

FIRST AID POLICY

INTRODUCTION

First aid can save lives and prevent minor injuries becoming major ones. Under Health & Safety legislation employers must ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace.

The purpose of this policy is to ensure that there is appropriate first aid provision in the kindergarten for staff, children and visitors at all times while people are on the kindergarten premises and whilst on off-site visits. The policy is designed to ensure that all staff, children and visitors are aware that a system is in place, to provide awareness of health and safety issues within the kindergarten and for off-site learning and to prevent, where possible, potential dangers or accidents.

POLICY STATEMENT

The kindergarten takes seriously its responsibility to care for the interests of its staff and children in emergency situations. The kindergarten will provide awareness of Health & Safety issues on site and during off-site learning, to prevent, where possible, potential dangers or accidents. However, where accidents do occur, it is essential that the kindergarten has qualified staff and clearly defined procedures that can be called upon immediately to treat injuries with the aim of reducing the impact of the accident and if necessary to save life.

To this end, the kindergarten will appoint the appropriate number of suitably trained persons as first aiders to meet the needs of the staff, children and visitors. It will provide relevant training and ensure there is monitoring of training needs. Sufficient and appropriate first aid resources and facilities are provided. Staff and parents/carers will be informed of the first aid arrangements. The kindergarten will keep accident records and will report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

FIRST AIDERS

In order to meet the statutory requirements and assess the needs for those on the kindergarten site, every member of staff will need to hold a Paediatric First Aid certificate.

A first aider is someone who has successfully completed an HSE accredited paediatric first aid course. Training must be refreshed periodically every 3 years.

FIRST AID MATERIALS, EQUIPMENT & FACILITIES

First aid boxes are placed around the kindergarten and will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burn dressings

No other items should be added to the box. They should always be adequately stocked. They should not contain medications of any kind. Travelling first aid kits are provided for walks and kindergarten trips.

Where tap water is not readily available for eye irrigation, sterile water or sterile normal saline in sealed disposable containers (at least 300 ml) should be provided. First aid boxes and kit containers should protect the contents from damp and dust and should be clearly marked with a white cross on a green background. Contents of all first aid boxes must be checked on a termly basis and re-stocked as appropriate. Note all first aid materials have expiry dates and should not be used after this date.

ACCESS FOR AMBULANCE

Unobstructed and adequate access is provided at all times for ambulances.

PROCEDURES FOR REPORTING AN INCIDENT REQUIRING FIRST AID

All staff will:

- Never move a casualty until they have been assessed by a qualified first aider unless the casualty is in immediate danger.
- Let the First Aider know that there is a casualty who needs to be treated.
- Reassure, but never treat, a casualty unless they are in possession of current recognised first aid certificate.
- Support the first aiders in calling for an ambulance or contacting relatives in an emergency.

FIRST AID RECORDS

First aiders will record every case they treat as soon after the incident as is practicable. Dependent on how the accident / incident happened this dictates how it will be recorded.

Minor Injuries:

The following injuries are considered minor and capable of being dealt with by the first aider and recorded in the daily accident book: grazes, small scratches, bumps and minor bruising.

Injuries requiring medical attention:

All other injuries, including those injuries sustained by kindergarten equipment or property will also be recorded on the Accident / Incident Form, held within the First Aid Room. Also, the incident will be entered in CPOMS.

Each record will include:

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

Records of training are kept of first aiders' certification dates, and the dates of additional, specific or refresher training.

COMMUNICATION WITH PARENTS/CARERS

Where a child has been treated, the first aider will report the treatment to the child's parent/carer and get them to sign the Accident book.

TICKS

If a tick is found, it **MUST NOT** be removed under any circumstance. Parents will be informed immediately, and the kindergarten will advise to go to a GP or Minor Injuries Unit to be removed safely and professionally.

BUMPS ON THE HEAD

Injuries to the head need to be treated with particular care. Any evidence of the following symptoms may indicate serious injury and an ambulance must be called.

- unconsciousness, or lack of full consciousness (i.e., difficulty keeping eyes open)
- confusion
- strange or unusual behaviour – such as sudden aggression
- any problems with memory

- persistent headache
- disorientation, double vision, slurred speech or other malfunctions of the senses
- nausea and vomiting
- unequal pupil size
- pale yellow fluid or watery blood coming from ears or nose
- bleeding from scalp that cannot quickly be stopped
- loss of balance
- loss of feeling in any part of body
- general weakness
- seizure or fit.

A qualified first aider will know the procedure for dealing with a child who has a bump to the head and in any serious case the child will be taken to hospital either by a member of staff or the parent /carer. However, sometimes the effects only become noticeable after a period of time, perhaps several hours. The teachers will keep a look out for signs of drowsiness or distress.

PROTECTION FROM DISEASES CARRIED IN BODILY FLUIDS

There are several infectious diseases that can be transmitted by contact with blood and other body fluids. Many such diseases do not necessarily present symptoms in the person who is carrying the bacteria or virus that causes the disease. It is important that responsible hygiene procedures are always followed whenever any first aid is being given. Such procedures will include the use of single-use disposable gloves, plastic aprons, hand washing before and after giving treatment.

Blood and Body Fluid Spillages

It is important that spillages of blood, faeces, vomit or other body fluids are dealt with immediately as they pose a risk of transmission of infection and disease, e.g., blood borne viruses, diarrhoea and vomiting illnesses, such as norovirus.

General principles of blood and body fluid spillage management

Body fluid spillages should be dealt with as soon as possible with ventilation of the area. Anyone not involved with the cleaning of the spillage should be kept away from the area and protective clothing should be worn when dealing with the spillage such as gloves and aprons.

Spillage Procedure

‘Cordon off’ the area where the spillage has occurred.

Cuts and abrasions on any areas of the skin should be covered with a waterproof dressing. Use personal protective equipment and clothing to protect body and clothes: disposable gloves and apron must be worn which is supplied within each kit.

As with other all hazardous substances used in the kindergarten, disinfectants should be stored, handled and used in accordance with COSHH (Control of Substances Hazardous to Health Regulations 2002) and the manufacturer’s instructions.

All chemicals must be stored in their original containers, in a cool, dry, well-ventilated place that is lockable and inaccessible to unauthorised staff, children and visitors.

Appropriate protective clothing (e.g., gloves and aprons) are to be worn when handling chemical disinfectants. Contact with skin, eyes and mouth should be avoided.

EQUAL OPPORTUNITIES

The kindergarten is clear about the need to actively support children with medical conditions to participate in the kindergarten activities, events and off-site trips and not prevent them from doing so.

The kindergarten will consider what reasonable adjustments need to be made to enable these children to participate fully and safely in sporting activities, events and off-site trips.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so children, their parents or guardians and any relevant healthcare professionals will be consulted.

INDIVIDUAL HEALTHCARE PLANS

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be appropriate or disproportionate. This will be based on evidence.

Plans will be drawn up in partnership with the teacher, parents/carers and a relevant healthcare professional, who can best advise on the child's specific needs. The child will be involved wherever appropriate.

Plans will be reviewed at least annually or earlier if there is evidence that the child's needs have changed.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education health care (EHC) plan. If a student has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The following will be considered when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptom and treatments
- The child's resulting needs, including medication (dose, 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 environmental issues
- Specific support for the child's educational, social and emotional needs
- The level of support needed, including in emergencies
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional and cover arrangements for when they are available
- Which staff need to be aware of the child's condition and the support required
- Arrangements for written permission from parents/carers for medication to be administered by a member of staff or self-administered by the child during school hours.

- Separate arrangements or procedures required for trips and other activities outside of the normal timetable that will ensure the child can participate e.g., risk assessments
- Where confidentiality issues are raised by the child, parent/carer, the designated safeguarding staff to be entrusted with the information about the child's condition
- What to do in an emergency, including who to contact and contingency arrangements.

MANAGING MEDICINES

The kindergarten will administer the following medicines and treatments once the parents'/carers' written consent has been provided. The consent would be through the parental contract and/or consent forms:

- Arnica tablets
- Arnica ointment
- Hyperericum Calendula ointment
- Combudoron ointment

Prescription and the above topical treatments will only be administered at the kindergarten:

- when it would be detrimental to the child's health or kindergarten attendance not to do so
- where parents'/carers' written consent has been provided
- if an emergency verbal consent has been given by parents via phone call.

EMERGENCY PROCEDURES

All staff will follow the normal emergency procedures, for example calling 999. All children's IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives or accompany the student to hospital by ambulance.

If the pupil must be taken to hospital, the teacher will arrange for one of the following methods of transport to be used, depending upon the urgency and nature of the circumstances:

- Parents transport
- Ambulance

Guidance on when to call for an Emergency Ambulance

An emergency 999 ambulance should be called when a qualified First Aider has assessed a casualty and deemed it necessary to do so based upon the knowledge acquired through their training. Usually this will be for casualties with the following problems:

- any instance in which it would be dangerous to approach and treat a casualty
- unconscious
- not breathing
- not breathing normally and this is not relieved by the casualty's own medication

- severe bleeding
- neck or spinal injury
- injury sustained after a fall from a height (higher than 2 metres)
- injury sustained from a sudden impact delivered with force (e.g., car knocking a person over)
- suspected fracture to a limb
- anaphylaxis (make sure to use this word when requesting an ambulance in this case)
- seizure activity that is not normal for the casualty, especially after emergency medication has been administered
- symptoms of a heart attack or stroke
- rapid deterioration in condition despite the casualty not initially being assessed as requiring an ambulance

IF IN DOUBT, IT IS BETTER TO CALL FOR AN EMERGENCY AMBULANCE THAN NOT

If, for whatever reason, a qualified First Aider is not available, the above guidelines should be used to determine whether to call for an emergency ambulance.

How to call for an emergency ambulance

Should the need arise for an emergency ambulance to be summoned, the First Aider should:

- remain calm
- ask a bystander* to call 999 or 112 and, when prompted for which service is required, ask for an ambulance

*Should a bystander not be available it may be necessary for First Aiders to leave the casualty and make the call themselves, relaying this information to the operator.

The caller should:

- be ready to provide details of their name, telephone number, address and exact location within the kindergarten
- relay the condition of the casualty, as assessed by the First Aider, and how the casualty came to be in this condition
- provide details of the number of casualties along with names, age and gender if these details are known
- ask that ambulances come to

The Children's Garden, at The Woodville Centre, Woodville Road, Richmond, TW10 7QW

If possible, it should be arranged for a member of staff or bystander who knows the location of the casualty to

- meet the ambulance on arrival
- communicate any dangers or hazards into which the ambulance may be arriving
- stay on the line with the emergency operator until they have cleared the line
- return to the casualty immediately after the call to inform the First Aider that an ambulance is on the way and to bring a First Aid kit, blanket if necessary.

TRAINING

Staff who are responsible for supporting children with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs.

The relevant healthcare professionals will lead on identifying the type and level of training required. Training will be kept up to date.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support the children.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example with preventative and emergency measure so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

RECORD KEEPING

The Trustees will ensure that:

- Written records are kept of all medicine administered to students.
- Parents / carers will be informed if their child has been unwell at school or/and if any medication has been administered.
- IHPs are kept in a readily accessible place which all staff are aware of.

LIABILITY AND IDEMNITY

The Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the kindergarten's level of risk.

The details of the kindergarten insurance policy are as follows:

Name: RSA Insurance – Early Years Alliance

Cover period: 07/09/21 to 06/09/22

COMPLAINTS

Any complaint regarding a child's medical should be made through the kindergarten's complaints procedure.

Re-written: August 2021

To be reviewed: August 2022