



First Aid Policy

SOUTH NORMANTON NURSERY SCHOOL

Adopted at the meeting of the Full Governing Body on

Minute Number

Chair of Governors

Record of Policy Amendment / History

Version/ Issue	Date	Author	Reason for Change
1	21/09/15	SA	New policy
2	03/10/16	SA	Updated policy
3	2.10.17	SA	EYFS links added and referenced with examples. Administration of medicines reworded to be more clear and to reflect double dosing. Amendments/additions in yellow, examples in pink
4	June 2018	SA	Links to data protection and other details added and highlighted
5	May 2019	RD	Checked. Amendments made in green. Content relating to head lice procedure removed.
6	Jan 2021	MH	Amendments in yellow. School context in blue
7	Mar 2023	MH	Amendments in yellow
8	May 2024	PH	Amendments in yellow
9	June 2025	PH	Checked. Any amendments made in yellow

SOUTH NORMANTON NURSERY SCHOOL

FIRST AID POLICY

This policy has been considered and written in conjunction with our Rights Respecting School's charter adapted from the United Nations Convention on the Rights of a Child.

'In our school, we believe that every child has the right to play, learn and grow in an inspiring, empowering and safe environment protected from harm and treated fairly. We believe that each one of us has a responsibility for the world and its inhabitants, both of which deserve respect and nurture.'

South Normanton Nursery School Charter

Contents:

References to EYFS

1. Purpose
2. First Aid Provision
3. First Aid Boxes
4. Procedures
5. Action at an Emergency
6. Incident Reporting
7. Administration of Medicines
8. Body Spillages/HIV
9. Head Lice

References to the EYFS

This policy has been written in conjunction with the DfE's Guidance on First Aid for Schools 2000, updated in 2022 regarding training providers. This document can be found below

<https://www.gov.uk/government/publications/first-aid-in-schools>

HSE requirements have been considered following The Health and Safety (First-Aid) Regulations 1981 which require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work and more information can be found [here](http://www.hse.gov.uk/firstaid/index.htm). <http://www.hse.gov.uk/firstaid/index.htm>

This policy provides an overview of the statutory requirements and how these are met in school. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered. The procedures linked to the retention of records, information sharing and storage of data belonging to children, staff and visitors, follow processes and guidelines as set out in related law and guidance and school and county policies and procedures linked to GDPR and data protection and in collaboration with our Data Protection Officer (DPO).

In the EYFS Statutory Framework 2024, under the heading 'Paediatric First Aid' (section 3.29) it states:

3.29 At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and must accompany children on outings. The certificate must be for a full course consistent with the criteria set out in Annex A. PFA training must be renewed every three years and be relevant for people caring for young children and babies.

3.30 Providers should take into account the number of children, staff, and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly.

3.31 All staff who obtained a level 2 and/or level 3 qualification since 30 June 2016 must obtain a PFA qualification within three months of starting work in order to be included in the required staff:child ratios at level 2 or level 3 in an early years setting²⁰. To continue to be included in the ratio requirement the certificate must be renewed every 3 years.

3.32 Providers should display (or make available to parents) staff PFA certificates or a list of staff who have a current PFA certificate.

All staff members are paediatric first aid trained, and several have received training to administer an auto-injector for use during an epileptic seizure. One member of staff is also first aid at work trained.

Providers are responsible for identifying and selecting a competent training provider to deliver their PFA training. Training is available from a wide range of providers including: those who offer regulated qualifications; or the Voluntary Aid Societies (St John Ambulance, the British Red Cross and St Andrew's First Aid who together are acknowledged by the Health and Safety Executive (HSE) as one of the standard setters for currently accepted first aid practice for first aid at work training courses); or those who operate under voluntary accreditation schemes; or one that is a member of a trade body with an approval and monitoring scheme; or those who operate independently of any such accreditation scheme. The Register of Regulated Qualifications may help providers identify PFA providers, which can be found at: <http://register.ofqual.gov.uk/qualification>. It may also be helpful to read HSE's guidance about choosing a first aid training provider, which can be found at: www.hse.gov.uk/pubns/geis3.htm

First aid training is sought from reputable trainers only.

Providers must ensure there is a first aid box accessible at all times with appropriate content for use with children. Providers must keep a written record of accidents or injuries and first aid treatment. Providers must inform parents and/or carers of any accident or injury sustained by the child on the same day as, or as soon as reasonably practicable after, and of any first aid treatment given.

There are first aid boxes in the rainbow room, the kitchen and outdoors. Packs are available for outings. The first aid recording folder is kept in main nursery on the shelf by the rear nursery door. Details of the accident are written in the folder and an individual accident summary sheet is prepared to pass to the parent on the door. If a parent is 'missed' on the door, then they will receive a phonecall or an email to notify them of the accident. If the parent cannot be reached, a message will be left.

Annex A:

Criteria for effective PFA training

1. Training is designed for workers caring for young children in the absence of their parents and is appropriate to the age of the children being cared for.
2. Following training an assessment of competence leads to the award of a certificate.
3. The certificate must be renewed every three years.
4. Adequate resuscitation and other equipment including baby and junior models must be provided, so that all trainees are able to practice and demonstrate techniques.
5. The emergency PFA course should be undertaken face-to-face and last for a minimum of 6 hours (excluding breaks) and cover the following areas:
 - Be able to assess an emergency situation and prioritise what action to take
 - Help a baby or child who is unresponsive and breathing normally
 - Help a baby or child who is unresponsive and not breathing normally
 - Help a baby or child who is having a seizure
 - Help a baby or child who is choking
 - Help a baby or child who is bleeding
 - Help a baby or child who is suffering from shock caused by severe blood loss (hypovolemic shock)
6. The full PFA course should last for a minimum of 12 hours (excluding breaks) and cover the areas set out in paragraph 5 as well as the following areas:
 - Help a baby or child who is suffering from anaphylactic shock
 - Help a baby or child who has had an electric shock
 - Help a baby or child who has burns or scalds
 - Help a baby or child who has a suspected fracture
 - Help a baby or child with head, neck or back injuries
 - Help a baby or child who is suspected of being poisoned
 - Help a baby or child with a foreign body in eyes, ears or nose
 - Help a baby or child with an eye injury
 - Help a baby or child with a bite or sting
 - Help a baby or child who is suffering from the effects of extreme heat or cold
 - Help a baby or child having: a diabetic emergency; an asthma attack; an allergic reaction; meningitis; and/or febrile convulsions
 - Understand the role and responsibilities of the paediatric first aider (including appropriate contents of a first aid box and the need for recording accidents and incidents)

7. Providers should consider whether paediatric first aiders need to undertake annual refresher training, during any three year certification period to help maintain basic skills and keep up to date with any changes to PFA procedures.

Any changes or updates to PFA are covered in staff meetings or in the staff information book. The Headteacher subscribes to RSS feeds regarding health updates and also works closely with health visitors to be made aware of any issues or incidents locally or nationally.

Children are reminded how to stay safe in an emergency situation and what they can do to help, including calling 999.

All staff receive guidance on induction on what the requirements are for their role in relation to health and safety requirements and first aid.

1. Purpose

- To preserve life
- To limit worsening of the condition
- To promote recovery

2. First Aid Provision

- To provide first aid as necessary from trained adults
- To promote health and safety awareness in children and adults, in order to prevent first aid being necessary.
- To encourage every child and adult to begin to take responsibility for their health needs.
- The Headteacher is responsible for ensuring that **all staff are first aid trained**.

3. First Aid Boxes

- Portable First Aid kits are taken on educational visits and **are located in the kitchen**.
- **The SBM** (responsibility for first aid maintenance) will ensure the maintenance of the contents of the first aid boxes and other supplies.
- All staff will be trained in any aspects of First Aid deemed necessary e.g. asthma, diabetes, epilepsy, the use of an epipen.
- All staff will ensure that they have read the school's First Aid Policy.

First Aid Boxes are located in:

The kitchen; Rainbow Room; the kitchen, outside near the main door and in the Forest Schools box (for Forest Schools use)

No medicine/tablets are to be kept in the first aid boxes. Any medicines that require to be administered to a pupil (after the appropriate administration of medicines paperwork has been completed) will either be locked in the medical cabinet or kept in the fridge.

First Aid Equipment

First aid boxes must be identified by a white cross on a green background and should be easily accessible and contain appropriate first aid material. When the contents are used, the box should be refilled as soon as possible afterwards. There is no standard list of items to put in a first-aid box, however, as a guide they should contain:

- Guidance card giving general advice on first aid
- Plasters – assorted sizes – individually wrapped and sterile
- Sterile eye pads
- Triangular bandages
- Safety pins
- Scissors
- Medium wound dressings (sterile)
- Large wound dressings (sterile)
- Extra large wound dressings (sterile)
- Disposable gloves and aprons
- Moist cleaning wipes – not alcohol based (individually wrapped and sterile)
- Saline solution (checked regularly for expiry dates)

Additional items, e.g. blankets where they are required should be stored nearby.

Travel Kits

Where provided these should contain:

- A leaflet giving general guidance on first aid
- Plasters
- 1 large sterile un-medicated dressing—approximately
- A triangular bandages
- Safety pins
- Individual wrapped moist cleansing wipes
- 1 pair of disposable gloves

The appointed person (SBM) should be designated to periodically check the contents of the first aid box and replace any missing contents. This check should be recorded.

4. Procedures

In school:

- In the event of injury or medical emergency, the children will be dealt with as necessary by a first aider (all staff are paediatric first aid trained and one member of staff is emergency first aid at work trained) – in the first aid area (near kitchen) or if the child is outside and the accident is minor, outside.
- Any child complaining of illness or who has been injured is taken to the First Aid area, where there is a qualified First Aider(s) to inspect and, where appropriate, treat. Constant supervision will be provided.
- Parents are contacted if there are any doubts over the health or welfare of a child. Signposting towards general medical advice should be given if needed. Guidance from our Safeguarding and Child Protection Policy and other safeguarding documents must be adhered to where needed.

- All 'visits' to the First Aid area are recorded in the Accident File and an individual accident summary sheet is completed to notify parents, regardless of whether first aid treatment has been administered.
- If a child has a bump on the head, this is recorded in the accident file and parents notified if significant. A head bump sticker is given to the child. Advice is sought on whether parents need to be contacted depending on the severity of the head bump. This will then be passed to the SBM to contact parents with details of the accident.
- IF THE SITUATION IS LIFE THREATENING THEN AN AMBULANCE ON 999 OR 112, SHOULD BE CALLED AT THE EARLIEST OPPORTUNITY. THE SBM IS TO BE NOTIFIED IMMEDIATELY TO WAIT FOR THE AMBULANCE OUTSIDE WHILE FIRST AID IS CONTINUED AS RECOMMENDED BY THE OPERATOR.
- No member of staff or volunteer helper should administer first aid unless he or she has received proper training, except in the case of minor cuts and grazes but only if a qualified first aider is unavailable, which can be dealt with by members of staff under St. John's Ambulance guidelines.
- For their own protection and the protection of the patient, staff who administer first aid should take the following precautions. Exposed cuts and abrasions should be cleaned under running water and patted dry with a sterile dressing. Hands should be washed before and after administering first aid. Disposable gloves should be worn.
- All serious accidents should be reported to Head Teacher or Teacher who should call an ambulance if needed and the child's parents ASAP (numbers located on RM or in the pupil's records file which is kept locked in the office)
- The appropriate reporting of accidents and incidents must be adhered to and submitted to the appropriate authority or organisation if deemed necessary.
- In the event of a serious incident where an ambulance is called the Headteacher, Teacher or a member of the SLT accompanies the child to hospital. Parents are asked to go immediately to the hospital.
- It may be appropriate to transport a pupil to hospital without using an ambulance. This should be on a voluntary basis. In such cases staff should ensure they have specific cover from their insurance company.

Out of School:

- All trip leaders carry their mobile phones on a trip
- The trip leader checks that the appropriate medicines are packed for children who need them.
- If the trip is via Minibus or coach the trip leader must take a first aid kit.
 - a) The Head Teacher has responsibility for ensuring staff have adhered to the school's 'Educational Visits Procedures' (as recommended by Evolve) when organising a visit. All staff should have a copy.
 - b) A Risk Assessment will need to be carried out as part of an educational trip. Particular attention needs to be paid to:
 - Coach Travel
 - Walking in Groups
 - Hazardous Activities
 - Class Visits
 - Supervision
 - Behaviour

The Headteacher is responsible for all staff signing to say they have read and understood the risk assessment.

5. Emergency Action

This is to be administered as appropriate to each situation and as specified through the first aid training received and instructions given by the machine or the emergency call handlers on the phone.

If a defibrillator is being used, instructions will be given by the machine. South Normanton Nursery School's nearest defibrillator is located:

At the Co-op.

6. Incident Reporting

- All incidents, injuries, head injuries, ailments and treatments are reported in the accident book, kept in the main nursery.
- Parents are informed of a head injury by phone dependent on the severity as decided by a member of SLT and then presented with an accident summary sheet on collection.
- SBM contact parents by phone if staff have concerns about an injury.
- Staff should complete the accident book if they sustain an injury at work. An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed. The member of staff or other supervising adult concerned should seek medical advice without delay.

Records

Accident Reporting Procedures

First Aiders and appointed persons must be made fully aware of the CAYA accident reporting procedures and ensure all accidents are recorded in line with this and the establishment's procedures. Accident reporting procedures are stored on the server

Training Records

Establishments need to ensure that First Aiders and Appointed Persons are retrained at the appropriate intervals, currently every three years. Training records should be maintained.

Data Protection

Retention of records, information sharing and storage of data related to medical needs, accidents and injuries follow processes and guidelines as set out in related law and guidance and school and county policies and procedures linked to GDPR and data protection and in collaboration with our Data Protection Officer (DPO).

7. Administration of Medicines

- a) Parents/carers are asked about allergies, illnesses, visits to hospital and general health information on induction to the nursery. This is followed up during information sharing sessions (with consent from induction paperwork) which happen with the health visitors.
- b) Our trained First Aiders administer medicines (stored in the kitchen – in the fridge or medical cupboard, whichever is appropriate) that have been prescribed by a GP/consultant. The HT/LT/SBM must have completed the appropriate additional needs forms with the parents/carers to explain what the medication is, why the medication is needed, details of the expiry date, how do we know

(evidence requested and seen), where it will be stored and when it will be administered. A health care plan will be completed with a health visitor or nurse if needed.

- c) These forms MUST be completed BEFORE the medicine is accepted into school or administered to the child.
- d) A record will be kept of any medicine administered under these circumstances, and parents will be informed. Upon administration of the medicine, the person administering it must be observed by another member of staff to avoid double dosing and both will sign the records.
- e) In the case of inhalers for asthma, school will store these in the Kitchen at parental request but parents must sign a consent form with the suggested dosage recorded. This is on the understanding that the first aider will supervise the child while administering the inhaler.
- f) Derbyshire County Council administration of medicines guidance will be followed at all times. An emergency inhaler is kept in school as in schools guidance from the Department for Health. An emergency epipen will be considered if needed.

8. Body Spillages/HIV

- No person must treat a pupil who is bleeding, without protective gloves.
- Protective gloves are stored in the First Aid cupboard in the Kitchen, Utility area near toilets, in the first aid box outside and in the long room. Surplus gloves are kept in the utility and in the office.
- Sponges and water buckets must never be used for first aid to avoid the risk of contamination.
- All body fluid spillages (vomiting, diarrhoea and blood) must be cleaned immediately. This is vital if the spread of infection is to be reduced. Gloves should be worn when in contact with blood or body fluid is likely. Ordinary rubber gloves are suitable for dealing with spillages. They must be kept for this purpose only. Following use, gloves must be disposed of in the correct bin for proper disposal.
- Absorbent granules should be dispersed over spillage and left to absorb for a few minutes then swept up into newspaper. A designated dust pan and brush is available for body spillages and is kept in the utility room.
- Wash the affected area with warm water and detergent and dry. The caretaker will then be informed that the area needs to be cleaned appropriately with screen product.
- Single use powder free gloves should be available for first aid and hygiene care procedures (these are available in first aid area in the kitchen). Once spillages are cleared away, hands must be washed and dried after removal of protective gloves.
- Once spillages have been put into newspaper it must then be placed in a sealed black plastic bag and put in the sanitation bin in the accessible toilet.

9. Head Lice

- If eggs are noticed, parents are informed sensitively and a suggestion will be made that the child should be treated.

Employee Guidelines

All staff need to be aware of the location of first aid equipment and First Aiders/ Appointed Persons within your workplace. This information is shared on induction through conversations with the Headteacher, and the Staff Induction Booklet.

If you receive an injury whilst at work, you should seek assistance from your First Aider/ Appointed Person (SBM) who will then administer first aid and/or seek further assistance as appropriate.

An accident report form should be completed in accordance with the CAYA and establishments accident reporting procedures.

If you have any concerns regarding the provision of first aid facilities at your workplace, you should contact your line manager or safety representative.

The HSE publish a basic first aid information leaflet that contains useful first aid information which can be downloaded free from their website by clicking the following link

<http://www.hse.gov.uk/pubns/indg347.htm>

Monitoring and review

The responsibility for drawing up and implementing the First aid policy is delegated to the Head with the Governors having overall responsibility, including informing staff and parents. However, implementation remains the responsibility of all staff in our school in order to keep children healthy, safeguarded and protected whenever they are in our care.

An analysis of accidents and injuries is carried out throughout the year and findings reported to Governors. Patterns of behaviours/incidents are monitored on a regular basis and acted on in a timely fashion where needed.