



## **First Aid Procedures**

### **Practical Arrangements and First Aid Procedure for Pupils & Adults (including visitors)**

First aid will normally be dealt with by the qualified first aiders. The appointed person will be informed of any action taken.

The child needing attention will be dealt with by a member of staff from the class at the site of the accident.

Hands must be washed before and after dealing with any cuts or grazes. Use disposable gloves if the wound is bleeding.

Use water or sterile wipes to clean cuts or grazes. No lotions or creams should be used. If necessary, cover the cut with a plaster or other dressing.

The child's/person's name, injury and treatment are to be entered on the accident form and retained in the class accident/ incident folder.

All minor bumps to the head should be recorded and a 'Bumped Head' form sent home with the child. A copy should also be retained in the class folder. Any head injury must be reported to parents immediately, usually by first aid staff, or the Nursery Manager (or Deputy).

If a child is feeling unwell and needs to go home the class teacher should be consulted and the parents contacted. Children normally stay with their class until collected.

**Parents must be informed of any accident and/or treatment given during the day, preferably by the person who treated them.**

### **Medical Needs**

Many pupils will have short-term medical needs at some time during their time at nursery, involving the need to take medication at nursery. A minority may have long-term medical needs which may involve special requirements and/or medication. The Nursery Manager is prepared to allow the appointed First Aid person or member of school staff to give medicine to children during the school day, although there is no obligation for staff to do so.

Parents must sign the "Administration of Medication" form giving permission for staff to give medicine to their child. This is strictly at the Nursery Manager's discretion.

No child should have any medicines in his/her possession.

### **Sickness and Illness**

We have a 48-hour rule for sickness and diarrhoea, which means that children cannot return to the nursery until 48 hours after their last bout of sickness and/or diarrhoea.

If your child has had a temperature during the evening/night, they should not be brought in the next day.

Coughs and colds do not normally require the child to be excluded from nursery, but this depends on the severity of the illness and how the child is able to cope with the nursery day.

Children who are on antibiotics cannot attend for the first 48 hours of starting them.

### **Prescription Medicines**

If a child is unwell he/she should not be in nursery. There are, however, times when a child is recovering but still taking prescription medicines or he/she may have long-term medical needs. In these cases it may be possible to give doses of prescription medicines provided that these are brought to the nursery each day by a parent or other adult who signs a form to state the dosage, etc and that this concurs with the drug's pharmacy label. The medicines will be kept in a locked cupboard (or stored in a fridge) and should be collected each afternoon. Again, this is at the discretion of the Nursery Manager.

For pupils with long-term needs (such as asthma) the forms only need to be filled in at the beginning of each academic year.

Any staff administering medicine must check:

- pupil's name
- written instructions
- dose
- expiry date

### **Non-Prescription Medicines**

Non-prescription medicines will not normally be administered. They will only be given at the discretion of the Nursery Manager, and then only for the minimum possible period, with the agreement of parents/ carers.

If a child needs liquid paracetamol or similar medication during their time at nursery, the procedures for administration of the medicine will follow those outlined for prescription medicines. Liquid paracetamol (or similar) will only be administered with parental consent. A supply of such medicine will be stored securely on the nursery site. It will be checked by the appointed person at intervals to ensure it is in date.

On registration with the nursery, parents will be asked if they would like to fill out a consent form to allow their child to be given liquid paracetamol (or similar) in circumstances such as a raised temperature. Such medicine will not be administered without this consent. The parent should inform the nursery of any allergies to any such medications. The consent form will state the dose to be given (as per manufacturer's guidance) the circumstances in which it can be given and the brand name of the medicine. The parent should sign to say that the medicine may be administered if nursery are unable to contact the parent. Such contact will always be attempted prior to administration of the medicine.

If any child is brought to the nursery to attend at their expected time and has symptoms that may require non-prescription medicine, the Nursery Manager will decide if the child is fit to be left at the nursery. If the child stays, the parent must inform the nursery if any non-prescription has already been administered that day, the time of administration and the dosage.

## **Pupils with Ongoing Medical Conditions (Long Term Medical needs)**

- The first aid appointed person will maintain records of medical conditions.
- A list of children with ongoing medical conditions will be completed and updated each term, which will be kept by the class teacher
- Records will be kept in Individual Health Care Plans detailing the following:

Details of the condition/ special requirements eg dietary/ side effects of medicine/ what would constitute an emergency/ what to do in an emergency and what not to do/ who to contact.

The Health care plan is reviewed at the beginning of every term or more frequently if necessary. This includes reviewing the medication eg changes to medication or the dosage, any side effects noted etc. Staff will be kept fully informed of all such children.

## **Guidance on dealing with spillage of body fluids**

Spillages of blood, vomit, urine and excreta should be cleaned up promptly. The following general actions must be taken by the person dealing with the spill:

- Clear the immediate area of people. Hazard signs and cordoning may be necessary, according to the circumstances.
- Disposable personal protective equipment (PPE), including gloves (latex or nitrile) or equivalent and a disposable plastic apron must be worn.
- Any spilt blood or other body fluids should be cleaned up with disposable absorbent paper towels.
- Ensure the area is cleansed with a suitable antiseptic solution.
- Dressings should be disposed of safely and securely.

## **MEDICAL EMERGENCIES**

### **ASTHMA**

**Preventer Inhalers** – These usually come in brown/orange/cream/maroon and green inhaler delivery devices or in tablet form. These inhalers need to be used regularly morning and evening. They work by reducing the inflamed lining of the airway. This makes the airways less sensitive and less likely to react to the trigger factor thereby reducing the number, frequency and possible the severity of the attacks suffered.

**Preventer inhalers do not work during an asthma attack and are rarely needed at nursery.**

### **Reliever Inhalers**

These are usually blue inhaler delivery devices. They work almost immediately and are normally effective for up to 4 hours. However, if a child needs to use their reliever inhaler

more often, they should be allowed to do so. In this instance, parents should always be informed. Reliever inhalers work on the tightness or spasm in the airways that occurs during an asthma attack. They relax this tightness, 'opening up' the airways allowing the child to breathe more easily.

- Reliever inhalers should be used whenever the child is suffering from asthma symptoms (see appendix A).
- They can also be used prior to exercise and must be available during exercise if needed.
- They must be readily accessible to children at all times including break times and lunchtimes.
- Inhalers should not be stored where there is excessive heat or cold.
- It is the parents' responsibility to check the date on the medication and wash spacers when necessary.
- The nursery should ensure all devices are taken home before the summer holidays and replaced in September.
- Inhalers are not addictive neither do they give any pleasurable experience.
- If high doses of the reliever inhaler are taken the worst that will happen is that the child will feel very shaky but this will wear off after a short time.
- If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down.

### **A child needing to attend hospital**

1. The first aid appointed person will decide whether professional assistance is required.
2. In an emergency an ambulance will be called using 999. This will be called by the first aid appointed person and a first aider will remain with the child at all times
3. The parents/carers will be informed Immediately.
4. When a child is taken to hospital they must be accompanied by a senior member of staff if the parents are unavailable or in an emergency.
5. The medical contact form must be taken to the hospital. This is obtained from the Integris database system.
6. The member of staff will remain at the hospital until such time as the parent arrives and then they should return to school.
7. An incident form must be completed for any child requiring hospitalisation, which is kept in their file.
8. Incidents will be reported in accordance with RIDDOR as appropriate.
9. In the event of non-emergency hospital treatment (not requiring an ambulance) the parent will be contacted and requested to take the child to hospital.

The priority will always be the discomfort of the child. If the member of staff feels that the child is in pain and the parent/emergency contact cannot be reached, then the member of staff will accompany the child to hospital without delay, using either a car or a taxi. The

school will continue to try and contact the parent/emergency contact, asking them to meet the member of staff at the hospital.

## Qualified First Aiders

NAME	QUALIFICATION	EXPIRY DATE
Caroline Beach	Early Years Paediatric First Aid	May 2024
Cara Senouni	Paediatric First Aid At Work	October 2025
Indu Sharma	Paediatric First Aid At Work	November 2024
Hayley Clarke	Paediatric First Aid At Work	January 2025
Karen Widdowfield	Paediatric First Aid At Work	October 2023
Katie Stratton	Paediatric First Aid At Work	April 2026

### Appendix A – Taken from NHS guidelines

**Most children and adults with asthma have times when their breathing becomes more difficult.**

Some people with severe asthma may have breathing problems most of the time. The most common symptoms of asthma are:

- wheezing (a whistling sound when breathing)
- breathlessness
- a tight chest – it may feel like a band is tightening around it
- coughing

Many things can cause these symptoms, but they're more likely to be asthma if they:

- happen often and keep coming back
- are worse at night and early in the morning
- seem to happen in response to an asthma trigger like exercise or an allergy (such as to pollen or animal fur)

See a GP if you think you or your child may have asthma, or you have asthma and are finding it hard to control.

### Asthma Attacks

Asthma can sometimes get worse for a short time – this is known as an asthma attack. It can happen suddenly, or gradually over a few days.

Signs of a severe asthma attack include:

- wheezing, coughing and chest tightness becoming severe and constant
- being too breathless to eat, speak or sleep
- breathing faster
- a fast heartbeat
- drowsiness, confusion, exhaustion or dizziness
- blue lips or fingers
- fainting