



# CHOLSEY PRE-SCHOOL POLICIES

**Policy Name – First Aid and Administering Medicines**

**Policy Number – CPS308**

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## 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. Accidents involving a child or adult will happen and require first aid treatment, in both instances a trained member of staff shall be available to administer first aid or medicine.

## FIRST AID

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 years 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 selecting first aid training and ensure that it is relevant to adults caring for young children.

### First Aid Kits

First Aid kits are accessible at all times, comply with the Health and Safety (First Aid) Regulations 1981 and contain 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) e.g. No 16 dressing x 2.
- Container of 6 safety pins x 1.
- Guidance card as recommended by HSE x 1.
- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.



- A children's forehead 'strip' thermometer.

The first aid kit is easily accessible to adults and is kept out of the reach of children. Preschool have several first aid kits to allow for at least one kit to be available at all times. A first aid backpack is available to take on outings and a permanent first aid kit is held on the premises.

Each pack is checked monthly to ensure it is correctly stocked and all items are in date of use, all packs contain a checklist of contents.

- 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 made available to parents.
- 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 this situation we will contact the child's parents/guardians 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 what has happened and where their child has been taken.
- Parents sign a consent form at registration allowing a 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 in our accident record book and, 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.



## Administering First Aid

- No unprescribed medication is administered to children, parents or staff.
- At the time of each child's admission to the setting, parents' written permission for obtaining emergency medical advice or treatment is sought. Parents sign and date their written approval.
- Any serious accident/injury whilst in the care of Preschool must be reported to the company providing public liability policy and a claim number to be allocated.

## Prescribed Medicines

In many cases, it is possible for a child's GP 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, especially a baby/child under the age of two, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

These procedures are written in line with guidance in *Managing Medicines in Schools and Early Years Settings*:

<http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/Managing%20Medicines%20Nov%2007%20version.pdf>

The manager is responsible for ensuring all staff understand and follow these procedures.



## Administering Prescribed Medication

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor). Children’s paracetamol (unprescribed) is administered only for children under the age of one year with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must 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 to be given in the setting;
  - how the medication should be stored and its expiry date;
  - any possible side effects that may be expected; and
  - the signature of the parent, their printed name and the date.
- The key person for each children’s group is responsible for the correct administration of medication to the children for whom they are responsible, unless they are medically unable. This includes ensuring that parent consent forms have been completed, the medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of the administration of medication.
- When administering the medicine another member of staff, usually the manager shall witness the administration of the medicine and check the quantities given.
- Oral medications must be prescribed by a GP or have manufacturer’s instructions clearly written on them.
- The setting must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and



administration of the medication.

- The setting must have the parent or guardian's prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.

## Long term medical conditions requiring on-going medication

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the 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 identify 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.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed 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 health care plan and each contributor, including the parent, signs it.



## Life Saving Medication

Adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy) requires the setting to hold:

- 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 the parent or guardian allowing staff to administer the 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.
- Copies of all three documents relating to these children must first be sent to the Early Years Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

## Recording of the Administered Medicine

The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the key person/manager. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:

- name of the child;
- name and strength of the medication;
- date and time of the dose;
- dose given and method;
- signature of the key person/manager; and
- parent's signature.

We use the Early Years Alliance's Medication Record book for recording the administration of medicine and comply with the detailed procedures set out in that publication.





## Storage of Medicines

- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children, stored in a locked medical cabinet or when required, in the refrigerator in the kitchen area.
- When the refrigerator is used for storing medicines, they are kept in a marked plastic box, separate from other goods.
- The child's key person is responsible for ensuring medicine is handed back to the parent/guardian at the end of the day.
- 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 to the parent.
- Asthma medication must always be kept at the setting while the child attends.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-signs 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.

## Managing Prescribed Medicines on Trips and Outings

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child 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 and a card to record when it has been administered, including all the details that need to be recorded in the medication record as stated above.



- On returning to the setting the card is attached 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 is read alongside the outings procedure.

## Legal framework

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

## Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)
- 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)