

Accidents and First Aid



Grass Roots Nursery Group: First Aid and Accident Procedures

First Aid

Purpose:

To ensure the availability and proper use of first-aid kits for the health and safety of children at Grass Roots Private Day Nursery.

Procedures:

- **First-Aid Kits:**
 - Maintain accessible and well-stocked first-aid kits in all designated locations.
 - Regularly check and replenish first-aid kit contents.
 - Staff on outings will carry the appropriate first-aid kit in their rucksacks.
- **First-Aid Training:**
 - Ensure all staff have current first-aid certificates.
 - Train staff on using first-aid kits and administering basic first aid.

Designated locations:

- **St Peters**
 - The Fold
 - The Paddock
 - The Meadow
- **New Road**
 - The Orchard
 - The Woodland

Accident Procedures

Purpose:

To outline procedures for responding to accidents and incidents at Grass Roots Nursery Group, ensuring the well-being of children and proper communication with parents/carers.

Procedures:

- **Reporting Accidents:**
 - All staff are responsible for reporting accidents, incidents, and near misses.
 - Report via the Famly app and/or directly to the management team.
- **Minor Injuries:**
 - Address minor injuries reported by parents/carers with a professional and courteous approach.
 - Document the conversation and details of the injury in the child's chronology.
- **First-Aid Treatment:**
 - Only staff with valid first-aid certificates can administer first aid.
 - Follow first-aid training when treating minor ailments, cuts, bruises, burns, and stings.
 - If unsure or concerned, contact the management team immediately.

- **Accident Documentation:**
 - Staff must document all observed accidents on the child's individual Family account and report them to the nursery manager.
 - Document details while the information is fresh.
 - Injuries not witnessed by adults should be reported to parents but not recorded on an accident form.
- **Communication with Parents/Carers:**
 - Inform parents/carers of any first-aid treatment given via the Family app.
 - Ensure parents/carers see the notification and are available for discussion upon pick-up.
 - In case of medical attention, notify parents/carers as soon as possible.
- **Serious Accidents:**
 - If an accident is severe, inform the management team immediately and call for an ambulance.
 - Do not transport the child in a private vehicle.
 - While waiting for the ambulance, contact parents/carers and arrange to meet them at the hospital.
 - A senior staff member must accompany the child, bringing their medical information and a comforting item.
- **Post-Accident Procedures:**
 - All staff involved remain calm and support children who may be affected.
 - Report serious accidents to Calderdale Local Authority, Ofsted, and RIDDOR (if applicable). (See Appendix 2)
 - Review relevant risk assessments within 14 days of a serious accident.
 - Conduct termly reviews of accident forms to identify trends and implement necessary changes.
 - Regularly review risk assessments (at least termly).
 - Maintain accident records for at least 21 years and three months.

Additional Considerations:

- Train staff on managing specific situations like cuts, bites, and nosebleeds.
- Provide staff with Personal Protective Equipment (PPE) for tasks involving bodily fluids.
- Implement safe disposal procedures for needles and sharps.
- Regularly review and update first-aid and accident procedures.

Appendix 1: Allergies and Intolerances Policy

Purpose

To ensure the safety and well-being of children with food allergies and intolerances by implementing clear procedures for identification, prevention, and emergency response.

Identification and Individual Care Plans

- **Parent Consultation:** Before a child starts at the nursery, detailed information about allergies, intolerances, and special dietary needs is collected through a **Health & Dietary Information Form**.
- **Individual Allergy Action Plans:** Developed for children with severe allergies, including:
 - **Symptoms to watch for** (mild to severe reactions).
 - **Emergency contacts and medical instructions** from healthcare professionals.
 - **Prescribed medications** (e.g., antihistamines, epinephrine).
- **Staff Training:**
 - All team members receive **biannual training** on allergy management, food safety, and emergency response.
 - Specific training is given for **administering EpiPens** (if required).

Prevention Measures in the Nursery

- **Traffic Light Food System:** May be used to identify allergenic foods and prevent accidental exposure.
- **Food Labeling & Meal Preparation:**
 - Allergen information is clearly labeled on menus.
 - Separate food preparation areas may be designated to avoid cross-contact.
- **Safe Eating Practices:**
 - Children are supervised at all mealtimes.
 - Regular **hand-washing routines** to prevent allergen transfer.
 - Staff to ensure they are following the guidelines around cross-contamination.
 - Staff monitor **food swapping risks** among children.

Emergency Response Plan

- **Recognizing Symptoms:**
 - Mild reactions: Itching, swelling, rash.
 - Severe reactions (anaphylaxis): Breathing difficulty, swelling of face/throat, dizziness.
- **Immediate Action:**
 - If symptoms arise, staff **follow the child's Allergy Action Plan**.
 - If anaphylaxis occurs, staff **call emergency services (999) immediately** and administer medication if prescribed.

- **Incident Reporting:**
 - Every allergic reaction incident is **documented and reported to parents**.
 - Policies are **reviewed post-incident** to improve prevention and response.

Policy Review & Communication

- **Annual review** to update procedures based on new guidance.
- **Regular engagement with parents** to reassess children's dietary needs and allergy status.

Appendix 2 - Serious and Minor Injuries

We define serious injuries as:

- any injury that requires resuscitation or admittance to hospital for more than 24 hours
- broken bones, a fracture or dislocation of any major joint
- any loss of consciousness, severe breathing difficulties or asphyxia
- loss of sight (temporary or permanent), any penetrating injury to the eye, any chemical or hot metal burn to the eye
- any injury leading to hypothermia or heat-induced illness
- any injury or medical treatment arising from absorption of any substance by inhalation, ingestion or through the skin
- any injury or medical treatment resulting from an electric shock or electrical burn any injury or medical treatment where there is reason to believe that this resulted from exposure to harmful substance, a biological agent, or its toxins, or infected material.
- Choking

Some examples of serious injuries that must be notified to us are set out below.

- A child trips and falls in a nursery and loses consciousness due to a bang on the head.
- A child is accidentally hit hard in the chest by a football during outdoor play at an out of school club, and has persistent, severe breathing difficulties.
- A baby breaks a leg during a fall at the nursery.
- A child takes a heavy fall while running around and is taken to hospital; the child is kept in hospital for over 24 hours.

Providers are not required to inform OFSTED of minor injuries, nor of general appointments to hospital or routine treatment by a doctor, such as the child's general practitioner, that is not linked to, or is a consequence of, a serious accident or injury.

We define minor injuries as:

- sprains, strains and bruising, cuts and grazes
- wound infections
- minor burns and scalds
- minor head injuries
- insect and animal bites
- minor eye injuries
- minor injuries to the back, shoulder and chest.

Some examples of minor injuries that do not need to be notified to Ofsted are set out below.

- A child trips over their shoelaces, falls and sprains a wrist in the nursery.
- A baby, attempting to sit up, loses balance and drops face first onto the floor, cutting their lip.
- A bee stings a child while playing in the outdoor space. The child is not allergic to bee stings and does not require hospital treatment.