



Nazeing Pre-School, c/o Nazeing Primary School, Hyde Mead, Nazeing. EN9 2HS

First Aid Policy

Safeguarding and Welfare Requirement: Staff Qualifications, Training, Support and Skills

At least one person who has a current paediatric first aid certificate must be on the premises and available at all times when children are present, and must accompany children on outings.

Health

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.

Policy statement

We are able to take action to apply first aid treatment in the event of an accident involving a child or adult. All staff working at the Pre-School will hold current first aid certificates when 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 have evidence of due diligence when choosing first aid training and ensure that it is relevant to adults caring for young children, normally through St Johns Ambulance or Tigerlilly.

A list of qualified first aiders is in our first aid and medicine cupboard with the dates of completion and renewal dates of when their qualification will need updating. The named person for checking all first aid equipment and ensuring training is booked for staff is Claire Weir.

Procedures

We have a few first aid kits which are accessible at all times, in the Rainbow garden, classroom and in our outings bag. Each kit contains the following items:

- Triangular bandages
- Sterile dressings:
 - Small x 3.
 - Medium x 3.
 - Large x 3.
- 20 assorted (individually-wrapped) plasters x 1.
- Sterile eye pads
- Sterile saline solution pods.
- Sterile gauze swabs.
- Plastic one time use tweezers
- Micropore tape
- Tough metal cutting scissors
- Pocket mask
- Foil blankets

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

- Disposable plastic gloves.
- Plastic disposable apron.
- A children's in ear thermometer.
- Replacement caps for thermometer
- Cling film
- Nappy sacks
- Cold packs in the fridge.

First Aid

In the event of minor injuries or accidents, we 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.

If 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. 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 in our accident record book and, where applicable, notified to the Health and Safety Executive, Ofsted, RIDDOR and/or local child protection agencies. Serious Injuries are recorded on an individual sheet alongside a health monitoring form and kept with the child's personal details.

Medicines will only be given inline with an individual health care plan or in accordance with our medicine policy.

First aid which can be administered by one of our qualified first aiders are detailed below;

Grazes –

We will protect the child's dignity by removing any clothing out of sight of any other children, wearing protective clothing we will then use sterile saline solution and sterile gauze swabs to gently clean the graze ensure the saline flows from top to bottom of the injury, drying the area with the sterile gauze swab and covering with the plaster.

Hang nail or broken nail –

If a child shows us a hang nail or broken nail we will cover with a plaster and let parents know on collection.

Bee or insect stings –

We can remove bee or insect stings. We will follow the child's lead on whether we will remove them. The sting must be visibly outside of the skin and removable with a plastic card. If we are able to successfully remove the sting we will push a little blood from the wound to ensure it is clean and clear and cover with a plaster. If we are unable to remove the sting we will cover it with a plaster and contact the parents and carers to advise them.

Foreign objects in eyes –

If a child gets fine particles in their eyes, for example sand, dirt or dust we will follow the child's lead on whether we will remove them. We will lay the child down and tilt the injured eye to the side, using sterile saline solution we will squeeze the pod above the inner eye causing a downward stream to the outer eye. If the particles appear removed we will dry the eye by gently dabbing the eye with sterile gauze swabs. If the child does not want us to give first aid we will contact the parents and advise they seek further medical support. If any larger objects, chemicals or injuries to the eye occur we will call either 111 or 999 for further guidance, whilst contacted parents.

Head bumps –

We will reassure and calm the child, encouraging them to sit down and allow us to examine their head. If necessary we will provide a cold compress to the injury for a minimum of 10minutes up to a maximum of 30minutes. Parents will be called as soon as possible after the injury occurs.

Deep cut and abrasion –

We will quickly access protective clothing before administering first aid. We will then use a sterile bandage to apply pressure to the wound to slow down the bleeding and call 999. As we await the emergency services we will contact the parents and inform them they need to go to accident and emergency. Whilst the child is still in our care we will stay with them monitoring their responses and act accordingly.

Splinters –

We class a splinter as a fine and easily removed foreign object. We will follow the child's lead on whether we will remove the splinter. The splinter must be visibly outside of the skin and removable with tweezers. If we are able to successfully remove the splinter we will push a little blood from the wound to ensure it is clean and clear and cover with a plaster. If we are unable to remove the splinter we will cover it with a plaster and contact the parents and carers to advise them.

Embedded objects –

When an object is large, under the skin and not safe to remove we will if possible cover with a plaster and contact parents to advise them. If it is a large embedded object that has pierced the skin we will not remove the object, support it with bandages and call 999. As we await the emergency services we will contact the parents and inform them they need to go to accident and emergency. Whilst the child is still in our care we will stay with them monitoring their responses and act accordingly.

Choking –

If a child shows the following signs of choking; not coughing, unable to speak, holding throat, blue lips or pale skin. We will support them with one arm across their chest and then administer five back blows checking between each one to see if the item has come out. If not we then carry out five abdominal thrusts again checking between each one to see if the item has come out. Whilst this happens another member of the staff will call 999 and another will leave Pre-School and locate a Defibrillator, our closest is at the chemist. We will then repeat the above actions until it either becomes removed or the child becomes unconscious, where we will begin CPR. If we are successful in removing the item and there was no need to call an ambulance we will call the parents to collect the child and take them to accident and emergency in case they have received injuries from the first aid actions.

Allergic reactions –

If a child has a known allergy and medication we will follow their individual health care plans. If a child has an allergic reaction and shows signs of anaphylaxis, which are; breathing difficulties, wheezing, fast heartbeat, clammy skin, blue or pale skin, swelling of the lips, mouth or airway and/or a rash we will call 999, lay the child down and raise their legs, if this makes their symptoms worse we will sit them up slowly and await for assistance. If a child has an unknown allergy and comes out in hives we will contact the parents and call 111 for advice.

Seizures –

If a child has a known allergy and medication we will follow their individual health care plans. If a child has an allergic reaction and shows signs of anaphylaxis, which are; breathing difficulties, wheezing, fast heartbeat, clammy skin, blue or pale skin, swelling of the lips, mouth or airway and/or a rash we will call 999, lay the child down and raise their legs, if this makes their symptoms worse we will sit them up slowly and await for assistance. If a child has an unknown allergy and comes out in hives we will contact the parents and call 111 for advice.

Suspected fracture or broken bone –

If a child suffers an injury that we suspect a fracture or broken bone may have taken place, we will calm the child and sit them down. After carefully examining them we will call 111 or 999 for further advice, supporting the injury where possible and immobilising it. We will also contact parents and carers immediately.

CPR –

If a child becomes unresponsive and not breathing we will immediately start CPR, whilst we call for help from another member of staff who will immediately call 999 and then send another member of staff to get the defibrillator, located at the chemist. To begin CPR the child will be placed on their back on the floor, beginning with 5 rescue breaths followed by 30 chest compressions, 2 rescue breaths and 30 chest compressions continuing until either the defibrillator arrives where we will follow the directions of the defibrillator or when paramedics arrive and take over.

Shock –

If a child displays signs of shock which could include; pale skin which may be cold and clammy, sweating, fast pulse, fast and shallow breathing, weak pulse, grey blue skin inside the lips, nausea and vomiting, restlessness, aggressive behaviour, yawning and gasping for air and or becoming unresponsive. We would firstly treat the cause of shock if we can for example, severe bleeding. We will then lay the child down on the floor on top of a blanket/rug where possible and raise their legs onto a chair. We will then call 999 and advise we think the child is in shock, we will loosen any tight clothing and then cover them with a blanket/coat to keep them warm. We will stay with the child whilst awaiting the emergency services.

Legal framework

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

This policy was adopted by	NAZEING PRE-SCHOOL	(name of provider)
On	<hr/> April 2024	(date)
Date to be reviewed	<hr/> April 2025	(date)
Signed on behalf of the provider	<hr/> Nicky Mainwaring	
Job role	<hr/> Nazeing Pre-School Manager	
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