First Aid Policy

Florence Bilingual School

ITALY

Registered in England & Wales - Cognita Schools Limited No. 02313425
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1. General Statement

1.1. The definition of First Aid is as follows:

- In cases where a person will need help from a medical practitioner or nurse; treatment for the purpose of preserving life and minimising the consequences of injury and illness until help is obtained; and,
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

1.2. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered.

1.3. The policy applies to all pupils including those pupils in Early Years.

1.4. The responsibility for drawing up and implementing the First Aid policy is delegated to the Head, including informing staff and parents. However, implementation remains the responsibility of all staff in our school in order to keep children healthy, safeguarded and protected whenever they are in our care.

2. Current Procedure

2.1. Our appointed person (First Aid Coordinator) undertakes an annual review of procedure and provision. A First Aid Needs Assessment is carried out to ensure adequate provision is available given the size of our school, the staff numbers, our specific location, and the needs of individuals.

2.2. Our First Aid Needs Assessment includes consideration of pupils and staff with specific conditions and major illnesses, such as asthma and epilepsy, takes account of an analysis of the history of accidents in our school, as well as the identification of specific hazards. It includes a section about mental health. It also includes careful planning for any trips and visits, including residential, overseas and adventurous trips which always include a suitably trained first aider, in keeping with our Educational Visits policy.

2.3. Our procedure outlines when to call for help, when necessary, such as an ambulance or emergency medical advice from professionals. It outlines the requirements for documenting necessary treatment once applied. The main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

2.4. We ensure that first aid provision is available at all times, including out of school trips, during Physical Education and sports activities, and whenever the school facilities are used.

2.5. We keep a confidential electronic record of all accidents or injuries and first aid treatment on Medical Tracker or the school system used for this purpose. We must inform families of any accident or injury or any first aid treatment on the same day, or as soon as reasonably practicable.

2.6 In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury, decide whether the injured person should be placed in a recovery position and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment.
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.
- If emergency services are called, the Principal or, if not available, the School Administrator team will contact parents immediately.
- The relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

3. First Aid Training

3.1. We review the school's training needs to ensure that suitable staff are trained and experienced to carry out first aid duties in our school. In particular, we consider the following skills and experiences: -

Reliability, communication and disposition,

- Aptitude and ability to absorb new knowledge and learn new skills,
- Ability to cope with stressful and physically demanding emergency procedures,
- Normal duties are such that they may be left to go immediately and rapidly to an emergency, and
- Need to maintain normal operations with minimum disruption to teaching and learning.

3.2 First Aiders in our school have all undertaken appropriate training. They have a qualification in First Aid for School Staff (First Aid at Work preferably to include Paediatric training). The school liaises with our training provider to ensure the training can be tailored to the specific needs of the school, taking the local regulations on the use of defibrillators and the First Aid

Needs Assessment into account. The school follows the recommendations of the articles 18, 36 and 45 of Legislative Decree 81/2008 and art. 1, 2 and 3 of the Ministerial Decree 388/2003.

Additionally, key staff members will receive training in Administering Medication and Children with Allergies.

3.3 General First Aid training will be updated every three years. Training in the use of Defibrillators is governed by national regulations. In Italy, defibrillator training must be updated every 2 years.

3.4 The need for ongoing refresher training for any staff will be reviewed each year to ensure staff basic skills are up to date, although we are aware that this is not mandatory.

4. Key Personel

First Aid co-ordinator (appointed person) - responsible for looking after first aid equipment and facilities, as well as calling the emergency services as required	Front Desk staff in respective buildings. Supervised by H&S Coordinator
Person responsible for maintaining school First Aid Training Register	H&S Coordinator
The following staff have completed a recognised training course in First Aid for School Staff (First Aid at Work including Paediatric training).	The file is available in the school
The following staff have completed a recognised training course in the use of Defibrillators, in line with local requirements.	The file is available in the school

5. Contents of our First Aid Box

5.1. Our minimum provision is to hold a suitably stocked first aid box as well as provide staff with relevant information on first aid arrangements.

5.2. In our suitably stocked First Aid box we provide the following, or suitable alternatives:

- Sterile disposable gloves (5 pairs - preferably not latex).
- A disposable face-shield for mouth-to-mouth practice
- 1 litre bottle of iodopovidone
- 500 ml bottles of physiological solution (sodium chloride - 0, 9%) (3 bottles).
- Sterile gauze pads 10 x 10 in individual pouches (10).
- Sterile gauze pads 18 x 40 in individual pouches (2).

- Sterile disposable drapes (2).
- Sterile disposable dressing tweezers (2).
- Pack of medium-sized elastic bandage (1).
- Roll of cotton bandage (1)
- Plasters (assorted sizes) (2)
- Rolls of 2.5 cm surgical adhesive tape (2)
- 1 pair of scissors.
- Tourniquets (3)
- Ice pack (two packs)
- Sick bags (2)
- Thermometer
- Blood pressure measuring device
- Oxygenated water
- Hand sanitizer

5.3. The First Aid Coordinator is responsible for checking the contents of the first aid boxes and for restocking items. Extra stock is held within the school and items discarded safely after the expiry date has passed. We do not keep tablets, creams or medicines in the First Aid Box. In cases of severe allergies, the school may keep auto injector devices in the First Aid Box located in the Dining Room.

5.4. Our First Aid Boxes are kept in the following places:

• **Lavagnini Campus**: First Aid Boxes are kept in the cupboard at the front office, in administration office, in corridors and gym.

• **Matteotti Campus**: First Aid Boxes are kept in the cupboard at the front office, and corridors on each floor.

• **Lupi Campus**: First Aid Boxes are kept in the cupboard at the front office, and corridor.

• **Menarini Baby Campus**: First Aid Boxes are kept in the cupboard at the front office and in the staff bathroom.

5.5. We take great care to prevent the spread of infection in school, particularly in the event of spillages of bodily fluids which we manage effectively by washing skin with soap and running water, eyes with tap water and or an eye wash bottle, We record details of any contamination and seek medical advice where appropriate. For further information please see our Prevention and Control of Infection and Communicable Diseases Procedures.

5.6. First Aiders take careful precautions to avoid the risk of infection by covering cuts and grazes with a waterproof dressing, wearing suitable powder free vinyl gloves, using suitable eye

and face protection and aprons where splashing may occur, using devices such as face shields when giving mouth to mouth resuscitation, and washing hands after every procedure. We ensure any waste products are correctly disposed of.

5.7. We ensure that any third-party lettings or providers, including transport services, visiting sports clubs or other schools, have adequate first aid provision.

5.8. We ensure that any third-party contractors, including catering and cleaning, working with us are aware of our policy and procedures.

6. Early Years

6.1. We ensure that at least one person trained in First Aid at Work, preferably including paediatric training, is on our premises at all times when pupils are present. A list of certified first aiders will be displayed in the Early Years area.

6.2. No educational visit or off-site activity from school is undertaken without the presence of at least one person with a first aid qualification.

6.3. We keep an electronic or written record of all accidents or injuries and first aid treatment, and we inform parents and/or carers of any accident or injury on the same day, or as soon as reasonably practicable, as well as any first aid treatment. Records are stored confidentially in Medical Tracker/on the school system. The recording of an incident is carried out in confidence at all times by the person administering first aid.

6.4. Prescription medicines must not be administered unless a doctor, dentist or a nurse have prescribed them and we have a clear procedure for managing this. Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent or carer. Please refer to the Medicines Management Policy.

7. Recording Accidents and First aid treatment

7.1. Pupils will tell their teacher or nearest staff member, or fellow pupils when they are not feeling well or have been injured. They will let a member of staff know if another pupil has been hurt or feeling unwell.

7.2. All accidents are recorded as soon as is practicable, including the presence of any witnesses and details of any injury or damage. Records are stored confidentially in the school accident register. The recording of an accident is carried out in confidence at all times by the person

administering first aid. An incident investigation may be required and, following this, a Serious Incident Reporting Form may require completion.

7.3. Any treatment of first aid is recorded by the person who administered first aid. We will record the date, time and place of the incident occurred. as well as details of the injury or what first aid was administered, and what happened after the event.

7.4. The First Aid Co-ordinator is responsible for the maintenance of accurate and appropriate accident records, including the evaluation of accidents, and regular reporting to the school H&S Committee for monitoring purposes.

7.5. As guidance, we adopt the definition of Ofsted with regard to serious injuries as follows:

- any injury which requires resuscitation
- admittance to hospital for than 24 hours
- broken bones or a fracture
- dislocation of a major joint (shoulder, knee, hip or elbow, finger, toe)
- loss of consciousness
- severe breathing difficulties
- injury leading to hypothermia or heat-induced illness
- loss of sight (temporary or permanent).
- chemical or hot metal burn to the eye or any penetrating injury to the eye; a chemical or hot metal burn to the eye
- injury due to absorption of any substance by inhalation, ingestion or through the skin
- injury resulting from an electric shock or electrical burn
- injury probably resulting from exposure to a harmful substance, biological agent, toxin or infected material

7.6. As guidance, we adopt the definition from Ofsted for minor injuries, of which we always keep a record, as follows:

- Animal and insect bites, such as a bee string which does not cause an allergic reaction
- sprains, strains and bruising.
- cuts and grazes.
- wound infections.
- minor burns and scalds.
- wound infections

7.7. Staff accidents at work must be reported to the HR Manager at the school.

8. Recording Near Misses

8.1. A near miss is an event where no one has actually been harmed and no first aid was administered but have the potential to cause injury or ill health.
We record any incidents that occur on the premises and these may include a break in, burglary, theft of personal or school's property; intruder having unauthorised access to the premises, fire, flood, gas leak, electrical issues.

9. Hospital Treatment

9.1. If a pupil has an accident or becomes ill, and requires hospital treatment, the school is responsible for:

- calling an ambulance in order for the pupil to receive treatment and transfer
- immediately notifying the pupil's emergency contacts (parent/carer)

9.2. When an ambulance has been called, a first aider will stay with the pupil until the parent arrives or accompany pupil to hospital by ambulance if required.

9.3. Where it is decided that pupil should be taken to the Emergency Department a first aider must either accompany them in the ambulance or remain with them until the parent/carer arrives to do so.

9.4. In the unlikely event that a pupil must be taken to hospital by a staff member, they should be accompanied by a second member of staff, with express authorisation from the Headteacher/Principal and in a taxi or school vehicle (not a private vehicle).

10. Defibrillators (AED)

10.1. The school has 4 defibrillators one in each campus:

- Lavagnini Campus: in the Teachers room;
- Matteotti Campus: at the Front Desk;
- Lupi Campus: at the Front Desk;
- Menarini baby Campus: in the ante-bathroom.

10.2. The defibrillator is always accessible, staff are aware of its location, and those who staff have been trained to use it. The defibrillator is designed to be used by someone without specific training and by following the accompanying step by step instructions on it at the time of use. The manufacturer's instructions are circulated to all staff and use promoted should the need arise.

10.3. The AED provider is responsible for replacing items such as batteries and our contract includes regular maintenance. The First Aid Coordinator is responsible for ensuring the provider complies with the contract.

11. Monitoring and Evaluation

11.1. Our school's senior leadership team monitors the quality of our first aid provision, including training for staff, and accident reporting, on a termly basis. Our policy is reviewed annually. Compliance will be reported formally to the school's termly H&S Committee. Minutes of these meetings submitted to the Head of Educational Compliance at Cognita SCP Regional Office. The Head of Educational Compliance will report to the Cognita Europe H&S Assurance Board.

11.2. Reports including an overview of first aid treatment to children including the identification of any recurring patterns or risks, lessons learned with the management actions to be taken accordingly including the provision of adequate training for staff, may be reported to our Safeguarding team.

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