

Promoting health and hygiene

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. 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.

EYFS key themes and commitments

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

Procedures

The First Aid Kit

Our first aid kit complies with the Health and Safety (First Aid) Regulations 1981.

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.

Staff Paediatric first aid trained

Anita Pearce

Cara Bennett

Lesley King

Ruth McAlpine,

Sharon Black

Georgina Cheng

Veronica Gallagher

April, 2011

EMERGENCY MEDICAL TREATMENT AGREEMENT

In the unlikely event of needing emergency medical treatment requiring an ambulance, the following procedure will be adopted:

- A member of staff who is a trained first aider will administer first aid until an ambulance arrives.
- The child will then be taken to hospital by ambulance for emergency treatment.

We would like to reassure you that this is extremely rare, however, we are required by Ofsted to seek your consent for the above procedure. This consent form must be signed by a parent or legal guardian.

I(parent/legal guardian) give my consent for the above procedure in the event of my child

..... (full name) requiring emergency medical treatment.

I understand that the kindergarten will act in the best interest of my child.

I understand that the kindergarten will make every effort to contact me or someone else named on the emergency contact form if hospital treatment is necessary.

Please note any specific information concerning the health of your child which may be relevant in the event of any emergency (such as allergies to certain medication).

Signed.....(parent/legal guardian)

Date

Please note any specific information relating to your child's health here:

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