

## 2. Accidents and First Aid Policy

At La Petite Academy the safety of all children is paramount. We have measures in place to help to protect children, however sometimes accidents do unavoidably happen.

This policy is in place to ensure all parties are supported and cared for when accidents or incidents happen and that the circumstances of the accident or incident are reviewed with a view to minimising any future risks. We also monitor 'near misses' to help avoid potential accidents in the future.

### Accidents or incidents

When an accident or incident occurs, we ensure:

- The child is comforted and reassured first;
- The extent of the injury is assessed and if necessary, a call is made for medical support or an ambulance;
- First aid procedures are carried out where necessary, by a trained paediatric first aider, for example a cold compress to treat potential swelling or pain, or a sterile wipe for cuts and grazes;
- The person responsible for reporting accidents, incidents or near misses is the member of staff who saw the incident, was first to find the child or the first to be informed by the child where there are no witnesses;
- The accident or incident is recorded on an accident/incident form and then it is reported to the nursery manager on duty. Other staff who have witnessed the accident may also countersign the form as well as, in more serious cases, provide a statement. This should be done as soon as the accident is dealt with, whilst the details are still clearly remembered;
- Parents are given a copy of the accident/incident form and informed of any first aid treatment given. They are asked to sign it the same day especially for head injuries, or as soon as reasonably practicable after for less serious injuries if unable to do so on the day;
- The assistant manager reviews the accident/incident forms monthly for patterns, e.g. one child having a repeated number of accidents, a particular area in the nursery or a particular time of the day when most accidents happen, one staff member being involved in many accidents. Any patterns are investigated by the nursery manager and all necessary steps to reduce risks are put in place;
- Monthly reports are reviewed each term to identify if there are trends or common features that could be addressed to reduce the risks of accidents

and incidents in the setting. Appropriate action will be taken to address any identified concerns;

- The nursery manager reports any serious accidents or incidents, or near misses which could have resulted in a serious event, to the registered person for investigation for further action to be taken (i.e. a full risk assessment or report under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR));
- The accident forms are kept for at least 21 years and three months;
- Where medical attention is required (e.g. GP/A & E), a senior member of staff will notify the parent/carer(s) as soon as possible whilst the child is cared for appropriately by us until a parent arrives;
- Where medical treatment is required the nursery manager will follow the insurance company procedures, which may involve informing them in writing of the accident;
- The nursery manager or registered provider will report any accidents of a serious nature ([Childcare: reporting children's accidents and injuries - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/342222/Childcare-reporting-childrens-accidents-and-injuries-GOV.UK-20160520.pdf)) to Ofsted and the local authority children's social care team (as the local child protection agency), where necessary. Where relevant, such accidents will also be reported to the local authority environmental health department, LADO (for concerns about adult actions/inactions) or the Health and Safety Executive and their advice followed;
- As an awarded Millie's Mark setting, the manager or registered provider will also notify Millie's Mark when appropriate to meet the requirements under this scheme. Notification must be made as soon as is reasonably practical, but in any event within 14 days of the incident occurring;
- Following any accident/incident we will ensure that the area is made safe before it is used again to minimise risks to children/staff, for example by cleaning up blood, removing unsafe/broken equipment;
- When a child experiences a choking incident that requires intervention, we will record details of where and how the child choked and make parents aware of the incident.

Location of accident files:

Current Month: Yellow first aid cabinet

Previous Months: Office cupboard

Previous Years: Archived

## Contact Details:

Organisation	Contact
Ofsted	0300 1231231 <a href="https://www.gov.uk/guidance/report-a-serious-childcare-incident">https://www.gov.uk/guidance/report-a-serious-childcare-incident</a>
Local authority children's social care team	01332 786968
Local Authority LADO	01332 642376
Local authority environmental health department	01332 642020
Health and Safety Executive	0300 0031747
RIDDOR report form	<a href="https://www.hse.gov.uk/riddor/reporting/index.htm">https://www.hse.gov.uk/riddor/reporting/index.htm</a>
Millie's Mark	<a href="https://www.milliesmark.com/">https://www.milliesmark.com/</a> info@milliesmark.com

## Head injuries

Head injuries are defined as any injury to the skull area which could cause compression, concussion or a fractured skull. This is the area that would be covered by a swimming cap. If a child receives a head injury while in the setting, then we will follow this procedure:

- Comfort, calm and reassure the child;
- Assess the child's condition to ascertain if a hospital or ambulance is required. We will follow our procedures if this is required (see below);
- If the skin is not broken, we will administer a cold compress/ice pack for short periods of time, repeated until the parent arrives to collect their child or as appropriate depending on the injury;
- If the skin is broken, then we will follow our first aid training and stem the bleeding;
- We will call the parent as soon as possible and make them aware of the injury and if they need to collect their child;

- Inform the manager of the Accident/incident and whether a parent has been spoken to or a message left for them to call back, and the first aid treatment given;
- Monitor the child every 15 minutes for an hour, or until collection/transfer to hospital for more serious injuries, and record this on the reverse of the accident form, including the time, what the child is doing, how they are feeling and any changes to the injury (with reference to the signs of concussion/compression/fracture);
- Complete the accident form in its entirety and ensure a manager has signed it as soon as is practicable, and a photocopy made;
- Keep the child in a calm and quiet area whilst awaiting collection or recovering, where applicable;
- Continue to monitor the child whilst they are in our care and follow the advice on the NHS website as per all head injuries <https://www.nhs.uk/conditions/minor-head-injury/> ;

We call 111 and/or advise parents to take their child to seek medical help if they:

- Have been vomiting since the injury;
- Are unusually drowsy, confused or irritable;
- Develop a worsening headache;
- Have blurred vision or problems with balance;
- Have lost consciousness and then woken up;
- Have an open wound;
- Have bruising/swelling/a cut larger than 5cm.

If we suspect a major head injury, the emergency services will be contacted. The child will be kept as still as possible and their head/neck supported. They will not be moved unless absolutely necessary, for example if they are in a place of continuing danger.

Symptoms of major head injuries include:

- Clear fluid coming from the ears or nose;
- Bleeding from the ears or bruising behind the ear;
- Have lost consciousness and have not woken up;
- A seizure;
- Difficulty staying awake;
- A black eye without direct impact to the eye;
- Numbness or weakness in part of their body;
- A head wound with an embedded object or any dent to the head;

- Problems with hearing, vision, walking, balancing, understanding, speaking or writing.
- Pupils of different sizes;
- Having fallen from a height of over 1 metre;
- Suffered a severe impact such as a car crash, hit by a car/bike or diving accident.

### **First aid**

The first aid boxes are located in: Baby Unit nappy change area; Baby Unit kitchen; Yellow First Aid Cabinet in main corridor; Nursery rucksacks (used on school run, outings and for our rooms outdoor play).

These are accessible at all times to staff, but out of reach of children, with appropriate content for use with children.

The Lead Practitioner checks the contents of the boxes regularly and replaces items that have been used or are out of date.

The staff first aid box is kept on top of yellow first aid cabinet in the main corridor. This is kept out of reach of the children.

First aid boxes should only contain items permitted by the Health and Safety (First Aid) Regulations Act 1981, such as sterile dressings, bandages and eye pads. No other medical items, such as paracetamol should be kept in them.

### **The appointed person responsible for first aid is Carol Daly**

All of the staff are trained in paediatric first aid and this training is updated every three years. When staff are appointed to a role in the setting, they will receive first aid training as soon as practicable, and within 3 months of taking up the role. Only first aid trained staff are allowed to determine what first aid is required (if any), undertake first aid and monitor a child's condition. Any staff member can be a witness to the accident/incident and complete written information on the accident form.

We ensure there is at least one person who holds a current full (12 hour) paediatric first aid (PFA) certificate on the premises and available at all times when children are present.

All first aid trained staff are listed in the front porch and certificates displayed on the Health and Safety notice board, as well as being held in the central Operational Plan.

When children are taken on an outing away from our nursery, we will always ensure they are accompanied by at least one member of staff who holds a current full (12 hour) PFA certificate. A first aid box is taken on all outings, along with any medication that needs to be administered in an emergency, including inhalers, auto-injectors etc.

When children are playing outdoors a small first aid kit is taken in their room rucksack, along with any inhalers and auto-injectors and a telephone to contact the office in an emergency.

### **Food safety and play**

Children are supervised during mealtimes and food is adequately cut up to reduce the risk of choking. The use of food as a play material is discouraged. However, as we understand that learning experiences are provided through exploring different malleable materials the following may be used:

- Playdough
- Cornflour
- Dried pasta, rice and pulses
- Cooked and cooled pasta.

These are risk assessed and presented differently to the way it would be presented for eating, e.g. in tuff trays, cooked in food colouring. We have a choke testing device where the staff can ensure the food is safe to play without the risk of choking.

Food items may also be incorporated into the role play area to enrich the learning experiences for children, e.g. fruits and vegetables to cut. Children will be fully supervised during these activities.

Where food could cause a choking hazard, as identified from our choke testing device, it will not be used.

Flour is heat treated prior to being used in play if there is a risk of it being ingested by a child.

(also see nutrition and mealtime policy)

### **Personal protective equipment (PPE)**

The nursery provides staff with PPE according to the need of the task or activity. Staff must wear PPE to protect themselves and the children during tasks that involve contact with bodily fluids (e.g. gloves and aprons). PPE is also provided for domestic tasks. Staff are consulted when procuring PPE to ensure all allergies and individual needs are supported and this is evaluated on an ongoing basis.

### **Dealing with blood**

We may not be aware that any child attending the nursery has a condition that may be transmitted via blood. Any staff member dealing with blood must:

- 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.

### **Needle punctures and sharps injury**

We recognise that injuries from needles, broken glass and so on may result in blood-borne infections and that staff must take great care in the collection and disposal of this type of material. For the safety and well-being of the employees, any staff member dealing with needles, broken glass etc. must treat them as contaminated waste.

Parents of children requiring needles as part of managing a medical condition should supply the nursery with an approved sharps box for safe disposal. Full boxes will be returned to the parents.

If a needle is found, e.g. in the nursery grounds, the local authority must be contacted to deal with its disposal.

We treat our responsibilities and obligations in respect of health and safety as a priority and provide ongoing training to all members of staff which reflects best practice and is in line with current health and safety legislation.

This policy is updated at least annually and/or after a serious accident or incident.

## **Allergies and Allergic Reactions**

We aim to ensure allergic reactions are minimised or, where possible, prevented and that staff are fully aware of how to support a child who may be having an allergic reaction.

### **Our procedures**

- All staff are made aware of the signs and symptoms of a possible allergic reaction in case of an unknown or first reaction in a child. These may include a rash or hives, nausea, stomach pain, diarrhoea, itchy skin, runny eyes, shortness of breath, chest pain, swelling of the mouth and/or tongue, swelling of the airways to the lungs, wheezing and/or anaphylaxis. Staff are trained in appropriate treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods;
- Before a child is admitted to the setting we obtain information about special dietary requirements, preferences, food allergies and intolerances that the child has on the registration form and where necessary an allergy information form
- We have ongoing discussions with parents and, where appropriate, health professionals to develop allergy plans for managing any known allergies and intolerances. We ask parents to inform staff of any allergies or intolerances discovered after registration;
- We share all information with all staff involved in the preparing and handling of food, including at mealtimes and snack times and keep an allergy register in each room and the kitchen;
- Where a child has a known allergy, the nursery manager will carry out a full allergy risk assessment with the parent prior to the child starting the nursery and/or following notification of a known allergy and this assessment is shared with all staff. This may involve displaying photos/care plan of the children along with their known allergies in the kitchen or nursery rooms, where applicable;
- All food prepared for a child with a specific allergy is prepared in an area where there is no chance of contamination and served on equipment that has not been in contact with this specific food type, e.g. dairy;
- The nursery is a nut-free environment, and this is communicated to parents who provide a packed lunch for their child;

- Any food provided by parents for children's birthdays will only be accepted if it is pre-packaged and contains a full ingredients list. No homemade foods will be accepted to be shared with other children;
- The manager, nursery cook and parents work together to ensure a child with specific food allergies receives no food at nursery that may harm them. This may include designing an appropriate menu or substituting specific meals on the current nursery menu;
- At each mealtime and snack time we ensure staff are clear who is responsible for checking that the food being provided meets all the requirements for each child;
- Seating is monitored for children with allergies, and a red placemat used for all meals. Where deemed appropriate, staff will sit with children who have allergies and, where appropriate, staff will discuss food allergies with the children and the potential risks;
- If a child has an allergic reaction to food, a bee or wasp sting, plant etc. a paediatric first aid trained member of staff will act quickly and administer the appropriate treatment, where necessary. We will inform parents and record the information on an incident form;
- If an allergic reaction requires specialist treatment, e.g. an EpiPen, then at least two members of staff working directly with the child and the manager will receive specific medical training to be able to administer the treatment to each individual child;
- If a child has a severe reaction and requires transporting to hospital, the procedures below will be followed.

### **Food Information Regulations (FIR) 2014**

We incorporate additional procedures in line with the FIR, including displaying our weekly menus in the front porch and on the nursery website identifying any of the 14 allergens that are used as ingredients in any of our dishes.

### **Transporting children to hospital procedure (for severe injuries or allergic reactions)**

The nursery manager or staff member must:

- Call for an ambulance immediately if the injury/allergic reaction is severe. We will not transport the injured child in our own vehicles.
- If the injury is less severe, the parent may be advised to take the child to hospital/GP themselves;
- Whilst waiting for the ambulance, contact the parents and arrange to meet them at the hospital;

- Arrange for the most appropriate member of staff to accompany the child, taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter;
- Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together or a manager entering ratios;
- Inform a member of the management team immediately;
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident;
- Ensure all appropriate records are completed and authorities informed as above.

This policy was adopted on	Signed on behalf of the nursery	Date for review
3/3/26	<i>C. A. Daly</i>	30/4/27