

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

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

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.

FIRST AID POLICY (August 2020)

Policy statement

Riding Mill Outdoor Preschool (RMOP) is committed to caring for, and protecting, the health, safety and welfare of its children, staff and visitors.

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. Newly qualified staff who achieved an early year's qualification at level 2 or 3 on or after 30 June 2016 also need to have a paediatric first aid certificate in order to be counted in the adult: child ratios. 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. Further, due to the outdoor nature of our setting, it is desirable (though not essential) that the leader is trained in outdoor first aid.

We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises and during off-site visits.
- To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
- To have all members of staff on site trained in paediatric first aid and have up to date certificates.
- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995).
- To provide accessible first aid kits on site, along with a portable kit for trips/excursions.
- To record and make arrangements for children and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly.
- To provide facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to staff, students and volunteers where they can find medical assistance if a person is ill or an accident has occurred.

- To communicate clearly in writing to parents or guardians if a child has sustained a bump to the head at RMOP, however minor, using an accident form and head injury form. To also communicate every instance of accident or first aid or the administration of medicine for children. (please also see Administration of Medication policy).

Trained Paediatric First Aiders at RMOP (August 2020)

Ruth Brown

Ang Thompson-Burrows

Ruth Woodmansey

Eleanor Leighton

Fiona Morris

Procedures

Location of First Aid Facilities

- The first aid kit is located in the kitchen block, on the shelf above the children's sink. There is an additional kit located in the register bag. There is a chair in the kitchen block where children can sit whilst first aid is administered.
- If one of our children feels unwell they will be taken to rest/recover in a quiet area of the yurt.

Responsibilities of the trained First Aiders

- To provide appropriate care for pupils or staff who are ill or sustain an injury.
- To record all accidents on an accident form (new forms are found in the register) and to make sure parents/carers see and sign the form as soon as practicable. They are then kept in an accident file at Broomhaugh Church of England First School.
- In the event of minor injuries or accidents, we will 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.
- In the event of any injury to the head, however minor, ensure that a parent/carer is contacted by telephone and an accident form and head injury form are completed by the staff member present at time of injury.
- To make arrangements with parents/carers to collect children and take them home if they are deemed too unwell to continue the preschool day.
- To ensure any medication requiring refrigeration will be kept in the office fridge, the office is always kept shut.
- To maintain a list of children with particular medical needs and appropriate measures needed to care for them.
- To monitor and re-stock supplies and ensure that first aid kits are replenished.
- On a termly basis, review First Aid records to identify any trends or patterns and report to the committee.
- To contact emergency medical services as and when required.

What we will do in the case of an accident, injury or illness

- Any child, member of staff, student or visitor sustaining an injury whilst at RMOP will be provided with immediate first aid and additional help will be summoned as needed.
- The child or member of staff should not be left unattended.
- The first aider will organise an injured child's transfer to hospital in the case of an emergency.
- Parents should be informed as necessary by telephone by the first aider or RMOP leader.
- This will be followed up in writing and a record kept in the accident file at Broomhaugh Church of England First School.
- Accidents and injuries are recorded in our accident record book and, where applicable, notified to the Health and Safety Executive, Ofsted and/or local child protection agencies in line with our Recording and Reporting of Accident and Incidents Policy.

Contacting parents

- Parents should be informed by telephone as soon as possible after an emergency or following a serious/significant injury including:
 - Head injury (a head injury accident form should be completed for any child/staff member who sustains a head injury).
 - Suspected sprain or fracture
 - Following a fall from height
 - Dental injury
 - Anaphylaxis & following the administration of an Epi-pen
 - Epileptic seizure
 - Severe asthma attack
 - Difficulty breathing
 - Bleeding injury (uncontrolled)
 - Loss of consciousness
 - If the child is generally unwell

Contacting the Emergency Services

- 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.
- An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. We contact parents immediately and inform them of what has happened and where their child has been taken.
- Any child taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives.
- In all cases of a child becoming unconscious (not including a faint) or following the administration of an Epi-pen, they must be taken to hospital.
- Any child not well enough to be in preschool should be collected as soon as possible by a parent. An ambulance is called for children requiring emergency treatment.

First Aid equipment and materials

- The appointed person **Ruth Woodmansey** is responsible for stocking and checking the first aid kits. Staff are asked to notify the appointed person when supplies have been used in order that they can be restocked.
- The first aid boxes contain:
 - At least 20 adhesive hypo allergenic plasters
 - 4 triangular bandages (slings)
 - Safety pins
 - Cleaning wipes
 - Adhesive tape
 - 2 sterile eye pads
 - 1 eye wash
 - 6 medium sized unmedicated dressings
 - 2 large sized unmedicated dressings
 - Disposable gloves
 - Ear thermometer

Emergency care plans and treatment boxes

- Staff are made aware of any child with an emergency care plan. These care plans are displayed in the office. A copy is also kept in the kitchen block.
- Children with a serious medical condition will have an emergency care plan drawn up and agreed by the RMOP leader and their parents.
- Emergency treatment boxes must always be taken if the pupil is going off-site. The boxes are kept in the office.

Children with medical conditions

- A list is available in the office and the kitchen block of all children who have a serious allergy or medical condition. If staff become aware of any condition not listed then please inform the preschool leader.

Dealing with body fluids

- In order to maintain protection from disease, all body fluids should be considered infected.
- To prevent contact with body fluids the following guidelines should be followed:
 - When dealing with any body fluids wear disposable gloves and apron.
 - Wash hands thoroughly with soap and warm water after the incident.
 - Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately:
 - Blood
 - Faeces
 - Nasal and eye discharges
 - Saliva
 - Vomit
- Disposable towels will be used to soak up the excess, and then the area will be treated with a disinfectant solution.

- We never use a mop for cleaning up blood and body fluid spillages.
- All contaminated material will be disposed of in a separate waste bag and then disposed of into the main bin.
- We are careful to ensure that no body fluids enter our eyes, nose, mouth or any open sores. If a splash occurs we wash the area well with soap and water or irrigate with copious amounts of saline.

Infectious diseases

- If a child is suspected of having an infectious disease advice should be sought from the Preschool Leader who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other children and staff.

INFECTIOUS DISEASE	PERIOD OF EXCLUSION
Chickenpox	For 5 days from onset of rash
German Measles	For 5 days from onset of rash
Impetigo	Until lesions are crusted or healed over
Scabies	Until treatment has been commenced (Treatment should include all household members and any other very close contacts)
Scarlet Fever	For 5 days after commencing antibiotics
Slapped Cheek Syndrome	None
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting
Meningococcal Meningitis	Until fully recovered
Viral Meningitis	Until fully recovered
Threadworms	None (however treatment is recommended for the child and their family members)
Mumps	For 5 days from onset of swollen glands
Headlice	None once treated (treatment is recommended for the child and close contacts if live lice are found)
Conjunctivitis	None (children do not usually need to stay off preschool with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better)
Influenza	Until fully recovered
Tonsillitis	None

Legal framework

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

Further guidance

- First Aid at Work: Your questions answered (HSE Revised 2015)
- Basic Advice on First Aid at Work (HSE Revised 2012)
- Guidance on First Aid for Schools (DfE Revised 2014)