FIRST AID POLICY
Reviewed and updated 01 September 2020

This policy outlines Bronte School’s responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. This policy applies to all pupils in the school, including EYFS. The policy is reviewed annually.

Aims

- To identify the first aid needs in line with the Management of Health and Safety at Work Regulations 1992 and 1999.
- To ensure that first aid provision is available at all times while pupils and staff are on school premises, and also off the school premises whilst on school visits.
- We aim to ensure that our policy is in line with the DFE Guidance on First Aid for Schools – A Good Practice Guide (a copy of which is attached at the end of the policy).

Objectives

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the School.
- To provide relevant training and ensure monitoring of the training needs.
- To provide sufficient and appropriate resources and facilities.
- To make the School’s first aid arrangements available for staff and parents on request.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

First aid in school

L’Ecole Bilingue ensures that there is at least one emergency first-aid trained and one paediatric first-aid trained member of staff in school at all times (during the school day and extended school day). This is to ensure that all areas of the school have at least one competent person present; with sufficient ‘spare’ to cover off-site visits, part-time staff and as far as possible staff absences.

In December 2013 all members of staff completed a full day first aid training, 4 parents also completed the course at the same time.

Responsible Personnel

The proprietors are responsible for the health and safety of their employees and anyone else on the premises. The proprietors must ensure that a risk assessment of the School is undertaken and that the appropriate training and resources for first aid arrangements are appropriate and in place. The proprietors should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ.

The Headteacher is responsible for putting the policy into practice and for developing detailed procedures. He should ensure that the policy and information on first aid is available for parents on request.
Teachers and other staff are expected to do all they can to secure the welfare and safety of the pupils.

**Appointed Person**

The appointed person is the Head Teacher. She will:

- Take charge when someone is injured or becomes ill
- Look after the first aid equipment eg. re-stocking the first aid boxes
- In an extreme emergency an ambulance may be called. A person will be detailed to receive the ambulance at the nearest point of entry to the school. For procedure please see Appendix 8

Casualties with suspected fractures or back or neck injuries must not be moved unless the nurse or ambulance personnel are present.

**Location of First Aid Boxes**

Each class process a portable First Aid boxes. Fixed first aid boxes are available near each sick area of the school.

Staff on playground duty to take out a First Aid bag.
Sports staff to take First Aid bags with them when teaching outside and also when they take pupils out on sport fixtures.
Staff who take pupils off site on school visits are responsible for organising First Aid bags in liaison with the School Nurse.

**Contents of First Aid Boxes**

Contents of the boxes to be checked bi-annually.

Ideally when they have been used the person who used some of the stock should notify the key person in charge of stocking.

**Body Fluid Spillage Policy**

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

**Procedure:**

Facilities Staff to be contacted initially so that she can arrange for a member of her team to clean the area appropriately.

In the event of a member of cleaning staff not being available then report to the head of Administration who will undertake the cleaning procedure.

- Get some disposable gloves from the nearest First Aid kit.
- Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner).
- Put more absorbent towels over the affected area and then contact the Facilities Manager for further help.
- The bin that has had the soiled paper towels put in, then needs to be tied up and ideally placed in the yellow bin or double bagged and put in the outside bin.
- Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.
- The area then needs to be cordoned off until cleaned.
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.
• Gloves to be worn at all times

MEDICATION

Teachers are not allowed to administer drugs of any kind to children, unless mutually agreed and rigorously planned with the parents (Written agreement).
If their child needs medication during school hours, parents must come to school at a time arranged with the headteacher or class teacher to give the child the necessary medicine.

In exceptional circumstances, provided that a permission form (stating dosage and storage conditions of required medicine) has been filled in by a parent/legal guardian, the headteacher may administer medication.

At the headteacher’s discretion, medicines may be administered for medical conditions that require long-term treatment, e.g. asthma, cystic fibrosis etc. Children who are asthmatic and use inhalers must keep a named inhaler in the class first aid kit for immediate use when needed.

For safety reasons, children must not carry medicine in their bags.

ILLNESS & MINOR ACCIDENT (minor cuts, minor injuries…)

The school has a number of trained first aiders on staff.
A first aid kit is available at school and in each class.
However, in case of an accident or illness at school, unless insignificant, we will contact the parents as we can not give any medication without prescription.

In case of cuts the wound should be cleaned with clear water while waiting for the parents or professional advice.

Children who are unwell are far better off staying at home than at school.
A list of people to contact and of people who are allowed to pick up children at school is requested from parents at the beginning of the year.

In the case of sickness and/or diarrhoea we request that parents allow a 24 hours symptom free period before returning their children to school in order to minimise the potential spread of infections.

Parents are required to notify the school in writing if their child is not fit enough to participate in sports, games…

When teachers and staff see signs of illness such as fever and/or uneasiness, the teacher will isolate the child in the sick room and ask an assistant to supervise him/her.
The teacher will also inform the headteacher so that he/she can contact the parents or, if necessary, any person authorised to pick up the child.

MAJOR ACCIDENT

If an accidents occurs, all staff are required to react as quickly as possible and without panicking : the injured child needs to feel safe, be reassured and remain calm so as not to worsen their injury and/or pain while supervision is maintained across the rest of the class.

1. Perform first aid:
➢ Mouth to mouth:
  ▪ check responsiveness
  ▪ clear and open the airway
  ▪ check breathing
  ▪ give 2 rescue breaths
  ▪ check circulation:
    o if present, continue ventilations
    o if absent, practice chest compressions

➢ Direct pressure and apply dressing on severe bleeding

➢ Do not move the casualty if broken bones are suspected (unless exposed to immediate danger)

➢ Treat burns with cold water, apply a sterile dressing and refer to hospital

➢ Loose foreign bodies in the eye should be washed out with clean cold water. Should the foreign bodies still remain, cover the eye with a pad

➢ CPR should be started if the patient is unresponsive and not breathing normally. Agonal gasps for breath are short irregular gasps for air and are common among victims of cardiac arrest. If a casualty is displaying these agonal gasps the CPR should be started immediately as this is not normal breathing.
  ▪ Rescuers who are not first aid trained should deliver compression only CPR to a casualty who is unconscious and not breathing normally.
  ▪ “Push hard and push fast” – there is a greater emphasis on the importance of chest compressions and the quality of the compressions delivered. Compressions should ideally be given at a rate of 100-200 per minute and to a depth of 5-6cm.
  ▪ Trained first aidsers should provide combined compression and ventilation CPR at a ratio of 30:2, whereas compression only CPR can be used by untrained rescuers.

2. Ask a colleague to call “9 999”, give the telephone number, name and address of the school, describe the injury and explain the circumstances of the accident

3. Call the parents/legal guardians

4. Stay next to the injured child (never leave him/her alone!) until the rescue team arrives
   A colleague must take responsibility of the other children, move them away from the scene and reassure them

5. Report all details in the “Accident Book”.

Ref: “Emergency aid for Appointed Persons”, Schools editions, St John Ambulance
“Pocket First aid for every emergency”: Ed. DK
“Childcare Act 2006”
” Education Act 2002”, “Education Act 2005” and “Education Act 2011”
“the DFE Guidance on First Aid for Schools – A Good Practice Guide, DfE
“A brief guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)”, HSE, 2013