

First aid and sick child

Points to consider regarding first aid in your setting:

- At least two members of your staff team should be first aid trained. Obviously, the more the better. All accidents should be passed on to qualified First Aider.
- There should be notices up in the office and throughout your setting that can be seen clearly by all users and staff indicating who the designated first aid worker is.
- The first aid boxes should be clearly identifiable and easily accessed by all members of staff.
- Your first aid boxes should be properly stocked and checked regularly.
- There should be a contents list in each box.
- A small first aid box should be taken on all trips and outings.
- Sites should have parental consent to administer first aid should the need arise (registration form).
- Sites should have parental consent to seek emergency treatment for children (registration form).
- **Accident Recording and Reporting**- all accidents and First Aid administered should be recorded in the accident book.
- All serious accidents should be reported to designated Health and Safety person, who will report it to the **Lead Commissioner at LBI**.
- Where necessary further reports (F2508) should be made to HSE using RIDDOR guidelines (see page 3).
- Staff should look at how the accident happened and if necessary and possible make immediate adjustments, e.g. remove piece of equipment to ensure the likelihood of further accidents is reduced or removed keeping a record of actions taken. If immediate adjustment is not possible, record actions required and isolate the area.
- Update risk assessment if required.
- Parent/carers should be informed of time of accident and treatment given and should be asked to sign the accident book.
- **Head Injuries** - Always inform parent/carer of head injury via accident report ensuring the time of the injury is noted on the report.
- **Head injuries incurred by Early years children** will be reported to Parent/carer immediately by telephone
- **All staff should remain calm whilst dealing with injuries as the children are likely to be scared.**

Hospital Treatment: Should a child require hospital treatment,

- Contact the parent/carer immediately.
- If no contact can be made, accompany child to hospital ensuring all relevant information is passed onto emergency services/hospital.
- Continue to attempt to contact parent/carer.
- Ensure the setting is adequately staffed.
- If a child has attended hospital as the result of an accident on site, make follow up call to parents to find out what happened.
- Should child need to stay in hospital for over 24 hours the accident should be reported to Ofsted as it would be considered a serious injury. You must inform Ofsted if a serious accident,

injury or death occurs in relation to your provision within 14 days of the incident. Ofsted tel no: 0300 123 1231. If you need to also notify your local child protection agency, this should be done at the same time.

- If you are on the Early Years Register you are committing an offence by not notifying Ofsted within 14 days, unless you have a reasonable excuse.
- Where necessary further reports (F2508) should be made to HSE using RIDDOR guidelines (see page 3).

Administering of Medication

- Staff can administer **prescribed** medication, which must be in their original container and can only be given to the child named on the bottle with the dosage stated, if the parent/carer has completed a **medication consent form**. Medication can be prescribed by a doctor, dentist, nurse or Pharmacist.
- All staff on site must be made aware of any children who have an active medication consent form within 24 hours of receiving the signed form.
- Any medicine administered must be reported on a **record of administration of medication form** which must be signed by 2 members of staff. Parents must notify staff when the child had last been given the medication before coming to the setting and this information is recorded on the medication form.
- Parents/carers must sign the medication form at the end of each day of medication administration.
- Staff must not give children doses of medication that exceeds the dose recommended for children on the packaging, unless a doctor's prescription is provided.
- Staff trained in the use of prescribed medicines can administer emergency medication in the case of a child previously identified by parent/carer who experiences an anaphylactic or asthma attack. Parent/carers should have a written agreement with staff to do so.
- Written agreements can be made with staff to store medicines and make them available to the child as necessary.
- Medicines should be stored securely and appropriately and labelled for the named child.
- A record should be kept of the child's use of medicine.
- Staff should be aware of the frequency of each child's use of medication, as over medicating children can be a safeguarding issue.

Sick Children

The provision reserves the right to deny admittance to a child who appears sick, unfit or otherwise unwell on arrival. Parents/carers may be required to take sick children home. They are asked to keep their children at home if they have any infection and to inform the playground as to the nature of the infection.

Children must not attend if they are suffering from the following infections/illnesses or diseases:

- Chicken Pox
- German Measles
- Mumps
- Vomiting and / or diarrhoea
- Other contagious illnesses that may put others at risk.

Parents / carers are asked not to bring in children who have been suffering from vomiting and/or diarrhoea for at least 48 hours after the last attack and are asked to keep their children at home during the first 48 hours of any antibiotic prescription.

If a child becomes unwell during a session, we would follow this procedure:

1. Make careful observations on the child and comfort and reassure them.
2. Contact the parent/carer as soon as possible. If they are not available, other contacts on the child's registration forms will be contacted.
3. If no contact is available during the session, we will make the child comfortable and warm in the quiet area and continue to monitor the child.
4. One staff member will be responsible for keeping an eye on the child and monitoring the illness.

This procedure is sufficient for most common illnesses until the parent/carer collects the child at the end of the session. **If however the child seems very ill, phone for medical assistance such as a doctor or ambulance.** Should this be the case, a member of staff will escort the child at all times and will take a copy of the child's registration form details when visiting health professionals.

Infectious and Notifiable Diseases and Notifiable Accidents: **Ofsted and RIDDOR:**

To report serious accidents, injuries and deaths to Ofsted, see Ofsted factsheet ref 110009 and local child protection agency in line with key contacts in IPA's Safeguarding Policy.

There is a list of specified injuries that must be reported to the HSE under RIDDOR. Further details are available via www.hse.gov.uk/riddor

The list of 'specified injuries' in RIDDOR 2013 (regulation 4) that must be reported are:

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which: covers more than 10% of the body OR causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness
 - requires resuscitation or admittance to hospital for more than 24 hours

RIDDOR Reporting Timescales

Category	Reporting requirements
Dangerous occurrences	Immediate report by phone, web
Deaths/major injuries	
Reportable injuries to members of the public	F2508 within 10 days
Reportable injuries	F2508 within 15 days
Reportable diseases	F2508A within 10 days