

04 Health procedures

04.03 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 key person/deputy/manager are responsible for the intimate care of children who require life-saving medication or invasive treatment and will undertake their duties in a professional manner having due regard to the procedures listed.
- 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/deputy/manager 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 04.09 Medical record/Health care plan in place which takes into account the principles and best practice guidance given here.
- The key person/deputy/manager have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- The key person/deputy/manager speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's right to privacy and modesty is respected. Another member of staff is usually present during the process.
- Children's privacy is considered and balanced with safeguarding and support needs when changing clothing, nappies and toileting.

Record keeping

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 is to be administered.
- written consent from the person with parental responsibility 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 completed and signed 04.09 Medical Record/Healthcare plan.
- a completed and signed 04.02a Parental consent for administration of medicine to a child whilst at Little

Doves by the person with parental responsibility.

A record is made in the appropriate section on the 04.02a Parental consent form for administration of medicine to a child whilst at Little Doves of the intimate/invasive treatment or medication each time it is given. In certain circumstances a separate record book may be used.

If required by the insurance provider of Little Doves CP, copies of any information relating to these children is sent to the insurance provider for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended.

Physiotherapy

- Children who require physiotherapy whilst attending the pre-school should have this carried out by a trained physiotherapist.
- If it is agreed in the 04.09 Medical record/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 pre-school educator applying the technique in the first instance.

Safeguarding/child protection

- Pre-school 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 safeguarding lead/deputy/backup and the relevant procedure is followed.

Diabetes type 1

- The pre-school manager/deputy/senior room leader/keyperson receive direct training from the hospital diabetic care team.
- All remaining staff are encouraged to do the recommended e-learning so that as many staff as possible are aware of needs.
- Staff along with the parents/carers agree to long build ups to help train the pre-school staff on the necessary procedures.
- The parents/carers are on a direct safety WhatsApp link with the manager and keyperson.
- The parents/carers are asked for more emergency contacts to be supplied.
- The pre-school manager/deputy/senior room leader/keyperson undertake training on the specialist equipment given.
- A health care plan is completed, and procedures are provided and risk assessments are completed.
- In order for the specialist equipment to work, access to the pre-school's Wi-Fi is necessary.

Treatments such as inhalers or EpiPens must be immediately accessible in an emergency.

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