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Registered Charity No. 1054083

4.03 Life-saving medication and invasive treatments

Life-saving medication and invasive treatments may include adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatment such as rectal administration of Diazepam (for epilepsy).

- The staff responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
- The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
- The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Children with complex and/or long-term health conditions have a health care plan in place which takes into account the principles and best practice guidance given here.
- Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Key persons speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's privacy is considered and balanced with safeguarding and support needs when changing clothing, nappies and toileting.

Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, necessary staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns.

- A health care plan is completed fully with the parent; outlining the key person's role and what information is shared with other staff who care for the child.
- Parents and healthcare officials advise us if the medical plan has been updated.
- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent.
- The setting managers must check the insurance company to be clear about what conditions must be reported to the insurance provider.

Invasive Treatment

For a child who requires invasive treatment the following must be in place from the outset:

- 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 parents allowing members of staff to administer medication
- 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
- a healthcare plan

Copies of all letters relating to these children must be sent to the insurance provider for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended. A record is made in the medication record book of the intimate/invasive treatment each time it is given.

Record of administering medicines

- A record of medicines administered is kept in the medical folder next to the first aid box.
- Setting manager completes the child's medical file information to include:
 - Parent contact details
 - GP details
 - Nature of illness
 - Name of medication
 - When to administer
 - Dosage
 - Parents signature consenting to administering
 - Individual risk assessment
 - Medication sheet showing:
 - Date and time medication giving
 - Dosage given
 - Staff name and signature
 - Place for parents to sign when collecting child
- A witness signs the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.
- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.

- The medication records are monitored to look at the frequency of medication being given. 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 medicines are stored safely in a separate next to the first aid box on the stage.

- Staff are responsible for ensuring medicine is handed back at the end of the day to the parent.
- Parents do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

Managing medicines on trips and outings

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above.
- The card is later 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 as above.

Physiotherapy

- Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.
- If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the educator applying the technique in the first instance.

Safeguarding/child protection

- Educators recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.
- If an educator has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

Treatments such as inhalers or Epi-pens must be immediately accessible in an emergency.