



## **First Aid Cover and Procedures:**

An accident is classed as an event which results in an injury. An incident is classed as a situation where a child is hurt by another child i.e. 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 rules are set out for dealing with-

- Minor cuts and bruises
- Severe bleeding
- Broken bones and spinal injuries
- Burns
- Eye injuries
- Asthma attacks
- Choking

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. 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 Manager. Missing and out of date supplies are re-ordered at the same time. Sterile items will be kept sealed in their packages until needed.

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 re-occurring 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.

### 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

### Emergency Treatment

Should a child require emergency hospital treatment, a member of the management team or the child's 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.

### **Febrile Convulsions**

A febrile convulsion is 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 might occur during a further episode of fever. Nearly all children will grow out of the tendency to have febrile convulsions and it is highly unlikely that your child will suffer any long term problems as a result of these fits.

If your 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 your child in light indoor clothing. Do not over wrap



- Give children's paracetamol (such as calpol) every 4 to 6 hours. Use the dose recommend on the bottle

If your 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 in five minutes or less, but your child may be very sleepy for sometime afterwards. You should let your family doctor know about the incident, so that your child can be examined. If a convulsion lasts more than ten minutes, or if your child has two or more its without waking up between them, you should get urgent medical attention or an ambulance.

### **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, neat sterilising fluid or freshly diluted bleach (one part diluted with 10 parts water). 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.

### **Bodily Fluids**

Ensure the area is cordoned off immediately and remove all children from the area. Move ill child to bathroom and sit them on a chair. One member of staff to stay with the child and one with the bodily fluid.

One member of staff cleans up the child:



- Put on your gloves and apron
- Change all clothes if necessary and rinse before bagging, write the child's name on the bag of clothes
- Ensure the child is cleaned properly, i.e. face etc in sink if needed
- Wash hands with antibacterial soap

One member of staff to clean the floor/surface as follows:

- Puts gloves and apron on
- Lino/solid surface
  1. Sprinkle with sand and sweep up and put in plastic bag then place in the nappy bin
  2. Wash floor/surface with liquid sanitizer and blue roll/ toilet tissue
- On fabric/ carpet
  1. Remove all solids with blue roll/ toilet paper and place in plastic bag
  2. Saturate the area with liquid sanitizer and clean with bathroom cloth if possible put fabric in washer after rinsing
  3. Dry with paper towel, extract as much wetness as possible
  4. 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
  5. Place rubbish in the nappy bin including the cloth that was used to wipe the area
  6. Wash hands with antibacterial soap

One member of staff

- Stay with the child and notify management

One member of staff

- Wipe the bathroom with washroom disinfectant
- Spray air freshener if needed