

# First Aid, Supporting Children with Medical Conditions & Children's Personal Care Policy

November 2022

#### First Aid, Supporting Children with Medical Conditions & Children's Personal Care Policy

Arlesdene Nursery School and Pre-school

#### **Policy Review**

This policy will be reviewed in full by the Governing Body no less than two years.

The policy was last reviewed and agreed by the Governing Body December 2022

It is due for review in December 2024 (up to 24 months from the above date).

Signature	Date
Head Teacher	
Signature	Date
Chair of Governors	

#### Arlesdene Nursery School and Pre-school

#### First Aid & Supporting Children with Medical Conditions Policy

#### Aims of the Policy

- To set out guidance for staff when dealing with first aid incidents
- To set out the school's guidelines for the administration of medicine

While it is not our policy to care for sick children, who should be at home until they are well enough to return to nursery or pre-school, we will agree to administer medication as part of maintaining health and wellbeing or when they are recovering from an illness.

In most cases it is possible for children to take prescribed medicines outside of nursery or pre-school sessions. Medicine for children attending a 3 hour session will not be administered. As far as possible, for children attending for longer periods of time, administering of medicines in the setting will only be done where it is detrimental to a child's health if not given in the nursery or pre-school. If a child is taking a course of medication they must be kept at home for at least the first 48 hours to ensure that there are no adverse effects, as well as give time for the medication to take effect.

The school will promote the good health of children and we will take the necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

The following procedures are written in line with guidance in *Managing Medicines in Schools and Early Years Settings*. All staff must follow, understand and follow these procedures.

#### Procedures

#### Administration of Medicines

- 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 asprin will only be given if prescribed by a doctor.) Children's paracetamol/Ibuprofen will not be administered
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children
- Parents must give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form. No medication may be given without the completion of this form.
- The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that the parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. This includes completing the log of medications administered. Key persons will record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.
- The pre-school leader or nursery teacher oversees the administration of medication and checks the dosage
- Emergency medicines such as Epipens, will be kept in the First Aid cabinets in the nursery and pre-school rooms

- The school have chosen to hold an emergency Adrenaline auto injector (AAI) e.g. Epipen for emergency use on pupils who have been prescribed one and for whom parental consent for its use has been obtained. This emergency AAI would be used where their own device is unavailable or not working
- In the event of a possible severe allergic reaction in a pupil without a prescribed device, emergency services (999) would be contacted and advice sought as to whether administration of the emergency AAI is appropriate

#### Storage of Medication

- All medication is marked and stored safely in a locked cupboard or fridge in accordance with the product instructions
- The child's key person is responsible for ensuring that the medication is handed back to the parent at the end of the day
- For some conditions, medication may be kept in nursery or pre-school to be administered on a regular, or as and when required, basis. Key persons check that any medication kept in the setting, is in date and return any out of date medication to the parent
- If administration of the required medication requires medical knowledge, training is provided by a health professional
- 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

#### Asthma Inhalers

- Parents of any child diagnosed with asthma will be asked to leave an inhaler for the child in school. Inhalers are to be properly labelled with the child's name and kept in the First Aid cabinet(s)
- The school have chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed an inhaler and for whom parental consent for its use has been obtained. This emergency inhaler would be used if the prescribed inhaler is not available e.g. broken / empty
- In the event of a possible asthma attack in a pupil without a prescribed device, emergency services (999) would be contacted and advice sought as to whether administration of the emergency salbutamol inhaler is appropriate

### Children who have Long Term Medical Conditions and who may Require Ongoing Medication

- The nursery teacher or pre-school leader and key person will carry out a risk assessment for each child with a long term illness that requires ongoing medication. Other professionals may need to be involved in the risk assessment
- Parents will be involved in the risk assessment. They will be shown round the setting, the children's activities discussed and asked to point out anything that they think is a risk factor for their child
- The training needs for staff will be part of the risk assessment. Training will be provided for staff where the administration of medicine requires medical or technical knowledge.
- The risk assessment will include arrangements for taking medicines on outings and if necessary advice sought from the child's GP

- A health care plan is drawn up with the parent; outlining the key person's role and what information will be shared with all other staff who will have contact with the child.
- The health care plan will include measures to be taken in an emergency
- The health care plan will be reviewed every 6 months, or more frequently if necessary
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it
- A medical list will be maintained by the nursery teacher and pre-school leader, updated regularly and all staff informed of the medical needs of all children

#### 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 medication
- Medication for the 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 given, including all details that are recorded on the medication form.
- On returning to the setting the card is stapled to the medicine record form and the parent signs it
- If a child on medication is taken to hospital, the child 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 parents

#### **Staff Medication**

• Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication which may affect their ability to care for children, those staff should seek medical advice to confirm that the medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises will be securely stored in the staff room, and out of reach of children, at all times.

#### When a First Aid Incident Occurs

There are first aid boxes in every room with appropriate content for use with children.

#### When an Incident Occurs Qualified Staff Should:

- Assess the impact of the injury and the most appropriate method of treatment
- If another member of staff is needed to assist one should be called
- Provide reassurance and comfort to the child at all times
- For potentially more serious incidents, the Headteacher or senior teacher may decide to call for an ambulance
- She will inform the parents of this intention and ensure the most appropriate member of staff accompanies the child
- In extreme circumstances if an ambulance or the child's parents are unavailable then either Headteacher: Claire Cobain or Lead Nursery Teacher: Lynda Lodge will take the injured child to hospital and inform the parents of their actions
- When accidents involve open wounds, staff are reminded to barrier treat the child
- The medical list should be checked before any plasters are administered in case the child is allergic

- Accident forms will be completed by the person administering treatment, recording the accident or injury and first aid treatment
- Parents should be informed of all accidents, injuries and first aid treatment on the same day, or as soon as reasonably practical; they must be given an accident record form upon collection of the child
- Accident record form to be handed to staff in Nursery or Pre-school if the child is to be cared for subsequently in another provision
- Staff will remain alert to the changing conditions of a child after an accident
- All waste materials should be bagged and disposed of in the appropriate bin

#### Monitoring of Injuries and Accidents

 The monitoring of day to day non serious accidents and injuries will be the responsibility of the nursery teacher and pre-school Leader. This will include regular scrutiny of the accidents forms

#### Defibrillator

- A defibrillator machine for use when an adult or child goes into cardiac arrest is stored in Orange room. This is located on the wall, to the right of the door to Willow room
- In the event of a possible cardiac emergency in a pupil, emergency services (999) would be contacted and advice sought as to whether the use of the defibrillator is appropriate

#### **Serious Accidents**

• Ofsted will be notified of any serious accidents, illness or injury to, or death of a child while in the care of the nursery or pre-school (see Statutory Framework for Early Years, p.23). Hertfordshire Safeguarding Board will also be notified of any serious accident, injury to, or death of a child in the care of nursery or pre-school.

This policy was drawn up with reference to:

'Managing Medicines in Schools and Early Years Settings' *DfES/Department of Health* 2017.

#### Children's Personal Care Policy

#### **Policy Statement**

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

At Arlesdene we aim to be inclusive to all children and to give consideration to the individual needs of the child. We understand that children are at different developmental stages. No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards independent toilet training, unless there are any medical or developmental reasons why this would be inappropriate.

### This policy complies with the legal requirements of the Early Years Foundation Stage statutory framework.

#### Nappy Changing Procedures

- Key persons undertake changing nappies and/or clothing of their key children; however, another key person will change the children in their absence.
- Each child will need to bring their own bag to the setting and parents are required to provide nappies/pull-ups and wipes as well as some changes of clothes. This should be clearly marked with the child's name.
- Staff will wear gloves and aprons and put them on before changing starts.
- Fresh paper towel is put down on the changing mat for each child and the area is wiped clean after each child has been changed with anti-bacterial wipes or spray.
- Soiled nappies will be placed into a tie handle bag then placed into the designated nappy bin.
- Staff will wash their hands with soap and water after each nappy change
- All staff practice good hygiene procedures in order to meet the welfare requirements stated in the Early Years Foundation Stage.
- Key persons ensure that nappy changing is relaxed and a time to promote independence with time to talk and sing nursery rhymes.
- Key persons only make appropriate comments and use appropriate language when changing nappies or clothing.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- The key person must ensure that the child's hands are clean after toileting by washing them with soap and water and drying them off with a paper towel.
- Nappies, 'pull ups' and wipes are disposed of hygienically. They are bagged and put in the self-contained bin which is underneath the changing table. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home.
- Parents are requested to put on a fresh nappy on their child before they begin their session.
- If a child only accesses 3 hour sessions, they will be changed when needed.
- Nappy cream can be applied if requested by the child's parent/carer. This needs to be named and <u>handed</u> to the child's key person at the beginning of the session.

• Each nappy and clothing change is recorded by the key person with the date, time and reason for change.

#### • Toilet Training Procedures

- The key person will support the child and give constant encouragement, praise and reminders when using the toilet. Staff will encourage independence but will be on hand when help is needed.
- A bag with several changes of clothes needs to be supplied by the parent/carer every time the child is in the setting. This also includes socks and a spare pair of shoes in case of accidents.
- Parents/carers need to make sure their child wears loose clothing during toilet training. Jogging bottoms are recommended for easy removal, belts, vests with poppers and tights are not easy to remove in a hurry.
- The key person will support, guide and give general advice to all parents/carers on toilet training if requested.
- The key person will work in partnership with parents/carers during toilet training and onwards.
- Children will be encouraged to flush the toilet, wash and dry their hands after each time of using the toilet and generally follow appropriate toileting behaviour.
- When a child's clothing is changed due to it being wet or soiled this is recorded by the key person in the changing folder.

#### COVID-19 Addendum

In recognition of the current circumstances due to COVID-19, this addendum to the school's First Aid & Medicine Policy sets out the arrangements in relation to the provision of first aid and personal care.

Ensure enhanced cleaning, handwashing and hygiene procedures are in place and in line with national guidance at all times.

#### Provision of first aid

- It is accepted that social distancing cannot be maintained during the delivery of first aid, but physical contact should be kept to a minimum e.g. pupils apply cold pack, wipe, plaster where able to do so.
- Wash hands before / after treatment.
- Those administering first aid should wear PPE appropriate to the circumstances. Where the injury was significant and thus required close care for an extended period then it would be reasonable to provide PPE.

• First aiders to be aware of advice on CPR from The Resuscitation Council <u>https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/</u>

#### Provision of personal care

- Additional PPE in place if required e.g. for intimate care, to be risk assessed and to be based on nature of task and level of contact (e.g. disposable apron, gloves, fluid resistant surgical mask (type IIR) and if there is a risk of splashing to the eyes e.g. coughing, spitting, vomiting then eye protection should be worn.)
- Where a child falls ill with Coronavirus symptoms whilst on site (new continuous cough, high temperature cough or a loss of, or change, in your normal sense of taste or smell.) then school staff supervising the child while they await collection should wear PPE (a fluid resistant surgical mask) if a distance of 2m cannot be maintained.
- If direct care (such as for a very young child or a child with complex needs) is required then staff giving care to wear a fluid resistant surgical mask, disposable apron and gloves.

Child's Name				
Key Group				
Key Persons Name				
Date of Birth	Day	Month	Year	-
Child's address				
Medical Diagnosis				
In case of emergency				
Name and relationship to child		Contact number 1	Contact number 2	Contact number 3
Name and relationship to child		Contact number 1	Contact number 2	Contact number 3
Name and relationship to child		Contact number 1	Contact number 2	Contact number 3
Clinic/Hospital	Doctor/consult ant	Contact name	Phone number	Phone number 2
GP Surgery	Address	Doctors name	Phone number	Phone number 2

Describe medical needs of child and list symptoms:

Details of daily care requirements (in		
, , ,	ncluding action and time/situation in w	hich care is needed):
Give details of what constitutes as a	n emergency for the child:	
	2	
what action should be taken if this o	occurs (list in order that actions shoul	a de takenj:
Who is responsible in an emergency (	(staff, usually key person and senior):	
Who is responsible in an emergency (	(staff, usually key person and senior):	
	(staff, usually key person and senior):	
	(staff, usually key person and senior):	
Who is responsible in an emergency ( This form has been copied to: Date form completed:	(staff, usually key person and senior): Parents name and signature:	Review:
This form has been copied to:		Review:
This form has been copied to:		Review:



#### Permission for Medical Advice or Treatment – Consent form

If your child has an accident or is taken ill at school we require your permission to seek further medical advice or treatment, which may include receiving life-saving treatment i.e. the use of a defibrillator, epi-pen or inhaler. In the event of an emergency we would always do our best to contact parents or carers.

Please circle your answer

I give permission that in an emergency, staff can seek medical	YES	NO
advice and treatment for my child and take or accompany my child		
to hospital if required.		

Parent/Carer name (BLOCK CAPITALS):	
Signature:	
Date:	

## Please note that permission given by parents/carers can be withdrawn at any time by contacting the school office.

#### Arlesdene Nursery School and Pre-school - Medication Consent Form

Arlesdene Nursery School and Pre-school will not give your child medicine unless you complete and sign this form and the Headteacher or, in her absence, a senior member of staff has agreed that staff can administer the medication. Medicine will NOT be given to children attending just a 3 hour session unless special circumstances exist.

#### **Details of Child**

Forename:	Surname:
Address:	
Date of Birth:	M / F
Group in class:	
Condition or illness:	

#### **Medication**

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#### **Full Directions for use**

Dosage and method:	
Timing (daily and time or as required eg. inhaler):	
Storage and expiratory date of medication:	
Special precautions:	
Possible side effects:	
Procedures to take in an emergency:	

#### **Contact Details**

Name:	Daytime telephone no:
Relationship to child:	
Address:	

(I understand that I must deliver the medicine personally to my child's key person or manager and collect at the end of the session. I accept that this is a service which the nursery/pre-school is not obliged to undertake.)

Signature (s) ......Date .....

#### Arlesdene Nursery School and Pre-school – Record of Medications NAME OF CHILD .....

Date	Time	Medication & Strength	Dose given & method	Any Reactions	Signature of key person giving medicine	Print Name	Signature of person witnessing the giving of medicine	Print Name	Signature of Parent	Print Name