

Monty's Daycare First Aid Procedures for injury or accidents to children

Policy and Procedure

Parent/ Carers please be advised the staff are first aid trained only therefore if you are advised to seek secondary aid, it is your responsibility to do so for the child's well being.

As a provision we follow national guidelines of procedures and are only liable to practice first aid until medical practitioners arrive.

When administering First aid, practitioners are required to wear appropriate protective equipment (gloves, aprons or face shield) from the risk of infection.

Below are national procedure sought from St John's Ambulance which Monty's Daycare staff practice.

Cuts and Graze

This is a superficial wound in which the topmost layers of skin are scraped off, leaving a raw, tender area. Abrasions are often caused by a sliding fall or friction burn.

If the wound is dirty, clean it by rinsing it under running water. Pat the wound dry using a gauze-swab and cover with sterile gauze.

Bruising

Raise and support the injured part in a comfortable position. Apply a cold compress over the bruise for at least 10 minutes.

Burn or scold

In the unlikely event of a burn or scold flood the injured part with cold water for at least 10 minutes or until the pain is relieved.

Remove any constricting clothing from the injured area before it begins to swell. When the burn is cooled cover it with kitchen wrap or a clean plastic bag.

Cover the area length ways, do not wrap around as the tissue may swell.

Seek medical advice.

Foreign object in the eye

If you can see a foreign object such as grit or sand within the eye, wash it out by pouring clean water from a glass or use sterile eyewash.

If this is unsuccessful, contact parents and seek medical advice.

If an object sticks to the eye or penetrates the eye, contact parents to seek medical advice.

Foreign object in the ear

Do not attempt to remove the object from the ear. Contact parents to collect immediately to seek medical advice.

Foreign object in the nose

Do not attempt to remove the object from the ear. Contact parents to collect immediately to seek medical advice.

Insect sting

Reassure the child, if the sting is visible, brush or scrape it off sideways with the edge of a credit card or your nail. DO NOT use tweezers because you could squeeze the sting and inject more poison.

Raise the infected part and apply a cold compress to minimise swelling, keep on for at least 10 minutes.

Contact parent and ask to collect to seek further medical advice if the pain and swelling persist.

If the child shows signs of anaphylactic shock, such as breathing difficulties and/or swelling of the face and neck, call 999 for emergency help.

Monitor and record vital signs – breathing, pulse and level of response while waiting for help to arrive.

Contact parents to advise of situation and inform if they need to make their way to the Nursery or Hospital.

If parents are unable to reach the Nursery in time a member of staff will accompany the child to the hospital.

Splinter

Pad around the splinter and use a gauze bandage to cover over it without pressing on it.

Inform parent that child has a splinter.

Advise upon collection to seek medical advice if the splinter is imbedded or difficult to dislodge.

Asthma

Keep calm and reassure the child.

Offer the correct amount of puffs on the child's inhaler, as stated in their medical care plan

If this does not help, the children can continue to have a further 2 puffs every 2 minutes up to a maximum of 10 puffs.

If any of the following occurs: the inhaler has no effect, the child is getting worse, breathlessness makes talking difficult, they are becoming exhausted. Call 999 for emergency help

Contact parents and advise of the situation. If the parent is unable to get to the Nursery in time a member of staff will accompany the child to hospital and wait until the parent arrives.

Allergy

Assess the child's signs and symptoms. If it is a known allergy follow the child's health care plan.

Remove the trigger

Administer child's allergy relief medication if we have this pre signed from parent.

Call 999/112 if the child does not improve: they have difficulty breathing or is becoming distressed. Monitor and record vital signs while waiting for help.

Contact parents to advise of situation and inform if they need to make their way to the Nursery or Hospital.

If parents are unable to reach the Nursery in time a member of staff will accompany the child to the hospital.

Anaphylactic shock

Keep the child calm.

Call 999/112 for emergency help. Tell the ambulance control that you suspect anaphylaxis. If the child has an auto injector of adrenaline and you have been trained to do so; administer this.

Contact parents to advise of situation and inform if they need to make their way to the Nursery or Hospital.

If parents are unable to reach the Nursery in time a member of staff will accompany the child to the hospital.

Help the child to sit up in the best position for them to relieve breathing difficulties

Monitor and record vital signs- breathing, pulse and level of response while waiting for help to arrive.

Head injury

Sit the child down and apply a cold compress for at least 10 minutes.

Monitor and record vital signs; breathing, pulse and level of response.

Seek medical advice if the child develops any of the following

- Brief period of impaired consciousness
- Scalp wound
- Dizziness or nausea
- Loss of memory
- Confusion
- Deteriorating level of response/loss of consciousness
- Leakage of blood or fluid from the ear or nose
- Unequal pupil size

Call 999/112 and inform the operator you suspect a head injury

Contact parents to advise of situation and inform if they need to make their way to the Nursery or Hospital.

If parents are unable to reach the Nursery in time a member of staff will accompany the child to the hospital.

Meningitis

Seek urgent medical advice if you notice any of the signs of Meningitis:

- Flu-like illness with a high temperature
- Cold hands and feet
- Joint and limb pain
- Mottled or very pale skin
- Severe headache
- Neck stiffness
- Vomiting
- Eyes sensitive to light
- Drowsiness
- Infants may have a high pitched moaning or whimpering cry, floppiness or bulging fontanel
- A distinctive rash or red or purple spots

Call 999/112 for emergency help do not wait for all the symptoms and signs to appear because they may not all develop.

While waiting for help to arrive, contact parents to advise, monitor and record vital signs- breathing, pulse and level of response.

Rashes

If a child develops a rash during their time a Nursery, call parents to inform. Parents will be asked to collect child and seek further medical advice. If medical staff advise that the child is well and not contagious the child will be able to return to Nursery.

Antibiotics/Medication

Whilst it is not our policy to care for sick children, who should be kept at home until they are well enough to return to nursery, we will agree to administer prescribed medication as part of maintaining their health and well being or when they are recovering from an illness.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the nursery. If a child has not had a medicine before, especially a baby or child less than two years of age, it is advised that the parent/guardian keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

Strains and sprains

Calm the child down and help them to sit or lie down.

Support the injured part in a comfortable raised position.

Apply a cold compress to reduce pain, swelling and bruising.

Apply comfortable support to the injured part.

Leave the cold compress in place and wrap a soft layer of padding around it, secure with a support bandage

Support the injured area into an elevated position.

Contact parents to advise of the situation and ask to collect to seek further medical advice.

Cheekbone and nose injury

Gently place a cold compress against the injured area to help reduce pain and swelling.

If the child has a nose bleed, try to pinch the nose to stop the bleeding.

Do not allow the child to eat or drink anything until further medical advise given.

Contact parents to advise of the situation. Child is to be collected and further medical advise sought.

Facial injury

Calm the child and help them to sit down, making sure that the airway is open and clear.

Try and get the child to spit out any blood in the mouth.

Gently place a cold compress against the face to reduce pain and swelling.

Call 999/112 for emergency help. While waiting monitor and record vital signs-breathing, pulse and level of response.

Contact parents to advice of situation and inform if they need to make their way to the Nursery or Hospital.

If parents are unable to reach the Nursery in time a member of staff will accompany the child to the hospital.

Nosebleed

Calm the child and sit them down. Tilt their head forward to allow the blood to drain from the nostrils.

Ask them to breathe through their mouth and pinch the soft part of the nose for up to 10 minutes.

Advise the child not to speak, swallow, cough, spit or sniff as this may disturb blood clots. After 10 minutes, release the pressure. If the bleeding has not stopped reapply the pressure for a two further periods of 10 minutes.

Once the bleeding has stopped, clean around area. Advise to rest quietly and avoid exertion. If bleeding stops then restarts, reapply pressure.

If the nosebleed is severe or lasts longer than 30 minutes contact the parents and advise to collect the child and seek further medical assistance.

Fainting

If a child feels faint, lay them down and raise legs supporting ankles on shoulders.

Make sure there is plenty of air.

Reassure and sit the child up gradually.

If a child actually faints, place them in the recovery position.

Crush Injury

In the unlikely event of a crush injury, if you know that the child has been crushed for less than 15 minutes remove them as quickly as possible.

Control bleeding and support any suspected fractures.

If the child has been crushed for longer than 15 minutes do not remove the cause of the injury.

In both cases call 999/112 for emergency help, giving clear details of incident to ambulance control.

Monitor and record vital signs-breathing, pulse and level of response while waiting for help to arrive.

Contact parents to advice of situation and inform if they need to make their way to the Nursery or Hospital.

If parents are unable to reach the Nursery in time a member of staff will accompany the child to the hospital.

Heat exhaustion

Calm the child down.

Help the child to a cool shady place and encourage them to lay down, raise and support the legs.

Give them plenty to drink, lots of sips.

Monitor and record vital signs. If the child recovers, inform parents ask them to collect to seek further medical help.

If the child's vital signs worsen call 999/112 for emergency help.

Monitor and record vital signs-breathing, pulse and level of response while waiting for help to arrive.

Contact parents to advice of situation and inform if they need to make their way to the Nursery or Hospital.

If parents are unable to reach the Nursery in time a member of staff will accompany the child to the hospital.

Heat stroke

Quickly move the child to a cool place, remove as much of their outer clothing as possible.

Call 999/112 for emergency help.

Help the child to sit down, support with cushions. Wrap them in a cold, wet sheet until temperature drops to below 38. Keep the sheet wet by continually pouring cold water over it. If no sheet is available, fan the child or sponge with cold water.

Once the temperature returns to normal, replace sheet with a dry one.

Monitor and record vital signs-breathing, pulse and level of response while waiting for help to arrive.

Contact parents to advice of situation and inform if they need to make their way to the Nursery or Hospital.

If parents are unable to reach the Nursery in time a member of staff will accompany the child to the hospital.

Fracture

Calm the child.

Advise the child to keep still. Secure the area with a bandage to reduce movement.

Contact parents to collect and seek further medical assistance.

Fever

High temperatures in young children can lead to Febrile Convulsions; these are triggered by the body temperature rising rapidly above 38°C.

°C	°F	What it means	What to do
36.0	96.8	Normal	Nothing
37.0	98.6		
37.2	99.0		
37.4	99.3	Low grade Fever	Courtesy call to parents, administer Calpol or Nurofen and Observe child for 45 minutes. If the temperature fails to decrease by this time or increases above 38.4; parents must make all attempts to collect the child within an hour.
37.6	99.7		
37.8	100.1		
38.0	100.4	High Fever	Administer Calpol or Nurofen, Contact parents to make all attempts to collect their child within 1 hour. Calpol or Nurofen will only mask the real problem of an infection and the child will still be unwell. High temperatures in young children can lead to Febrile Convulsions; these are triggered by the body temperature rising rapidly above 38°C.
38.2	100.8		
38.4	101.2		
38.6	101.5		
38.8	101.8		
39.0	102.2		
39.2	102.6		
39.4	102.9		
39.6	103.3	Very High Fever	Phone for an Ambulance if their parents are not on their way to collect
39.8	103.7		

If a child has not had Calpol **or** Nurofen before, especially a baby or child under two years, it is advised that the parent/guardian keeps the child at home for the first 24 hours to ensure no adverse effect. The nursery will only administer Calpol or Nurofen not both. Parents are

asked to give prior consent for their preference of medication to be used in such incident that it is required.

If the Nursery has to administer Calpol for 2 consecutive days or Nurofen for more than 1 day, the Nursery reserves the right to refuse admittance for the child and request parents seek medical assistance unless pre notified.

The Nursery also reserves the right to refuse admittance to a child that has been sent home with a high temperature over 39.0.

The administration is recorded accurately each time it is given and is signed by staff.

Parents/guardians sign the form to acknowledge the administration of Calpol or Nurofen.