

Egerton Nursery & out of School Club

Accidents, First Aid & Reporting Policy



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Document History

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2	16/11/2021	Staff name amended with the addition of another staff
3	18/01/2022	Highlighted sections added
4	23/01/2023	Combined Accident Reporting & Investigations

List of Abbreviations Used

RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
HSE	Health, Safety & Executive
PPE	Personal Protective Equipment
SENCO	Special Educational Needs Co-ordinator
RO	Responsible Officer

Accidents and First Aid

At **Egerton Nursery and Out of School Club** we aim to protect children at all times, the safety of all children is paramount and we have measures in place to help to protect children. However, sometimes accidents do unavoidably happen.

We follow this policy and procedure to ensure all parties are supported and cared for when accidents or incidents happen¹; and that the circumstances of the accident or incident are reviewed with a view to minimising any future risks.

We recognise that accidents or incidents may sometimes occur.

Accidents

Location of accident files: Office area

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/ambulance
- First aid procedures are carried out where necessary, by a trained paediatric first aider
- The person responsible for reporting accidents, incidents or near misses is the member of staff who saw the incident or was first to find the child where there are no witnesses.
- The person responsible for reporting accidents, incidents or near misses is the member of staff who saw the incident or was first to find the child where there are no witnesses. They must record it on an Accident Form and report it to the nursery manager/Assistant Manager. Other staff who have witnessed the accident may also countersign the form and, 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 must be shown the Accident Report, informed of any first aid treatment given and asked to sign it on the same day, or as soon as reasonably practicable after the incident.
- The setting manager/s reviews the accident forms at least monthly for patterns, e.g. one child having a repeated number of accidents, a particular area in the nursery/setting or a particular time of the day when most accidents happen.
Any patterns will be investigated by the nursery manager and all necessary steps to reduce risks are put in place
- The setting manager/s will report serious accidents 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 File will be kept for at least 21 years and three months
- Where medical attention is required, a senior member of staff will notify the parent(s) as soon as possible whilst caring for the child appropriately
- Where medical treatment is required the setting manager/s will follow the insurance company procedures, which may involve informing them in writing of the accident

¹ An accident is an unfortunate event or occurrence that happens unexpectedly and unintentionally, typically resulting in an injury, for example tripping over and hurting your knee.

An Incident is an event or occurrence that is related to another person, typically resulting in an injury, for example being pushed over and hurting your knee.

- The setting manager/s/registered provider will report any accidents of a serious nature 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 or the Health and Safety Executive and their advice followed.

Notification must be made as soon as is reasonably practical, but in any event within 14 days of the incident occurring.

Bolton Council	Contact 01204 336500
Ofsted	0300 123 1231
Local authority children’s social care team	01204 337474
Local authority environmental health department	01204 336500
Health and Safety Executive	environmental.health@bolton.gov.uk
RIDDOR report form	http://www.hse.gov.uk/riddor/report.htm

Head injuries

If a child has a head injury in the setting, then we will follow the following procedure:

- Calm the child
- Assess the child’s condition to ascertain if a hospital or ambulance is required. We will follow our procedure for this if this is required (see below)
- If the skin is not broken, we will administer a cold compress for short periods of time, repeated until the parent arrives to collect their child
- If the skin is broken, then we will follow our first aid training and stem the bleeding
- Call the parent and make them aware of the injury
- Complete the accident form
- Keep the child in a calm and quiet area whilst awaiting collection
- We will follow the advice on the NHS website as per all head injuries <https://www.nhs.uk/conditions/minor-head-injury/>
- For major head injuries we will follow our first aid training.

Transporting children to hospital procedure

The nursery manager/s/staff member must:

- Call for an ambulance immediately if the injury is severe. DO NOT attempt to transport the sick child in your own vehicle

- Whilst waiting for the ambulance, contact the parent(s) 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. Where necessary use a modesty blanket.
- 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
- 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.

**If a child has an accident that may require hospital treatment but not an ambulance and you choose to transport children within staff vehicles Citation advise you consider the following in your policy:*

Where possible this would be avoided, and the parent/Carer would escort their own child to hospital

- *Requesting permission from parents*
- *Ratio requirements of the setting being maintained where best*
- *The age and height of the child, in regard to will they need a car seat? Further guidance can be found at www.childcarseats.org.uk/types-of-seat/*
- *There are some exceptions for needing a child seat depending again on their age. Further guidance can be found at www.childcarseats.org.uk/the-law/cars-taxis-private-hire-vehicles-vans-and-goods-vehicles/#under-three*
- *With the fitting of the car seat, we also need to ask has the individual had training in carrying in carrying this out. Where possible to use a staff member with car seat already fitted.*
- *Is this transport covered under business insurance, so a call to your insurance company will be needed, or do they have business insurance on their vehicle? Again where possible avoid use of private vehicles.*
- *Safeguarding of the child needs to be looked at. In certain situations, e.g. A designated member of staff should be appointed to plan and provide oversight of all transporting arrangements and respond to any difficulties that may arise.*
Wherever possible and practicable it is advisable that transport is undertaken other than in private vehicles, with at least one adult additional to the driver acting as an escort. Staff should ensure that their behaviour is safe and that the transport arrangements and the vehicle meet all legal requirements.
They should ensure that the vehicle is roadworthy and appropriately insured and that the maximum capacity is not exceeded
- *Emergency procedures, e.g. what happens if the child's health begins to deteriorate during the journey.*

First aid

The first aid boxes are located in: **Kitchen on the wall near the door. Main room on tall cabinet**

There is a Defibrillator located to the right of the entrance next to the school kitchen entrance. All staff are trained to use this as part of the Paediatric First Aid they undertake.

These are accessible at all times with appropriate content for use with children.

The appointed person/s responsible for first aid checks the contents of the boxes regularly **Hayley Knott/Nic Ashton** and replaces items that have been used or are out of date.

The staff first aid box is kept **Kitchen**. 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(s) responsible for first aid is Kerry Hurst, Hayley Knott, SENCO & all named R. O's

All of the staff are trained in paediatric first aid and this training is updated every three years.

Excelling requirements- At least one person who has a current paediatric first aid certificate must always be on the premises and available when children are present.

All first aid trained staff are listed in every room. When children are taken on an outing away from our setting, we will always ensure they are accompanied by at least one member of staff who is trained in first aid.

A first aid box is taken on all outings, along with any medication that needs to be administered in an emergency, including inhalers etc.

Food Safety and play

Children are supervised during mealtimes and food is adequately cut up to reduce 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. These are risk assessed and presented differently to the way it would be presented for eating e.g. in trays,

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

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

Food that could cause a choking hazard, including raw jelly, will not be used.

All staff are aware of allergies-Please see our Allergies & Allergic reactions Policy and our Safe & Healthy setting Policy.

Personal protective equipment (PPE)

The setting 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. PPE is also provided for domestic tasks.

Staff are consulted when choosing 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 (double glove) 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.

If a needle is found the local authority must be contacted to deal with its disposal.

At **Egerton Nursery and Out of School Club** we treat our responsibilities and obligations in respect of health and safety as a priority and we provide ongoing training to all members of staff which reflects best practice and is in line with current health and safety legislation.

Accident Reporting and Investigations

The definition of an accident is an unexpected, undesirable event which causes damage or harm; therefore it is thought of as something which happens without planning or intention; chance

Accidents do not just happen there is always a cause behind the event and this can be down to a management failure or a human trait.

What are 'reportable' injuries?

The following injuries are reportable under RIDDOR when they result from a work-related accident:

- The death of any person (Regulation 6)
- Specified Injuries to workers (Regulation 4)
- Injuries to workers which result in their incapacitation for more than 7 days (Regulation 4)
- Injuries to non-workers which result in them being taken directly to hospital for treatment. (Regulation 5)

Where to report accidents/incidents

Minor accidents need to be logged in Accident file and must be witnessed and signed by a member of the Management Team.

Time Scale for Reporting

All accidents should be reported to the Management Team and recorded as soon as you are aware of them. If the accident involves a major injury, then it must be reported immediately, a major injury is defined below:

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which: **1.** covers more than 10% of the body **2.** causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which: **1.** leads to hypothermia or heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours

Incapacitation of a worker

The HSE requires that accidents must be reported to them where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury.

This seven-day period does not include the day of the accident but does include weekends and rest days. The report must be made within 15 days of the accident.

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

Non-fatal accidents to non-workers (e.g. members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury.

Examinations and diagnostic tests do not constitute 'treatment' in such circumstances. There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

(www.hse.gov.uk/riddor) is the HSE site where the F2508 reporting form can be completed this form will be generally completed by Children's Services H&S Staff, however if one is completed by the ENOOSC then a copy must be immediately forwarded to *Health and Safety Team, Office 4, Ashburner Street Market, Ashburner Street, Bolton, BL1 1TD, to prevent duplication.*

Investigation of accidents

The Management/Directors at ENOOSC will investigate accidents, incidents and near misses to provide a report and record of the events that lead up to the occurrence, the occurrence and the immediate action taken after the occurrence.

The report will be kept on file up to a period of time relevant to three years after the young person has reached the age of eighteen.

For employees the documents should be kept for a period of three years after the harm has become apparent. In general terms this could be for the life of the employee.

It is important that accidents are investigated as quickly as possible after the occurrence, providing that it is safe to enter the accident zone. Any delays could mean that it is less likely that the true facts may be ascertained.

Where there are witnesses it is advisable to obtain statements as soon as possible, ensuring that witnesses are not allowed to gather to discuss their version of the events as this could paint a completely different picture by confusing their version with some other persons.

Witness statements are required for HSE reporting and where a civil claim may result. Photographs are also very useful in an investigation and should be taken as soon as possible after the incident has occurred.

A thorough investigation should answer the following questions:

- What caused the accident?
- Who and what was involved?
- When did it occur?
- Where did it occur?
- Why did it occur?
- How could it have been prevented?
- How can a recurrence be prevented?

Accident Investigation Report

This record enables all details relating to the circumstances surrounding an accident/incident to be recorded and is designed to facilitate an effective investigation process.

Any Near misses are recorded on the Daily risk assessment forms & others identified during the termly Health & Safety walk round. These are dealt with appropriately.



bumped head
Notice 2023.doc



Accident notice
2023.doc



This policy was adopted on	Signed on behalf of the nursery	Date for review
<i>28.07.2020</i>		<i>January 2024</i>