or a member of staff catching their foot in a cable but which didn't cause harm.

- When an injury occurs, the details must be noted in the **Accident Book**. The staff, leader and parents / carers / guardians must sign the entry as appropriate.
- All incidents must be recorded in the **Incident Book**. The staff, leader and parents / carers / guardians must sign the entry as appropriate.
- A relevant record of accidents and incidents must be kept in the child's file.
- If a child is seriously ill or injured, the parents / carers / guardians and the emergency services must be contacted at once, and the relevant notification procedures must be followed.
- If the parents / carers / guardians cannot be contacted, the **Leader** or another member of staff will take charge of the situation and accompany the child to the hospital with the relevant information. The **Cylch Meithrin** will ensure that there is effective supervision of the other children at the setting whilst responding to the situation.

The parents / carers / guardians must sign each accident or incident report. This information must be shared with the **Responsible Individual / Registered Person** who will carry out an investigation as required. Following the investigation, the **Cylch Meithrin** will implement any necessary changes and work to ensure that the same accident or incident is not repeated.

If a child, member of staff or a visitor has a **serious accident or incident** at the **Cylch Meithrin**, this must be reported to the **Health and Safety Executive** under the RIDDOR regulations (*Reporting of Injuries, Diseases and Dangerous Occurrences Regulations*) and to **CIW** within 10 days.

Serious accidents and incidents are defined as:

Death or serious injury

If a work-related accident and a member of staff, or self-employed person working on the premises is killed or suffers from a serious injury (including an act of physical aggression); or a member of the public, including a child, is killed or taken to hospital; the Health and Safety Executive must be informed immediately

Examples of Serious Injuries which must be reported:

- Breaking any bones (except fingers, thumbs or toes).
- Amputation of a body part.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (temporary or permanent).
- Chemical injury or hot metal burning the eye or any other eye injury.
- Injury resulting from electric shock or electrical burn which leads to unconsciousness or requiring resuscitation or treatment in hospital.
- Any other injury leading to hypothermia, heat induced illness, burns, and unconsciousness, or requiring resuscitation or requiring treatment in hospital.
- Unconsciousness caused by asphyxia or exposure to harmful substances or biological agents.
- Acute illness requiring medical treatment or loss of consciousness arising from the absorption of any substance by inhalation, ingestion or through the skin.

Over 3 day Injuries

If there is an accident connected with work (including an act of physical violence) and a member of staff or self-employed person working on your premises suffers an 'over-three-day injury' it should be notified as a serious accident and must be reported to the **Health and Safety Executive** and to **CIW** within 10 days.

An over-3-day injury is one which results in the injured person being away from work and unable to do their normal work or activity for more than three days (including any days they would not normally be expected to work). These may also involve volunteers, visitors and children, and such instances should also be reported.

To report an accident or incident of this nature to the **HSE**, you should call **0845 300 9923**, or the report can be completed online here: <http://www.hse.gov.uk/riddor/>

The HSE website provides further information on the procedure for notifying serious accidents or incidents. This information is available here: <http://www.hse.gov.uk/welsh/forms.htm>

Staff Illnesses

Notifiable diseases must be diagnosed by a Doctor. Staff must provide the diagnosis in writing to the **Cylch Meithrin**. If a member of staff informs you that they are suffering from a work-related illness or diagnosed reportable disease, then you must inform the **Health and Safety Executive**. A full list of notifiable diseases is available on the **Public Health Wales** website here:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=48544>

Notifiable diseases include:

- Some poisons/toxins.
- Botulism
- Encephalitis (acute)
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Infectious bloody diarrhoea
- Infectious hepatitis (acute)
- Invasive group A streptococcal disease and scarlet fever
- Legionnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningitis (acute)
- Meningococcal septicaemia
- Mumps
- Poliomyelitis (acute)
- Rubella
- SARS
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Further information is available on the relevant websites listed below.

The **HSE website** provides further information on the procedure for notifying serious accidents or incidents. This information is available here:

<http://www.hse.gov.uk/welsh/forms.htm>

Associated Policies

Medication Policy

Staffing Policy

Confidentiality and Data Protection Policy

Transporting Children Policy

Health, Safety and Welfare Policy

Useful Links and Further Information

Health and Safety Executive: RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 <http://www.hse.gov.uk/riddor/>

Health and Safety Executive: Dangerous Occurrences
<http://www.hse.gov.uk/riddor/dangerous-occurrences.htm>

Health and Safety Executive: Health and Safety Forms (English)
<http://www.hse.gov.uk/welsh/forms.htm>

Public Health Wales: List of Notifiable Diseases
<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=48544>

Public Health Wales document 'Infection Prevention and Control for Childcare Settings (0-5 years) Nurseries Child Minders and Playgroups All Wales Guidance (2014)'
<http://www.wales.nhs.uk/sitesplus/documents/888/Infection%20Prevention%20and%20Control%20for%20Childcare%20Settings%20Final%202014.pdf>

CIW: Changes to the way you notify us about serious injuries, incidents, illness and deaths <http://CIW.org.uk/news/140523-changes-to-the-way-you-notify-us/?lang=en>

Guidance on infection control in schools

^Agency *f*

and other childcare settings

April 2010

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment.

Please contact your local health protection unit (HPU) on
or visit www.hpa.org.uk if you would like any further advice or information, including the latest guidance.

Diarrhoea and vomiting illness

	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	This guidance may also apply to some contacts who may require microbiological clearance
Shigella (dysentery)		Please consult your local HPU for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

	Recommended period to be kept away from school, nursery or childminders	Comments
'Flu (influenza)	Until recovered	
Tuberculosis*	Always consult your local HPU	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPU will organise any contact tracing necessary

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform their local HPU

Rashes and skin infections

	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athletes foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from the onset of rash	
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Six days from onset of rash	Preventable by immunisation (MMR x 2 doses).
Hand, foot and mouth	None	Contact your local HPU if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2).
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None	
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local HPU.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Other infections

	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPU
Diphtheria *	Exclusion is essential. Always consult with your local HPU	Family contacts must be excluded until cleared to return by your local HPU. Preventable by vaccination. Your local HPU will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPU will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills.
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local HPU
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* **denotes a notifiable disease.** It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local HPU.

Regulating Bodies (Ofsted, OfE, OfW, OfC, OfS) and the Commission for Social Care Inspection (CSCI) may wish to be informed - please refer to local policy.

GOOD HYGIENE PRACTICE

is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease.

The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

easily spread infections.

Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages - use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

. Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/ pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a

registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

SHARPS INJURIES AND BITES If skin is broken, encourage the wound to bleed/ wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact your local HPU for advice, if unsure.

ANIMALS

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

(permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

. Please contact your local environmental health department who will provide you with help and advice when you are planning a visit to a farm or similar establishment. For more information see www.hse.gov.uk/pubns/ais23.pdf

VULNERABLE CHILDREN

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox or measles and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

FEMALE STAFF# - PREGNANCY If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant

women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
 - All female staff under the age of 25 working with young children should have evidence of two doses of MMR vaccine.

#The above advice also applies to pregnant students.

IMMUNISATIONS

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice www.immunisation.nhs.uk, or the school health service can advise on the latest national immunisation schedule.

2 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV)	One injection One injection
3 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Meningitis C (Men C)	One injection One injection
4 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV) Meningitis C (Men C)	One injection One injection
Around 12 months	Hib/meningitis C	One injection
Around 13 months	Measles Mumps and Rubella (MMR) Pneumococcal (PCV)	One injection One injection
Three years and four months or soon after	Diphtheria, tetanus, pertussis, polio (DTaP/IPV) or dTaP/IPV Measles Mumps and Rubella (MMR)	One injection One injection
13 to 18 years old	Tetanus, diphtheria, and polio (Td/IPV)	One injection
Girls aged 12 to 13 years	Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine	Three doses over six months

This is the UK Universal Immunisation Schedule. Children who present with certain risk factors may require additional immunisations. Some areas have local policies - check with your local HPU.

. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations. All staff aged 16-25 should be advised to check they have had two doses of MMR.

For references visit www.hpa.org.uk

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