

First Aid

Please also refer to the guidance relating to First Aid contained in the Health and Safety Policy and Procedure Manual.

Safeguarding and Welfare Requirement 2017

3.25. 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. The certificate must be for a full course consistent with the criteria set out in Annex A.

PFA training must be renewed every three years and be relevant for workers caring for young children and where relevant, babies. Providers should take into account the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly. All newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, must also have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff:child ratios at level 2 or level 3 in an early years setting. Providers should display (or make available to parents) staff PFA certificates or a list of staff who have a current PFA certificate.

Health

3.50 Providers must ensure there is a first aid box accessible at all times with appropriate content for use with children. Providers must keep a written record of accidents or injuries and first aid treatment. Providers must inform parents and/or carers of any accident or injury sustained by the child on the same day as, or as soon as reasonably practicable after, and of any first aid treatment given.

*Further clarification can be found in the footnote on page 22 of the EYFS 2017, and Annex A: Criteria for effective Paediatric First Aid (PFA) training, page 36 of the EYFS 2017.

Policy statement

We are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one adult with a current first aid certificate is on the premises, or on an outing, at any one time. The first aid qualification includes first aid training for infants and young children. We aim to ensure that all early years staff complete first aid training that is relevant to adults caring for young children.

First Aid Provision

Each Nursery shall have a minimum of 2 senior members of staff who are fully qualified with a current First Aid at Work Certificate. In the first instance, ICP Nurseries Limited will endeavour to train to this standard within 6 months of appointment.

- As a minimum, 50% of all other staff involved in childcare will be trained in Paediatric First Aid.
- A fully qualified First Aider (First Aid at Work) must be on site at all times.
- The Nursery Manager will ensure that the names of first aiders are displayed within the Nursery.
- Management or appointed person will be nominated to check monthly that first aid kits are fully stocked in accordance with the approved contents check list within the premises and replenish depleted items as necessary.

- Information about who has completed first aid training and the location of the first aid box is provided to all staff.

Please also refer to the Staff Ratios, Deployment and Child Supervision Policy

First Aid Kits

- All first aid kits shall be readily accessible to all staff. A first aid kit will always be available in the kitchen. A first aid kit will also be accessible to each room of the Nursery.
- A first aid kit will be taken on all off-site visits. When taking groups of children on outings, at least one member of staff must be a qualified Paediatric First Aider.
- The content is outlined in the First Aid Check Lists HS32, HS33 and FD11 depending on their location.
- The first aid kit is easily accessible to adults and is kept out of the reach of children.
- A first aid kit will be taken on all off-site visits. At least one member of staff **MUST** be a qualified Paediatric First Aider.
- There is a named person in the setting who is responsible for checking and replenishing the first aid kit contents
- Medication is only administered in line with our Administering Medicines policy.
- **NOTE:** No other items are to be kept in the first aid kits e.g. tablets, medicines.

Forms relating to this section:

HS32 – First Aid Box Check List - Adult

HS33 – First Aid Box Check List – Child

FD11 – First Aid Box Check List - Kitchen

PROCEDURES

When an Accident Happens

The level of response will be determined by the nature of the incident and the Nursery Manager will ensure that, where necessary the following arrangements are in place in the event of an accident:

- First aid cover is available for any injured persons.
- Access to the area of the accident is prohibited i.e. doors secured, and warning notices posted or cordoned off and supervised, as required.
- The use of any work equipment/plant involved is prohibited.
- If required, the **Critical Incident Policy** is followed.
- Any potential dangerous or faulty machinery is isolated from its power supply, if safe to do so.
- The site of the accident, as far as reasonably practical, should not be disturbed until the Accident and Incident form is completed.
- In the case of minor injury or accidents, first aid treatment is given by a qualified first aider.
- In the event of minor injuries or accidents, we normally inform parents when they collect their child, unless the child is unduly upset, or we have concerns about the injury. In which case we will contact the child's parents for clarification of what they would like to do, i.e. whether they wish to collect the child and/or take them to their own GP.
- The **Head Injury Monitor Form HS93** must be used for all head injuries. Head injuries must be reported to parents immediately, and [head injury care advice](#) given at collection.
- An ambulance is called for children requiring emergency treatment. We contact parents immediately and inform them of what has happened and where their child has been taken. A trained first aider, preferably the child's key person should accompany the child in the ambulance, taking along the child's personal records with them.
- Parents sign their consent at registration allowing a member of staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that they have been informed and are on their way to the hospital.
- **PERSONAL VEHICLES MUST NEVER BE USED** to transport staff or children to hospital.
- Staff must be prepared for when they might need emergency services. When an ambulance is required, staff must dial 999, ask for ambulance and be ready with the following information.

It is good practice to have as many of the details completed on the form and kept by the telephone; other details will only become apparent on the day.

- your contact telephone number
- your location, including postcode
- exact location within the setting
- name of staff calling
- name of child
- age of the child
- brief description of their symptoms
- the entrance at which the ambulance will be met
- stay on the phone and respond to all instructions you are given.
- do not hang up until the person at ambulance control tells you to do so

Calling for an ambulance

An ambulance should be requested by calling 999 for any of the following:

- eating or drinking any poison (this includes cleaning chemicals and other substances covered by the COSHH regulations)
- difficulty in breathing
- asthma attack that does not respond to use of an inhaler
- child is floppy or unresponsive
- significant change in behaviour – much more withdrawn or less alert than usual
- child is unconscious
- child is unable to swallow
- purple, blue or grey skin or lips
- fits
- wounds that will not stop bleeding
- burns or scalds
- any of these symptoms after a head injury: headache, confusion, vomiting, wobbling, problems with seeing
- suspicion that the child may have meningitis: severe stiff neck, fever, headache, purple or red rash that fails the glass test
- severe pain, especially if it gets worse
- dehydration: sunken features, not passing much urine, lethargic
- vomiting blood
- signs of frostbite
- heat exhaustion
- raised itchy lumps (hives) accompanied by any swelling of the mouth and/or nose.

This list is not exhaustive, if in any doubt, call an ambulance: dial 999.

You should arrange urgent medical attention for a child or young person who has:

- severe vomiting or diarrhoea
- a very high temperature, especially if the child appears ill
- a cut that may need stitches
- difficulty in walking or using their arms after a fall
- severe bruising
- any animal bites that break the skin
- bites or stings where the redness and swelling spreads or the child seems ill
- any other condition that gives you serious cause for concern.

Incidents involving Substances Hazardous to Health

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 covers substances that are hazardous to health. Substances can take many forms and include:

- chemicals
- products containing chemicals
- fumes
- dusts
- vapours
- mists
- nanotechnology
- gases and asphyxiating gases and
- biological agents (germs). If the packaging has any of the hazard symbols, then it is classed as a hazardous substance.
- germs that cause diseases such as leptospirosis or legionnaires disease and germs used in laboratories.

The regulations require employers to keep a record of substances that could be hazardous to health, where they will be kept, how they will be used and for what purpose, as well as what to do if they contact skin or eyes or are ingested. In a nursery setting, this mainly applies to cleaning chemicals and those used for general maintenance. Solutions such as bleach or dishwasher powders, some solvent glues and other materials in our settings can be hazardous, and therefore nursery management are responsible for ensuring risk assessments are in place that tell all staff what these hazards are and what to do to minimise the risks involved.

The nursery management team are also responsible for ensuring up to date COSHH files are kept in each room and list all the hazardous substances used in the setting. COSHH Safety data Sheets should be stored in this file. The file should detail:

- where they are kept
- how they are labelled
- their effects
- the maximum amount of time it is safe to be exposed to them
- how to deal with an emergency involving one of them.

If an accident involving a COSHH substance occurs, staff should refer to the COSHH Safety Data Sheet, as this will provide instructions that direct the first-aid provider to respond to the specific health effects of the product.

As noted in the "calling for an ambulance" section of this policy, where a child has eaten or drunk any poison, which includes cleaning chemicals and other substances covered by the COSHH regulations, 999 must be called and an ambulance requested immediately.

Defibrillators

Cardiac arrest is a medical emergency, occurring when someone's heart stops pumping blood around the body and they stop breathing normally. Around 60,000 out-of-hospital cardiac arrests occur in the UK each year. Of these, around 30,000 are treated by emergency medical services. In instances of an out-of-hospital cardiac arrest, immediate cardiopulmonary resuscitation (CPR) and access to an Automated External Defibrillator (AED) are all essential to maximise the chances of survival.

If someone showing signs of cardiac arrest for example, not breathing or breathing erratically, the most important thing is to call 999 and start CPR to keep the blood flowing around the body. The 999 operator will advise if there's a public access defibrillator nearby. Once the defibrillator is open and in position, all you have to do is follow the spoken instructions.

Our nearest public access defibrillator is located at:

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Accidents and Incidents - Recording and Reporting

- Accidents and injuries are recorded on the **Accident and Incident Report Form HS90** this includes members of the public. Please refer to the **Accidents and Incidents - Recording and Reporting Procedure**
- All accidents, diseases dangerous occurrences and near misses are recorded. Records must be maintained on site and archived in line with the Archiving Policy.
- Parents must be informed of all accidents involving their child and asked to acknowledge this by signing the Accident and Incident Form. A copy of the accident report must be given to parents on the same day as the accident.

Notification to Ofsted

The EYFS statutory framework 2017 states:

3.51. Registered providers must notify Ofsted or the childminder agency with which they are registered of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence. Providers must notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and must act on any advice from those agencies.

Please refer to the **Notification to Ofsted Procedure** for further clarification.

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

We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR. The CEO will report to the Health and Safety Executive (HSE):

- Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment.
- Any work-related accident leading to a specified injury to one of our employees. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
- Any work-related accident leading to an injury to one of our employees which results in them being unable to work for seven consecutive days. All work-related injuries that lead to one of our employees being incapacitated for three or more days are recorded in our accident book.
- When one of our employees suffers from a reportable occupational disease or illness as specified by the HSE.
- Any death, of a child or adult, that occurs in connection with a work-related accident.
- Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done; such as a gas leak.
- Any dangerous occurrence is recorded on an incident form (non child).

Investigation

The Nursery Manager must ensure that:

- They thoroughly investigate all incidents, including near misses.
- A near miss is when an incident causes no injury although there may be property damage, however recurrence may result in an injury, e.g. property damage.
- All records relating to such incidents are carefully completed. Information on what records must be kept is given below.

When investigating an accident the Nursery Manager will:

- Photograph the area or make a sketch, if appropriate.
- Interview any witnesses and, where possible the injured person as soon after the incident as is practical, and take a written signed statement.

- Identify and obtain any relevant records, including maintenance and training records.
- Consider the factors outlined below.

The aims of an investigation are to find out:

- What happened?
- What caused the accident?
- Who was involved?
- When it occurred?
- Where it occurred?
- How could it have been prevented?
- What needs to be done to prevent a recurrence?

The Nursery Manager will ensure that where the investigation shows the incident could have been prevented, action is taken to implement the necessary controls for prevention.

Legal framework

- Health and Safety (First Aid) Regulations (1981)

Further guidance

- First Aid at Work: Your questions answered (HSE Revised 2018)
- Basic Advice on First Aid at Work (HSE Revised 2017)
- Guidance on First Aid for Schools (DfEE 2014)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (As Amended)
- Control of substances hazardous to health (HSE 2013)