



MEDICAL POLICY

Including First Aid and Administration of Medicines

Reviewed on	Approved by
06.05.2021	N. Crump
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1.Introduction

- 1.1. This policy informs practice in the Nursery. First aid can save lives and prevent minor injuries becoming major ones.
- 1.2. Health and Safety legislation places duties on employers for the health and safety of their employees and anyone else on the premises. In nurseries this includes

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practitioners and other staff, pupils, and visitors (including contractors). Employer's duties also include ensuring that there is adequate and appropriate equipment and facilities for providing first aid and that this is available at all times. Arrangements for first aid are based on a risk assessment of the nursery, and should cover:

- Numbers of first aiders/appointed persons.
- Numbers and locations of first aid containers.
- Arrangements for off-site activities/trips.

2. First Aid at Charters Ancaster.

There is always at least one qualified first aider on site whenever children are present.

- 2.1. The Nursery ensures that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment. In the event of a claim alleging negligence by a member of the Nursery staff, action is likely to be taken against the employer rather than the employee.
- 2.2. All practitioners should be trained in paediatric first aid. **Practitioners' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks.** Practitioners and other staff in charge of children are expected to always use their best endeavours, particularly in emergencies, to secure the welfare of the children at the Nursery in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.
- 2.3. The Nursery aims to arrange adequate and appropriate training and guidance for practitioners. The aim is to ensure that all staff receive Paediatric First Aid training but at times when new staff are employed the Nursery ensures that it is at least able to meet the statutory requirements and assessed needs.

3. Providing Information

It is the intention of Charters Ancaster Nursery that everyone knows the Nursery's first aid arrangements. The Designated Lead for first aid must inform all staff (including those with reading and language difficulties) of the first aid arrangements. This forms part of the Induction process for all new staff. It is the policy of the Nursery that staff are kept informed by displaying first aid notices in staff rooms, in each building. Notices must be displayed in a prominent place and the information should be clear, easily understood and give details of locations of first aid kits and first aid trained personnel.

- 3.1. Unless first aid cover is part of a member of staff's contract of employment, people who agree to become first aiders do so on a voluntary basis. When selecting first aiders, the nursery considers the individual's:
- Reliability and communication skills.
 - Aptitude and ability to absorb new knowledge and learn new skills.
 - Ability to cope with stressful and physically demanding emergency procedures.
 - Normal duties.
 - A first aider must be able to leave to go immediately to an emergency, although in practice it is Charters Ancaster Nursery policy that more than the minimum number of First Aiders are trained.

4. First Aid Personnel and Equipment

- 4.1. Training courses cover a range of first aid competences. Staff are required to attend Paediatric First aid Training which includes resuscitation procedures for infants every 3 years. Charters Ancaster Nursery will arrange appropriate training for their first aid personnel if deemed necessary. The Office keeps a record of first aiders and certification dates.
- 4.2 We aim to provide the proper materials, equipment and facilities at all times. First aid equipment must be clearly labelled and easily accessible. First aid equipment is located at the following locations: -
- Main Office (at entrance to Managers office),
 - House kitchen (on far wall above sink)
 - Wallis Hall (side entrance)
 - Chalet (far wall in entrance hall)
 - Nursery classrooms have a bag each positioned by the exit door to classroom
 - Forest School leader has a separate bag for Forest School, and additional first aid kit for burns.

Whenever children are out of their classrooms the staff take the classroom First Aid bag with them around the school site. Eg Astro turf, Hall, Woodland area, Garden area, or for off-site activities. etc

- 4.2. The assessment of a Nursery's 'First Aid' needs should include the number of first aid containers. The Nursery recommends a minimum provision of first aid items including:
- A leaflet giving general advice on first aid.
 - Individually wrapped sterile adhesive dressings (assorted sizes).
 - Two sterile eye pads and sterile eye wash (saline solution)
 - Two individually wrapped triangular bandages (preferably sterile).
 - Six assorted sized individually wrapped sterile unmedicated wound dressings.
 - Six pairs of non-latex disposable gloves.
 - Wound cleansing agents. -saline solution/wipes
 - 1 pair of blunt ended scissors.

Equivalent or additional items are acceptable.

The contents of first aid containers will be checked by the delegated person frequently and restocked as soon as possible after use, at a minimum of at least every half term.

Staff are required to make the designated person aware of any items that have been used so that the First Aid containers can be restocked promptly.

5. Other Information

- 5.1. The main Office is the base for First Aid at the nursery.
- 5.2. All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

6. Accident Reporting

- 6.1. Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE. Records are kept of any reportable injury, disease, or dangerous occurrence. This includes the date and method of reporting; the date, time, and place of the event; personal details of those involved and a brief description of the nature of the event or disease. The following accidents must be reported to HSE if they injure either the nursery's employees during an activity connected with work, or self-employed people while working on the premises:
 - Accidents resulting in death or major injury (including as a result of physical violence).
 - Accidents which prevent the injured person from doing their normal work for more than seven consecutive days (including acts of physical violence). This does not include the day of the accident.
- 6.2 For definitions of major injuries, dangerous occurrences and reportable diseases see HSC/E guidance on RIDDOR 1995 and information on Reporting School Accidents. HSE must be notified of fatal and major injuries and dangerous occurrences without delay (e.g. by telephone). This must be followed up within fifteen days of the accident with a written report on Form 2508. Other reportable accidents do not need immediate notification, but they must be reported to HSE within ten days on Form 2508.
- 6.2 An accident that happens to children or visitors must be reported to the HSE on Form 2508, if the person involved is killed or is taken from the site of the accident to hospital; and the accident arises out of or in connection with work. Like fatal and major injuries to employees or dangerous

occurrences, these accidents must be notified to HSE without delay and followed up in writing within ten days on Form 2508.

6.2 In HSE's view an accident must be reported if it relates to:

- Any nursery activity, both on or off the premises.
- The way a nursery activity has been organised and managed (e.g. the supervision of an outside trip).
- Equipment, machinery or substances.
- The design or condition of the premises.

6.2. Charters Ancaster Nursery keeps readily accessible accident records, either in written or electronic form. These records must be kept for a minimum of 3 years in accordance with HSE recommendations. This record is not the same as the Department of Social Security B1510 statutory accident book or the RIDDOR record although the three might be combined, providing all the information required by the legislation is included in the replacement record. This book is kept in the main Nursery Office.

6.3. The Nursery will record any first aid treatment given by first aiders and appointed persons. This should include:

- The date, time and place of incident.
- The name (and class) of the injured or ill person.
- Details of the injury/illness and what first aid was given.
- What happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital).
- Name of the first aider or person dealing with the incident.

Parents will receive a form to acknowledge and send back via Family.

6.4. A record of the accident or incident and the treatment given will be made on Family and sent to the child's parents or carers for acknowledgement. A copy may also be made and put in the child's file or safeguarding file if necessary.

6.5. If a child sustains an injury that is considered by the qualified First Aider to be more than a minor cut or graze, the parents will be informed by the First Aider (usually via the Office) as soon as possible. Within the Early Years Foundation stage, any injury to a child, no matter how small, is reported to parents. It may be that a child, staff member or visitor to the Nursery requires hospital treatment and the next of kin will be informed

immediately. An ambulance should be called when a qualified First Aider does not feel competent to deal with the injury or illness.

7. Early Years Foundation Stage – Specific Requirements

7.1. In the Early Years Foundation Stage setting there is a requirement that at least one person on the premises and one person on outings has attended a first aid course and has a first aid certificate specific to children. The course should involve a minimum of 12 hours training and the certificate should include the words: - child, children or paediatric. The local child protection agencies must be notified of any serious accident, serious injury or death of a child within the setting.

8. Body Fluid Spillage

8.1. The Nursery has instructed the staff on the adequate safe disposal of spilt body fluids such as blood, vomit, urine, and faeces.

8.2. All staff are fully aware of the need to wear disposal gloves, if possible, when handling such fluids. Adequate cleaning materials are available in both buildings.

9. Medical Conditions

9.1. Training is given for the management of some specific conditions. If a child develops a chronic illness, such as diabetes, a specialist nurse and parents are invited into the nursery to give training to those involved in the care of the child. See below for details on some of these conditions

10. Administration of Medicines

10.1 Qualified Administrators of Medicine -

NB Information can be cascaded to other staff and then they may dispense medicines if approved by the Nursery Manager.

10.2 Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend nursery. Parents should also provide all necessary information about their child's medical needs to the nursery.

10.3 We follow guidance given in: DfE December 2015 – Supporting Pupils At School With Medical Conditions

Key points are:

- Children at nursery with medical conditions are properly supported so that they can have full access to activities, including trips and active outside play.
- The Board of Directors ensures that arrangements are in place in the nursery to support pupils with medical conditions.
- The Board of Directors ensures that the Nursery Manager and the SENCo consult health and social care professionals, children, and parents to ensure that the needs of children with medical conditions are effectively supported.

10.4 This policy may be superseded by a child's EHC plan or Individual Care Plan or may be used in conjunction with them.

10.5 Staff Duties

Nursery practitioners have no legal obligation to administer medicines to children nor supervise them while they take medicine, unless contracted to do so. Staff may volunteer to assist in the administration of medicines but must be given appropriate training and guidance. As a nursery, we have a duty to plan how administering medicines can be accommodated in the nursery and on any educational visits to allow children who have medical needs to attend.

10.6 Process for the Administration of Medicines in the Nursery – short term medical needs

Medicines should normally be administered at home and only taken into nursery when absolutely necessary (where it would be detrimental to the child's health or would greatly impact on a child's nursery attendance).

The nursery will only accept:

- Medicines prescribed by a medical practitioner
- Medicines that are in date
- Medicines that need to be administered in excess of 3 times per day.
- Medicines in their original container, as dispensed by a pharmacist
- Containers with labelling identifying the child by name and with original instructions for administration, dosage and storage.

The Nursery does not normally accept or administer:

- Medicines that are to be administered 3 times per day (unless the child is attending Early or Late Waiting (meaning that there would be more than 8 hours between doses).
- Piriton – (except in exceptional circumstances.)

We do NOT administer Calpol/Paracetamol/Ibuprofen unless it has been prescribed. Parents or carers can come in and administer it during the day if needed in special circumstances e.g teething pain.

Aspirin is never administered.

10.6.1 On the Nursery accepting medication, the parent must sign a form disclosing all detail and giving permission for the medication to be administered by a named person.

10.6.2 The medicine must be kept in a locked cupboard (except where storage in a fridge is required) and only accessed by named adults, or with the permission of the Nursery Manager.

10.6.3 Immediately after administering, the named adult must complete record showing the date and time and details/dosage of the medication. This must be counter-signed by another adult.

10.6.4 In the case of the child being allowed to administer their own medication, this must again be added to the record and counter-signed by another adult.

10.6.5 Under no circumstances should a parent send a child to school with any medicines, eg throat sweets/tablets, without informing the nursery. These could cause a hazard to the child or to another child if found and swallowed.

10.6.6 Parents are welcome to come into school to administer medicines themselves that the nursery is unable to administer, for reasons given above.

10.6.7 Parents will be informed at the end of the day when medicine has been administered. Notification should also be available on Family.

10.7 Process for the Administration of Medicines in the Nursery– long term medical needs

We are proud of the care that we take of children with long-term medical needs, and our support of their participation in all nursery events.

Where a child has long-term medical needs, a care plan is written with parent/guardian of the named child. This may also result in an individual risk assessment also being required. The care plan must be followed and is reviewed at least annually.

It is the parent's responsibility to inform the nursery of any changes to the child's condition that may require the details of the care plan to be altered.

The Nursery Manager must ensure that named staff are trained to administer or give the level of care required by the details of the care plan.

As a nursery, we try to ensure that we have sufficient information about the medical condition of any child with long-term medical needs and will request meetings with parents and recognised medical practitioners regularly to provide the correct level of training. Training should be specific to the individual child concerned.

10.8.2

Parents will be asked to complete a form and may be required to meet with the named staff to ensure that staff are aware of all medical requirements. A record will be kept of all times when medication has been administered, and whenever possible a second member of staff will counter-sign that they have witnessed the administration.

10.8.3 In the case of higher levels of care eg intimate care, the named member of staff will also meet with a recognised medical advisor if appropriate to ensure that they are trained in dealing with the level of care required.

10.8.4 Asthma inhalers and Epi-Pens are kept in the child's classroom in a medical container. They are named with the child's name and kept along side instructions.

- EpiPen's need to be in the vicinity of the affected child at all times e.g. out on the field or Astro turf, at lunch in the dining hall, forest school etc
- Before undertaking any off-site activities, the designated first aiders will review a list of children attending and ensure any prescribed medication accompanies the child on the trip.

11. Appointed Persons

11.1. The appointed designated person for first aid in the Nursery is GEL BAKER.

Staff with Paediatric First Aid Qualification are on display in the office and entrances to the Nursery for parents to see.

12. Calling an Ambulance

12.1. Whilst guidance can be provided on when to call an ambulance, each incident will require an element of common sense. As a general guide, if in doubt, call 999. However, there are some injuries/illnesses which are always best dealt with by the emergency services. These include:

- Serious head injury (involving loss of consciousness or blood/clear liquid coming from ears or signs of concussion ie confusion/reduced consciousness level/visual disturbance/vomiting).
- Obviously, fractured bones where moving the casualty will cause pain or further injury.
- Severe bleeding.
- A severe allergic reaction (see "Anaphylaxis section below").
- If child is unwell and poisoning is suspected.
- An asthma attack which continues despite delivery of reliever inhaler (see "Asthma section below").
- Any person with reduced consciousness level of any cause.
- Epileptic fit (see "Epilepsy section below").
- Any fall from height.
- Any trauma to the head/neck which results in neck pain.
- Any rash in an unwell child that does not blanch with the 'tumbler test'.
- Penetrating eye injuries.

NB: this list is illustrative only

13. Anaphylaxis

Definition of Anaphylaxis

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It is a sudden, severe allergic reaction, when the body reacts to a foreign substance (antigen) which triggers an exaggerated response from the immune system.

Signs & Symptoms of Anaphylaxis

- What to look out for:
 - Nausea and/or vomiting
 - Abdominal cramps
 - Itching skin
 - Rash and/or hives (wealds or blotches) on body
 - Flushing of skin
 - Pale/grey colour
 - Wheezing
 - Difficulty in breathing
 - Cyanosis (blue around the lips, fingernails)
 - Stridor (a high-pitched sound resulting from turbulent air flow in the upper airway). It may be inspiratory, expiratory, or present on both inspiration and expiration. It can be indicative of serious airway obstruction
 - Collapse, unconsciousness, death

The child can have any of these signs and symptoms, in any order. There is no set pattern for any child. Just because the child has experienced certain signs and symptoms before does not mean that he/she will experience the same signs and symptoms in the future.

Emergency Procedure for Allergic Reaction

- a) If a child tells you that they have been exposed to an antigen (trigger):
- b) Keep them calm and sit them down. Do not allow them to increase their heart rate by walking to the Nursery Office.
- c) If the reaction is immediate and severe such as swelling of the lips, neck and tongue or altered consciousness, dial 999 immediately, ask for an ambulance and state “anaphylaxis”. Use the auto-injector (e.g Epipen or Anapen).
- d) Ensure that the Main Nursery Office is made aware so that a runner can be sent to meet the ambulance and direct them to your location. The Nursery office should also telephone the child’s emergency contact to inform them and alert the Nursery manager/Deputy manager.

- e) Stay with the child at all times.
- f) If the reaction is less severe, observe the child and do not leave them unattended. Take out the Epipen and familiarise yourself with the instructions. A first aider may administer one 4mg Chlorphenamine tablet (piriton) if a parent has previously given permission.
- g) If the child is NOT experiencing adverse symptoms and their airway is NOT compromised, observe them closely while you wait for the ambulance. Use the adrenaline auto-injector at the first signs of a severe allergic reaction. The effects will last for 15 minutes only and the drug (Epinephrine) might be wasted if given too early.
- h) If they become compromised, administer the auto-injector into the outer thigh. You may have to inject through clothing so ensure that the layer of clothing is thin. Leave the needle in the skin for a slow count of 10 before removing it with great care as the needle will be exposed.
- i) Lie the child flat with legs raised to maintain blood flow. If breathing problems are present, they may prefer to sit up. If they do not feel better, a second injection 5 to 15 minutes after the first may be administered.
- j) Record all medication and the times given.

NUT FREE Policy

- The nursery has a NUT-FREE POLICY. This should also be observed in cooking activities, science based and nature activities as well as in the Dining Rooms.
- **NB** Parents choosing to send their child with a packed lunch must ensure that their child's lunch box is NUT FREE. Eg **no peanut butter sandwiches**, no muesli type biscuits which contain nuts.

Also that it contains **NO GRAPES** .(A possible choking risk).

- Parents will keep the nursery up to date about any changes to their child's medical status.
- Staff will be briefed about the children who are at risk of anaphylaxis and kept updated. The names and photographs of children who have allergic reactions are displayed in the Chalet, Kitchen, Sapling Room and in the Dining Rooms.

- A trained member of staff can administer the EpiPen.
- It is the responsibility of the parents of children who have a known allergy to provide two EpiPens for use in the Nursery at all times. These should be labelled with a prescription label for the relevant child and should be kept in the child's classroom and accompany the child around the school site.
- The expiry date of the auto-injectors should be regularly checked and replacements obtained before they expire. Expired injectors will be less effective but can still be used if there is no other alternative and the pupil is in danger of dying.

- **Asthma**

- 13.1. The nursery recognises that asthma is an important condition which can affect nursery children.
- 13.2. Relevant staff are made aware of those children who suffer with asthma.
- 13.3. Access to reliever inhalers is vital (blue inhaler). Inhalers are kept in the child's classroom.
- 13.4. All inhalers must be clearly labelled with the child's name.
- 13.5. All staff will be supportive and encouraging to children with asthma. If a child needs to use their reliever inhaler during a session, they should be encouraged to do so.
- 13.6. Taking part in physical activities is an essential part of nursery life. Children with asthma are encouraged to participate fully in all activities. Practitioner should take the inhalers out into the garden areas for the children in their care. Staff must remember to take children's inhalers with them when going off site.
- 13.7. Inhalers should only be used for the child it has been prescribed for. However, in a life-threatening emergency you may have no alternative. Do not administer inhalers to pupils who have never had a diagnosis of Asthma made by a G.P.

Procedure for Treating an Asthma Attack

13.8. Symptoms of an asthma attack are coughing, wheezing, shortness of breath and difficulty in speaking.

If an asthma attack occurs:

- Stay calm and reassure the pupil.
- Sit them upright or lean them forward slightly.
- Encourage them to breathe slowly and deeply.
- Give 2 puffs of the blue inhaler (Salbutamol/Ventolin) using an aero chamber. This should take effect within minutes.
- Repeat another 2 puffs if relief is not apparent.
- Call the Nursery Office when possible.
- Call an ambulance if: the reliever has no effect after 5 to 10 minutes, the pupil is distressed or unable to talk, the child is getting exhausted or you have any doubts at all about the child's condition.
- Telephone parents (this is usually done via the Office or appropriate Room leader).
- Continue to give reliever medication every few minutes until help arrives or condition improves.
- You should not worry that a child may overdose on their reliever inhaler.

13.9 Children should not be discouraged from taking part in off-site visits. For such visits, liaison may take place with the parents and organising staff. The member of staff in charge

of the trip and pupil must be trained in administering emergency treatment. It is their responsibility to see a first aider for a refresher before the trip if necessary.

13.10 Parents must keep the nursery updated of any changes to their contact details.

14. Diabetes

14.1. Diabetes is a long-term medical condition where the amount of glucose in the blood is too high because the body cannot use it properly. When the hormone insulin is not present in the body, or does not function properly, glucose builds up in the body.

14.2. There are two main types of diabetes: Type 1 and Type 2. Type 1 diabetes develops if the body is unable to produce any insulin and most children with diabetes will have Type 1. Type 2 does not typically appear before the age of 40.

14.3. All appropriate staff in the nursery will be briefed about diabetes on an annual basis if there is a diabetic child in the nursery. A trained first aider will be allocated who will lead the care of the pupil.

14.4. Members of staff who are diabetic should make sure that colleagues are aware of their condition, and signs to watch for, such as changes in behaviour. They should inform the Nursery manager if they feel any “reasonable adjustments” are necessary, eg food or rest breaks, to help them to remain well.

14.5. It is essential that staff, including kitchen staff are aware of diabetic children and staff. Therefore, some sharing of some medical information is necessary. This will be kept to a minimum and discussed with the member of staff concerned, and the child's parents. Each child will have an individual medical plan which will be available to the relevant staff.

14.6. Diabetic children should be encouraged to inform the practitioner they are feeling unwell during the session. It may be that their blood sugar is low (often described as a ‘hypo’). Therefore, nursery staff will take all reasonable steps to ensure that the diabetic child has access to snacks between meals if necessary. The child should **NEVER** be allowed to leave the session alone if feeling ‘hypo’ and the named first aider must be informed to give appropriate treatment.

14.7. All staff should be aware of the treatment required if the child has a ‘hypo’.

14.8. A diabetic child/adult who is feeling ‘hypo’ should not be left alone until their blood sugar has returned to normal.

14.9. Staff will monitor appropriate dietary intake of the child at meal times.

- 14.10. If during the nursery session the child is unwell, even just a cold, parents will be informed as this can lead to unstable blood sugars.
- 14.11. The nursery will safely store any necessary medication prescribed by the doctor and to which is attached, appropriate instructions for use and administration.
- 14.12. Parents will keep the nursery informed of any relevant information concerning the child's diabetic condition.
- 14.13. Parents will inform the nursery immediately of any changes to the child's medication.
- 14.14. Discussion with the parents will take place prior to any off-site visit.
- 14.15. An individual medical plan will be drawn up for each child, following consultation with the parents/child's diabetic nurse. These will be made available for relevant members of staff to ensure the best care for the child and will be maintained by the SENCO.
- 14.16.
- If diabetic equipment is kept at the nursery it is checked on a regular basis and is subject to quality control.
- 14.17. Expiry dates of all medicines will be checked regularly.
- 14.18. Needles and syringes must be disposed of in a sharp bins.

Child's Individual Care Plan

- 14.19. The child's individual care plan will include:
- Parent contact numbers.
 - GP and Diabetic Nurse details.
 - Prescribed medication.
 - Dietary details.
 - The child's daily routine with regard to diet, blood glucose monitoring and requirements prior to sport.
 - Signs and symptoms of the pupil's hypoglycaemic episodes.

Treatment of a Hypoglycaemic Episode (Hypo)

- 14.20. This occurs when the blood glucose level is too low.
- 14.21. Causes of a Hypo:
- Too much insulin.
 - A missed or delayed meal or snack.
 - Too little food at any time of day.

- Not enough food to fuel an activity.

14.22. Watch out for:

- Trembling or shakiness.
- Hunger.
- Sweating.
- Pale looking.
- Drowsiness.
- Glazed eyes.
- Headache.
- Lack of concentration.
- Mood change especially angry or aggressive behaviour.

14.23. What to do:

- IMMEDIATELY GIVE SOMETHING SUGARY e.g. fizzy drinks (non-diet), fresh fruit juice, Lucozade or 2/3 glucose tablets.
- Hypostop can be massaged onto the inside of the child's cheek if they are refusing to eat or drink. These sugars are absorbed quickly, so recovery should take place within 10-15 minutes.
- Call the first aider.
- Do not leave the child alone.
- Check blood sugar.
- Inform the parents.
- Follow this with some starchy food to prevent the blood sugar level falling again e.g. a sandwich (ideally brown), 2 digestive biscuits, a piece of fruit (ideally banana) or a cereal bar.
- In the unlikely event the child becomes unconscious, **DO NOT** give anything by mouth, place in the recovery position, call for an ambulance and inform parents.
- **Designated First Aider may administer Glucagon injection.**

Treatment for Hyperglycaemic Episode

14.24. This occurs when the blood glucose level is too high. It occurs slowly and is far less common than a hypoglycaemic episode. There is time to make a full assessment before deciding on treatment.

14.25. Causes of hyperglycaemic episode:

- Less exercise than usual.
- Stress or infections.
- More food than usual.
- Too little or no insulin.

14.26. Watch out for:

- Excessive thirst.
- Vomiting.

- Frequent visits to the toilet.
- Abdominal pain.

14.27. What to do:

- Do not restrict access to the toilet.
- Record symptoms and report to the Nursery Office and parents.
- Check blood sugar level.
- If there is any doubt about the episode being a hypo, treat this immediately as per protocol.

15. Epilepsy

15.1. The Nursery recognises that epilepsy is an important medical condition that affects some nursery age children.

15.2. Children may be affected by epilepsy in a variety of ways and it is important that staff are made aware of the individual nature of a pupil's seizure in order that it can be managed effectively.

15.3. An annual training session will be held to brief relevant staff about epilepsy and emergency first aid treatment of a seizure, if there are any pupils who are epileptic.

15.4. Taking part in physical activity is an essential part of nursery life and children are encouraged to take part.

15.5. It is the responsibility of all staff to be aware of who these children are.

15.6. Any medication that the child may need to have during the nursery day is managed by an appointed **Administrator of Medicines**, who has had the appropriate first aid training.

15.7. Any pupils with epilepsy will have an individual medical plan completed, which is made available to all relevant staff to ensure best practice for pupils' health and safety.

What to do when someone has a seizure

15.8. If a child (or staff member) has a seizure:

- Stay calm.
- Call for the named first aider or Nursery Manager/Deputy manager.
- Note the time and check how long the seizure is lasting.
- Put something soft under their head to prevent injury.
- Only move them if they are in a dangerous place, e.g. in the road or at the top of stairs.
- Move things away from them if there is a risk of injury.
- Do not restrict or restrain them in any way; allow the seizure to take its course.

- Do not put anything in the person's mouth. There is no danger of them swallowing their tongue and teeth can easily be broken.
- Clear all bystanders to lessen embarrassment for pupil.
- Talk to the person, to reassure them that they are not alone and are safe.

What to do when the seizure has stopped

15.9. When the seizure has stopped:

- If possible, roll them onto their side into the recovery position.
- Check their breathing.
- Do all you can to minimise embarrassment. If they have been incontinent, deal with this as privately as possible.
- Stay with them, giving reassurance until they have fully recovered.
- Call the parents and senior staff.

15.10. An ambulance should be called if:

- The person has injured themselves badly.
- They are having difficulty breathing after the seizure.
- One seizure immediately follows another with no recovery in between.
- It is the person's first seizure.

16. Head Injuries

If a child has a head injury at home it is our policy that they be watched at home for at least 24 hours after the event, as stipulated on the NHS website. The reasons for this is that the child needs to be closely monitored which, as a setting, with strict ratio's, this cannot be guaranteed.

17.1. All children who have sustained a significant bump to their head should be assessed by a first aider.

17.2. Minor bumps to the head are common. If the child did not lose consciousness and there is no obvious injury to the head, it is unusual for there to be any damage to the brain. However, sometimes a knock to the head can cause damage and symptoms may not develop for some hours, even days after the initial injury.

17.3. If the head injury occurred during a physical activity session, the pupil must be removed from the activity immediately and the injury assessed by a first aider.

17.4. A mild headache is normal after a knock to the head. Some scalp swelling and tenderness may also occur.

17.5. Once the child has been assessed, an entry must be recorded on Famly and the parents informed.

17.6. If the child develops any of the following, they should be taken to hospital immediately and the parent informed:

- Increasing drowsiness
- Worsening headache
- Amnesia. Child will know who you are and their surroundings but may appear frightened and tearful because they cannot remember immediate events.
- In infants, a very high- pitched whine or cry
- Confusion or strange behaviour
- Slurred or confused speech
- Two or more bouts of vomiting sometime after the initial injury. It is not uncommon for someone to vomit immediately after the injury because of the surge of adrenaline in their body.
- Weakness in arms or legs
- Dizziness, loss of balance and/or convulsions. It is not uncommon for someone to feel dizzy immediately after the injury because of the surge of adrenaline in their body.
- Any visual disturbances
- Blood or clear fluid leaking from the nose or ear
- Unusual breathing patterns.