



Little LODGE

0 - 4 YEARS CO-EDUCATIONAL DAY NURSERY

First Aid & Medical Policy

Approved by: Natalie Snyders – Nursery Manager

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This policy is applicable to all adults and pupils, including those in the EYFS. Children must not attend Nursery for 48 hours after the symptoms of vomiting and diarrhoea have ceased.

1. Statement of Intent

The Board of Directors and Nursery Manager of Arnold Lodge Nursery believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the Nursery.

We are committed to:

- > Ensure the health and safety of all staff, pupils and visitors.
- > Ensure that staff and governors are aware of their responsibilities with regards to health and safety.
- > Provide a framework for responding to an incident and recording and reporting the outcomes.
- > Ensure procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff (**including supply staff**) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the Nursery is appropriately insured and that staff are aware that they are insured to support pupils in this way.

In the event of illness, a staff member will accompany the pupil to the Medical Room. In order to manage their medical condition effectively, the Nursery will not prevent pupils from eating, drinking or taking breaks whenever they need to.

The Nursery also has a Control of Infections Policy which may also be relevant and staff should be aware of.

2. Legislation and Guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#) and [Early years foundation stage: coronavirus disapplication's](#) guidance, advice from the Department for Education on [first aid in Nurseries, health and safety in Nurseries](#) and [actions for Nurseries during the coronavirus outbreak](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records

3. Roles and Responsibilities

3.1 The School Nurse

The School Nurse will support the Nursery Manager, as required, in ensuring that pupils with medical conditions are

identified and properly supported in Nursery, including supporting staff on implementing a pupil's Healthcare Plan. The School Nurse will work with the Nursery Manager to determine the training needs of Nursery staff. Suitable cover will be provided in the absence of the School Nurse.

The School Nurse will:

- > Take charge when someone is injured or becomes ill if this is beyond the skill of the Nursery Manager or designated First Aider in the Nursery to manage
- > Support the Nursery Manager to ensure there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- > Ensure that an ambulance or other professional medical help is summoned when appropriate.
- > Be aware of their responsibilities when a pupil has been identified as having a medical condition which will require support in Nursery
- > Support staff on implementing a pupil's individual healthcare plan and provide advice and liaison, for example, on training

3.2 The First Aid Team

First aiders are trained and qualified to carry out the role and are responsible for:

- > Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- > Sending pupils home to recover, where necessary
- > Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.

Lorraine Freeman	Emergency First Aid at Work	April 2023	April 2026
Natalie Snyders	Paediatric First Aid Level 3	October 2024	September 2027
Alice Day	Paediatric First Aid Level 3	July 2025	July 2028
Jade Morris	Paediatric First Aid Level 3	July 2025	July 2028
Rebecca Allen	Paediatric First Aid Level 3	July 2025	July 2028
Olivia Colledge	Paediatric First Aid Level 3	September 2023	August 2026
Sharron Gould	Paediatric First Aid Level 3	September 2023	August 2026
Miyako Lowe	Paediatric First Aid Level 3	July 2025	July 2028
Larissa Memetovic	Paediatric First Aid Level 3	March 2024	February 2027

3.3 The Nursery Manager

- > The Nursery Manager is responsible for the implementation of this policy, including:
- > Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the Nursery at all times
- > Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- > Ensuring all staff are aware of first aid procedures
- > Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- > Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- > Ensuring that adequate space is available for catering to the medical needs of pupils

- > Reporting specified incidents to the HSE when necessary

3.4 The Nursery Staff

Nursery staff are responsible for:

- > Ensuring they follow first aid procedures
- > Ensuring they know who the first aiders in Nursery are
- > Completing accident reports for all incidents they attend to where a first aider/appointed person is not called
- > Informing the Nursery Manager or their manager of any specific health conditions or first aid needs

All staff who obtained a Level 2 or Level 3 qualification after 30 June 2016 must complete their Paediatric First Aid qualification within three months of starting work to be included in staff: child ratios.

3.5 Early Years Foundation Stage (EYFS)

- > Children will always have a paediatric first aid trained member of staff with them.
- > Parents should alert the Nursery if their child contracts a notifiable disease
- > Parents will be informed of the administration of medicine and the time it was given the same day or as soon as reasonably practicable
- > Parents will be informed of an accident and the first aid given the same day or as soon as reasonably practicable.

3.6 Pupils

- > Where appropriate relative to age and development, pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with their individual healthcare plan.

3.7 Parents/Carers

- > Should provide the Nursery with sufficient and up to date information about their sons/daughters medical needs
- > Should be involved in the development and review of their son/daughters individual healthcare plan
- > Should carry out any action they have agreed to as part of its implementation (e.g. provide medicines and equipment and ensure that they or another nominated adult are contactable at all times)
- > Parents should alert the Nursery if their child contracts a notifiable disease.

4. The role of support staff

Any member of Nursery staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Nursery staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

Any member of Nursery staff should know what to do and respond accordingly when they become aware that a child with a medical condition needs help. Staff should always ensure that dosage and administration instructions are clear and follow these. IF instructions are unclear then staff must not administer the medicine, and instead contact parents.

5. First Aid Boxes & Management of First Aid Equipment

First aid boxes are located in all classrooms.

Portable Nursery first-aid boxes are coloured green and are identified by a white cross on a green background. Fixed first-aid boxes are coloured white and identified by a green cross on a white background. This conforms to the Safety Signs and Safety Signals Regulations. Each fixed box is placed where it can be clearly identified and readily accessible.

Portable First-Aid kits (3) are available from the School Nurse or Nursery Office to take off-site for trips and returned to the medical room/Nursery office after use by the trip organiser. The School Nurse will ensure that these portable first-aid kits are fully stocked prior to the trip and any additional medical or first-aid equipment that is required for the trip is also available if the teacher/first aider have given sufficient notice of the equipment needed for the trip.

The Portable First-Aid kits available in each classroom are visible at the entrance door of each classroom and can be used for minor injuries, more serious injuries see the School Nurse. The School Nurse will each term check all Nursery First-Aid kits and First Aid cabinets and stock will be replenished, any out of date items will be removed and restocked accordingly.

If stock runs low in between the nurses' term check, or if any of the kit or medical equipment is damaged, broken or needs replacing practitioners/Nursery Management to inform the School Nurse immediately and arrangements will be made.

School Nurse will have overall responsibility for maintaining and checking the first aid equipment, although this can be delegated to a first aider or other competent staff member. There is an expectation that teaching and/or first aiders will take responsibility for also checking the first-aid kit in their allocated classroom or before a Nursery trip, to ensure it is adequately stocked.

Additional First aid Boxes can be found at the following locations:

- > Main Playground;
- > Junior Playground;
- > Main Nursery Office;
- > Kitchen (inside main door by laundry);
- > Staffroom;
- > Main Nursery outside room A5 / A6;
- > Food Technology room A4;
- > Science block S2 laboratory;
- > Science block S4 laboratory;
- > Sixth Form kitchen area;
- > Hall block outside room H4;
- > Alkerton building first floor inside the staff room;

The School Nurse will also ensure that all out of date items contained in the first aid boxes are discarded and replaced. These need to be checked on a regular basis i.e. termly. Although the School Nurse is responsible for maintaining and checking the first aid equipment, it is also expected that before going on duty / on a Nursery visit etc., first aiders shall take responsibility for ensuring their first-aid box and bag contents are sufficient.

6. First Aid Procedures

In the case of a pupil accident, the procedures are as follows:

- > The closest member of staff present will assess the seriousness of the injury and seek the assistance of the School Nurse or qualified first aider, if appropriate, who will provide the required first aid treatment
- > The School Nurse/first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- > The School Nurse/ first aider will also decide whether the injured person should be moved or placed in a recovery position
- > If the School Nurse or, in the absence of the School Nurse, first aider judges that a pupil is too unwell to remain in Nursery, parents will be contacted and asked to collect their child. Upon their arrival, the School Nurse/ first aider will recommend next steps to the parents

- > If emergency services are called, the School Nurse/ first aider will contact parents immediately
- > The School Nurse, first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury
- > If the child has to be taken to hospital or the injury is 'work' related, then the accident is reported to the Board of Directors.
- > If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Board of Directors will arrange for this to be done.
- > For accidents involving bodily fluids, refer to the ALS Control of Infectious Disease Policy.
- > Parents will be informed of an accident and the first aid given the same day (or as soon as reasonably practicable).

7. Nursery Visits/ Managing medication on an Outing/Residential visit

As part of the inclusive nature of the Nursery we encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Risk assessments are completed before each Nursery trip and outing. Risks for pupils with known medical conditions are considered, as well as any potential risk to others. A member of staff who is trained to administer any specific medication will accompany the pupil and ensure that the appropriate medication is taken on the visit.

Staff should ensure spare Inhalers are taken for all children who suffer from asthma and pupils carry personal inhalers and EpiPens at all times.

For pupils with known medical conditions, staff will make contact with the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support.

Parent/carers will be asked to complete medical forms at least three weeks before the visit at which point the Nursery will establish, from parents/carers, the medication, circumstances in which it can be administered, the precise time the dose is given and the exact dose.

All medication must be provided in date and provided in the original packaging as supplied from the pharmacy.

In the case of a **residential visit**, the residential first aider will administer First Aid and medications. Reports will be completed in accordance with procedures at the Residential Centre. In the case of **day visits** a trained First Aider will carry a travel kit in case of need.

8. Storage and Administration of Medication

There are an increasing number of children attending Nursery settings with medical conditions. The Nursery, acting in loco parentis, have a duty to take reasonable care of children which includes the possibility of having to administer medicines and/or prescribed drugs. This may be required by pupils for regular medication or those requiring occasional dispensing of medicines. In accordance with the Nursery Storage and Administration of Medicines Policy the Nursery will make every effort to safeguard the health and safety of those pupils who may be more at risk than their peers due to existing medical conditions.

We have set out a clear medicines policy that is understood and accepted by staff, parents and pupils and provides a sound basis for ensuring the proper and safe administration of both prescribed and 'Over the Counter' (OTC) medications.

The statutory framework states that medicines must not be administered unless they have been prescribed for your child by a doctor, dentist, nurse or pharmacist unless it is for pain relief such as for fever/teething and this is administered only when signed consent has been obtained from the parent and a expire date has been written.

8.1 Over the counter medications

- > All medicines will be stored safely in a locked cabinet in the Medical Room. They are issued to pupils under a “homely remedy protocol”.
- > Controlled drugs are kept in a locked cabinet in the Medical Room.

8.2 Prescribed medications

- > They are only issued to the pupil for whom they have been prescribed;
- > They must remain in their original container that should be childproof;
- > The original dispensing label must not be altered;
- > Medication for use in urgent situations, for example antibiotics must be prescribed individually for each pupil as and when required;
- > Stocks of prescription medicines must not be held;

8.3 Medicine Procedures

- > **Medicine must be stored in their original containers**, clearly labelled, inaccessible to children and in an appropriate location e.g. medicine cupboard, in the office or the fridge.
- > All medicine should be handed directly to Nursery staff and not left in the child’s bag or in the room.
- > **A parental permission form for administration of medicines** must be completed and signed by the parents. This will include the dosage of medication and times for it to be administered.
- > Staff will log information on the medicine form within the Family App and inform all staff in the room to ensure all are aware. Parents must acknowledge this form.
- > **Medication supplied by the parents** that is kept at Nursery e.g. inhalers, Piriton syrup, EpiPen etc, then parents **must fill in a Health care plan** which permits staff to administer the medication when and if needed on any day. The Health care plan is reviewed every three months.
- > Parents who wish to leave non prescribed medication such as Calpol (or other paracetamol based solutions) to treat fever like symptoms or teething pains that may occur on an irregular basis, must have given permission for staff to administer the medication as and when needed. All medication given will be recorded on the child’s individual medicine form and signed by the administrator, witness and parent.
- > Should a child require Calpol for whatever reason in the opinion of the room leader/manager, and the parent has not signed a permission form or given any supply of this or similar medication, then the Nursery requires permission from the parent, before staff can administer the nursery’s own Calpol supply, for emergency use only.
- > Individual medication needs are discussed on a case by case basis with the room leader of the child’s room.
- > All short term medication that is required by the child outside of Nursery sessions must be returned to the parents at the end of the day.
- > If the administration of a prescription medicine requires technical/medical knowledge e.g. an EpiPen, then training will first be sought by qualified medical professional before staff will administer the medication.

8.4(a) Nursery Medicine Procedures

When administering medicine to children, staff will adhere to the following procedures:

- > Two members of staff must be present (one must be senior level) and both signatures are required on the form.
- > Check that the name on the medication is correct, matching the child receiving the medication.
- > The details on the medicine package must coincide with those entered on the form.
- > Ensure the expiry date for the medicine has not lapsed.
- > Fill in the Administration of Medicine form with the date, time and amount of medication given.
- > When handing medication back to parents, a further signature is required by them to confirm acknowledgement of the dosage of medication administered to their child for that day.
- > All records must be kept for a **period of 2 years**, as guided by Ofsted.

To protect all children from potential fatal overdoses, it is the responsibility of the

- > parent to inform the Nursery as to the dosage a child has or has not already
- > Received, prior to them coming to the Nursery. This information can be documented within the child's daily diary or on the medicine form signed by the parent. Staff will not administer medication if the parents communicates this information verbally and in these cases, staff will be forced to wait until safe dosage timescale have elapsed; that being from when the child entered the Nursery, before any medication can be given.

8.4(b) Administration of prescribed and non-prescribed medication by unqualified staff [ALS's procedures]

There are designated, appropriately trained first aiders for the administration and management of medicines in Nursery. There is a written protocol for the administration of prescribed medication which outlines the following: -

- > Checking the identity of the pupil;
- > Checking that the administration sheet matches the label on the drug;
- > Immediate initialling of the administration sheet;
- > Recording a pupil's refusal to take medication.

Training is required for all staff who administer medication, highlighting issues such as indications, contra-indications, side-effects, dosage, precautions regarding administration, clear reasons for not giving the drug and duration of treatment before nursing or medical advice is sought;

The protocols are agreed, understood and accepted by staff, and known to pupils and parents.

All staff with access to this area must be aware of:-

- > What medication is in the Medical Room.
- > Who it belongs to.
- > The person authorised to administer the medication in the absence of the School Nurse.

Upon completion by the parent/carer, **Form 3 Parental Agreement for Nursery/Setting to Administer Medicine** will be kept in a locked cupboard in the Medical Room or secure place in the nursery with the medication, giving details of the dose and frequency of administration to the pupils concerned.

Pupils with medical conditions should know where their medication is kept and have access to it via the School Nurse or, in her absence, a member of Staff with access to the medication cupboard.

A refrigerator is provided in the Nursery to provide cold storage for medications once opened, if required, as directed by prescription/written instructions from a healthcare professional.

Medications should not be stored in any first aid boxes on the premises.

Medicine (with the exception of individual inhalers) should be stored in the First Aid/Medicine box in the child's room or refrigerator, with each pupil's medicine clearly marked with the pupil's name and the dose to be taken. Adrenaline auto-injectors will be stored in a box clearly labelled with the child's name for clear identification.

It is essential that a pupils' emergency medication is immediately accessible for that pupil, if participating in an extra curriculum activity.

Parents/carers should be asked to collect all medications/equipment at the end of the year, and to provide new and in date medication at the start of each year.

The Nursery will **not** accept non-prescribed medicines. Prescribed medicines may only be administered if these are in-date, labelled, provided in the original container as purchased, and include instructions for administration, dosage and storage.

In all these cases it is necessary to check:

- > Name of child
- > Name of medicine
- > Dosage
- > Written instructions provided by prescriber
- > Expiry date.

8.5 Administration of Medication in a life threatening emergency

In extreme emergencies e.g. an anaphylactic reaction, the administration of adrenaline by injection (1:1000), chlorpheniramine and hydrocortisone are among those drugs listed under Article 7 of the Prescription Only Medicines (Human Use) Order 1997 for the administration by anyone in an emergency for the purpose of saving life.

8.6 Recording and monitoring of records

Information about every child who has medication given to them at Nursery must be recorded on Family. This form must be retained by the Nursery and a digital copy acknowledged by the parent/carer.

Records must be properly completed, legible and current by the School Nurse/first aider as soon as possible after the administering of the medication. They must provide a complete audit trail for all medications.

ALL medicines brought into Nursery should be recorded for each pupil.

The Medicine Administration Record (MAR) Chart / Book should include:

- > Name of pupil;
- > Date of receipt;
- > Name, strength and dosage of drug;
- > Quantity of the drug;
- > Signature of the member of staff receiving the drug.

This document is completed for all drugs administered (including homely remedies) and is retained for 15 years after the last entry.

8.7 Controlled drugs

The Nursery practice dictates that the storage of controlled drugs should comply with the Misuse of Drugs (Safe Custody) Regulation (1973) as amended.

The Nursery will provide:

- > A secure, lockable cupboard should be used which contains nothing else;
- > Only those with authorised access should hold the keys to the cupboard;
- > Separate records for the administration of controlled drugs should be kept in an appropriate, bound record book with numbered pages;
- > The balance remaining should be checked at each administration and monthly.

9. Disposal of Medicines

The School Nurse will check all medicines kept in Nursery each term to ensure that they have not exceeded their expiry date. Parents/carers will be notified of any that need to be replaced. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal by the School Nurse.

Sharps boxes should always be used for the disposal of needles. There is a sharps box in the Medical Room. If any child requires regular injections (e.g. Insulin), they will have their own Sharps box which can be taken offsite with them on trips

etc. The parents will be notified when the box is almost full so that they can bring in a new box and take the full box for disposal.

10. Administering Medicine in Nursery

Medicines should only be taken to Nursery where it would be detrimental to a child's health if it were not administered during the day. It should be noted that where feasible parents should administer medication outside of Nursery hours.

The Little Lodge Nursery, in compliance with the DfE document: Supporting children at Nursery with medical conditions (2014) will ensure that:

- > No child under 16 will be given prescription or non-prescription medicines without consent from parents.
- > A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor
- > The Nursery will only accept prescription medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to Nursery inside an insulin pen or a pump, rather than in its original container
- > The Nursery will keep a record of all medicines administered to individual children

If a child refuses to take their medication, the School Nurse, or in her absence, a First Aider will accept their decision and inform the parents accordingly.

In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are digital and available on the Family App.

Asthma inhalers will be held by the Nursery for emergency use, as per the Department of Health's protocol.

11. Buccal Midazolam

As per statutory guidelines, Buccal Midazolam will only be administered to a child by the practitioners at The Nursery who are trained to do so. Also, per statutory guidelines, the medication cannot be given to the child if it is not clearly marked with the child's correct information and been prescribed by the child's doctor.

The Nursery have the right to request new Prescriptions be given to leave at the nursery, should they be 3 months from expiration date.

Buccal Midazolam will be kept in the room in which the child is in, in an easily accessible place only to staff members. All Buccal Midazolam trained Nursery staff are to be aware of the keeping place of the Buccal Midazolam. Should the child be taken off site, a staff member who is trained is to be with the child and have on them; 1 dose of Buccal Midazolam as well as the child's health care plan and emergency card (with information for an ambulance if necessary).

If the child has had a seizure whether at home or in Nursery, and Buccal Midazolam has been given, they are to stay home for 24hrs in case another seizure is to take place. They may return 24hrs after their dose of Buccal Midazolam and if they are well within themselves. The Nursery staff have the right to send home a child if they feel that they are unwell due to a high temperature (38 degrees or above) or not well within themselves.

12. Emergency Medication for Anaphylactic Shock

Pupils with a known allergy, for example, to wasp stings, food allergies and medications, should have an Individual Health Care Plan (IHCP), with an emergency action plan, completed by their healthcare professional.

Where an adrenaline auto-injector has been prescribed, the pupil's parent/carer should ensure that one in date adrenaline auto injector (e.g. an Epi Pen) is kept in the Nursery. The auto injector should be kept safely in the pupil's classroom and

taken outside during break time, during lunch and during extra curricular lessons by a member of staff. The auto-injector should be kept in a container clearly labelled with the child's name and class title.

If a pupil is going into anaphylactic shock, the emergency services will be called immediately.

If there is an emergency situation where a pupil has no previous history or knowledge of having an allergy but symptoms suggest anaphylactic shock is occurring, the emergency services will be called. If advised to do so by the emergency services, the Nursery auto-injector will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded. The Nursery should inform the emergency services that an emergency adrenaline auto-injector is in the Nursery.

13. Emergency Adrenaline Auto-Injector

Arnold Lodge Nursery has chosen to hold an emergency Adrenaline Auto-Injector **EpiPen** and **JEXT** to be administered to pupils in an emergency if the pupil's own prescribed auto-injector cannot be administered correctly without delay.

Written parental consent for its use has been obtained, and a record of this is kept with the emergency injector to establish which pupils have this in place. The School Nurse is responsible for ensuring that this register is reviewed and kept up to date. This information will also be included on the pupil's IHCP.

14. Accidents/Illnesses requiring Hospital Treatment

If a child has an incident, which requires urgent or non-urgent hospital treatment, the Nursery will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required. Parents will then be informed and arrangements made regarding where they should meet their child. Parents are responsible for providing the Nursery with up-to-date contact names and telephone numbers.

The Nursery Manager will notify Ofsted within 14 days of any serious accident, illness or injury to a child while in our care.

15. Defibrillators

A Defibrillator AED is available within the Nursery as part of the first aid equipment. First aiders are trained in the use of defibrillators.

The local NHS ambulance service have been notified of its location.

16. PPE (Personal Protective Equipment)

The nursery provides staff with PPE according to the need of the task or activity. Staff must wear PPE to protect themselves and the children during tasks that involve contact with bodily fluids. This is chosen according to need and will be regularly reviewed to ensure it is suitable and effective. Staff are consulted when choosing PPE to ensure all allergies and individual needs are supported.

Always take precautions when cleaning wounds as some conditions such as Hepatitis or the HIV Virus can be transmitted via blood.

Wear disposable gloves and wipe up any blood spillage with disposable cloths, neat sterilising fluid, gel granules, anti bacterial solution and in extreme circumstances the affected area would be thoroughly cleaned. (E.g. Carpets professionally cleaned). Such solutions must be carefully disposed of immediately after use.

The nursery will not necessarily be aware if there is a child carrying Hepatitis or who is HIV Positive on their register.

17. Needle puncture & sharps injury

Blood-borne infections may be transmitted to employees who injure themselves with needles, broken glass etc. For this reason, great care must be taken in the collection and disposal of this type of material. For the safety and well-being of the employees, ALL NEEDLES, BROKEN GLASS etc, SHOULD BE TREATED AS CONTAMINATED WASTE. If a needle is found the local authority must be contacted to deal with its disposal.

The nursery treats its responsibilities and obligations in respect of health and safety as a priority and will provide ongoing training to all members of staff which reflects best practice and which shall be in line with current health and safety legislation.

18. Pupils with Special Medical Needs – Individual Healthcare Plans

Some pupils have medical conditions that, if not properly managed, could limit their access to education. These children may be:

- > Epileptic
- > Asthmatic
- > Have severe allergies, which may result in anaphylactic shock
- > Diabetic

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend Nursery regularly and, with support from the Nursery, can take part in most Nursery activities, unless evidence from a clinician/GP states that this is not possible.

The Nursery will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on Nursery visits. A risk assessment will be used to take account of any steps needed to ensure that pupils with medical conditions are included.

The Nursery will not send pupils with medical needs home frequently or create unnecessary barriers to pupils participating in any aspect of Nursery life.

However, Nursery staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

An Individual Healthcare Plan (IHP) can help Nursery's to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. The Nursery appreciates that pupils with the same medical condition do not necessarily require the same treatment.

Parents/guardians have prime responsibility for their child's health and should provide Nursery with information about their child's medical condition. Parents should give details in conjunction with their child's GP and Paediatrician. For pupils with complex medical conditions, the Nursery may request additional background information and practical training for Nursery staff.

The IHP will cover the following:-

- > The medical condition, its triggers, signs, symptoms and treatments.
- > The pupil's resulting needs, including medication (dose, whether it is a controlled drug, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and any environmental issues (crowded corridors, travel time between lessons).
- > Specific support for the pupil's educational, social and emotional needs – for example how absences will be managed, requirements for extra time to complete exams, rest periods or additional support in catching up with lessons.
- > The level of support needed, including emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- > Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
- > Who in the Nursery needs to be aware of the pupil's condition and the support required
- > Arrangements for written permission from parents and the Nursery Manager for medication to be administered by the School Nurse or in her absence, a member of staff.

- > Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's conditions.
- > Arrangements in the event of an emergency, including whom to contact and contingency arrangements if they are unavailable.

Linked Policies and Procedures

- > Storage and Administration of Medicine Procedure
- > Control of infectious Disease Policy
- > Food Safety and Hygiene Policy
- > Pupil Injuries Accident, Investigation and Reporting Procedure
- > Medical Cover during School Nurse absence Procedure
- > Food Allergy Procedure

Appendix: Forms

Form 1:	Contacting Emergency Services
Form 2:	Health Care Plan
Form 3:	Parental agreement for Nursery to administer medicine
Form 4:	Record of regular medicine administered to an individual child
Form 5:	Indication for administration of medication during epileptic seizures
Form 5A:	Epileptic seizure chart
Form 6A:	Emergency instruction for an allergic reaction - EpiPen®
Form 6B:	Emergency Instructions for an allergic reaction - Ana pen®

Form 1: Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:
01926 886003
2. Give your location as follows:
The Little Lodge Nursery 31-33 Binswood Avenue, Leamington Spa,
3. State that the postcode is:
CV32 5SE
4. Give exact location in the Nursery
Off the Kenilworth Road
5. Give your name: _____
6. Give name of child and a brief description of child's symptoms

Individual Health Care Plan (IHCP)

Child's Name:
Date of Birth:
Room:
Condition:
Setting: Nursery
Plan Created On:
Plan Review Date:



Medical Condition/Allergies

Details –

Action Plan

MEDICATION DETAILS

Current Medication:
Purpose:
Dosage:
When to Administer:
Storage:
Auto-injector (EpiPen):

The information contained within this plan must be treated in confidence and should be used to set up a good support system.

- > An individual health care plan can help staff at Little Lodge Nursery to identify the necessary safety measure to support pupils with medical needs and ensure that they and others are not put at risk.
- > The health care plan is a written agreement with parents which clarifies for all concerned the help that the Nursery can provide and receive.
- > Each plan will contain different levels of detail according to the needs of the individual pupils.

Form 3: Parental agreement for Nursery / setting to administer medicine

The Nursery / setting will not give your child medicine unless you complete and sign this form and the Nursery / setting has a policy that staff can administer medicine.

Date	
Child's Name	
Group / Class / Form	
Name & Strength of Medicine	
Expiry Date	
How much to give (dose to be given)	
When to be given	
Other instructions	
Number of tablets / quantity to be given to Nursery. <i>Please note: medicine must be in the original container as dispensed by the pharmacy</i>	
Daytime phone no of parent or adult contact	
Name and phone no. of GP	

Agreed review date to be initiated by (name of member of staff)	
---	--

The above information is, to the best of my knowledge, accurate at the time of writing and I give my consent to Nursery / setting staff administering medicine in accordance with the Nursery / setting policy. I will inform the Nursery setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: ----- Print name: -----

If more than one medicine is to be given a separate form should be completed for each one

Form 4: Record of medicine administered to an individual child.

Date	
Child's Name	
Group / Class / Form	
Name & Strength of Medicine	
Expiry Date	
Date medicine provided by parent	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned home and date	
Dose and frequency of medicine	
Staff signature	
Parent signature	

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				
Observations Or comments				

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				
Observations Or comments				

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				
Observations Or comments				

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				

Observations Or comments				
-------------------------------------	--	--	--	--

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				
Observations Or comments				

FORM 5: Indication for Administration of Medication During Seizures

Name _____ D.O.B. _____

Initial medication prescribed: _____

Route to be given: _____

Usual presentation of seizures: _____

When to give medication: _____

Usual recovery from seizure: _____

Action to be taken if initial dose not effective: _____

This criterion is agreed with parents consent. Only staff trained to administer seizure medication will

FORM 5B: Authorisation for the administration of rectal diazepam

Child's Name:

Date of birth:

Group /Class / Form

Child's Address

GP

Hospital consultant

..... (name of child) should be given Rectal Diazepam

..... mg. If he / she has a *prolonged epileptic seizure lasting over minutes.

OR

*serial seizures lasting over minutes.

An ambulance should be called for *at the beginning of the seizure.

OR

If the seizure has not resolved *after minutes.

(*please delete as appropriate)

Doctor's signature:

Parent's signature:

Print Name: Date:

NB: Authorisation for the Administration of Rectal Diazepam

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, consultant and / or Epilepsy Specialist Nurse and reviewed regularly. This secures the medicine is administered appropriately.

The authorisation should clearly state:

when the diazepam is to be given e.g. after 5 minutes; and

how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

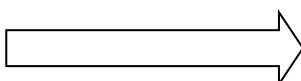


IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

ASSESS THE SITUATION
Send someone to get the emergency kit, which is kept in:

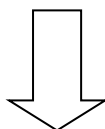
MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see –
SEVERE REACTION

ACTIONS

1. Get _____'S EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an 'ANAPHYLACTIC REACTION'
2. Sit or lay child on floor.
3. Take EpiPen® and remove grey safety cap.
4. Hold EpiPen® approximately 10cm away from outer thigh.
5. Swing and jab black tip of EpiPen® firmly into outer thigh. **MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.**
6. Remain with the child until ambulance arrives.
7. Place used EpiPen® into container without touching the needle.
8. Contact parent/carer as overleaf.

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Nursery Manager: _____ Print Name: _____

Signed parent/guardian: _____ Print Name: _____

Relationship to child: _____ Date agreed: _____

Signed Paediatrician/GP: _____ Print Name: _____

Care Plan written by: _____ Print Name: _____

Designation: _____

Date of review: _____

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

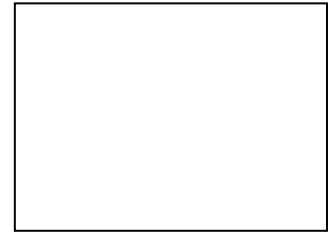
Check expiry date of EpiPen® every few months

EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

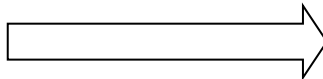


IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

ASSESS THE SITUATION
Send someone to get the emergency kit, which is kept in:
.....

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

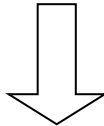


ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see **SEVERE REACTION**

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



SEVERE REACTION ACTIONS

1. GET _____'S ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an 'ANAPHYLACTIC REACTION'
2. Sit or lay child on floor.
3. Get ANAPEN® and remove black needle cap.
4. Remove black safety cap from firing button.
5. Hold ANAPEN® against outer thigh and press red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until ambulance arrives. Accompany child to hospital in ambulance.
8. Place used ANAPEN® into container without touching the needle.
9. Contact parent/carer as overleaf.

Useful Contacts

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinNurserys.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: www.asthma.org.uk

Council for Disabled Children

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc

Contact a Family

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: www.cftrust.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0870 000 2288

Website: www.dfes.gov.uk

Department of Health

Tel: (020) 7210 4850

Website: www.dh.gov.uk

Disability Rights Commission (DRC)

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: www.drc-gb.org

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915

Website: www.healthedtrust.com

Hyperactive Children's Support Group

Tel: (01243) 551313

Website: www.hacsg.org.uk

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.org.uk

National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

Psoriasis Association

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: www.psoriasis-association.org.uk/