

First Aid Policy



Policy

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 training

Paediatric First Aid training must be in place for staff caring for children and babies. The nursery should consider the number of staff and the layout of the premises to ensure that a paediatric first aider is able to respond to emergencies quickly.

The layout of the building and the organisation of the rooms must be considered:

- Whether there is the capacity to call or shout for another practitioner if a situation arises. Risk assessments are reviewed and must show how this need is met
- Whether the layout is open plan, whether doors are kept open, and staff can see each other in other areas
- Whether the outdoor provision allows easy access to and from other areas in order to call for a practitioner to help

Other considerations:

- What arrangements are in place for ensuring staff can access first aid training
- Training must form part of the induction process
- Review the monitoring arrangements in relation to the deployment of practitioners to ensure that all staff with a full and relevant Level 2 or Level 3 childcare qualification must hold a current Paediatric First Aid or Emergency First Aid qualification
- Ensure that there are contingency arrangements in place if staff trained in first aid are on sick leave or away from the nursery
- Ensure that if accident records are showing a high number of accidents, that evidence is in place to confirm how procedures have been followed up

All staff with a full and relevant Level 2 or Level 3 childcare qualification must hold a current Paediatric First Aid or Emergency First Aid qualification, including during outings. This should be listed in each room.

Procedure

The first aid kit is accessible at all times and contains the following items (please adjust the list to include anything else which is deemed necessary):

- Triangular bandages (ideally at least one should be sterile) x 4.
- Sterile dressings:
- Small x 3.
- Medium x 3.
- Large x 3.
- Composite pack containing 20 assorted (individually-wrapped) plasters x 1.
- Sterile eye pads (with bandage or attachment) e.g. No 16 dressing x 2.
- Container of 6 safety pins x 1.

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- Guidance card as recommended by HSE x 1.
- 2 pairs of disposable plastic (PVC or vinyl) gloves
- Resuscitation Face Shield

In addition, the following equipment is kept next to the first aid box:

- 1 plastic disposable apron.
 - A children's digital thermometer.
 - A cold compress is kept in the freezer.
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- Information about who has completed first aid training and the location of the first aid box is provided to all our staff and volunteers. A list of staff and volunteers who have current PFA certificates and workplace first aid certificates is displayed in the nursery, and a first aid symbol is placed next to the photo on staff ID cards.
 - The first aid box is easily accessible to adults and is kept out of the reach of children.
 - There is a named person in the setting who is responsible for checking and replenishing the first aid box contents
 - Medication is only administered in line with our Medication policy.
 - 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.
 - 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 a consent form 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.
 - Accidents and injuries are recorded on our accident recording systems and, where applicable, notified to the Health and Safety officer, Ofsted and/or local child protection agencies in line with our Recording and Reporting of Accident and Incidents Policy.
 - 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.

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Personal protective equipment (PPE)

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 e.g. changing nappies. PPE is also provided for the handling of chemicals and other tasks. 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.

Dealing with blood

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 and neat sterilising fluid or spillage packs. 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.

Needle puncture and 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.

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

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- 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:

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- 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.

Please refer to the COSHH Policy for further details.

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:

Notification to Ofsted

Please refer to the Notification to Ofsted policy 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. We 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.

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- 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).

Further guidance

- Health and Safety (First Aid) Regulations (1981)
- First Aid at Work: (HSE Revised 2024)
- 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) 2024
- Control of substances hazardous to health (HSE 2013)

Linked Policies

Health & Illness Policy

Medication Policy

COSHH Policy

Reporting Accidents and Incidents Policy