



First Aid and Recording and Reporting of Accidents and Incidents Policy

Little Owls First Aid and Recording and Reporting of Accidents and Incidents Policy

Version Control Log

Date	Date agreed with Managers	Overview of changes
September 2017	TBC	Comprehensive review of whole policy to ensure it reflects up to date guidance and current good practice
October 2018	5 th October 2018	Update First Aiders and inclusion of Head Injury Monitoring form

Introduction to our First Aid and Recording and Reporting of Accidents and Incidents Policy

This policy outlines Little Owls' (LO) approach to First Aid and the Recording and Reporting of Accidents and Incidents.

This policy aims to:

- Establish a coherent approach towards accidents and First Aid within Little Owls Pre-School;
- Establish a consistent approach to recording and reporting of accidents and incidents;
- To help ensure the wellbeing of staff and children.

Purpose:

- To ensure all staff are fulfilling the legal requirement in regard to the reporting of accidents
- To put into practice the Local Authority requirements on aspects of First Aid
- To ensure all staff are aware of the First Aiders within Little Owls
- To ensure that all staff are aware of how to deal with minor accidents
- To ensure that all staff are aware of the position of First Aid boxes and equipment
- To help prevent the deterioration of the condition of any patient
- To ensure that all staff are aware of the contents of a First Aid box for trips and emergency evacuations and have some basic knowledge of their use.

General Guidelines:

As a general rule, Little Owls aims for all staff to hold a certificate in Paediatric First Aid. However the following key points apply when administering First Aid:

Be aware of basic procedures i.e.

- wash hands
- use gloves when dealing with wounds, vomit, urine etc.
- do not touch wounds etc
- if there is any question of broken limbs etc. do not move the patient
- seek advice if you consider the child might be shocked

We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are not regarded as incidents and there are separate procedures for these.

We keep an up-to-to-date list of children with specific medical problems and how to treat them in an emergency. Where appropriate, we implement an Individual Care Plan for a child and staff are briefed/trained in how to care for them.

Please see our separate policy for the Administering of Medicines

If a child feels unwell the staff will use knowledge of the child and common sense to determine immediate procedure. If the child is definitely unwell then the staff must contact the parents to either consult with them further or ask them to collect the child.

We are able to take action to apply first aid treatment in the event of an accident involving a child or adult. The majority of our staff are Paediatric First Aid trained

First Aid Policy

The first aid kit

Our first aid kits are accessible at all times and should contain the following items:

- Triangular bandages (ideally at least one should be sterile) x 4.
- Sterile dressings:
 - Small x 3
 - Medium x 3
 - Large x 3
- Composite pack containing 20 assorted (individually-wrapped) plasters x 1.
- Sterile eye pads (with bandage or attachment) e.g. No 16 dressing x 2.
- Container of 6 safety pins x 1.
- Guidance card as recommended by HSE x 1.

In addition, the following equipment is kept near to the first aid box:

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.
- A children's forehead 'strip' thermometer.
- A supply of ice is kept in the freezer.

- Information about who has completed first aid training and the location of the first aid boxes are provided to all our staff and volunteers.
- The first aid boxes are easily accessible to adults and are kept out of the reach of children.
- The named person in the setting who is responsible for checking and replenishing the contents are **Kate Hard**.
- Medication is only administered in line with our Administering Medicines policy.
- In the case of minor injury or accidents, first aid treatment is given by a qualified first aider/ and another member will be a witness. All injuries and accidents are logged using the 'accident/injury' form (Appendix A) and discussed with and signed by the parent/carer when they collect their child.
- In the event of minor injuries or accidents, we normally 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.
- Head Bumps - if a child receives a bump to the head, their parent/carer must be immediately informed. If the child appears well, parents/carers must be given the choice to either collect their child or to have them monitor by staff. If they choose for their child

to remain at the setting until their usual collection time, regular checks must be carried out and recorded on the child who suffer the injury. If their health deteriorates, the parent/carer must be contacted again, informed they need to collect their child and advised to seek medical advice. If the child becomes unresponsive while under the care of Little Owls or their health becomes of great concern, the staff must seek medical advice and then contact parent/carer.

- A 'bump to the head' letter (Appendix B), detailing after care for head injuries must be sent home with the child, even if only a minor bump. Parents/carers must sign to say that they have received this letter and a copy of this letter should be retained with the accident/injury form relating to the incident. Any child who has received a bump to the head must be monitored for 24 hours. If the child is in the setting the following day staff must continue to observe and monitor the child using the 'Monitoring Log' contained on the form.
- Biting - if a child has been bitten, a cold compress is to be applied. If the skin is broken, no matter how slight, the parent/carer of the child MUST be contacted. They are to be advised that they should collect their child from preschool and seek urgent medical advice. If they do not wish to follow this advice, it should be recorded on the accident form, along with any information regarding the discussion had with the parent/carer. The accident form must then be signed by the parent/carer when they collect their child.
- An ambulance is called for children requiring emergency treatment. We contact parents immediately and inform them of what has happened and where their child has been taken. A member of staff will accompany the child to hospital.
- Parents sign a consent form at registration allowing 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.
- Where applicable, accidents will be reported 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.

The accident file:

- Is kept in a safe and secure place;
- Is accessible to our staff and volunteers who all know how to complete it; and
- Is reviewed at least termly to identify any potential or actual hazards.

Reporting accidents and incidents

- Ofsted is notified as soon as possible, but at least within 14 days, of any instances which involve:
 - Food poisoning affecting two or more children looked after on our premises;
 - A serious accident or injury to, or serious illness of, a child in our care and the action we take in response; and
 - The death of a child in our care.
- Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in our care and we act on any advice given by those agencies.
- Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.

- We meet our legal requirements in respect of the safety of our employees and the safety of my employers and the public by complying with RIDDOR. We report to the Health and Safety Executive (HSE):
 - Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment.
 - Any work-related accident leading to a specified injury to one of our employees. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
 - Any work-related accident leading to an injury to [one of our employees which results in them being unable to work for seven consecutive days. All work-related injuries that lead to [one of our employees/or one of our employees being incapacitated for three or more days are recorded in our accident book.
 - When one of our employees suffers from a reportable occupational disease or illness as specified by the HSE.
 - Any death, of a child or adult, that occurs in connection with a work-related accident.
 - Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done; such as a gas leak.

The Incident File

- We have ready access to telephone numbers for emergency services, including the local police. Where we are responsible for the premises we are able to contact the gas and electricity emergency services, and any contractors that provide maintenance services to our sites.
- Where we rent premises we ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- We ensure that our staff and volunteers carry out all health and safety procedures to minimise risk and that they know what to do in an emergency.
- On discovery of an incident, we report it to the appropriate emergency services – fire, police, ambulance – if those services are needed.
- If an incident occurs before any children arrive, the Manager will risk assess the situation and decide if the premises are safe to receive children. In such circumstances, our Manager may decide to offer a limited service or to close the setting.
- Where an incident occurs whilst the children are in our care and it is necessary to evacuate the premises/area, we follow the procedures in our Fire Safety and Emergency Evacuation Policy or, when on an outing, the procedures identified in the risk assessment for the outing.
- If a crime may have been committed, we ask all adults witness to the incident to make a witness statement including the date and time of the incident, what they saw or heard, what they did about it and their full name and signature.
- We keep an incident file which contains all records of incidents.
- Any such incidents reportable to the Health and Safety Executive, Ofsted and Early Years and our Insurers may include:
 - A break in, burglary, or theft of personal or our setting's property;
 - An intruder gaining unauthorised access to our premises;
 - A fire, flood, gas leak or electrical failure;
 - An attack on an adult or child on our premises or nearby;

- Any racist incident involving families or our staff on the setting's premises;
 - A notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on our premises;
 - The death of a child or adult; and
 - A terrorist attack, or threat of one.
-
- In the incident file we record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.
 - In the event of a terrorist attack, we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard Fire Safety and Emergency Evacuation Policy will be followed and our staff will take charge of their key children. The incident is recorded when the threat is averted.
 - In the unlikely event of a child dying on our premises, through cot death in the case of a baby for example, the emergency services are called and the advice of these services are followed.

Legal framework

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Health and Safety (First Aid) Regulations (1981)

Further guidance

- RIDDOR Guidance and Reporting Form: www.hse.gov.uk/riddor

Other useful Pre-school Learning Alliance publications : Accident Record (2009), Incident Record (2009)

ACCIDENT FORM



Full name of child					
Date of accident				Time of accident	
Description of accident:					
Location of accident:					
Equipment or other persons involved in accident:					
Brief details of injury:					
Treatment given:					
Parent contacted	Y/N	Time		By whom	
Signature of first aider					Date
Witness signature					Date
Parents signature					Date
<p>If your child has suffered a head injury they must be monitored for at least 24 hours for symptoms of a concussion. These include:</p> <ul style="list-style-type: none"> ▪ tiredness ▪ headaches or dizziness ▪ nausea or vomiting <p>If your child suffers persistently with any of these symptoms, please seek medical advice.</p>					

Appendix B

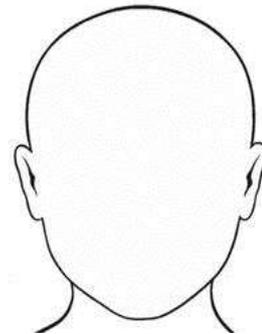
Dear Parent / Guardian,

Name (Child):.....

Date:.....

Your child has sustained a head injury at preschool today at approximately.....am/pm and has been monitored since the accident. We have not identified anything that caused concern up to the time of them going home.

Details of accident.....



If any of these symptoms are present, particularly loss of consciousness (even for a short period of time), you should call an emergency ambulance (999 / 112) or NHS Direct on 111 / 0845 4647:

- Lasting headache that gets worse or is still present over six hours after the injury;
- Extreme difficulty in staying awake, or still being sleepy several hours after the injury. It is fine to let children go to sleep after a slight bump to the head, but you should check on them regularly and make sure you are able to wake them.
- Nausea and vomiting several hours after the injury;
- Unconsciousness or coma;
- Unequal pupil size;
- Confusion, feeling lost or dizzy, or difficulty making sense when talking;
- Pale yellow fluid or watery blood, coming from the ears or nose (this suggests a skull fracture);
- Bleeding from the scalp that cannot be quickly stopped;
- Not being able to use part of the body, such as weakness in an arm or leg;
- Difficulty seeing or double vision;
- Slurred speech;
- Having a seizure or fit.

Regards, Little Owls Team

Appendix B (cont)

Parent/Carer Signature to confirm they have received 'bump to head' letter

Signed:.....

Print

Name:.....Date:.....

Name of staff member who informed

Parent/carer:.....

Print Name:.....

This slip needs to be attached to corresponding accident form.

HEAD INJURY MONITORING LOG			
DATE	TIME CHECKED	OBSERVATION	STAFF NAME