First Aid Policy

Our commitment

At Rowley View nursery we promote the good health of all children in our care. First aid can save lives and prevent minor injuries become major ones. The nursery sees adequate First Aid provision as vital in the daily process of caring for the children. All the staff at nursery have a duty to safeguard and promote the welfare of children.

*All staff attend high quality regulated Paediatric first aid training every 3 years and have annual updates. We have 2 staff members who are qualified first aiders at work, they support staff or parents with basic first needs if any ever occurs. Names of first aiders are displayed around the school site.

*New staff are given information on all of the nursery policies as part of their induction.

If the casualty is a child and requires further medical attention, life -saving support or has suffered a head injury, their parents should be contacted immediately and give all the information required.

If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are clearly located in the school office.

The aims of first aid are to:

- Prevent further injury
- Preserve life
- Promote recovery
- Provide emergency and unqualified aid to an injured or sick person until professional medical care arrives.

Implementation: Practical Arrangements

Staff receive annual medical needs update training each September. This included information on asthma, eczema, diabetes, epilepsy, allergies, common childhood illnesses and administering general medication. A record is kept of all training received by staff that supports children's medical needs.

When a child is due to begin school who has a medical condition or if a medical condition becomes known during the school year the school will contact our named Health Visitor and Specialist Nurse to collate information on the child's condition and care plan. Medical guidance will also be sought if needed to write a healthcare plan.

Staff will be trained to meet varying medical needs as required and advised by healthcare professionals but as part of our standard training all staff will undertake annual updates in September on the following conditions:

- Asthma
- Allergies/Anaphylaxis
- Epilepsy
- Eczema
- Diabetes

*All relevant staff will be made aware of a child's condition and needs. 'Keep me safe poster' displays the child's photograph, name, medication dosage and expiry date, group and basic details of condition so all staff- including supply staff are aware. These are stuck on the inside of the medicine cupboard in the

classroom in accordance with GDPR regulations the cupboard is labelled Private and Confidential and for staff aces only.

*During home visits staff speak to the parent about the child's immunisations when filling in the admission forms.

*Risk assessments of the setting and the surrounding premises and equipment are carried out at the beginning of each session and periodically throughout the term to minimise the risk of injury. Before outings to premises not previously visited, a member of staff will attend the premises to carry out a thorough risk assessment.

*At the time of admission to the Rowley View Nursery School, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.

Location of First Aid boxes

*The first aid boxes are one located in the two year olds room one in N2 and n1 room and one in the Hub. Staff take out bum bag style first aid bags are kept hanging up by the outside door. There is a sperate Forest School first aid kit for going off-site. A first aid kit is also taken on all outings off-site.

*The first aid boxes are checked every month and restocked regularly by the appointed first aider at work. Monthly signed sheets are kept,

First Aid kits are easily accessible around the site and are restoked as they have been used.

*First aid provision is available at all times whilst children are on the school premises and including school visits off site. For any off site trip a 'bum bag style' First Aid bag is taken.

Contents of the first aid boxes:

2x20 Assorted Plasters-Sterile(Waterproof)
3x Sterile Gauze
1 x Conforming Bandage (7.5cmx4.5m)
1 x Disposable Heat Retaining Foil Emergency Blanket (Adult)
1 x HSE Basic Advice on First Aid at Work (Free)
1 x Hydrogel Burn Dressing(10cmx10cm)
2 x Large Sterile Dressing (18cmx18cm)
2 x Medium Sterile Dressing (12cmx12cm)
1 x Microporous Low Allergy Adhesive Tape (2.5cmx10m) (Roll)
6 x Nitrile, Disposable, Powder-Free Examination gloves (Pair)
2 x Non-Sterile Triangular Bandage (90cmx90cmx130cm)
1 x Resuscitation Face shield
20 X Sterile Cleansing Wipes
2 X Sterile Eye Pad Dressing
2 x Sterile Finger Dressing(3.5cmx3.5cm)
1 X Tough Cut Scissors
2x plastic tweezers for removal of splinters

We also have a blood loss kit that is kept in the main office.

Role and responsibilities of the Paediatric First Aiders

- Provide the basic first aid to the children at nursery when needed.

- Administer any medication to children with medical needs and sign the form when they have administered the medication to the child.
- Record all accidents in the accident book (to be found in the children's bathroom). They are then passed to the school admin staff who will keep the document in accidents folder for that current year.
- In the event of any injury to the head, however minor, ensure parents are called and made aware of the incident and a form is sent home for the parents to keep an eye on the child for any symptoms after head bang.
- If a child has sand in the eye staff to fill in an accident form and sand in the eye form.
- Make arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.
- **Group leaders** to fill in any health care plan needed for a child with medical needs in their group and have the medication ready before the child starts nursery.

Roles and responsibilities of First Aider at Work

- The first aid boxes and first aid bum bags are checked every month and restocked regularly by the appointed first aider at work.
- First aider at work is responsible for checking if there are enough accident books if not they let the office know to order new books.
- First aider at work reminds the parents of a child whose medication is expiring in a months' time to get the new medication for the child and the register sheet is signed on the day parents were told.
- Replace the new medication and handover the old medication to the parents for safe disposal.
- Add the new medication to the file and update the records.
- Provide appropriate care for pupils or staff who are ill or sustain an injury.
- First aid at work does not allow giving tablets or medicines to treat illnesses or injuries to staff or parents.

Accidents at nursery

- We keep a record of any accidents where staff have provided first aid to a child/children and then staff must explain to the parent about the incident and first aid given to the child.
- Parents sign the form to say they have been told and staff sign the form as well when it is all filled in.
- Accident book for children is kept in the children's toilet so staff can access it when needed.
- Staff accidents are reported to the office and the forms are handed back to the office.

Serious injury

- Remain calm at all times.
- If the injury is serious, call 999 for an ambulance immediately.
- The head teacher/ deputy head teacher or the person in charge must be informed straightaway.
- Any necessary first aid treatment needs to be administered by a qualified first aider whilst waiting for the ambulance to arrive.
- Whilst waiting for the ambulance, office staff/ another member of staff to contact the parent/ carer and explain the situation.
- **Group leader**/ key worker for the child must accompany the child and another member of staff to collect relevant forms, medication sheets and the child's medication from the staff room.
- Redeploy staff if necessary to ensure there is adequate staff to care for the remaining children.
- Children who witness an accident may well be affected by it and may need lots of reassurance.
- Follow the accident procedure for recording and reporting serious injury.

Minor Injuries

Often children in this age group will have bumps and minor injuries in the Nursery environment. The key points to consider in the management of these injuries are:

- To give the child plenty or reassurance.
- To clean and get a cut covered as quickly as possible.
- Staff to complete an accident form.
- Staff to feed back to parents on collection of child or as soon as is reasonably practical, dependent on injury form.
- Parents to sign accident form.

When calling an ambulance

Remain calm and Call 999

Speak clearly and explain the situation. Give clear concise answers to the questions paramedics ask.

Give the exact location where the nursery is situated.

Rowley View Nursery School

Dangerfield Lane

WS10 7RU

Telephone number 0121 568 8168

A member of the Admin staff/another member of staff, should wait by the road and guide the emergency vehicle into the school and assist with the school gate.

This information is displayed around the school site and by the phone in the main office.

Contacting parents

Parents are informed by telephone as soon as possible after an emergency or following a **serious/significant** injury including:

- Head injury (a head injury advice sheet is given to parents of the child who sustains a head injury)
- Suspected sprain or fracture
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe asthma attack
- Difficulty breathing
- Bleeding injury (uncontrolled)
- Loss of consciousness
- High temperature
- If the child is generally unwell

Reporting of Accidents and Incidents

When recording incidents this is the information that is recorded.

- The date, time and place of the incident
- The name and job of the injured or ill person
- Details of the injury/ illness, and what first aid was given.
- Details about what happened to the person immediately afterwards
- The name and signature of the first aider, or person dealing with the incident.

- Additional information
- Sometimes it is necessary to get more information, especially for more serious incidents. For example, pictures from the scene of the incident. Exact times of the incident and a copy of any CCTV required if available. Information such as, was the injured party intoxicated, wearing heals etc.

Reporting To RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)

General guidance is that any child who goes directly from Nursery to hospital and receives medical treatment for an injury is reported to RIDDOR.

There is a separate accident form for the staff, children and parents to fill in if they have had an accident at the nursery. If the accident is reported under **RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) updated 2013**

RIDDOR is the law that requires employers and other people in control of work premises, to report and keep records of:

- A death at work.
- Specified injuries including broken bones, amputations, crush injury to the head or torso causing damage to the brain or internal organs, hospitalization, eye penetration injuries, serious burns, scalding that requires hospital treatment, loss of consciousness caused by head injury or asphyxia or injury from working in an enclosed space and results in hypothermia or heat-induced illness.
- Injuries resulting in the person being away from work, or the person being unable to do a full range of his/her duties for more than 7 days, must be reported to the HSE, within 15 days of the accident.
- Dangerous occurrences or incidents that don't result in a serious injury, but clearly could have, must be reported to the HSE. This could be collapsed shelving or something as simple as recurring trip hazards.
- This information can all be necessary to protect both the injured person and the employer.
- Accidents/ incidents are reported to the governors every term.
- If the injured person goes straight to hospital from the school premises, then Riddor is completed.

Dealing with blood/ bodily fluids

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and children should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

*Protective PPE is always available in children's bathroom for staff to use in an emergency.

*Wear disposable gloves and wipe any blood spillage with disposable cloth and sterilising fluids. After finishing this solution must be carefully disposed of immediately.

*Any staff administering first aid needs to wash hand before (and after) applying emergency first aid.

*In the staff kitchen, there is a kit together to use for cleaning up vomit adequately. There is also a blood spillage kit to use for safe clean up and disinfection of blood spillages.

Initial Clean Up Procedure

The nursery staff need to:

- Get some disposable gloves from the children's toilet in the Nursery.
- Place absorbent paper towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a yellow bin liner).
- It needs to double bagged and put it in the Yellow nappy bin.
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.
- The area must be cleaned with disinfectant following the manufacturer's instructions.
- A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- The area should then be ventilated well and left to dry.
- If it is a carpet area, then it needs to be cordoned off until cleaned.
- Use the cleaning kit from the kitchen in the disabled cupboard. Instructions about how to use the kit are kept with the kit and staff has the step by step guide to how to clean the area.
- Let the cleaner know about the accident so it can thoroughly clean the area at the end of the day.
- Wash hands.
- All yellow bags to be disposed of in Yellow nappy bins outdoors.

Medical/ allergy list

All pupils with specific medical conditions will have their own individual care plans and all staff are made aware of the child's condition and how to support it. For more information, see (Supporting children with Medical needs policy)

A list of children with a medical/allergy diagnosis is kept in the staff room and in the head teacher's office. This is updated frequently each month.

Administering Medication

If a child requires medication whilst at school, parents are required to complete a Health care plan, stating the name of the medication, reason, dose and time and the last dose time, signing the form giving authorisation for administration. The medication must either have been prescribed or recommended for that child by a doctor. Some medicines such as Piriton and Calpol are not given on prescription any longer and need to be purchased over the counter. This needs to be made explicit on the medicine form. The Head or deputy need to assured the medicine is needed by the child. It is parental responsibility to inform staff if their child has had medication before attending the session in school that day.

The administration of medicine is then recorded on the sheet that is kept in the medicine box.

All medications and health care plans are kept in the staff room cupboard. All the boxes are clearly labelled with child's name and picture and the expiry date of the medication.

Outings/ Off site visits

All medication including auto-injectors and asthma inhalers and First Aid kits are taken on outings and are the responsibility of the group leader. Parents sign a consent form, giving permission for the outing and the administration of anaesthetic/medication in case of an emergency.

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- A clean bottle of water for cleaning wounds.
- Information about the specific medical needs of pupils
- Parents' contact details of the child who needs medical attention if parents are not coming on the trip.

- Risk assessments are completed by group leader prior to any educational visit that necessitates taking pupils off school premises. These are checked by deputy head teacher and signed by Head of School. There will always be at least one first aider on school trips and visits.

Defibrillator

The school has one defibrillator located near the main office on the wall. It is checked monthly to ensure it is in working condition and adult and child pads are replaced prior to the expiry date.

An AED (Automated external defibrillator) is a device that gives the heart an electric shock when someone's heart has stopped and they are unconscious (cardiac arrest). You can use an AED on children over one-year-old and adults. Anyone who has received minimal CPR and AED training can use an AED to help save a life. These are easy to use and include spoken instructions. Training is not necessary

If you think that a person has had a cardiac arrest, it is vital you call 999 and start CPR. Do not stop CPR to go and get a defibrillator, ask someone else to go.

Arriving at the scene

The golden rule is get help! Even if it's from nearby bystanders to phone 999, fetch first aid kits or anything else that could be needed.

Assessing the scene

Make sure that the surrounding area is safe, look for potential risks to yourself and others. There could be a fire or potential risk of something falling.

It's important to establish the number of casualties so the emergency services can dispatch the required assistance. Describing the scene is also important as more than one of the services may be required.

ABC's: To aid you in assessing any casualties there is the ABC mnemonic, if any of these are compromised the injury can be deadly. Airway, breathing and circulation.

Airways

If a casualty appears unresponsive, ask loudly if they are okay and if they can open their eyes, if they respond you can leave the casualty in the position they are in until help arrives. While you wait keep checking their breathing and level of response.

However, if there is no response, leave the casualty in the position they are in and open their airway. If it is not possible in the position they are in, lie them back and then open the airway.

Breathing

To check if the person is still breathing you should:
* Look to see if the chest is rising and falling.
*Listen over the mouth and nose for breathing.
*Feel for breadth against your cheek for 10 seconds.

If they are breathing, place them in the recovery position so the airway remains clear and open. If the casualty is not breathing, call 999 and begin CPR. Send another person to get defibrillator from the office.

Circulation

If the heart stops beating, you can help to maintain their circulation by performing chest compressions. This is cardiopulmonary resuscitation (CPR) combined with rescue. If you are not trained or feel unable to give rescue breaths, you can perform the chest compressions only.

Agonal breathing is common in the first few minutes after sudden cardiac arrest (when the heart has stopped beating). Agonal breathing is sudden, irregular gasps of breadth. This should not be mistaken for normal breathing and CPR should be given.

A Defibrillator is kept in the nursery office and can be used for children or adults.

Possible Infections

It is important in first aid to minimize the risk of infections, to both yourself and that of others. Infection can spread in several ways.

Through the air- from droplets in a cough or sneeze. Try to avoid coughing or sneezing over an open wound. Cover your mouth with a tissue, dispose of the tissue and wash your hands.

Through body fluids- such as blood to blood contact. Also look out for the dangers of broken glass and sharp objects that could cause infection.

Infection can also be spread by:
*Direct physical contact
*Contaminated objects
*Contact with faeces

Preventing infections

Preventing infections from spreading is relatively simple. You yourself should avoid coughing or sneezing around wounds, and if you do make sure to wash the wash the wound and your hands ASAP.

If you have a cut or open wound yourself, avoid contact with a casualties' blood. If they have cuts on their face or lips, use a resuscitation shield to avoid direct contact. If in a particularly dirty environment, try your best to keep dirt out of wounds and then clean them as soon as possible for yourself and the casualty.

Bee stings and insect bites

If a child gets stung by an insect staff need to wash the area with clean water thoroughly and gauze. Pat the wound dry and cover with a sterile dressing. If the sting is visible carefully scrape it off the skin with the edge of the credit card or similar object, **do not use tweezers.** Apply cold compress to the area and contact parents. If the sting is in the mouth, give the child an ice cube to suck on or sips of cold water. Monitor for allergic reaction.

Splinters

If a child has a splinter that is visibly sticking out staff to take it out using plastic tweezers from first aid box. If the splinter is embedded in the skin staff not to remove it and contact the parents to remove the splinter. Staff to fill an accident form and parents to sign and advise parents to seek medical advice.

Biting in early years

Biting can be a stage of development in the early years. It usually occurs between the ages of 1 and 3 and is very often short term. We at Rowley View nursery treat each incident with care and patience, offering

comfort to intense emotions, helping children to manage their feelings and talk about them to help resolve issues and promote understanding.

Wounds from animal or human bites could become infected with bacteria or viruses, so it's important to flush out the wound thoroughly. There are some serious infections that are transmitted through blood, such as hepatitis B or C, and HIV (human immunodeficiency virus). Infection may occur if a person is infected with any of these viruses and if blood is exchanged as a result of the bite. Medical advice should besought if the bite punctures the skin.

How to clean the wound?

If a child/ staff member is bitten while they are at nursery, here's what you should do:

- If the skin is not broken, clean the wound with soap and water. Apply a cold compress and soothe the child.
- If the skin is broken
- Let the wound bleed gently. Do not squeeze it.
- Irrigate the wound thoroughly with large quantities of water.
- Pat the wound dry and cover with a sterile low-adherent dressing.
- Inform the child's parents (the bitten and the biter).
- Seek medical advice. Take or send the child to hospital if the wound is large or deep.
- Hepatitis B vaccine will usually be recommended right away for that child/ staff.
- Watch the wound over the next few days. If it gets red or begins to swell, the child/ staff should be seen by a doctor.

Hepatitis B is a viral infection that effects the liver, and is passed on through contact of bodily fluids including blood.
First aiders can be vaccinated against Hepatitis B. Your GP can arrange a vaccination programme for you.

Tetanus is a bacterium that most people are vaccinated against in the UK. If any doubt about vaccination occurs, then medical help should be sought immediately.
It can be picked up in soil and other dirt related injuries. Any cuts exposed to dirty surfaces, has the potential for this infection.

HIV/ Aids is a viral infection that can be passed on by body fluids such as blood from a person to person. It is imperative to wear gloves and avoid any contact with blood without shielding.
Nobody has ever been diagnosed as contracting the virus through mouth to mouth. But still as a precaution, a mouth shield is in the all the first aid boxes at the nursery.

We follow the guidelines from The Spotty book about any exclusion due to contagious illness in children.

Parents are advised on how many days a child needs to stay at home if they have a Chickenpox, Diarrhoea or Hepatitis A etc.

PHE document (england.nhs.uk)

The Governing Body – has ultimate responsibility for health and safety matters in the school but delegates operational matters and day-to day tasks to the headteacher and staff members.

Legislation and guidance

This policy is based on the advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

First aid at work: The Health and Safety (First-Aid) Regulations 1981. Guidance on Regulations L74 (hse.gov.uk)

- 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 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

Links with other policies:

This first aid policy is linked to the

- Asthma policy
- Health and safety policy
- Risk assessment policy
- Supporting children with medical needs policy.
- Off-site visits