# 1st Steps 1st Aid Policy

This policy outlines 1st Steps Day Nursery’s responsibility to provide adequate and appropriate first aid to all children, staff, parents and visitors and the procedures in place to meet that responsibility. This policy applies to all children in the nursery and is reviewed annually.

Aims

• To identify the first aid needs in line with the Management of Health and Safety at Work Regulations 1992 and 1999.

• To ensure that first aid provision is available at all times while children and staff are on nursery premises, and also off the premises on outings.

We aim to ensure that our policy is in line with the DFE Guidance on First Aid for Schools

Objectives

• To appoint the appropriate number of suitably trained people as Appointed Person and First Aiders to meet the needs of the nursery.

• To provide relevant training and ensure monitoring of the training needs.

• To provide sufficient and appropriate resources and facilities.

• To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

Responsible Personnel

The Directors are responsible for

* health and safety of their employees and anyone else on the premises.
* ensuring that a risk assessment of the nursery is undertaken and that the appropriate training and resources for first aid arrangements are appropriate and in place.
* ensuring that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment (Insurance certificate can be found outside the office).
* putting the policy into practice and for developing detailed procedures ensuring that the policy and information on first aid is available for parents on request.

Staff are expected to do all they can to secure the welfare and safety of the

Children.

Appointed Persons – Alex, Bev, Sandra, Christina, Sam, Maria

The appointed person’s need not be a First Aider, but should have undertaken emergency first aid training. They will:

• Take charge when someone is injured or becomes ill – ensure calmness is maintained, clear direction given to staff and first aider if required.

• Look after the first aid equipment e.g. re-stocking the first aid boxes (Christina & Maria)

• In an extreme emergency an ambulance may be called. A person will be detailed to receive the ambulance at the nearest point of entry to the nursery.

There is always one of the appointed persons on site at all times. Christina and Sam take charge in the absence of Bev, Alex, Sandra & Maria. (see page 6 for procedure)

Casualties with suspected fractures or back or neck injuries must not be moved unless directed by 999 operatives or if the ambulance personnel are present.

First Aider’s must have completed and keep up-dated a training course approved by the HSE which lasts 3 years. (see Training file)

They will:

• Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at nursery.

• When necessary, ensure that an ambulance or other professional medical help is called.

Procedures

Risk Assessment – see R/A file

As part of the nursery’s monitoring and evaluation procedures:

• The HSO (Bev) & training co-ordinator (Alex) shall review the Nursery's first-aid needs following any changes to staff, building/site, activities, off-site facilities, etc.

• Training Co-ordinator monitors the number of trained first aiders, alerts them to the need for refresher courses and organizes their training sessions/appropriate training (including Paediatric First Aid for EYFS staff)

• The HSO checks the contents of the first-aid boxes monthly. (Christina)

Provision

The nursery is a low-risk environment, but the HSO will consider the needs of specific times, places and activities in deciding on their provision.

In particular they should consider:

• Off-site activities i.e. St Mary’s complex

• Outings

• Adequate provision in case of absence, (including trips)

Arrangements should be made to ensure that the required level of cover of both first aiders and appointed persons is available at all times when people are on nursery premises.

First aiders, Qualifications and Training

The recommended number of certified first-aiders is one per 100 children staff.

**The EYFS states**: At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present, and must accompany children on outings.

We place high priority on 1st Aid and a high percentage of staff are trained at all times. This includes 3 staff who are 1st aid at Work trained.

First Aid Materials, Equipment and Facilities

There are 4, 1st aid boxes located around the nursery along with travel 1st Aid packs. They are identified on the evacuation floor plans in each room. All first aid containers must be marked with a white cross on a green background.

They can be found as follows:

* Ground floor store room on wall.
* Preparation room, on top of freezer – includes blue plasters.
* Staff room – includes plasters.
* Room 5/6 kit stored on room 5 shelf.

With each box is a list of contents that the staff must amend if they use something. The boxes are restocked as and when needed. If used, the staff member must report to Christina if it needs to be restocked.

Travel First aid kits must be taken on all off site activities along with emergency contact numbers and nursery phone. One member of staff must hold a current 1st aid certificate on these outings. (These small packs are also checked )

Any injured/sick children will be seen in the first instance by the room leader for

assessment. If they are overly concerned about the child, they seek advice from the senior team and if they feel it necessary to send a child home the parent or primary carer will be contacted or ambulance called if deemed necessary.

It is the nursery policy (following NHS advice) that when a child has either been physically sick or has diarrhoea, he or she must not attend nursery for 48 hours following the end of the sickness.

See Medicine Policy and procedure for administering and sick children policy

Hygiene/Infection Control

Basic hygiene procedures must be followed by staff. Single-use disposable gloves must be worn when treatment involves blood or any other body fluids. Care should be taken when disposing of dressings or equipment.

In relation to hygiene procedures for spillage of body fluids, each room should ensure the spillage is cleaned up using white roll, hot soapy water and anti-bacterial spray. (Infection Control training undertaken – see training file, H&S file on top shelf for course outline)

Reporting Accidents

Any accidents that occur in the nursery with children require an accident form to be completed. This needs to be witnessed by another member of staff and must be signed by the parent or carer who collects the child that day. 1st Aid will be administered by a 1st Aider in the room. More severe accidents, e.g. head injuries will be monitored more closely and the manager informed of the accident. It will then be decided whether to contact parents or seek further medical advice.

Any injury from home must be documented on an incoming injury form. Staff must ask parent/guardian about the injury and always complete incoming injury form, these will be used to monitor injuries to that child.

Staff must fill in a staff accident book for any staff injuries. This must be checked and signed by a senior manager on completion. The injury will be assessed by a 1st Aider and further medical attention may be advised along with the next of kin informed.

Statutory requirements: under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), some accidents must be reported to the HSE. They must be reported to Ofsted /local child protection agency within 14 days of the incident occurring and must act on any advice from those agencies. The incident must be investigated thoroughly and an incident form must be completed.

The HSO must keep a record of any reportable injury, disease or dangerous occurrence to include:

* 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.
* 1st aid action given, parent contacted, an ambulance called or any other medical advice.
* outcome of any medical treatment if any
* the name of any persons dealing with the accident.

This record can be combined with other accident records. If deemed necessary by the HSO, parents will be informed of an accident by telephone.

The following accidents must be reported to the HSE/ RIDDORInvolving employees, self-employed people working on the premises, visitors or students :

• Accidents resulting in death or major injury (including as a result of physical

violence).

Fractures, other than to fingers, thumbs and toes.

Amputation.

Any crush injury to the head or torso causing damage to the brain or internal organs.

Any injury likely to lead to permanent loss of sight or reduction in sight.

Serious burns (including Scalding );which covers more than 10% of the body/ causes significant damage to the eyes, respiratory system or other vital organs

Any scalping requiring hospital treatment.

Any loss of consciousness caused by head injury or asphyxia.

Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness/ requires resuscitation or admittance to hospital for more than 24 hours.

Any gas incidents.

• Accidents which prevent the injured person from doing their normal work for more than seven days.

For definitions, see HSC/E guidance on RIDDOR 2013, and information on Reporting School. RIDDOR will look at the way the Nursery activity has been organised and managed, the equipment, machinery or substances and the design or condition of the premises

Accidents

A list of staff trained in 1st Aid is on display by the office and in each room.

**Involving children, students or visitors**:

Any accidents must be reported to the room leader. It is the responsibility of the room leader to decide on what action to take and whether further assistance is needed, e.g. appointed person, parents, medical support, etc.

The HSO is responsible for ensuring this happens.

All incidents must be reported online but a telephone service is provided for reporting fatal/specified, and major incidents **only** - call Incident Contact Centre on 0345 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

Report online using the following website: http://www.hse.gov.uk/riddor/report.htm

Identification and Treatment of children with particular medical conditions (see medication policy)

Parents complete a Health Care Plan when registering their child. The original is kept in the children’s file, and the child’s room will also get a copy to keep with their consent form. A copy of medical conditions forms and relevant/important details is taken on any off-site outings/ visits, along with any medication.

Any regular medicines are named and kept within the rooms in a designated storage area. Antibiotics are stored in the designated fridges.

See appendices and also Managing Medicines in schools and EY settings, Guidance on infection control in schools and nurseries and Notifiable Diseases Document (H&S file in office),

Further information on Medical Conditions can be found in the ‘Medical Conditions Awareness Sessions Book’ in the Staff Room.

Record Keeping

Statutory accident records: The HSO must ensure that readily accessible accident records, written or electronic, are kept for a minimum of three years but individual children’s records are stored for 21 years in the top store room.

Nursery central record: This can be combined with the RIDDOR record and the Accident Book, providing all legislation requirements are met.

The HSO must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons on either an accident or incident form (or both, dependant on situation). This should include:

• The date, time and place of accident / incident.

• The name of the injured or ill person.

• Details of their injury/illness and what first aid was given.

• What happened to the person immediately afterwards.

• Name and signature of the first aider or person dealing with the incident.

In the case of significant incidents or injury, parents are informed immediately by either senior management or key carer.

Monitoring

Accident records can be used to help the HSO to identify trends and areas for improvement. They could also help to identify training or other needs and may be useful for insurance or investigative purposes.

Sandra regularly review’s and analyses accident records on a monthly basis.

E.g. same child having similar accidents may need glasses; a piece of equipment may need to be moved; a child may be coming into nursery with a lot of incoming injuries. Any patterns are reported to management. All forms are stored in the children’s individual files for up to 21 years.

**Procedure for calling an ambulance**

An Ambulance will be called after any accident /incident if the First Aider in charge, deems it necessary to have further medical intervention.

**Procedure for calling an ambulance**

EMERGENCY PROCEDURE FOR CALLING AN AMBULANCE ( they will ask set questions to gather priority.)

1. Dial 999

2. Ambulance required at:

1st Steps Day Nursery, 42 Irlam Road, Bootle, Liverpool, L20 4AL

Telephone : 0151944 1345 (corner of Strand Road/Irlam Road)

3. Give brief details of accident or incident and the consequent injury or problem. Give details of any treatment which has or is being administered. You will need to provide the name, date of birth, any medical history or allergies, parents details and follow guidance given by the operator.

4. Whether the patient is awake/conscious, breathing and if there is any serious bleeding or chest pain;

5. Inform them that there is a car park at the main entrance Stay calm—our staff are there to help. Violence or threatening behaviour aimed at them will not be tolerated and could delay help getting to the patient.

6. Notify the office immediately and ensure somebody is at the entrance to receive the paramedics to escort them to the casualty. If possible, copy the child's admission forms to take with you to hospital which will include their doctors details.

7. Contact parents about accident, explain ambulance has been called and to either come to nursery or to meet them at hospital.

8. Be prepared for a member of staff to go with the child in the ambulance and meet parents at hospital.

**Staff**

Staff with medical problems also need to complete a Health/allergy Care Plan and to provide a copy of medication instructions. This will be stored in the locked filing cabinet with their personal details. Side affects of medication must be assessed and staff deemed suitable for work. Staff will be asked to update these regularly.

**Covid-19 Update May 2020**

Any accident to a child or staff will be dealt with the use of PPI equipment ( PPE, face masks, visors, gloves and apron must be worn. If child needs further treatment the child will be isolated whilst awaiting parents to collect with one member of staff/ first aid trained.) Any bodily fluids/ used dressings will be cleaned up and doubled bagged and disposed of.

Reviewed by: Alex Walker Feb 18 Next Review Feb 20

Sandra Clayton April 20 April 22

**Safeguarding**

Appendix 1

ASTHMA

Asthma is caused by the narrowing of the airways, the bronchi, in the lungs, making it

difficult to breathe. An asthmatic attack is the sudden narrowing of the bronchi.

Symptoms include attacks of breathlessness, coughing and tightness in the chest.

Individuals with asthma have airways which may be continually inflamed. They are often sensitive to a number of common irritants, including grass pollen, tobacco fumes, smoke, glue, paint and fumes from science experiments. Animals, such as guinea pigs, hamsters, rabbits or birds can also trigger attacks.

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

1. Keep calm – it is treatable

2. Let the child sit down: do not make him lie down.

3 Let the child take his usual treatment – normally a blue inhaler

4. Call HSO

If the child has forgotten his inhaler, and there is not a spare one in the office summon a parent or guardian to bring one in from home.

5. Wait 5 to 10 minutes

6. If the symptoms disappear, the child can go back to what he was doing.

7. If the symptoms have improved but not completely disappeared, summon a parent or guardian and give another dose of the inhaler while waiting for them to arrive.

8. If the normal medication has no effect, follow the guidelines for ‘severe asthma attack’

SEVERE ASTHMA ATTACK

A severe asthma attack is:

When normal medication does not work at all.

The child is breathless enough to have difficulty in talking normally.

1. Call an Ambulance

2. HSO or Key Carer will inform a parent or guardian.

3. Keep trying with the usual reliever inhaler, and do not worry about possible over overdosing.

4. Fill in an incident form

NB very young children will have a ‘Volumatic Spacer Device’ (two plastic cone shapes fitted together) to help them administer their medication.

IF IN DOUBT TREAT AS A SEVERE ATTACK

Appendix 2

EPILEPSY

Epilepsy is a tendency to have seizures ( convulsions or fits)

There are many different types of seizures, however a person’s first seizure is not always diagnostic of epilepsy.

WHAT TO DO IF A CHILD HAS A SEIZURE

1. DO NOT PANIC. Ensure the child is not in any danger from hot or sharp objects or electrical appliances. Preferably move the danger from the child or if this is not possible, move the child to safety.

2. Let the seizure run its course

3. Do not try to restrain convulsive movements

4. Do not put anything in the child’s mouth, especially your fingers

5. Do not give anything to eat or drink

6. Loosen tight clothing especially round the neck

7. Do not leave the child alone

8. Remove all children from the area and send a responsible pupil to the school office for assistance

9. If the child is not a known epileptic, an ambulance should be called

10 If the child requires medication to be given whilst having the seizure, then a member of staff trained to give the medication must do it.

11. As soon as possible put the child in the recovery position

Seizures are followed by a drowsy and confused period. Arrangements should be made for the child to have a rest as they will be very tired.

12. The person caring for the child during the seizure, should inform the parents or guardian as they may need to go home and if not a known epileptic they must be advised to seek medical advice.

Appendix 3

ANAPHYLACTIC SHOCK

Anaphylaxis

Anaphylaxis is an acute, severe reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods ( peanuts, nuts, cow’s milk, kiwi fruit and shellfish )certain drugs such as penicillin, and the venom of stinging insects ( such as bees, wasps and hornets )

In its most severe form the condition is life threatening symptoms

Itching or a strange metallic taste in the mouth Hives/skin rash anywhere on the body, causing intense itching

Angiodema – swelling of lips/eyes/face

Swelling of throat and tongue- causing breathing difficulties/coughing/choking

Abdominal cramps and vomiting

Low blood pressure – child will become pale/floppy

Collapse and unconsciousness

Not all of these symptoms need to be present at the same time.

First Aid Treatment

Oral Antihistamines Piriton

Injectable Adrenalin ( Epipen )

WHAT TO DO IN THE EVENT OF AN ANAPHYLACTIC REACTION

1. DO NOT PANIC

2. Stay with the child at all times and send someone to the office

3. Treat the child according to their own protocol which will be found on their Health Care Plan/Allergy Awareness Plan.

IF YOU FOLLOW THE CHILD’S OWN PROTOCOL YOU WILL NOT GO WRONG

4. Contact the parent or guardian

5. If you have summoned an ambulance fill in the incident report and give it to the ambulance crew along with a copy of their plan’s.

Appendix 4

DIABETES MELLITUS

Diabetes mellitus is a condition where there is a disturbance in the way the body regulates the sugar concentration in the blood. Children with diabetes are nearly always insulin dependant

WHAT TO DO IN THE EVENT OF A HYPOGLYCAEMIC ATTACK

(LOW BLOOD SUGAR LEVELS)

1. DO NOT PANIC

2. Notify one of the appointed persons

3. If the child is a known diabetic and they know their sugar level is going low, help them to increase their sugar intake. Glucose sweets, sugary drink, chocolate or anything that has good concentration of sugar.

5. Notify the parent or guardian

6. If the condition deteriorates, or the child is unresponsive then an ambulance must be called immediately.

HYPERGLYCAEMIA

(TOO MUCH SUGAR IN THE BLOOD STREAM)

This condition takes a while to build up and you are less likely to see it in the emergency situation at nursery.

Appendix Covid -19

* in the case that the child may have Covid 19 virus then full PPI must be used the injury will be delt with