

LONGRIDGE TOWERS SCHOOL JUNIOR DEPARTMENT

E4 EYFS FIRST AID POLICY

General Welfare Requirement: Safeguarding and Promoting Children's Welfare

The provider must promote the good health of the children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill.

EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.3 Keeping safe 1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.2 Supporting every child 3.4 The wider context	

1. Policy statement

In our setting staff are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one member of staff with current first aid training is on the premises or on an outing at any one time. The first aid qualification includes first aid training for infants and young children and is a minimum of 12 hours and must be updated every 3 years.

2019 - 2020

Junior School Staff holding a current Paediatric First Aid Qualification:

Sandra Bullen (Deputy Head of Junior Department)

Sarah Maddock (Head of Junior Department)

Alex Allis (Office Manager)

Angela Young (P.E.)

Catherine Cairns (J1)

N.B. Sally Douglas, Cheryl Alexander, Julie Bain, Rob Moscrop, Donna Bowers all due to attend training during September 2019.

2. Procedure

2.1 Risk assessments of the setting and the surrounding premises and equipment are carried out at the beginning of each day by staff in the setting to minimise the risk of injury. Before we go on outings to premises we have not previously visited, a

member of staff will, wherever possible, attend the premises and carry out a thorough risk assessment.

2.2 Our first aid kits are regularly checked by the Classroom Assistants and restocked as necessary by the School Matron; our first aid kit complies with the Health & Safety Regulations 1981. We have two first aid kits, one in the EYFS classroom and the other in the hallway.

2.3 The first aid boxes are easily accessible to adults and are kept out of the reach of children.

2.4 Whenever we leave the Jerningham building to go on an outing, we always take an emergency bag with us. A staff member will be responsible for this bag and will keep it on their person at all times. The emergency bag contains:

- Register
- Mobile phone
- First Aid Kit
- Emergency contact list for children and staff
- Reflective jacket
- Bottle of water
- Packet of tissues
- Wet wipes
- Any prescribed medicines

2.5 At the time of admission a General Health Form will be completed asking for parental permission to allow our staff members to gain any necessary emergency medical treatment or advice in the future. Parents must sign and date their approval.

2.6 In the event of an accident/illness that requires serious medical attention we will always call for the emergency services first. Matron will also, wherever possible, be in attendance. Parents are then contacted to inform them that an ambulance has been called for. Matron or another member of staff will always accompany the child to the nearest Accident and Emergency Unit.

2.7 A record of accidents and injuries or the administration of first aid within the setting is kept at all times. Parents will be notified of any accident or injury sustained by their child whilst they are within the care of Longridge Towers School. Parents will be required to sign their acknowledgment of this information on the accident record form.

2.8 Parents should notify us if their child is attending school with any injury or accident that has occurred whilst they have been away from the setting.

2.9 Where there is a major trauma to the teeth, the Emergency Dental Care guidance and procedure will be adhered to (see Appendix 1).

2.10 In the event of a serious accident or injury or even death occurring to a child within a session, our setting must notify RIDDOR as soon as is reasonably practical.



2.11 In the event of a serious accident or injury or even death occurring to a child within a session, our setting must also notify our Local Safeguarding Children Board as soon as is reasonably practical.

3. Legal Framework

Health and Safety (First Aid) Regulations (1981)

4. Further Guidance

Guidance on First Aid for Schools (DfEE)

<https://www.gov.uk/government/publications/first-aid-in-schools> (Accessed: July 2019)

This policy reflects the Whole School First Aid Policy (including RIDDOR guidelines) and the Emergency Dental Care Policy.

S Bullen
S J Maddock
July 2019

Appendix 1

Emergency dental care

The Community Dental Services offer the following guidance on procedures to be followed when a child has a tooth displaced during an accident at the child care setting. The advice, if followed, may well prevent the disfigurement of a child by the loss of a front tooth.

Emergency first aid following trauma to the teeth

Dentists advise that following trauma to the mouth it is important that the child is assessed by a dentist as soon as possible, even if there is no apparent damage to the teeth.

This treatment may be provided by the child's dentist, by the Community dentist at the nearest Community Dental Clinic, or by any other dentist who can be contacted and is willing to provide immediate treatment.

It is not advisable to attend hospital for the urgent dental treatment required as valuable time may be lost during travelling or waiting while more serious accident cases are treated.

When one or more of the permanent front teeth are completely knocked out immediate first aid is essential for successful treatment.

Pick the tooth up carefully by the crown - the shiny part which is usually visible in the mouth.

1. If the tooth looks quite clean do not worry about further cleaning, but if it has been badly contaminated with dirt or mud, **GENTLY** wash under warm tap water, or milk. Do not scrub, or apply any form of disinfectant.
2. Next, push the tooth gently back into the socket, still holding the crown only. If this is done quickly it is not usually painful. Get the child to bite on a clean handkerchief to hold the tooth in place and accompany the child to the dentist as soon as possible.
3. However, if no-one is prepared to attempt this, the tooth should be stored in



milk and taken with the child to the dentist immediately.

4. **Do not** store the tooth in water, or disinfectants such as Savlon or Milton.
5. **Do not** wrap the tooth in a wet or dry handkerchief.

Go to the dentist as soon as possible

If the tooth has been stored in milk it may be worth re-implanting up to twelve hours after the accident. However, chances of success are greatest within thirty minutes and are still high up to two hours later.

After receiving dental treatment, if anti-tetanus protection is required, the child will need to attend the family doctor.