



04 Health procedures

04.3 Life-saving medication and invasive treatments

Life-saving medication and invasive treatments may include adrenaline injections (Epipens) for anaphylactic shock reactions or invasive treatment such as rectal administration of medication.

- The setting manager and key person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner.
- 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.
- The setting manager and key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Children with health conditions have a health care plan (04.2a) in place.
- The setting manager and key person have appropriate training for administration of treatment and are aware of infection control and best practice.
- The setting manager and key person speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- A child's right to privacy and modesty is respected. Another educator is usually present during the process.

Record keeping

For a child who requires invasive treatment requires the following to be in place before medication can be administered:

- 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 (04.2a)

A record is made every time medication is given.

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

Physiotherapy

Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.

For a child who requires physiotherapy the following is to be in place:

- 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 act in accordance to medical guidance.
- a healthcare plan (04.2a)

Safeguarding/child protection

- All staff 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, such as unexplained marks or bruising, then the concerns are discussed with the DSL/DDSL and the relevant procedure followed.