



NORTH STAR NURSERY AND HOLIDAY CLUB
FIRST AID POLICY

All children fall and bump themselves so it is crucial that they receive the right treatment. This policy will set out the provisions made by North Star Nursery and Holiday Club for First Aid in cases of injury or accident by children, staff, parents and carers or visitors. This policy is written in line with current guidance by the Early Years Foundation Stage – (EYFS). The Nursery Manager is responsible for ensuring all staff understand and follow this policy.

1. Who is qualified in First Aid?

At least one member of staff with a current first aid certificate is in each room, or on an outing, at any time. The first aid qualification includes first aid training for infants and young children. All First Aid qualified staff are required to maintain their certificate. It is the responsibility of the Nursery Manager to ensure that there is an adequate number of qualified First Aiders on the premises.

2. First Aid Boxes and Equipment

First Aid boxes are available to each room around the Nursery and are fully stocked in line with guidance by the Health and Safety (First Aid) Regulations 1981. It is the responsibility of the named volunteer to ensure that the First Aid boxes remain fully stocked. In response to the Covid-19 pandemic, all first aid boxes now contain disposable plastic aprons, disposable gloves, face shields and hand sanitiser.

The nursery also provides ear thermometers.

No medicines are kept in the First Aid boxes.

The First Aid boxes are easily accessible to adults and are kept out of the reach of children.

Portable first aid kits are taken on outings and are available at all times.

No unprescribed medication is given to children, parents and carers or staff. Parents and carers are requested at the time of induction to the Nursery and/or Holiday Club to give written permission as to whether they wish staff to apply plasters to their child in the event of them sustaining minor injuries to keep a wound clean.

Emergency medication for serious conditions (i.e. allergies) will be stored accordingly on discussion with parents and carers/staff. This will be easily accessible in case of emergency. Staff would seek appropriate advice from parents and carers on administering this medication if required and a Care Plan would be written in consultation with parents and carers, medical professionals and the insurance provider.

At the time of each child's admission to the nursery, parents' and carers' written permission for obtaining emergency medical advice or treatment is sought. Parents and carers sign and date their written approval.

3. How are accidents and incidents recorded?

All accidents or incidents of concern are recorded on accident forms. These forms provide information about who received the injury, the date, location and time of the injury, who witnessed the incident, which staff members dealt with the accident, details about the circumstances of the accident, what happened leading up to the incident, what action was taken or what first aid was given and the response of the child after the injury occurred. Parents and carers are asked to sign the forms when collecting their child to acknowledge that they have been informed about the accident.

Staff should complete an accident form if they sustain an injury at work. An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed.

Accident forms are reviewed regularly by the Nursery Manager, the Senior Team and the Health and Safety Representative to identify patterns, risk areas or problems with equipment.

Accident forms are stored in a file in the Nursery Office and in accordance with legislation will be kept for a minimum of 21 years and 3 months.

4. What happens in cases of serious accidents?

In situations where immediate first aid is adequate but where it is felt that further medical treatment may be beneficial, a senior team member will contact the child's parents and carers to discuss this.

If the accident is serious enough that the staff feel **urgent** medical attention is required, the child will be taken to the Accident and Emergency Department of the Great Western Hospital in Swindon. Parents and carers will be called by a senior member of staff to collect and accompany their child for medical attention. If time allows the accident form will be completed and copied to accompany the child to the GWH. If it is deemed necessary an ambulance will be called. If the Ambulance Service allows it, two members of staff will accompany the child and take the child's records which contain details of the child's doctors and any allergies that they may have. If not allowed, the Ambulance Service will act as the second adult by default in loco parentis. Parents and carers will be contacted immediately by a senior member of staff so that they can join the child and member of staff at the hospital. Staff cars will not be used to transport children to hospital as it is vital the child is restrained in a car seat appropriate to their age and private vehicles are not insured for business use.

At the time of each child's admission to the nursery, sign a consent form allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents and carers have been informed and are on their way to the hospital.

The Nursery Manager will be made aware of any serious injuries and will investigate accordingly.

Any serious accidents or incidents will be reported to RIDDOR and OFSTED and the Early Years Safeguarding Advisor.

5. Injuries at home

If an injury has taken place at home parents and carers are required to complete a "Record of Injury/Concern" and sign it at the time of dropping off their child(ren). This will prevent staff mistaking any injuries that happen at nursery with those that have happened elsewhere. The practitioner will sign the form after the parent(s) / carer(s) have completed it. These forms are viewed and signed by the Nursery Manager once a term.

6. Asthma and Febrile Convulsions

Asthma and febrile convulsions are topics covered by basic first aid training.

However, at least one member of staff will attend specific annual training on asthma and febrile convulsions and this knowledge will be cascaded to all staff during staff meetings.

This policy should be read in conjunction with the Childhood Ailments Policy, the Medications Policy and the Asthma Policy which provide further guidance on asthma and febrile convulsions.

7. Covid-19 (Coronavirus)

Paediatric advice from the Resuscitation Council UK

“We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child’s chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.”

For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur. Therefore, if there is any doubt about what to do, this statement should be used.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.”

https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/?utm_source=Communiqator&utm_medium=email&utm_campaign=NL270320G

“Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxial arrest), therefore chest compressions alone are unlikely to be effective.”

If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.”

<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov#hygiene-measures>

References:

- **Health and Safety (First Aid) Regulations 1981**
- **EYFS**
- **Working Together to Safeguard Children 2018**
- **Resuscitation Council UK**
- <https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov#hygiene-measures>

Accident/incident report form



Record name of child, time, place, who was present, action taken, ratio, identify different personnel as supply, students, etc. If possible write what happened before (e.g. was the child provoked). Record the child's response to the incident

Date	Full name of child		Who witnessed the incident/ How did it come to your attention?
Time	No. of children present Holiday Club.....	No. of staff present NSN Practitioners.....	
Location of accident	Discoverers.....	Students.....	
Child's room base	Pioneers.....	Agency.....	
	Adventurers.....	Others.....	
	Explorers.....		
	Other.....		

Description of incident including any injury sustained

What action was taken?

Response of child

If you are unsure about the impact of this injury or your child's health deteriorates, we advise you to consult a medical practitioner. If your child has suffered a head injury, we advise that you monitor them closely over the next 48 hours. If their health deteriorates, we advise you to consult a medical practitioner.

Staff signatures
 Staff member completing this form..... Print

 Second staff member present
Print.....
 Third staff member present.....Print.....PTO if
 necessary

Parent/carer's
 signature.....Print.....
 Date

Manager or Deputy's

signature.....Print.....

Date.....

Comments

Reviewed March 2019

