

SCAMPS+ SCHOLARS Killorglin Community Childcare Centre CLG			FIRST AID POLICY		
POLICY NO.:	GP No. 22	REV. NO.:	6	REV. DATE:	01.04.2025

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APPROVED BY:	<u>Elaine Scully Doyle</u> Board of Directors	Date: 15/5/25

FIRST AID

Principle:

Scamps and Scholars will ensure that the service is compliant with the relevant legislation, the Safety, Health and Welfare at Work Act, 2005 and the Childcare (Preschool Services) (No 2) (Amendment) Regulations, 2006 refers. (Child Care (Preschool Services) (No 2) Regulations 2006 and Child Care (Pre-school Services (No 2) (Amendment) Regulations 2006 Part II, 6 First Aid, 7 Medical Assistance) (Siolta Standard 9: health and Welfare, Siolta Standard 11: Professional Practice, Siolta Standard:12 Communication) (National Standard 4: Records, National Standard 12: Health Care, National Standard 20: Safety).

Statement of Intent:

Scamps and Scholars will ensure that it meets the requirements set out in the legislation regarding the number of qualified first aiders in the service.

Policy and Procedure:

The service will ensure that:

- At least one adult, (or more as required by legislation) qualified in giving First Aid, will always be present on site. This qualification should be current.
- All members of staff are familiar with simple First Aid procedures.
- First Aid boxes will be provided within the centre to a sufficient level to cover those occupying the building.
- They will be stored in places which are easily accessible to all adults, but beyond the reach of children. Contents of the boxes should be checked regularly and replaced as necessary.
- Scamps and Scholars have generic first aid boxes accommodating adults and children. The recommended contents of a first aid box for children as outlined in the Preschool Regulations 2006 is outlined below.
- The First Aid box will not contain any substance, which may cause allergies. However, an accessory box containing sticking plaster and antiseptic lotion for children we know are definitely not allergic to these substances may be kept. In addition, cotton wool for cleaning wounds and a multi-purpose bowl are recommended.
- First aid box stocks will be checked monthly and recorded. Boxes may be replenished more often should the need arise.
- The centre has an AED. This is checked monthly through the units self-test. Batteries and pads will be replaced as required.
- Some staff will have training on the use of the AED unit.

First Aid boxes are located in the downstairs hallway and the upstairs hallway. Supplementary first aid box(es) are located in the Managers office and staff room storage.

The Childcare (Preschool Services) (No 2) (Amendment) Regulations, 2006 state the following criteria are recommended for children's first aid boxes:

Materials			
	1-5 children	6-25 children	25-50 children
Hypoallergenic plasters	12	20	20
Sterile eye pads (bandage attached)	2	2	6
Individually wrapped triangular bandages	2	6	6
Small individually wrapped sterile un medicated wound dressings	1	2	4
Medium individually wrapped, non-stick, sterile, Un-medicated wound dressings	1	2	4
Individually wrapped antiseptic wipes	8	8	10
Paramedic Shears	1	1	1
Latex gloves – non-powdered latex or Nitril gloves (latex-free	1 box	1 box	1 box
Additionally, where there is no running water, sterile eye wash	1	2	2

In addition to a First Aid Box, you may have a fever scan thermometer and a tough cut scissors.

Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 30ml and should not be re-used once the seal is broken. At least 90ml should be available. Eye bath/eye cup/refillable containers should not be used for eye irrigation.

A First Aid Officer will be appointed. This may be a general staff member and/or the manager.

First Aid Officer Duties:

- A First Aid report must be filled in and kept in the First Aid file. This will normally be the accident/incident report form. All reports need to be signed by the Manager.
- The First Aid Officer will supervise children who are under observation as a result of accidents/sickness while on the premises.
- The First Aid Officer will be responsible for ensuring that re-stocking the First Aid kit at regular intervals, at least once a month.
- Disposable gloves must be worn when dealing with open wounds, vomit or blood. Always wash hands thoroughly after administering first aid.
- Tissue/cotton wool and water is used for all injuries. Never, ever, use soap on wound.
- Cold compresses are used for minor bumps, kicks, pinches, falls, scratches, where slight swelling and/or bruising may occur.
- Cold compresses are used for major bumps, bites, pinches, falls where swelling and bruising occurs. An ice pack can be found in the freezer compartment of the fridge in the kitchen. Ice packs should be replaced as you use them and when necessary.
- First aid should be performed where possible away from other children. Ensure that the children you are leaving are left supervised. If this is not possible then administer first aid on the spot.

All staff members (students, substitutes and auxiliary staff members exempt) should have a valid first aid certificate and should update this when necessary.

First aid situations will normally form an "incident" and will be recorded in the manner dictated for same via the health and safety policy.

Incidents and accidents will occur. By endeavoring to keep them at a minimum we can reduce the amount that occurs. Have a watchful eye. Know what the children in your care are doing at all times. Watch out especially for new children in your group as they are the most vulnerable.

Choking and Strangulation:

Food, hard sweets, peanuts and marbles are the most common cause of choking. Blind cords, curtain cords or clothing (e.g. ribbons and belts) are a serious strangulation risk to children.

Dealing with Infant Choking (under 1 year):



1. Turn the infant face down with their head lower than their body. Support their head, jaw and neck.
2. Give 5 back blows using the heel of your hand between the infant's shoulders.
3. Turn the infant onto its back while still supporting their head and neck.
4. Give 5 chest thrusts by placing two fingers over the lower half of the infants breast bone, below the imaginary line between the nipples.
Keep doing 5 back blows and 5 chest thrusts until the object pops out and the infant begins to breathe again.
5. If the infant becomes unresponsive, call for help and send someone to dial 999 or 112. Stay on the phone and listen carefully to the advice.
 - You must begin CPR (Cardio Pulmonary Resuscitation).
 - If during CPR you can see the object, remove it with your fingers but do not place your fingers in the infant's mouth if you cannot see the object.



Dealing with a Child Choking (over 1 year):










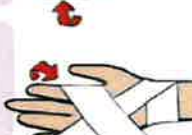



1. Ask the child: Are you choking? Can you breathe?
2. If the child cannot, breathe, talk or cough, stand or kneel behind the child. Start the Heimlich Maneuver by placing the flat thumb side of your fist between the child's navel and the breast bone. Be sure to keep well off the breast bone. Wrap your other hand around your fist and press upwards towards their stomach.
3. Keep doing this until the object pops out and the child starts to breathe again.
4. If the child becomes unresponsive, gently lower them to the floor. Call for help and send someone to dial 999 or 112. Stay on the phone and listen carefully to the advice.
 - You must begin CPR (Cardio Pulmonary Resuscitation).
 - If during CPR you can see the object, remove it with your fingers but do not place your fingers in the infant's mouth if you cannot see the object.

We train the majority of staff at Scamps and Scholars to the standard of FAR/Pheccc.



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FIRST AID TRAINING

Bandaging Hand/Foot	Bandaging Head	Arm Sling
 <ol style="list-style-type: none">1. Two straight turns at wrist; inside to outside	 <ol style="list-style-type: none">1. Triangular bandage with longest edge over forehead	 <ol style="list-style-type: none">1. Bandage between body and arm; straight edge lies on uninjured side
 <ol style="list-style-type: none">2. Diagonal bandage from thumb to little finger	 <ol style="list-style-type: none">2. Cross over "long tails" using firm pressure	 <ol style="list-style-type: none">2. Tie lower end to upper end
 <ol style="list-style-type: none">3. Bandage across front of fingers	 <ol style="list-style-type: none">3. Tie in middle of forehead	 <ol style="list-style-type: none">3. Casualty let go of arm once ends secured
 <ol style="list-style-type: none">4. Bandage across back of hand	 <ol style="list-style-type: none">4. Secure spare end with safety pin.	 <ol style="list-style-type: none">4. Fold over pointed end
 <ol style="list-style-type: none">5. Repeat turns		