

FIRST AID & MEDICATION ADMINISTRATION POLICY

Purpose: To set out the conditions for administering first aid and medication at nursery. To inform parents about the role of the nursery nurse and about parents' responsibility to work in partnership with the nursery to keep us up to date about illnesses and vaccinations concerning their child. To ensure that all children are safeguarded and well cared for and receive timely First Aid provision when needed.

Policy Statement and Procedures:

The nursery is committed to keeping accurate medical records for all children detailing vaccinations, illnesses, accidents, allergies and injuries that may have occurred at home or in the nursery, together with an account of any first aid treatment, non-prescription medication or treatment given to a child.

It is a mandatory requirement that all members of staff at the nursery are fully qualified in Pediatric First Aid, however the Nurse has the primary responsibility of administering this -

The primary role of the Nursery Nurse:

- To provide emergency and first aid care for sick or injured children.
- To administer nursing care appropriate to the identified needs of the children.
- To assist the doctor in conducting medical examinations for all children.
- To inform parents of any accidents or illness outbreaks at the Nursery.
- To implement health and safety policies throughout the Nursery.
- To maintain medical information for all children.
- To maintain and submit required records and reports as required by the Ministry of Health.

What we ask of parents:

- To be aware of and adhere to the health procedures that are outlined in this document.
- To complete and return the medical forms, consent and declaration forms.
- To ensure that all medical forms are duly completed and that a copy of your child's up to date vaccination records are given to the nursery prior to their attendance.
- To ensure all contact details are correct on ALL appropriate forms.
- To please inform us if your child is absent due to any illness, injury or medical treatment they may have had.

Administration of Medication

Children who are taking medications may attend the Nursery provided they are not suffering from an infectious illness, are not displaying any signs or symptoms of any illness and they are well enough to fully participate in Nursery activities.

- 1. The nursery will only accept medication that has been prescribed by a doctor. Written instructions by the doctor need to be provided.
- 2. The written instructions must include information regarding the reason for the medication, dosage to be given and specific administration times.
- 3. No medication will be administered without written consent from the parent on the appropriate medical authorization form. This form is kept in the clinic.
- 4. All prescription medications must be delivered by the parent or their authorized representative directly to the nurse. Verbal consent will not be accepted.
- 5. Medications must be stored in their original pharmacy or manufacturer labelled container. 6. Maintenance medication shall not be administered to children at nursery except in the case of chronic illnesses that require long term treatments, such as diabetes or asthma. In these cases, medication shall be administered in accordance with written instructions from the parent, accompanied by a medical prescription specifying the medication, dosage and method of administration.
- 7. Vitamins & suppositories will not be given within the premises.
- 8. Children will only take medicine under the supervision of the HAAD licensed nurse.
- 9.In the event that an antibiotic is prescribed, your child should only report back to nursery, 48 hours after beginning the course of medicine to make sure that bacterial infections cannot be passed on to the rest of the children. Please see the OSN Communicable Disease Control Policy and OSN Headlice Policy.
- 10.Standing order medication such as pain or fever relievers and antihistamines may be administered when necessary, provided there is an email or telephone confirmation from the parent and only if they have signed the medical form during their child's admission.
- 11.All children who have allergies must provide a prescribed, emergency medicine to be stored in the nursery fridge.

Confidentiality

All information on your child's medical record will be held confidentially and will not be released to third parties, except when written permission is given from the parents/guardians or information is required by law.

Immunizations

By checking on children's immunization status it helps us to make sure children at Orange Seeds Nursery have had the best protection before they start with us.

If you would like to discuss immunizations or have any concerns please speak to the Nurse.

- Parents are required to submit a vaccination record and copy of their child's vaccination history prior to their enrollment at Orange Seeds Nursery.
- Parents are required to complete a disclaimer form if they have decided not to have their child immunized against certain immunizations.

Immunization Disclaimer

Immunization is based on the system of informed consent and patient autonomy. As a parent you may have looked at the information available to you and decided not to have your child immunized against certain illnesses. If this is the case, please give details in the declaration attached to this policy:

Forms and Declarations

The following declarations are required to be submitted to the Nursery prior to your child's commencement at Orange Seeds Nursery:

- Completed medical forms.
- Updated immunization record.
- Consent for the administration of medication.
- Consent for emergency medical treatment
- Declaration that you have read and understood the OSN Communicable Disease Control Policy 2019.
- Immunization Declaration (if applicable)

Please find these attached. A copy of the signed declarations will be kept at the nursery.

Implementation Documents:

OSN Emergencies & Critical Incidents Policy 2019 OSN Communicable Diesase Control 2019 OSN Headlice Policy 2019 OSN Health Care Providers Policy 2019

Date of Review: February 2019
Date of Next Review: February 2020

Signed on Behalf of the Setting:

Printed Name of Signatory: Laura Willing Designation of Signatory: Nursery Manager

DECLARATIONS

Child's Name:		
Printed Name of Parent Signatory: Consent for the Administration of Medication.		
Sign:	Date:	
Consent for Emergency Medical Treatme	nt	
I confirm that I have read and understoo 2019 and and will abide by the procedure	od the OSN Emergencies & Critical Incidents Policy s therein.	
Sign:	Date:	
Understanding of Procedures and Comm	itment to Control Disease	
I confirm that I have read and understood and will abide by the procedures therein.	the OSN Communicable Disease Control Policy 2019	
Sign:	Date:	
Immunization Declaration (if applicable)		
	ly child may be exposed to whilst attending nursery e and have spoken to my child's doctor regarding	
Sign:	Date:	