

Medical needs

Administering Medicines

A request for medicine to be administered must be completed by a parent/carer before any medicine can be given to a child.

All prescribed medicines must be labelled with the child's name and GP instructions.

There are always two members of staff present when medicine is given.

The administration is recorded each time it is given, and the record is signed by both staff present. If a child refuses to take the medication this will be recorded, and we will contact the parent/carer as soon as possible.

The administering medicine form records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given
- route medicine administered e.g orally, eye drops, nasal spray etc.
- whether the child has refused the medication and, in this case, when parents were contacted and what action was taken.

Staff are asked to read and sign the policy on administering medicines annually.

Paracetamol Syrup

A bottle of paracetamol syrup is stored in the setting for emergency use only. Parent/carers are asked on their child's registration form if they give permission for paracetamol syrup to be administered in an emergency to lower a high temperature.

We will always phone the parent/carers before administering.

Storage of medicines

All medication will be stored in a clear bag and will be clearly labelled with the child's name.

Medication that needs to be refrigerated will be stored in the fridge which is not accessible to children.

Medication that does not need to be refrigerated will be stored on the first aid shelf which is out of reach of children, in the room the child is in.

All medication although stored safely out of the reach of children will be easily accessible when needed.

The child's key person or appropriate member of staff 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. A list of children with medication stored at the setting is up on the wall near the First Aid area in each room.

Medicines are regularly checked to ensure they are in date. Out of date medicines are returned to the parent/carer and new supplies requested if appropriate.

On trips and outings only medicines that may be required in an emergency will be taken out of the setting.

Health care plans

If a child has ongoing health or medical needs a health care plan is drawn up with the parent/carer.

A copy of the health/medical information is displayed in each room where staff can see it.

The health care plan should include the measures to be taken in an emergency.

The health care plan is reviewed regularly.

Parents/carers receive a copy of their child's health care plan. This is signed by parent/carer.

For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication should be administered correctly. The training needs for staff is part of the risk assessment.

Allergies

If a child has an allergy, it should be recorded by the parent/carer on their child's registration forms.

If a child requires medication for their allergy a health care plan will be drawn up.

We will endeavour to maintain a nut/sesame seed free environment.

A list of all children with allergies are displayed in each room.

If a child has a severe allergy to a particular food which children might bring into the setting, in their lunch or snack, we will ask parents/carers to avoid sending in that particular food.

Children are supervised when they are eating to minimise the risk of food sharing.

At snack time each child has a name card placed on the table where they sit. Any child with an allergy or intolerance will have a red band round their name and an explanation of the medical issue written on the back of their card.

Procedures for children who are sick or infectious

Children and young people who are unwell and have a high temperature should stay at home and where possible avoid contact with other people. They can return to the setting when they no longer have a high temperature, and they are well enough to attend.

Children with mild symptoms such as a runny nose, sore throat, or mild cough, who are otherwise well, can continue to attend their school or setting.

All children and young people with respiratory symptoms should be encouraged to cover their mouth and nose with a disposable tissue when coughing and/or sneezing and to wash their hands after using or disposing of tissues.

If children appear unwell during the day – have a temperature of 38°C or above, sickness, diarrhoea or pains, particularly in the head or stomach – the setting calls the parents/carers and asks them to collect the child or send a known carer to collect on their behalf.

In extreme cases of emergency, the child should be taken to the nearest hospital by ambulance and the parent/carer informed.

After sickness and/or diarrhoea, parents/carers are asked to keep children home for at least 48 hours after symptoms cease.

After fever, parents/carers are asked to keep children at home for 24 hours after symptoms cease. The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from:

Public Health Exclusions

Children are not allowed to return to the setting within 24 hours of being prescribed antibiotics.

Reporting of ‘notifiable diseases’

If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency.

When the setting becomes aware, or is formally informed of the notifiable disease, the leader informs Ofsted and acts on any advice given by the Health Protection Agency.

First Aid

Our first aid kit complies with the Health and Safety (First Aid) Regulations 1981.

A first aid kit is easily accessible in both rooms to adults and is kept out of the reach of children and is checked regularly.

There is always at least one person who has a current paediatric first aid certificate on site, however, we strive as a setting to train all staff members.

At the time of admission to the setting, parents/carers written permission for emergency medical advice or treatment is obtained. Parents/carers sign and date their written approval.

Parents/carers will be informed at the earliest opportunity if emergency medical treatment is required for their child. When there is a head injury staff will, once the injury has been treated, put a wrist band on the child stating that they have bumped their head.

Accidents will be recorded on accident forms. At collection, parents will be informed of the accident and asked to sign the form. These will be stored securely and reviewed for any necessary actions.

The large gate to the school grounds allows access for an ambulance if needed.

Insurance requirements for children with allergies and disabilities

The insurance will automatically include children with any disability or allergy, but certain procedures must be strictly adhered to as set out in this policy. For children suffering life threatening conditions, or requiring invasive treatments, written confirmation from the insurance provider must be obtained to extend the insurance.

Head lice

Head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.

On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

Legal framework

- Medicines Act (1968)
- Health and Safety (First Aid) Regulations 1981