Health and Administering Medication Policy

(Please also refer to our Health and Safety Policy)

# Aim

Our provision is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. They meet all statutory requirements for promoting health and hygiene and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare requirements.

Objectives

We promote health through:

* ensuring emergency and first aid treatment is given where necessary.
* ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements.
* promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill.
* pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance.

Legal references

Medicines Act (1968)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

Control of Substances Hazardous to Health (COSHH) Regulations (2002)

Health and Safety (First Aid) Regulations 1981

Minor Injuries and Accidents

* For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded in the setting’s Accident Record book at the time at which they occur. All entries will be read and countersigned by the parent/ carer on collection of the child. The entries will be confidential. Parents may have a photo-copy/ email of the accident form on request.
* In the event of minor injuries or accidents, if the child is unduly upset or members of staff have any concerns about the injury, they will contact the parent for clarification of what they would like to do, i.e. collect the child or take them home and seek further advice from NHS 111.
* The accident book is kept safely and is accessible to staff. Staff know where it is kept and how to complete it.
* The accident book is reviewed half termly so that any issues or recurrent accidents can be picked up and addressed.

Serious accidents or injuries

* An ambulance is called for children requiring emergency treatment.
* First aid is given until the ambulance arrives on scene.
* The registration form is taken to the hospital with the child.
* Parents or carers are contacted and informed of what has happened and where their child is being taken to.
* The setting managers arrange for a taxi to take the child and carer to hospital for further checks, if deemed to be necessary.
* In the event of a serious accident, injury, or serious illness, the designated person notifies the designated officer using the confidential safeguarding incident report form as soon as possible. Please use the Confidential safeguarding incident report form.
* If required, a RIDDOR form is completed; one copy is sent to the parent, one for the child’s file and one for the local authority Health and Safety Officer.
* Notification to Ofsted is made as soon as is reasonably practicable and always within 14 days of the incident occurring. The designated person will also inform local child protection agencies where necessary.

Ofsted is notified of any injury requiring treatment by a general practitioner or hospital doctor, or the death of a child or adult.

We meet our legal requirements for the safety of our employees by complying with RIDDOR (the Reporting of Injury, Disease and Dangerous Occurrences Regulations). We report to the Health and Safety Executive when:

* Any injury requiring general practitioner or hospital treatment to a child, parent, member of staff, volunteer or visitor or where there is a death of a child or adult on the premises.
* Any dangerous occurrences – an event that caused injuries or could have caused injuries.

Pre-Existing Injuries

When a child arrives at pre-school with an existing injury, parents are requested to fill out a Pre-existing injury form. This will give us details of the injury itself, how it happened and what treatment had been given. This record is then kept with the Accident records for each individual child. The records are monitored half termly by the manager and if there are child protection concerns then these will be shared with other agencies as appropriate in order to safeguard children.

#### First Aid

* There will be at least one qualified First Aider present at every session, or on an outing, who has Level 2 Paediatric First Aid qualification. First Aid certificates are renewed at least every three years.
* Trudy Saunders is responsible for the first aid kit. It is checked regularly and kept clean and supplied, in line with the most recent advice from staff members who have attended training courses. Sterile items are kept sealed in their packages until needed. No other item is stored in the First Aid box. The box is marked with a white cross on a green background. It is kept in a set position that is easily accessible to adults but kept out of reach of children. All staff know the location of the First Aid box.
* Vinyl single use gloves and a thermometer are also kept near to the First Aid Box.
* Cold compresses are available in the fridge and ice in the freezer.
* At the time of admission to the setting, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.
* Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.
* It is the preschool's aim to have all members of staff qualified in first aid. Currently all staff are first aid qualified: Mel Riches, Trudy Saunders, Kirsty Horsfield and Claire Davies. They all hold a valid Level 2 Paediatric First Aid qualification.

#### Administration of Medicines

Administering medicines during the child’s sessions will only be done if absolutely necessary. If a child is on prescribed medication, they must be well enough to attend the setting, and the following procedures will be followed:

* If possible the child’s parent/ carer will come into the setting to administer the medicine.
* If not, the medicine must be brought in its original container and clearly labelled with the child’s name, dosage and any instructions. Medicine is to be stored as recommended. If the medicine needs refrigeration, it will be kept in a separate sealable box on the top shelf.
* Only a person with parental responsibility can give prior written permission for the administration of medication. This states the name of the child, name/s of parent(s), date the medication starts, the name of the medication and prescribing doctor, the dose and times, and how and when the medication is to be administered/ stored. This must have a signature and printed name of the parent and date.
* The administration is recorded accurately each time it is given (name, medication, date, time of dose, dose given) and is signed by the member of staff administering the medicine and witnessed by another member of staff. Parents sign the record book to acknowledge the administration of a medicine.
* Mel Riches / Trudy Saunders are responsible for gaining parental consent and administering medication.
* If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
* For some conditions, medication for an individual child may be kept at the setting. If so, a healthcare plan form must be completed. Trudy Saunders / Mel Riches to check all medication is in date and any out-of-date medication must be returned to the parent. Please refer to the Health Care Plan Form.
* We use the Preschool Learning Alliance’s publication *Medication Record* book for recording administration of medicine and comply with the detailed procedures set out in that document.
* No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell an adult what they need. This does not replace staff vigilance in knowing and responding.
* The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control

Children with long term medical conditions requiring ongoing medication

* Risk assessment is carried out for children that require ongoing medication. This is the responsibility of Mel Riches, Trudy Saunders and the key person if applicable. Other medical or social care personnel may be involved in the risk assessment.
* Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
* For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
* Risk assessment includes any activity that may give cause for concern regarding an individual child’s health needs.
* Risk assessment also includes arrangements for medicines on outings; advice from the child’s GP’s is sought if necessary, where there are concerns.
* Health care plan form is completed fully with the parent; outlining the key person’s role and what information is shared with other staff who care for the child.
* The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

Managing medicines on trips and outings

* Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
* Medication is taken in a plastic box labelled with the child’s name, name of medication, copy of the consent form and a card to record administration, with details as above.
* The card is later stapled to the medicine record book and the parent signs it.
* If a child on medication has to be taken to hospital, the child’s medication is taken in a sealed plastic box clearly labelled as above.

Staff taking medication

Staff taking medication must inform their manager. The medication must be stored securely in staff lockers or a secure area away from the children. The manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

Life-saving medication and invasive treatments

Life-saving medication and invasive treatments may include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatment such as rectal administration of Diazepam (for epilepsy).

* The key person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
* The child’s welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
* The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
* Children with complex and/or long-term health conditions have a health care plan in place which takes into account the principles and best practice guidance given here.
* Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
* Key persons speak directly to the child, explaining what they are doing as appropriate to the child’s age and level of comprehension.
* Children’s right to privacy and modesty is respected. Another practitioner is usually present during the process.

Record keeping

For a child who requires invasive treatment the following must be in place from the outset:

* a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered
* written consent from parents allowing members of staff to administer medication
* proof of training in the administration of such medication by the child's GP, a district nurse, children’s nurse specialist or a community paediatric nurse
* a healthcare plan

Copies of all letters relating to these children must be sent to the insurance provider for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended. A record is made in the medication record book of the intimate/invasive treatment each time it is given.

Physiotherapy

* Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.
* If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the practitioner applying the technique in the first instance.

Safeguarding/child protection

* Practitioners recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.
* If a practitioner has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

Treatments such as inhalers or Epi-pens will be immediately accessible in an emergency.

#### Poorly Children

* Parents are asked to keep their children at home if they are unwell, have a temperature, sickness, diarrhoea or have an infection, and to inform the preschool of the nature of the infection. This will allow us to alert other parents as necessary e.g. if there is a case of chicken pox.
* Children who have been vomiting or had diarrhoea are asked not to come back until at least 48 hours has elapsed since their last attack.
* Children with head lice are not excluded, but parents must be informed so that the condition can be treated. Parents are notified if there is a case of headlice in the setting.
* Cuts and sores, whether on adults or children, need to be covered.
* If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea or pains, particularly in the head or stomach then the setting manager calls the parents and asks them to collect the child or send a known carer to collect on their behalf.
* If a child has a raised temperature, they are kept cool by removing top clothing, sponging their heads with cool water and kept away from draughts.
* A child’s temperature is taken and checked regularly
* In an emergency, an ambulance is called and the parents are informed.
* Some activities such as sand and water play and self-serve snacks will be suspended for the duration of any outbreak.
* The setting has information about excludable diseases and exclusion times.
* The setting manager notifies their line manager if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.
* The setting manager has a list of notifiable diseases and contacts Public Health England (PHE) and Ofsted in the event of an outbreak.
* If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS111 and informs parents.

Hygiene Precautions when dealing with body fluids:

Hygiene precautions for dealing with body fluids are the same for all children and adults.

* Single use vinyl gloves and aprons are worn when changing children’s nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
* Protective rubber gloves are used for cleaning/sluicing clothing after changing.
* Soiled clothing is bagged for parents to collect.
* Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with clinical waste.
* Tables and other furniture or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
* Mouthed toys are kept clean and plastic toys cleaned in sterilising solution regularly.

Paracetamol based medicines (e.g. Calpol)

Non-prescription medicine will not be used within our setting. The use of emergency medicine does not apply to children over 2 year olds and therefore we do not keep Calpol (or similar) on the premises. A child over the age of 2 who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.

#### Application of suncream

* It is the responsibility of every parent to ensure suncream is applied to their child before attending the morning session at pre-school.
* Parents are reminded regularly of our suncream policy through newsletters, notices on the door, and verbal reminders by staff. Suncream is available at preschool for parents to use on their own child if they have forgotten to apply it that morning,
* On hot sunny days, children are reminded to bring and wear sunhats, play in the shade and drink lots of water.
* On days when the child attends for longer than a morning session, then staff will apply suncream at lunchtime, with prior written consent from the parent.
* Within our curriculum, children are taught about how to keep safe in the sun
* For further details, please see our Sun Protection Policy/ Sun application procedures.

Please also refer to the following policies for further information:

* Health and safety policy
* Allergies policy
* Positive behaviour policy
* Fire policy
* Missing child policy
* No smoking, alcohol or drugs policy
* Staff code of conduct policy
* Staff induction process
* Safeguarding and child protection policy

M Riches

Written July 2023

Next review date: July 2024