NDNA
PROMOTING QUALITY IN EARLY YEARS

AUDIT TOOLKIT AND GUIDANCE
A Manager's Guide to Paediatric First Aid Training

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Introduction

The Early Years Foundation Stage (EYFS) 2014 Statutory Framework sets out the legal requirements for Paediatric First Aid.

Paediatric First Aid training must be relevant for staff working and caring for young children and babies. Training must cover the same course content as St John Ambulance or Red Cross Paediatric First Aid training and **be renewed every three years**. **There must be at least one person with a current Paediatric First Aid certificate** on the premises and available at all times when children are present. This requirement also applies to accompanying children on

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outings. However, it is recognised that the majority of providers work over and above the requirements of the EYFS.

Managers must take into account the layout of the premises and the number of children and staff to ensure that Paediatric First Aiders are able to respond to emergencies quickly. They must also consider staff deployment and ensure that children are always within sight or hearing of staff.

Minister's update

Note: The announcement below made by the minister will require a change to the EYFS and therefore notification will be made as to when these changes will apply (expected early 2017).

Previous Childcare and Education Minister, Sam Gyimah announced in March 2015 that newly qualified staff with childcare level two and three qualifications must have an emergency paediatric first aid or full paediatric first aid certificate. – This potentially life-saving change will add approximately 15,000 trained early years professionals to our nurseries and pre-schools each and every year. The new requirement would mean that a nursery recruiting a level two or level three member of staff who had newly (be more specific here!) completed their early years/childcare qualification must have an emergency paediatric first aid or a full paediatric first aid certificate, if they are to count towards the staff/qualification ratios under the Early Years Foundation Stage. The emergency first aid training course would be the equivalent of one day of training and would need to be refreshed every three years in order for the staff member to keep counting in the ratios.

https://www.gov.uk/government/news/first-aid-training-to-be-made-compulsory-for-new-nursery-recruits

Millie's Mark

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The Government also pledged to support Millie’s Mark, the new quality mark for nurseries where all employees are trained in paediatric first aid. NDNA has been awarded to deliver this contract.

The aims of Millie’s Mark are to keep children safe and minimise risk and accidents by:

- Raising standards in paediatric first aid
- Increasing numbers of first aid-trained staff
- Increasing competency in applying first aid
- Enabling staff to respond quickly in emergencies
- Raising the quality and skills of the early years workforce and helping them with day-to-day first aid issues, such as allergies
- And providing reassurance to parents.

NDNA and Millie's Mark do not have preferred suppliers for Paediatric First Aid training. To be eligible for Millie’s Mark all staff working directly with children must have an up-to-date paediatric first aid certificate. Nurseries can choose which organisation they wish to provide the training.

As part of the process for Millie’s Mark, nurseries will need to complete an audit. The audit will ask what due-diligence has been carried out on the training provider, how they have chosen the supplier and what quality checks they have carried out on staff competencies.

For more information contact info@milliesmark.com or visit www.milliesmark.com

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Why it is essential that settings assess risk within their provision

The EYFS (2014) Statutory Framework sets out provider's responsibilities in risk assessing their provision to ensure they take all reasonable steps to ensure children and staff are not exposed to risks. Managers must be able to demonstrate how they manage risks to inform staff practice and to show parents how the provision is assessing and managing potential risks to keep children safe. It is essential that risk assessments identify aspects of the environment that need to be checked on a regular basis. Risk assessments must be sufficiently robust to clearly show when and by whom these aspects are checked and how the risk will be removed or minimised. It is also essential that any activity or part of the daily routine that children engage in is robustly risk assessed to ensure children play and learn in safety. Regular review and communicatiom of risk assessments is important to ensure staff knowledge is up to date to keep all children safe at all times. For example, a change in the layout/environment; purchase of a new piece of equipment or planning a new experience.;. It is also vital that the environment is constantly assessed to ensure effective deployment of staff and to ensure a rapid response in the event of an emergency.

The level of risk associated with outdoor play can be slightly increased for settings where there is greater focus on learning outdoors. For example, in the case of Forest Schools, managers need to secure a balance, supporting the benefits of 'risky play' while minimising risks to children. It is vital that all staff are given support and guidance and are involved in the development and application of effective risk assessments to enable them to act quickly in an emergency and to give first aid assistance should an accident occur.

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Remember:
Children need to be aware of risks and how to assess and manage risks in life; therefore it is important to keep a balanced approach to enabling children to take risk in a controlled environment. Risk allows children to push themselves to the limits of their capabilities and give them space to progress. Well-supervised risk encourages children to challenge themselves and think about how to keep themselves safe while they play.

Other increased areas of risk are snack and meal times and activities that involve food play. It is common practice to use food items, such as jelly cubes, for children to explore and investigate. However, such activities can carry a choking risk and need to be effectively risk assessed and well supervised so children learn through play whilst keeping safe. Meal and snack times should be well organised to ensure appropriate paediatric first aid cover at all times during this part of the daily routine. This includes Paediatric First Aid training for lunchtime supervisors and cooks. All allergies to food need to be strictly monitored. Antihistamine can be kept for emergencies and for any child that has a severe allergy and requires an epi pen administering, there should be staff trained by an expert in this area. It is also essential that The Food Standards Agency guidelines on allergies are followed and shared with parents. http://www.food.gov.uk/sites/default/files/multimedia/pdfs/publication/loosefoodsleaflet.pdf

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Top tip

The BabyDan Choke Tester[1] helps you to assess whether an object poses a choking risk to your child. The choke test cylinder simulates the dimensions of a young child's throat.

All toys and playthings should be tested to see if they can fit into the cylinder. Small items can cause suffocation or choking if swallowed by a small child. Toys intended for children under 36 months must not present a choking risk. The test uses a 'small parts cylinder' - toys or parts of toys that can fit entirely inside the cylinder are identified as choking hazards. The choke tester is designed so parents or carers can establish if small parts of toys they possess are suitable for children under the age of three years old to use.

Children who have specific medical needs may need one to one care from an appropriately trained member of staff. Specific risk assessments should be carried out and put in place for individual children, this ensures all staff are aware of their needs so they are kept safe and their specific needs met.

Top tip

Involve the SEND Coordinator in determining any specific risks associated with disabilities and learning difficulties of children attending the setting. Share children's specific needs at team meetings so as everyone has an overarching knowledge of risks that are specific to individual children.

[1] The BabyDan Choke Tester can be purchased here : http://www.safetots.co.uk/Baby-Feeding/Weaning/c44_57_171/p40//babydan-coke-tester/product_info.html

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How to assess your needs

All settings are different so it is vital to assess your provision according to the individual layout of the environment, children who attend and the staff team. You can find further information on http://www.hse.gov.uk/risk/ so when assessing the provision, the following should be considered:

Environment

- The size and layout of the setting;
- location of rooms and relation to one another;
  - is it an open-planned area;
  - is there telephone communication between rooms or can staff be clearly heard if shouting for assistance?
  - Are there any 'hidden'or non visible areas you need to consider? Including activities and resources indoor and outdoor, particularly those that involve food play and small parts.
- What about trips and outings; how is this managed?

For the daily routine consider how paediatric first aid cover is ensured and managed for:

- meal times
- opening and closing times
- outdoor play
- key group time in separate areas

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Think about:

- How many children are on roll?
- How does this affect ratios and deployment of staff on a day to day basis?
- Is it more difficult to respond quickly in an emergency on a busier day?
- How do you know and how do you manage this?

Staffing and Training

- Staffs patterns of work - how are they deployed?
- How coverage is achieved throughout a working day e.g. 7.30am to 6.30pm including cover for free flow play and staff break times? What are the contingency arrangements for paediatric first aid cover during staff holidays, sickness, training, maternity leave etc. and any unforeseen circumstances? What methods are used to ensure sufficiency of paediatric first aid qualified staff?
- What is the cycle of planning for training?

Staffs competence and confidence

- How is this assessed and monitored?
- Do regular supervision sessions/peer observations/team meetings take place?
- What methods are in place to support less confident/less knowledgeable or new staff?
- Children - Knowledge about all the children who attend - how is this knowledge gathered and shared?
- Are all staff, including lunchtime and cover staff aware of records of allergies and intolerances for individual children?

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- Is specialist training accessed to meet individual children's medical needs and requirements?
- How is staff competence and confidence measured in attending to children's individual medical needs? What measures need to be put into place to ensure a safe learning environment that supports specific needs?

Leadership and Management

Accident and incident recording and monitoring

- Does this effectively highlight areas of risk and common issues? How is this information used to address any near misses and prevent reoccurrence? How does risk assessment inform practice?
- Are all staff involved in the risk assessment process?
- Are issues rapidly responded to and actioned to prevent reoccurrence?

Budget allocations

- Is the training budget managed and planned effectively to ensure all staff receive three yearly updates on paediatric first aid training?

Self evaluation

- How is this used effectively to continually evaluate the quality and effectiveness of practice?
- Are all staff involved?

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Remember;

Ongoing and continuous assessment of needs is very important to meet the ever changing requirements of your environment; for the needs of the children who attend your setting and the staff who work there.

What is best practice?

It is vital to have a whole team approach towards best practice within Paediatric First Aid and to consider this area as a key priority in order to keep children safe.

Examples of best practice within Paediatric First Aid include;

Staff and training

- High levels of qualified staff to ensure there is always someone on hand to attend to emergencies
- A robust training schedule which clearly highlights in advance when training needs updating
- Providing time off for training or providing training on weekends
- Ensuring training budgets are pre-set for Paediatric First Aid training
- Staff sharing updates from training with others in team meetings to keep up to date with any changes to procedures
- Regular supervision sessions to check staff competence and confidence i.e. not relying simply on re-training every three years

Remember;

Staff can be supplied with knowledge but could panic if a real life situation occurred

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- Refresher training for staff not as confident in any particular area of first aid
- Observing staff handling minor emergencies – how did they deal with the situation? Did they remain calm?
- Carrying out emergency drills
- A 'Buddying up' system so less confident staff are supported by more confident staff
- As part of the induction, give new staff a questionnaire which contains a first aid scenario so their individual knowledge or response can be assessed by the manager
- Regularly sharing current first aid issues highlighted in the media with staff e.g. choking incidents
- Encouraging staff to engage in discussions regarding good practice in Paediatric First Aid
- Exploring scenarios in team meetings to ensure first aid issues are kept fresh in staff's minds and to assess their understanding and confidence
- Carrying out peer observations to identify specific support needs
- Staff access additional specific medical training, such as epi-pen/gastro-nasal feeding, to support children with individual medical conditions
- Invite in external experts into meetings and parents' events
- Encourage parents to attend paediatric first aid training for themselves.

Top tip

Invite local medical professionals including GPs, Nurses, Community Responders and Integrated Team Specialists to staff and parent evenings to share knowledge and build confidence.

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Plan a designated inset session where the whole team focuses on Paediatric First Aid together and if possible use the whole setting to test how procedures work in practice. This helps managers to assess and observe individuals understanding and grasp of each topic. Invite parents to part of this so they gain an awareness of how the setting supports Paediatric First Aid and so they can respond effectively to emergency care at home.

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Top tip

Raising parental awareness will help to keep children safe and equip them with the skills required to deal with an emergency. The following two examples of the benefit of the knowledge of Paediatric First Aid training for parents can be found below and there are more on the St John Ambulance website.

Case study from St John Ambulance – Ellie Fulton

Four-year-old Ellie Fulton’s life was saved when her father applied simple first aid to stop her choking.

Her father, Alister Fulton, explained: 'She was on all fours, coughing. I thought she was being sick at first, but as she crawled towards me I could see that her face had turned red. Her eyes were bulging, foam was coming from her mouth and panic was written across her face. **It was obvious to me that she was choking**.

'I grabbed her and gave her three or four back blows, the last of which dislodged the obstruction,' continues Alister. 'It turned out to be a coin that was the perfect size to block a windpipe.

'After the panic had settled down and Ellie had gone to bed, **I started to think about what might have happened if I hadn't known how to cope**. During the emergency I knew exactly what to do and was calm, in spite of knowing that the life at risk was my own daughter's. My St John Ambulance first aid course had given me the right preparation for the most frightening situation I could imagine.

'Thankfully I'll never know what would have happened if I hadn't had that training, Without it, I might not have been able to laugh and play with my daughter this morning.'

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Case study from St John Ambulance – Lucy

Horsham-based Mum Trudi Scrase, 36, was glad of her first aid skills when her daughter Lucy, now three, began to choke at nine weeks old.

Trudi explained: 'Lucy was suffering from a cold and had kept my partner and I awake for most of the night. We both drifted off to sleep but when I woke up and checked on Lucy, I was horrified to find that her body had become floppy and she was turning blue.'

Luckily Trudi had first aid knowledge and instantly knew to give Lucy back slaps dislodging the phlegm which had blocked her airway.

Trudi said: 'By the time the ambulance arrived Lucy was breathing normally again and was her usual giggly self. I was just so glad that my years of St John Ambulance first aid training meant that I knew what to do to be able to save her life.

First aid really can be the difference between life and death and having to deal with Lucy's incident just shows how essential it is for parents of babies and young children to learn first aid sooner rather than later.'

"Every year, too many people die in situations where first aid could have given them a chance to live. It's St John Ambulance's goal to make sure that, wherever a first aid emergency occurs, someone is on hand with the skills to help."
Andrew New Head of Training, St John Ambulance
Learn how to save a choking baby at sja.org.uk/thechokeables

Monitoring

- Robust accident recording and reporting procedures which are shared with parents
- Clear monitoring of accidents, incidents and near misses, regularly reviewed by the all tiers of the management team
- Monthly reports on the appropriateness of any first aid administered

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- Detailed data collection system of accidents and resultant actions, including evaluation of near misses to inform planning.
- Accidents discussed and explored as a team
- Following NDNA Quality Counts scheme criteria to support monitoring through a cycle of quality improvement.

Top tip
Develop a health and safety monitoring board displaying questions about specific areas of First Aid. Ask individual members of staff a question such as 'What would you do in the event of….' If the member of staff does not get the answer correct refer them to the relevant policy or procedure and support them with their own personal development. This enables managers to review the staffs understanding and knowledge of Paediatric First Aid.

Environment

- Continuous reviewing of staff deployment indoors and outdoors
- Clear staff rotas highlighting who the Paediatric First Aiders are; cover for lunchtimes, planning and additional support for activities with increased risk and children with specific needs
- Clear mechanisms for calling for help if needed e.g. visibility of rooms/areas; telephone communication between rooms/cctv monitors; nursery mobile phone and walkie-talkies on outings
- Supporting staff to ensure ongoing risk assessment during a working day and monitoring of the environment occurs naturally
- Check regularly that risk assessments are being done – don't assume that just because your staff are experienced they are being completed.

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Remember:

Take a first aid kit on outings, children's contact details, specific medical/allergy information and a fully charged nursery mobile telephone with up to date contact numbers for emergencies. Increase staff ratios if you can or ask for parent volunteers.

Risk assessments

- Robust generic and specific risk assessments which are regularly reviewed and cover all areas of practice including staff deployment and children's individual needs
- Policies and procedures which are reviewed and shared as a team and amended as required after accidents, incidents or near misses.
- Dispose of out of date information in First Aid manuals to avoid confusion.

Thorough ongoing risk assessments which involve the whole staff team and the SENCO to specifically assess risk and inclusivity for children with **SEND**.

Remember:

Some children with SEND and specific medical needs may be more vulnerable to risks than others. To keep them safe complete an individual risk assessment.

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Changes made following some real incidents

The reviewing and monitoring of all accidents and incidents helps to highlight common areas for accidents and 'near misses'. This 'proactive rather than reactive' attitude means actions can be put into place to prevent re-occurrence and near misses. Examples of this include:

- sand being placed around an outdoor climbing frame to prevent slips, trips and falls in muddy conditions
- increased supervision put into place following an incident where a pea got stuck up a child's nose
- the positioning of a small climbing frame was altered to lessen trips and falls
- the deployment of staff was reviewed and changed to ensure more effective supervision of areas following a child slipping on a piece of paper
- specific areas of the environment were assessed to ensure staff were able to supervise children adequately
- the corners of laminated sheets are rounded off to avoid children cutting themselves
- a bookcase, which children had started to climb on, was replaced with a more age appropriate piece of equipment for toddlers to avoid accidents
- a ledge was widened, following a child falling awkwardly from a piece of equipment, so children could stand on this safely and minimise re-occurrence.

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Example

Accident, incident and near miss reviews can either identity a common child, common piece of equipment, a common area or specific member of staff. A good example of this process is that occupational health support was accessed to support an individual child's needs. Another example highlighted a piece of equipment that was the cause of several accidents. The piece of equipment was removed with a more suitable piece of climbing equipment for the children. The impact of these changes resulted in the number of accidents being reduced.

Ongoing checks

Regular checking and reviewing of the environment, activities and resources, staff training and confidence and children's individual needs is vital to ensuring children are kept safe at all times. Changes to your layout or introduction of a new piece of equipment or resource could have implications to children's safety and well-being.

Top tip

It is important to consider strategies for checking staff competence and confidence because of limited opportunities for staff to practice their skills for real. First aid should therefore be a continuous item on the agenda for team meetings and staff should be continually updated with any key points from training and any changes to guidance.

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Exploring scenarios in staff meetings about emergencies that could occur encourages staff to discuss first aid techniques and can highlight any areas where confidence is lacking. As a result, issues can be raised and current practice can be assessed in order to make any changes necessary to improve children’s safety. Observations of staff dealing with accidents also enable the identification of confidence levels and of support that may be needed.

It is worth considering whether it is possible to have all your staff trained together as this has the effect of creating an additional level of confidence as the training can be tailored to the individual operational plan of the setting as well as the physical layout of the rooms.

Staff are encouraged during the training to practice within their working environment, not in a training room. This means less confident, or shy staff become fully involved and engaged in practical aspects of the training and can put the training into context as they learn. Practising role play emergency situations whilst on site, means that timescales can be realistically evaluated. For example, response times from colleagues when calling for help or getting to the phone to make an emergency call. It also provides an opportunity for staff to ensure they know the correct procedures, for example, a poster which displays all the key information staff need in the event of calling 999 in an emergency including details of setting. This is a useful way to ensure that accurate information is given to emergency services and it may help to prevent panic.

Competency and confidence in administering medication via epi-pens can be supported through practice of using dummy equipment.

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Top tip

Incorporate first aid updates/quizzes/videos and mini assessments into monthly team training sessions. Include specific quizzes according to children's individual medical needs, such as diabetes, to check that staff working with individual children are very clear of what not to do, as well as what to do, to keep children safe. It is also worth considering ensuring staff are aware of identifying symptoms for illness such as meningitis. Carry out emergency drills to assess staff competence, confidence and evaluate response times.

Staff confidence

It is vital that staff confidence as well as competence is regularly monitored and assessed. This is very important as although staff may have received current training, putting what they have learned into practice in the event of an emergency situation could be very daunting. Having to think and act fast to provide emergency first aid to a child is vital to ensuring the best outcome for the child. Thankfully, such situations don't occur every day, and it is hard to know how practitioners will react in a real life emergency. Therefore, it is very important that managers support their staff in being as competent and confident as they can be so they respond to emergency situations in a highly effective manner.

Top tip

Develop a questionnaire for staff to complete or hold discussions during team meetings and supervisions to encourage staff to highlight areas they feel confident and less confident in, what are their fears? etc. This helps to effectively target training according to individual staffs and children needs.

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Using a buddying up system can be very effective in supporting staff to respond effectively in an emergency. 'Buddy up' newer and/or less confident members of staff with those more knowledgeable and confident in first aid. This helps staff to share their expertise, experiences, offers opportunities for questions and consequently builds competence and confidence as individuals and as a team.

Buddying through coaching and mentoring

Coaching and mentoring, when it is implemented successfully, the following benefits can be achieved:

- Gains in knowledge and skills
- Improved psychological wellbeing and confidence
- Increased reflectivity
- Professional and career development
- Cross sector and group working
- Better problem solving skills
- Building a collaborative culture
- Increased awareness of dealing with emergencies in the setting, at home and in the community.

Assessing your risk

Think about Paediatric First Aid procedures you currently have in your own setting. How confident are you that your current first aid procedures are robust enough to ensure a safe environment for children? How confident are you that your whole staff team is confident and competent enough to respond quickly and appropriately in an emergency situation? How confident are you that the environment supports all children's needs effectively?

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The NDNA has been working with the Department for Education to develop case studies of good Early Years practice in regard to Paediatric First Aid which nurseries can benchmark against their procedures against. The dozen case studies and two supporting videos are based on real life best practice in the sector and are available to download from the NDNA website. The link can be found at the end of this factsheet.

Action Plan:

Reflecting on the information in this factsheet and the information from the case studies and videos, use the following checklist for assessment to evaluate your current practice and to action any areas for development.

Remember to involve your whole staff team and continually review the effectiveness of your Paediatric First Aid procedures.

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Checklist for assessment

Area to assess	Things to consider	How are we meeting these?	What action needs to be taken?	By when?	How will we review effectiveness?
Environment	Layout and organisation of rooms- e.g. open plan; proximity between rooms; are doors kept open; visibility of other areas				
	Does the indoor provision allow easy access to and from other areas in order to call for help? How?				
	Does the outdoor provision allow easy access to and from other areas in order to call for help? How?				
	Can first aider/help be quickly sought				

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	in an emergency both indoors and outdoors and between the two?				
	Are practitioners alone in rooms? Would they vulnerable in the event of an emergency situation?				
	What contingency arrangements are in place to call for help if staff do work alone?				
	Have risk assessments been carried out in relation to practitioners working in isolation?				
Training	What arrangements are				

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	in place to ensure training in Paediatric First Aid is regularly complete every three years and how is this monitored?				
	Does the organisation that provides Paediatric First Aid training have a nationally approved and accredited first aid qualification or is it one that is a member of a trade body with an approval and monitoring scheme?				
	Does the Paediatric First Aid course fit the criteria for a 'current first aid				

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	certificate'? E.g. the course covers the content as for St John Ambulance or Red Cross Paediatric First Aid training.				
	Do staff undertake additional medical training (e.g. epi-pen) to support children with specific medical needs				
Staff	Do all staff know who the qualified Paediatric First Aiders are and where they are working in the provision on a daily basis should help be required? Is there capacity to shout for another practitioner if the need arises?				

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	How is deployment of staff monitored to ensure there is always a trained person on site and with children at all times, including outings?				
	How is deployment of trained staff monitored across setting? E.g. are staff deployed evenly through provision or all based in the same room? Are there any systems for testing out whether arrangements work in practice?				
	Are the Paediatric First Aiders clearly identifiable? What contingency arrangements are in place for when /if				

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	trained practitioners in Paediatric First Aid are on holiday, sick leave or away from the provision?				
	Does training or discussion about Paediatric First Aid form part of the induction for new staff and students?				
	How are Paediatric First Aid arrangements communicated to staff, new staff, volunteers, students, and bank staff to ensure everyone is aware of who the trained Paediatric First				

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	Aiders are every day?				
	How do you monitor staff's competency and confidence in Paediatric First Aid knowledge and understanding? How are individual staff's needs supported to ensure effective rapid response to emergency situations?				
Partnership with Parents and Others	How are Paediatric First Aid arrangements communicated to parents and other				

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	service users to ensure everyone is aware of who the trained first aiders are every day?				
	How are parents informed of accidents and incidents?				
	How is parental information regarding their children's medical/ allergy/food intolerances and individual needs used to inform risk assessment and best practice?				
	How do we work in partnership with				

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	other professionals to ensure children's medical/ allergy/food intolerances and individual needs are met within best practice?				
Documentation	What documentation is in place to support arrangements for Paediatric First Aid? For example:				
	individual staff training records on paediatric first aid; whole staff team training plan;				
	staff rotas; staff signing in and out sheets;				
	risk assessments;				

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	including for use of food items during play; individual needs of children. Who is involved in these? Who reviews them and how often?				
	Accident and incident records and monitoring documentation. How does this help us to highlight areas of risk? Are these addressed immediately?				
	self evaluation form/action plans where there have been concerns to show how and when these have been addressed;				
	induction				

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	pack/procedure;				
	staff meeting notes;				
	policies and procedures (first aid / medication /safeguarding/risk assessment/fire risk assessment/ health and safety/ accidents and incidents/ outings/ food and drink/staff training/ induction/ supervision/				
	information for parents.				

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Further Reading

https://www.sja.org.uk/sja/support-us/our-campaigns/baby-choking-the-chokeables.aspx

http://www.safetots.co.uk/Baby-Feeding/Weaning/c44_57_171/p40//babydan-coke-tester/product_info.html

http://www.milliestrust.com/

https://www.sja.org.uk/sja/default.aspx

http://www.ndna.org.uk/advice-information/Paediatric+FIrst+Aid+Case+Studies

http://www.businessballs.com/coaching.htm

http://www.brefigroup.co.uk/coaching/coaching_and_mentoring.html

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