

# FIRST AID POLICY AND PROCEDURES

## **POLICY STATEMENT:**

*The setting recognises its responsibility in making sure that all reasonable steps are taken to provide an indoor and outdoor environment which is safe, secure and compliant with all statutory requirements.*

*All senior staff are qualified in 'Paediatric First Aid' which means they can give minor first aid treatment to children.*

*Senior Staff - Natasha Adams, Emma Johns, Rachel Jenkins, Rachel Mahoney. Chloe Watson Dowden.*

## **HOW POLICY WILL BE IMPLEMENTED (Specific Policies & Procedures):**

- All senior staff are qualified in 'Emergency First Aid at Work', which means they can give minor first aid treatment to adults. There is always a minimum of at least one first aider at work on duty.
- All other staff are qualified in 'Emergency Paediatric First Aid'.
- All staff know the procedures for dealing with minor accidents and illnesses.
- All first aiders renew their training every 3 years.
- All accidents sustained by children or adults are recorded on accident/incident record, in the case of children, parents/carers are asked to sign upon collection to confirm they have been informed.
- Parents/carers also sign to consent for emergency medical treatment to be administered to their child when registering him/her at the setting.
- In the case of a child sustaining a minor injury or any kind of bump to their head which may need medical attention, parents/carers are informed immediately.
- Children's contact details are kept in the filing cabinet in the office.
- Staff details are also kept in the filing cabinet in the office.
- To ensure children's details are kept up to date, the setting sends out termly updated information requests, via the Family App, where contact details and other medical conditions can be updated.
- The setting regularly reviews all accident/incident forms. This is then used to inform risk assessments and improve practice to ensure best protection for everyone.

If urgent medical care is required because of any accident, the appropriate emergency service is contacted first and then the parents/carers. The completed accident/incident record and the child's details and medical/allergy information is taken into the hospital with the injured person. In the case of a child, a familiar adult accompanies him or her to the hospital until the parent/carers arrive. Care Inspectorate Wales (CIW) and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, and the Responsible Individual are notified of any serious injury to any person.

## **First Aid Box**

The location of the first aid boxes

An unopened, in date First Aid box is always kept in the office.

- Ladybirds Room – on the wall above the sink, in the main play room.
- Busy bee room – on the wall next to the main entrance.
- Butterfly room – on the wall above the sink in the nappy changing area.
- Bunnies room – on the wall above the sink in the nappy changing area.
- A portable first aid kit is taken on outings. This is kept in the black outings bag kept in the office.

Contents are checked once a month by Senior Staff and items replaced as necessary; each box should contain the following as a minimum:

- Guidance notes (1)
- Assorted sterile plasters (20)
- Triangular bandage (4)
- Sterile dressings - medium (6)
- Sterile dressing - large (2)
- Eye pad dressings – (2)
- Disposable gloves (1 pair)
- Non-alcohol cleansing wipes (6)

We ensure the setting of sufficient information, training, instruction and supervision of all staff to maintain a safe and healthy workplace for staff and children.

### **Accident Records**

All accidents/incidents to children and adults must be recorded in appropriate books (filing cabinet in office)

- Date, time and place
- Name of injury
- Circumstances of accident/incident
- Nature of injury sustained
- Action taken and by whom
- Signature of staff who performed First Aid
- Signature of senior staff on duty
- Parent signature (if child has had an accident on the premises)
- Adult signature (if and when or possible if an adult has had an accident)

### **Existing Injuries**

If a child presents with an existing injury when arriving at the setting, this is discussed with the parent/carer. The explanation and description of the injury are recorded on the 'existing injuries' form, which can be found in the filing cabinet in the office. Staff must record the following:

- Date existing injury has been observed
- Name of injured person/child
- A clear description of what they have observed e.g. size, colour, location on body of bruise.
- Staff will ask parents how the incident occurred, and this will be recorded on the safeguarding form

- Staff will report incident to Manager/Deputy Manager, who will complete their section on the form.
- Parents MUST sign to confirm they have read the existing injury form

If staff members are concerned that the child may have sustained a non-accidental injury, or sustained a serious injury through lack of supervision, the Safeguarding /Child protection procedure is followed.

Managers will review Safeguarding and Accident forms every 3 months.

If Safeguarding concerns arise from the reviews, then the safeguarding policy will be followed.

### **First Aid Procedure (minor incident)**

For child/infant:

- Child is comforted throughout.
- Qualified first aider puts on appropriate PPE, gloves and apron and first aid is administered.
- Parents/ carers are informed immediately if there is a blow to the head or if further medical treatment may be needed.
- The incident/accident record are completed, and parents/carers sign on collection.

For adult:

- A qualified first aider will administer first aid to the adult where the adult is unable to do this themselves.
- The qualified first aider puts on appropriate PPE, gloves and apron if administering first aid treatment.
- All staff members have a responsibility to report any accidents/incidents no matter how minor to their line manager. These are completed on the accident/incident record.

### **First Aid Procedure (serious incident)**

For child/infant:

- Child is comforted throughout.
- Dial 999 and request an ambulance.
- Qualified first aider puts on appropriate PPE, gloves and apron and first aid is administered, and the child is made as comfortable as possible.
- Contact parents/carers to inform them of the incident and that the child will be taken to hospital. Confirmation of which hospital the child is taken to is requested from the emergency services and shared with the parents/carers.
- Gather relevant information to take to the hospital e.g. incident/accident form with body map and the child's registration pack that contains parents/carers consent for emergency medical care, any allergies and medical information.
- A staff member will accompany the child in the ambulance if needed.
- Ask parents/carers to sign completed incident/accident investigation and injury record.

- Keep a record of the hospital visit and any relevant subsequent events.
- Inform CIW, RIDDOR, and the Responsible Individual (RI).

For adult:

- Make the adult as comfortable as possible.
- Dial 999 and request an ambulance.
- Qualified first aider at work is to wear appropriate PPE, gloves, apron, face covering, and shield and first aid is administered. Follow advice given from the emergency services.
- The person named as an emergency contact on the staff details record is contacted to inform them of the incident/accident.
- Keep a record of the hospital visit and any relevant subsequent events.
- Inform CIW, RIDDOR, and the Responsible Individual (RI).

### **Storage of records**

The setting has separated labelled files for incident/accident sheets and existing injuries sheets. Both these files are reviewed by the nurse manager frequently and any concerns addressed. These files are stored in a locked filing cabinet in the office and comply with data protection regulations.

### **Severe Allergic Reaction Procedure**

Anaphylaxis is a life-threatening severe, allergic reaction. It is a medical emergency and requires immediate treatment.

Signs of anaphylaxis:

- feeling lightheaded or faint
- breathing difficulties – such as fast, shallow breathing
- wheezing
- a fast heartbeat
- clammy skin
- confusion and anxiety
- collapsing or losing consciousness

There may be other allergy symptoms, including an itchy, raised rash (hives), feeling or being sick, swelling (angioedema), or stomach pain.

In the event of a severe allergic reaction (anaphylaxis)

- Use an adrenaline auto-injector if the person has one – but make sure you know how to use it correctly first and only to be administered to the named individual on the medication.
- Call 999 for an ambulance immediately (even if they start to feel better) – mention that you think the person has anaphylaxis
- Remove any trigger if possible – for example, carefully remove any wasp or bee sting stuck in the skin
- Lie the person down flat – unless they're unconscious, pregnant or having breathing difficulties

- Give another injection after 5-15 minutes if the symptoms don't improve and a second auto-injector is available

Reviewed 08/12/25

BY: Natasha Adams and Emma Johns

Date of next review: December 2026