

Springboard Sunderland Trust

Springboard Nursery

First Aid including Medication and Allergies

Medicines, Allergies, Sickness diseases and Infections



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First Aid including Medication and Allergies	
Category:	Springboard Nursery
Responsible Person:	Marie Hunter
Accountable Person:	Jane Waggott
Date of First Issue:	November 2015
Next Review Date:	31/10/2022

Policy statement

At Springboard Nursery 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, however, we will agree to administer medication as part of maintaining a child's health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GP's to prescribe medication 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 two, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

We provide care for children and promote health through identifying allergies and preventing contact with the allergenic substance and through taking measures to prevent cross infection of viruses and bacterial infections. Trained staff are able to take action to apply first aid treatment in the event of an accident involving a child or adult.

Procedures:

Children with allergies

- When parents start their children at Springboard Nursery they are asked if their child suffers from any known allergies. This is recorded on the registration form.
- If a child has an allergy, a risk assessment form is completed 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) is identified. If the allergen is a nursery pet steps to remove the allergen from the area/s accessed by the child will be taken.
 - 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 on a regular basis.
- This form is kept in the child's personal file.
- Information about the allergen, the nature of the reaction, control measures and treatment is displayed sensitively where all staff can see it.
- A care plan will be written and regularly reviewed with the parents/guardian of the child.
- Staff will link with parents on how to administer special medication to their child in the event of an allergic reaction.
- 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

The insurance will automatically 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 your insurance provider must be obtained to extend the insurance.

At all times the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in; Supporting pupils @ school with medical conditions (DfE 2015), Managing Medicines in Schools and Early Years Settings (DfES 2005) and The Administration of medication in schools and settings (NHS 2015).

Children who are sick or infectious

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager/ deputy manager calls the parents and asks them to collect the child, or send a known carer to collect on their behalf. (Infection control form filled out)
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- The child's temperature will be taken using a children's forehead strip thermometer or digital ear thermometer which are kept in the Kitchen in First aid basket.
- In extreme cases of emergency the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to nursery; the nursery can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease such as Covid-19. **(See Covid-19 risk assessment file)**
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from www.patient.co.uk or www.healthprotectionagency.co.uk and includes common childhood illnesses such as measles.

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 manager informs Ofsted and acts on any advice given by the Health Protection Agency.

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.
- 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/slucing clothing after changing.
- Soiled clothing is double 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 the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

Nits and head lice

- Nits and head lice are not an excludable condition, and staff will work closely with parents, carers and other professionals to minimise the risk of cross-infection.
- 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.

Administering Medication

- Medication that is **prescribed** (e.g. by a GP, Dentist)
- Medication bought over the pharmacy counter, i.e **non-prescribed**

Prescribed medication is only given if it is in the original container and supplied with the pharmacy label ON THE BOTTLE – parents should ensure they request this when putting the prescription into the pharmacy. It cannot be given if the label is only on the box. The label must clearly state the child's name, dosage and have a valid date.

Non-prescribed medication (must be bought from the pharmacy) is only given if it is:

- In the original container and clearly labelled or marked with the child's full name; dosage; and frequency by the chemist / pharmacist
- On a day-by-day basis, maximum of three consecutive days.

The correct administration of medication to individual children is the responsibility of the designated first aiders. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings' (DfE 2005). The Manager (Marie Hunter) and Deputy (Jane Waggott) are responsible for ensuring all staff understand and follow these procedures.

- Children taking prescribed medication must be well enough to attend the setting.
- Only in-date medication which has been prescribed for the current condition will be administered by staff.
- Children's prescribed medicines will be stored in their original containers, be clearly labelled and will be inaccessible to the children.

- 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:
 - full name of child and date of birth;
 - name of medication and strength;
 - who prescribed it;
 - dosage to be given in the setting;
 - any additional instructions e.g. must be given before/after food
 - how the medication should be stored and the expiry date;
 - any possible side effects that may be expected should be noted;
 - signature, printed name of parent and date.

NB: We recognise the potential benefits of responding promptly to the onset of a high temperature in children under the age of one year. If a very young child develops a high temperature whilst in the setting, staff will try to prevent febrile convulsion by cooling the child. Parents will be expected to collect the child at the earliest opportunity and to seek appropriate medical advice. Staff will work closely with parents and carers to ensure that paediatric paracetamol is used appropriately and is administered only with written consent from the parent or carer.

Marie Hunter, Jane Waggot, Sandra Bolton, Gemma Dunn or Shelley Gooch will receive the child's medication and will ask the parent to complete a consent form. All other staff members will be notified and aware that the child has medication.

The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:

- name of child;
- name and strength of medication;
- the date and time of dose;
- dose given and method; and is signed by the allocated first aider and signed and witnessed by the manager / deputy manager; this is verified by parent signature at the end of the day.
- We use the medication form to record administration of medicine and comply with the detailed procedures set out.

Storage of medicines

- All medication is stored safely in the locked Kitchen or refrigerated. Where the refrigerator is not used solely for storing medicines, they are kept in a marked plastic box at the fridge.
- The allocated first aider, manager or deputy 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. First aiders check that any medication held at the setting that is to be administered on an 'as and when' needed basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

Medications which do not need to be kept in the fridge are kept in the locked kitchen up a height and out of children's reach. Other medications are kept in a sealed plastic container in the of the fridge, in the locked kitchen. All staff are notified at the beginning of their shift of any information regarding children's medication.

- 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 administered then another member of staff must be present and 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.

Children who have long term medical conditions and who may require on ongoing 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 point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff and all first aiders 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 is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery 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 the child's GP's advice is sought if necessary where there are concerns.
- A 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 Care Plan should include the measures to be taken in an emergency.
- The Care Plan is reviewed every six months or more 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 Care Plan and each contributor, including the parent, signs it.

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 and have manufacturer's instructions clearly written on them.
- Parents or guardians must provide 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.
- Parents or guardians must give us prior written consent. This consent will be kept on file. It is not necessary to forward copy documents to our insurance provider.

Life saving medication & invasive treatments

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).

The setting must have:

- 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 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 letters relating to these children must first be sent to Branch insurance brokers for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended.

Key person for children with medical needs - children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.
- Copies of all letters relating to these children must first be sent to the Branch insurance brokers for appraisal. Written confirmation that the insurance has been extended will be issued by return.

Managing 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 name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- 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 name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles
- This procedure is read alongside the outings procedure.

First Aid

Staff at Springboard Nursery are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one member of staff with current paediatric first aid training is on the premises or on an outing at any one time. The paediatric first aid qualification is first aid training focussed upon infants and young children. There is a member of staff on the premises, at all times, who holds a current First Aid at Work Certificate.

The First Aid Kit

Our first aid kit complies with the Health and Safety (First Aid) Regulations 2013. There is no mandatory list of items to be included in a first-aid Kit. Our first aid kit has the following items:

- A booklet giving general guidance on first aid
- Protective face mask
- Individually wrapped sterile plasters (assorted sizes)
- Sterile eye pads
- Sterile gauze swabs
- Individually wrapped triangular bandages, preferably sterile
- Large sterile individually wrapped un-medicated wound dressings
- Medium-sized sterile individually wrapped un-medicated wound dressings
- Hypoallergenic adhesive tape
- Disposable gloves
- Pair of scissors
- Finger dressing
- A children's forehead strip thermometer
- The first aid box is easily accessible to adults and is kept out of the reach of children. (It is situated in the locked kitchen on the top shelf).
- No un-prescribed medication is given to children, parents or staff.

- 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.

Legal framework

- Health and Safety (First Aid) Regulations (2013)
- Uk and European and First Aid Guidance 2015
- Medicines Act (1968)

Further guidance

First Aid at Work: Your questions answered (HSE 1997)

www.hse.gov.uk/pubns/indg214.pdf

Basic Advice on First Aid at Work (HSE 2006)

www.hse.gov.uk/pubns/indg347.pdf

Guidance on First Aid for Schools (DfEE)

<https://www.education.gov.uk/publications/eOrderingDownload/GFAS98.pdf>

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

<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

This policy was adopted at	Springboard Nursery
Date:	05/11/2021
Date to be reviewed	31/10/2022
Signed by the manager	<i>M Hunter</i>
Signed by the signatory	<i>S Reay</i>
Name of signatory	Steve Reay
Role of signatory	Chief Executive

Addendum – Covid19

HSE - Guidance for first aiders -

Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone.

If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model – preserve life, prevent worsening, promote recovery.

- Preserve life: CPR
- Call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- Ask for help. If a portable defibrillator is available, ask for it
- Before starting CPR, to minimise transmission risk, use a cloth or towel to cover the patient's mouth and nose, while still permitting breathing to restart following successful resuscitation
- If available, use:
 - a fluid-repellent surgical mask
 - disposable gloves
 - eye protection
 - apron or other suitable covering
- Only deliver CPR by chest compressions and use a defibrillator (if available) – don't do rescue breaths

Prevent worsening, promote recovery: all other injuries or illnesses

- If you suspect a serious illness or injury, call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- If giving first aid to someone, you should use the recommended equipment listed above if it is available
- You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible

After delivering any first aid

- Ensure you safely discard disposable items and clean reusable ones thoroughly
- Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible
- Fill in accident form / photo copy then hand to parent / guardian upon pick up – No signature from parent is required at this time as long as you have wrote on the form who it has been passed on to.