

# ACCIDENT, MEDICATION AND FIRST AID POLICY

## Amendment History

Revision number	Author	Description of change	Date updated
Original	Carol Hooper	Adapted from adopted Kineton Playgroup policy	August 2006
1	Carol Hooper	Amendments to list of First Aid qualified staff, and emergency procedures	February 2007
2	CH/SM	Change of policy re advice notes. Update names of First Aiders.	March 2007
3	CH/SM	Merge KASC and Playgroup policies, amend Ofsted number	September 2007
4	CH/ SM	Amended re Child protection agency and names of first aiders	March 2009
5	CH	Update reference to names of First Aid qualified staff	April 2009
6	CH/ AF	Change ref to Warwickshire Safeguarding Children's Board	March 2010
7	CH/AF	Add reference to additional recording forms	January 2011
8	CH/HS	Add updated asthma procedure (Appendix 1)	March 2012
9	CH	Add reference to temperature recording and amended accident/incident recording form (Appendix 2); add 'First Aid' to name of policy; add reference to information transfer with Kineton Primary School; enlarge section on administration of medicines and add 'Medication' to name of policy; add first aid checklist as appendix	February 2013
10	CH	Reviewed, no change	March 2015
11	CH	Reference added to contacting playgroup's own insurance company in case of serious incident; time limits updated; updated reference to MASH	November 2016
12	CH	Add that first dose should be given by parents at home	March 2017

13	CH & SF	Millie's Mark accreditation Merge with Epileptic Seizure Management Plan	February 2018
14	CH & SF	No substantive changes	January 2020
15	CH	Reviewed with reference to new starters, no changes required NB Millie's Mark accreditation to be reviewed	September 2022
16	CH, TH & XF	Reference to Millie's Mark removed	July 2023
17	TH	Added reference to choking	August 2025

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## Policy in Practice

This policy is reviewed every three years, or when any child with an identified medical condition is registered at the setting.

This provides the setting with an opportunity to reflect on policy and practice.

## First Aid qualified staff

An up-to-date list of staff with current First Aid qualifications is kept in the office, kitchen and staff room, and with the Accident report records and First Aid cupboard.

Members of staff attending training will update other staff members as to current best practice after attending courses.

## Summary

**Minor grazes.** For minor *grazes*, wash using water only, or non-fluffy wipe. Do **not** use any medicated swabs on open cuts.

**Cuts, swellings and bruising.** For *cuts, swellings and bruising*, apply cold compress for at least ten minutes. Elevate limb if appropriate (e.g. bleeding, swelling).

**Asthma and breathing difficulties.** If patient is having trouble *breathing*, sit upright, back to front on a chair, or lower to floor in 'W' position. If patient is asthmatic and has an inhaler, use their inhaler and follow the appropriate asthma procedure in appendix 1. A copy of the asthma procedure protocol is kept with each inhaler and with each first aid kit.

**Epileptic seizure management.** Most seizures happen without warning, last for only a short time, and stop without any special treatment. However, some people may have an identified risk of epileptic seizure. Each such person, child or adult, may have their own medication, and must have a management care plan in place in the setting. Individual specific training is sought for each person, and records are kept on the individual's own file and with their medication. Copies of those plans are not kept with this policy as they are confidential to the individual concerned. This policy relates to general practice and unexpected seizures and is available for anyone to read.

**Abnormal temperature.** For suspected *abnormal temperature*, the patient's temperature may be taken using an ear thermometer. The reading and time should be recorded on the accident/incident form. The patient should be monitored, and if required their temperature taken again after an appropriate interval.

## Choking

If we think a child is choking, we will ask them 'Are you choking?'.

If they can breathe, speak, or cough then they might be able to clear their own throat. If they cannot breathe, cough, or make any noise, then they need our help straight away, following procedures outlined in our paediatric first aid courses. All incidents of choking MUST be recorded including near misses.

## **First aid supplies**

The contents of the First Aid cupboard, including long term medication, and First Aid boxes are checked regularly to ensure they are still in date and intact.

## **Recording incidents and accidents**

**All** accidents and injuries must be recorded on an incident/accident form and countersigned by a parent or collecting adult; for more serious injuries, a copy of that accident form and a separate advice note will be sent home with the child. An advice note must be sent home informing parents/carers of **EVERY INCIDENT OF A BANG TO THE HEAD**. It is the responsibility of the **FIRST AIDER** who treated the child to complete the details and give it to the session supervisor; a copy should be kept on file.

If a child or member of staff needs to be sent home because of illness, an incident / accident form should be completed, and countersigned as soon as reasonably practicable. The session supervisor should be consulted and should telephone the appropriate emergency contact. The child or member of staff should be signed out/sign out on the day lists as usual where possible or be signed out by a member of staff and countersigned by session supervisor and/or manager.

**Family Connect, Warwickshire's Early Year's Team** and **OFSTED** must be informed as soon as reasonably practicable but in any event within 14 days of the incident of any serious incident or accident, injury or death, and of the action taken, including any incident where an ambulance is called. Serious accidents e.g. fractures, poisoning, eye injuries must also be reported to the **Health and Safety Executive** within **48 hours**. Playgroup's **insurance company** should also be contacted.

Each member of staff involved with any such incident must complete and sign a written note of their own report of what happened as soon as possible allowing for the safety and security of all children at the setting, but in any event before leaving the setting. Such a record must be made by each member of staff individually, not in collaboration. Copies of all records relating to the incident must be kept together and made available.

## **Transfers between KASC and Kineton Primary School**

Any accidents to school-aged children at Breakfast Club must be reported to the staff on duty at Kineton Primary School, and they should be asked to sign a copy of the accident record form; a copy should be given to the school to keep with their records.

KASC staff should liaise with school staff and KASC children to establish if they have had any treated accidents that day. In case of any concerns, they should seek further information from school staff.

## **Emergencies**

In an emergency **dial 112 (mobile phones only) or 999** for an ambulance. Give clear directions for location of Helen's Place (or location of accident) at the rear of Kineton Primary School, St John's Road, Kineton. If necessary, say that someone will be standing on Warwick Road (land ambulance) or near the bonfire site on the school field (air ambulance) in a high visibility jacket to direct the ambulance when it arrives.

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Contact the child's parents or carer as soon as possible to report the emergency, once the ambulance has been called.

### **Accident, medical and medication forms**

In use:

- Accident folder, containing blank incident/accident forms and signed accident forms for current month; records for previous months are kept with main HSE records after analysis which is reported by the manager to regular board meetings
- Where further medical attention is advised, a copy of the advice given to parents
- Medication record folder, showing record of current medication, index of both short term and long term prescribed medication (long term medication refers to items such as asthma inhalers and epipens), playgroup medication forms and medication protocol, and Ofsted Guidance on 'Giving medication in registered childcare'
- Copies of medication forms used by Kineton Primary School, for use by parents when children are dropped off at Breakfast Club and information needs to be passed on to the school
- Parental permission form – registration form kept with contact details
- Medical details for each child
- Record of pre-existing injuries ('bump box')
- Child protection records
- Contents list of First Aid box
- Risk assessments for named children and adults with diagnosed high risk allergies leading to possible anaphylactic shock
- Risk assessments for named children and adults with an existing physical condition which requires adaptation on a short, or long-term basis e.g. broken limb, operation, bad back
- Epilepsy management procedures (see also Epileptic Seizure Management Plan)
- Asthma procedure and protocol
- Care plans for named children with diagnosed conditions and/or illnesses, where necessary
- Record of other incidents and 'near misses' in incident records and communications book as appropriate
- List of notifiable diseases
- Regular manager's report to the management board

### **Giving medication**

Kineton Playgroup offers all children the opportunity to attend the setting and to benefit from the available activities and resources. This must be done in a way that keeps the individual child safe; to do so appropriate measures must be taken regarding their medical needs, whether these are related to short or long- term conditions or illnesses.

In such cases the child's key person, session supervisor or manager (as appropriate) will discuss these medical needs with the child's parents. In the case of chronic or long-term conditions the manager will discuss whether any procedures or care plans should be put in place or training undertaken before the child is able to attend sessions. Examples may include training for staff to administer insulin, epilepsy medication or epipens. Such discussions should include information on supporting the child within the setting as well as

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meeting their medical needs. It is not compulsory for any individual member of staff to undertake any specific training or to administer any specific medication.

In some instances, it may be appropriate for the child to attend sessions accompanied by a parent or carer before the manager is able to obtain appropriate training for members of staff.

Kineton Playgroup staff may administer prescribed and prescription medication to named children in accordance with the general procedure set out in the medications protocol and the specific procedure on each individual medication form (see Appendix 4). The first dose of any medication should be given by the parent at home in case of any possible allergic reaction. Over the counter medicines, except emollient creams, are not administered.

Where a member of staff administers medication held on site for a long term or chronic medical condition, such as asthma, in addition to the medications record they will complete an accident/incident reporting form and ask the parent or collecting carer to countersign that form in the usual way. This is to ensure that the parent or carer is aware that it was thought necessary to use the medication and that it has been administered.

The medications records, as set out in Appendix 4, record

- the details of the product and the circumstances in which it should be administered
- the permission of a parent or carer
- the time and date of administration, and any circumstances if relevant
- the name of the person who gave the medicine and the witness

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## **APPENDIX 1**

### **Asthma procedure**

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## APPENDIX 2

### Epileptic seizure management

#### General practice and unexpected seizures

What to do during a convulsive seizure:

- Prevent others from crowding round. Move children away from area using remaining members of staff.
- Put something soft under the person's head to prevent injury.
- Only move them if they are in a dangerous place.
- Do not attempt to restrain convulsive movements. Allow the seizure to take its course.
- Do not put anything in the person's mouth. There is no danger of swallowing the tongue and teeth can easily be broken.
- Follow specific care plans for named children.
- Contact the child's parent or carer, or member of staff's contact, as soon as possible. Emergency contact telephone numbers are in the contact records.
- Phone for an ambulance immediately if parent, carer or other contact cannot be reached, or if you are concerned. Call **999** from a landline or **112** from a mobile. Parents or other contacts should be advised to seek medical advice if this is the individual's first seizure.

What to do when seizure has stopped:

- If possible, roll the person on their side into the recovery position.
- Wipe away any excess saliva and if breathing is still laboured check that nothing is blocking the throat.
- Do all you can to minimise embarrassment. If the person has been incontinent, deal with this as privately as possible.
- Stay with the person, giving reassurance, until they have fully recovered.
- Await arrival of parent or contact and/or ambulance
- Write up the incident in on an accident record form and get the entry witnessed
- Record time and length of seizure with ink or biro on person's arm



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## **APPENDIX 3**

### **Accident/incident/medication form**

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## **APPENDIX 4**

### **Medicines and medications forms and records**

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## **APPENDIX 5**

### **First Aid check list**