# First Aid and Accidents Policy.

At Little Oaks Nursery, we aim to protect children at all times. We recognise that accidents and incidents may sometimes occur. We follow this policy and procedure to ensure that all parties are supported and cared for when accidents or incidents happen; and that circumstances of the accident or incident are reviewed with a view to minimising any future risks.

#### **Accidents**

- An **accident** is defined as an event which results in an injury.
- An incident is defined as a situation where a child is hurt by another child e.g. biting.

Accidents must be dealt with by a practitioner who is a qualified first aider. If an accident or incident should happen when there is no first aider nearby, practitioners or students should deal with the event immediately and seek the help of a qualified first aider as soon as possible.

All staff know the importance of keeping calm in an emergency and the need to assess the situation quickly and calmly. Depending on how the person is injured determines how they will be treated.

### **Basic First Aid Procedures**

Information on how to deal with these situations is available to staff at all times and is kept on a notice board in the office.

- First Aid Boxes are located in each room for ease of access. These are accessible at all times with appropriate content for use with children.
- A notice is displayed with the location of each kit. A guide to basic first aid is also kept with each first aid box.
- First Aid boxes and equipment are checked every month by the Administrator. Missing and out of date supplies are re-ordered at the same time. Sterile items will be kept sealed in their packages until needed.
- The staff first aid box is kept in the office. This is kept out of reach of the children.
- First aid boxes should only contain items permitted by the Health and Safety (First Aid)
  Regulations Act 1981, such as sterile dressings, bandages and eye pads. No other medical items, such as paracetamol should be kept in them.
- Parents and Carers are asked whether or not they would like their child to receive
  emergency medical treatment on the registration form. A copy of their response is kept in
  the office and in the child's room to refer to when necessary.
- Parents and Carers are informed of any accident involving their child and are asked to sign
  an accident form to acknowledge that they have been informed. On some occasions parents
  and carers may be informed by telephone prior to coming to collect their child so they have
  advance notice.
- Accidents and incidents are reviewed monthly to help identify any potential trends or reoccurring causes of injury which may be contributing to accidents within the Nursery. Any
  issues are logged and amended immediately to prevent any further accidents from
  happening.
- All first aid trained staff are listed in every room. When children are taken on an outing away
  from our nursery, we will always ensure they are accompanied by at least one member of
  staff who is trained in first aid. A first aid box is taken on all outings.

### **Major Accident Procedure**

#### In the event of a major accident:

- We will provide plastic gloves and aprons;
- A member of staff who is a qualified 1<sup>st</sup> aider will take appropriate action;
- If able to be moved, the child is taken to a quiet area and the person in charge notified;
- The person in charge will then assess the situation and decide whether the child needs to go immediately to hospital or whether the child can wait for the parent/main carer to come;
- In the child needs to go straight to hospital an ambulance will be called;
- The parent/main carer will be contacted and arrangements will be made to meet the parent/main carer at the hospital. A member of staff will accompany the child to hospital;
- If the child does not need to go straight to hospital in an ambulance but their condition means they need medical attention, the parent/carer will be contacted and asked to collect their child:
- The child will be made as comfortable as possible and a member of staff will stay with them until the parent/main carer arrives. If the main carer/parent is unable to collect the child in person they must nominate someone who can collect the child;
- A report of the accident will then be recorded in the accident book which will be signed by a parent/carer;
- If necessary a RIDDOR form will then be completed and a copy sent to the HSE office;
- Ofsted will be notified;
- The co-ordinator will then consider whether the accident highlights any actual or potential weakness in our policies or procedures and act accordingly, making suitable adjustments where necessary.

### Head injuries

If a child has a head injury in the setting then we will follow the following procedure:

- Calm the child
- Assess the child's condition to ascertain if a hospital or ambulance is required. We will follow our procedure for this if this is required (see above)
- If the skin is not broken we will administer a cold compress for short periods of time, repeated until the parent arrives to collect their child
- If the skin is broken then we will follow our first aid training and stem the bleeding
- Call the parent and make them aware of the injury
- Complete the accident form
- Keep the child in a calm and quiet area whilst awaiting collection
- We will follow the advice on the NHS website as per all head injuries <a href="https://www.nhs.uk/conditions/minor-head-injury/">https://www.nhs.uk/conditions/minor-head-injury/</a>

# **Emergency Treatment**

- Should a child require emergency hospital treatment, a member of the management team or the childs key person will accompany the child to hospital.
- All the child's relevant forms and records will be taken along to the hospital. The parent/carer will be informed immediately by the remaining staff in the building.

- Once the child has been treated and is in the care of his/her parent/carer the incident will be recorded at the nursery and a report will be made to OFSTED in line with current legislation.
- A review will be held to help identify if there is anything that could be done to: a) prevent a similar incident occurring and b) improve the emergency treatment procedure.
- If an incident involves a member of staff, a member of the management team will accompany the member of staff to the hospital and the same procedure will be followed. Again all the relevant forms relating to that member of staff will be taken to the hospital.
- Staff members are responsible for ensuring that a copy of their next of kin details are kept in the office in case the nursery needs to make contact with them.

### 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. PPE is also provided for domestic tasks. Staff are consulted when choosing PPE
to ensure all allergies and individual needs are supported and this is evaluated on an
ongoing basis.

### **Bodily Fluids**

At Little Oaks Nursery, when dealing with accidents/inicidents that involve bodily fluids, staff members must take the necessary precautions to limit transition of bodily fluids such as blood.

### In such case, the staff member must;

- Cordon off the area immediately and remove all children.
- Move the injured child to the bathroom and sit them on a chair.
- There will be two staff members present to deal with the situation. One staff member will stay with the child at all times and one staff member will deal with the bodily fluid.

# The staff member present with the child must;

- Put on gloves and an apron, change the child clothes if necessary and rinse before bagging.
   Write the child's name on the bag of clothes.
- Ensure the child is cleaned properly e.g. face etc in sink if needed.
- The staff member must wash their hands with anti-bacterial soap.

#### The staff member dealing with the bodily fluid on the floor/surface must;

- 1. Put on gloves and an apron before interacting with fluid.
- 2. On lino/solid surfaces; Sprinkle with sand, sweep up and put in plastic bag follows by placing in the nappy bin.
- 3. Wash the floor/surface with liquid sanitizer and blue roll/toilet tissue.
- 4. On fabric/carpet surfaces: Remove all solids with blue roll/toilet paper, place in plastic bag and then into the nappy bin.
- 5. Saturate the area with liquid sanitizer and clean with bathroom cloth if possible and follow by putting fabric in washer after rinsing.
- 6. Dry with paper towel, extract as much wetness as possible;
- 7. Once the area is clean and as dry as it can be, chalk round the damp area and place a chair in the middle so children and staff don't sit on the wet patch;
- 8. Place rubbish in the nappy bin including the cloth that was used to wipe the area;

9. Wash hands with antibacterial soap.

### Following this:

One member of staff is to stay with the child and notify management and one member of staff is to wipe the bathroom with washroom disinfectant and spray air freshener if needed.

# **Dealing with Blood**

When dealing with an accident that involves blood, we may not be aware that any child attending the nursery has a condition that may be transmitted via blood such as Hepatitis or the HIV virus.

Any staff member dealing with blood must:

 Wear disposable gloves and wipe up any blood spillage with disposable cloths, neat sterilising fluid or freshly diluted bleach (one part diluted with 10 parts water). Such solutions must be carefully disposed of immediately after use.

#### Febrile Convulsions

A febrile convulsion is identified as a "type of fit which occurs when a young child has a high temperature".

This type of convulsion is very common in children between the ages of six months and five years.

If a child has one convulsion, it is possible that another convulsion may occur during a further episode of fever. Nearly all children will grow out of having febrile convulsions as a result of a fever and it is highly unlikely that a child will suffer any long term problems as a result of these.

If a child develops a fever, as a result of an infection such as a cold, sore throat etc the following measures are useful ways of preventing convulsions;

- Nurse the child in light indoor clothing. Do not over-wrap.
- Give children's paracetamol (such as calpol) in line with our medication policy.
- If the child continues to be unwell, parents should be contacted and the child taken home to promote recovery.
- If a child does have a convulsion:
- Keep calm;
- Turn the child on their side, with a cushion under his/her bottom;
- Lay them on a bed or floor, away from hard objects;
- Do not put anything, such as a spoon or finger in their mouth.

The convulsion should stop within five minutes or less and following, the child may be very sleepy for some time.

Parents/Carers should be informed to collect the child and should inform the family doctor about the incident so that the child can be examined.

If a convulsion lasts more than ten minutes, or if the child has two or more fits without waking up between them:

 Urgent medical attention or an ambulance should be sought and the emergency treatment procedure followed.

# **Needle Puncture and Sharps Injury**

We recognise that injuries from needs, broken glass and other sharp materials may result in blood-borne infections. For this reason, staff must take great care in the collection and disposal of this type of material. For the safety and well-being of the employees, any staff member dealing with needles, broken glass etc. must treat them as contaminated waste. If a needle is found the local authority must be contacted to deal with its disposal.

#### Suffocation

### In the event of a baby/child suffocating whilst at nursery, staff would;

Remove the obstruction.

#### If the child is conscious and breathing;

• We will contact the parent immediately to come and collect the child.

### If the child is unconscious but breathing normally;

• We would put in the recovery position and telephone for an ambulance then contact the parents and ask them to meet nursery staff at the hospital.

### If breathing has stopped or is difficult;

Resuscitation would be given until the child begins to breathe normally or the ambulance arrives.

# Personal Protective Equipment

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. PPE is also provided for domestic tasks.

Staff are consulted when choosing PPE to ensure all allergies and individual needs are supported and this is evaluated on an ongoing basis.

#### Injuries or Accidents involving Employees

In the event that an employee is injured whilst at work the following procedures will be followed:

- Assess the situation and identify if the member of staff can be moved to a quiet area for treatment. If the staff member is unable to move and children are present, ensure the children are moved away from the area and provided adequate care and supervision.
- A member of staff will call the office for support.
- First aid will be provided in accordance with the nature of the accident or injury. If an ambulance is required, it will be called by a member of the office team.
- All accidents will be recorded in the staff accident book which is located in the nursery office.
- An investigation will take place to identify the nature of the accident or injury and appropriate measures put in place to mitigate the risk.

