

Promoting health and hygiene

1.20 First aid

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. All staff members have completed a 12 hour first aid qualification. The first aid qualification includes first aid training for infants and young children.

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	

Procedures

The First Aid Kit

Our first aid kit complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items only:

- Triangular bandages (ideally at least one should be sterile) - x 4.
- Sterile dressings:
 - a) Small (formerly Medium No 8) - x 3.
 - b) Medium (formerly Large No 9) – HSE 1 - x 3.
 - c) Large (formerly Extra Large No 3) – HSE 2 - x 3.
- Composite pack containing 20 assorted (individually-wrapped) plasters 1.
- Sterile eye pads (with bandage or attachment) eg No 16 dressing 2.
- Container or 6 safety pins 1.
- Guidance card as recommended by HSE 1.

In addition to the first aid equipment, each box should be supplied with:

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.

- a children’s forehead ‘strip’ thermometer.
- The first aid box is easily accessible to adults and is kept out of the reach of children.
- No un-prescribed medication is given to children, parents or staff.
- At the time of admission to the setting, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.
- Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

This policy was adopted at a meeting of	_____	name of setting
Held on	_____	(date)
Date to be reviewed	_____	(date)
Signed on behalf of the management committee	_____	
Name of signatory	_____	
Role of signatory (e.g. chair/owner)	_____	