



First aid and Administering Medicines

First Aid

Policy statement

We are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one adult with a current first aid certificate is on the premises, or on an outing, at any one time. Newly qualified staff who achieved an early year's qualification at level 2 or 3 on or after 30 June 2016 also have a paediatric first aid certificate in order to be counted in the adult: child ratios. The first aid qualification includes first aid training for infants and young children. We have evidence of due diligence when choosing first aid training and ensure that it is relevant to adults caring for young children. Ullesthorpe Pre-School provide all staff with a first aid course, so each member of staff is qualified in first aid training.

Procedures

The first aid kit

Our first aid kit is always accessible, and is situated on the windowsill above the paint sink (first aid signs for location) and contains the following items:

- Triangular bandages (ideally at least one should be sterile) x 4.
- Sterile dressings:
 - Small x 3.
 - Medium x 3.
 - Large x 3.
- Composite pack containing 20 assorted (individually wrapped) plasters x 1.
- Sterile eye pads (with bandage or attachment) x 2.
- Container of 6 safety pins x 1.
- Guidance card as recommended by HSE x 1.
- First aid scissors.

In addition, the following equipment is kept in or near to the first aid box:

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
 - 1 plastic disposable apron.
 - A children's forehead 'strip' thermometer & or ear thermometer
 - cold pack in the fridge
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- Information about who has completed first aid training and the location of the first aid box is provided to all our staff and volunteers. A list of staff and volunteers who have current PFA certificates is stated in the prospectus and on display in the reception area.
 - The first aid box is easily accessible to adults and is kept out of the reach of children.
 - Our management team are responsible for checking and replenishing the first aid box & contents.
 - Medication is only administered in line with our Administering Medicines policy.
 - In the case of minor injury or accidents, first aid treatment is given by a qualified first aider.
 - In the event of minor injuries or accidents, we normally inform parents when they collect their child, unless the child is unduly upset, or we have concerns about the injury. In which case we will contact the child's parents for clarification of what they would like to do, i.e., whether they wish to collect the child and/or take them to their own GP.
 - An ambulance is called for children requiring emergency treatment. We contact parents immediately and inform them of what has happened and where their child has been taken.
 - Parents sign a consent form at registration allowing a senior member of staff to take their child to the nearest Accident and Emergency unit to be examined, treated, or admitted as necessary on the understanding that they have been informed and are on their way to the hospital.
 - Accidents and injuries are recorded on an accident form personal to each child, that form that is kept in the child's personal file, where applicable, notified to the Health and Safety Executive, Ofsted and/or local child protection agencies in line with our Recording and Reporting of Accident and Incidents Policy.
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Administering medicines

Policy statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, it is

advised that the parent keeps the child at home for the first 24 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our staff are responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. **we notify our insurance provider of all required conditions, as laid out in our insurance policy.**

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition. All prescribed medications must have a dispensary label attached to the bottle or the original box that it was dispensed in.
- Non-prescription medication, such as pain or fever relief (e.g., Calpol) and teething gel, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication. Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - the full name of child and date of birth
 - the name of medication and strength
 - who prescribed it
 - the dosage and times to be given in the setting.
 - the method of administration
 - how the medication should be stored and its expiry date
 - any possible side effects that may be expected
 - the signature of the parent, their printed name and the date
- The administration of medicine is recorded accurately on the child's medication record sheet each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the form to acknowledge the administration of the medicine. The form records the:
 - name of the child

- name and strength of the medication
 - name of the doctor that prescribed it
 - date and time of the dose
 - dose given and method
 - signature of the person administering the medication and a witness who verifies that the medication has been given correctly
 - parent's signature (at the end of the day).
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
 - If rectal diazepam is given, another member of staff must be present and must co-sign the record book.
 - No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
 - We monitor the medication forms to look at the frequency of medication given in the setting. 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.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person (or who it may be passed onto in the absence of the key person) is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Medicines are stored in the fridge or cupboard. The keyperson would have been informed of the medicine by the parent or a senior member of staff.

Children who have long term medical conditions and who may require ongoing medication

- We carry out a risk assessment for each child with a long-term medical condition that requires on-going medication. This is the responsibility of our manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.

- For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary, where there are concerns.
- An individual health plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan every six months, or more frequently if necessary. This includes reviewing the medication, e.g., changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the individual health plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, the key person for the child (or another member of staff who is fully informed about the child's needs and/or medication) will accompany each child with a risk assessment.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, the original pharmacist's label and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.
- On returning to the setting the card is 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 with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outing's procedure.

Managing children who are sick, infectious, or with allergies

Policy statement

We aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger.

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach the manager or deputy will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water but kept away from draughts.
- The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.
- If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, we ask parents keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities and includes common childhood illnesses such as measles.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
- When we become aware, or are formally informed of the notifiable disease, our manager will contact Ofsted and Public Health England, and act[s] on any advice given.

HIV/AIDS/Hepatitis procedure

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. We:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Bag soiled clothing for parents to take home for cleaning.

- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.
- Ensure that children do not share tooth brushes, which are also soaked weekly in sterilising solution.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents ask them to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

- When children start at the setting we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, we complete a risk assessment form to detail the following:
 - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
 - The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
 - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
 - Control measures - such as how the child can be prevented from contact with the allergen.
 - Review measures.
- This risk assessment form is kept in the child's personal file and a copy is displayed where [our staff/I] can see it.
- **A health care plan will also be completed.**
- Generally, no nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

Insurance requirements for children with allergies and disabilities

- If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.

- Oral medication:
 - Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
 - we must be provided with clear written instructions on how to administer such medication.
 - we adhere to all risk assessment procedures for the correct storage and administration of the medication.
 - we must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.
- Life-saving medication and invasive treatments:

These include adrenaline injections (EpiPen's) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

 - we must have:
 - a letter/care plan from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
 - written consent from the parent or guardian allowing our staff to administer medication; and
 - 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.
 - **Written confirmation that we hold this information will** first be sent to [the Early Years Alliance Insurance team for appraisal (if you have another provider, please check their procedures with them)]. Written confirmation that the insurance has been extended will be issued by return.
- **Treatments, such as inhalers or EpiPen's are immediately accessible in an emergency.**
- Key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:
 - Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
 - [The key person/I] must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
 - Copies of all letters relating to these children must first be sent to [the Early Years Alliance Insurance team for appraisal (if you have another provider, please check their procedures with them)]. Written confirmation that the insurance has been extended will be issued by return.
- If we are unsure about any aspect, we contact the Early Years Alliance Insurance team on 020 7697 2585 or email insurance@eyalliance.org.uk.

Further information

- Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)

Legal framework

- Health and Safety (First Aid) Regulations (1981)
- The Human Medicines Regulations (2012)

Further guidance

- First Aid at Work: Your questions answered (HSE Revised 2015)
- Basic Advice on First Aid at Work (HSE Revised 2012)
- Guidance on First Aid for Schools (DfE Revised 2014)
- First Aid Management Record (Pre-school Learning Alliance 2016)
- Accident Record (Pre-school Learning Alliance 2017)
- Medication Administration Record (Pre-school Learning Alliance 2017)
- Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)

I have read & understood the first aid and administering medicines policy including managing a sick child policy adapted by Ullesthorpe Pre-School and understand that Safeguarding is the responsibility of all staff & committee members.

This policy was adopted by: Ullesthorpe Pre-school			
On	5 th May 2021	Date to be reviewed:	April 2022
Signed on behalf of the provider		Name of signatory	
Role of signatory (e.g., chair/director)			

Designation	Name	Signature	Date
Manager			
Deputy Manager			
Nursery Nurse			
Nursery Nurse			
Secretary			
Treasurer			

Member			
Member			
Member			