



FIRST AID POLICY

RPE-PL-02-02

POLICY OWNER	Education Quality and Accountability Office
MONITORING AND EVALUATION	Principal and Senior Leadership Team
APPROVED BY	School Board
APPROVAL DATE	
DATE POLICY CAME INTO EFFECT	
PERIOD OF REVIEW	2 years
DATE OF NEXT REVIEW	

Table of Contents

1 RPE Mission and Vision.....	3
Mission.....	3
Vision.....	3
2 Introduction.....	3
3 Rationale.....	3
4 Aims.....	3
5 Roles and Responsibilities.....	3
Appointed Persons and First Aiders.....	4
School Board.....	4
Principal.....	4
Staff.....	5
6 Minimum Requirement for First Aid Provision.....	5
7 First Aid Procedures.....	5
In-School Procedures.....	5
Off-Site Procedures.....	6
Potential Head Injuries.....	6
Calling the Emergency Services.....	7
Notifying Parents/Guardians.....	7
Cardiopulmonary Resuscitation (CPR).....	7
8 First Aid Kits.....	7
8 First Aid Rooms.....	8
9 Record-keeping and Reporting.....	8
10 Staff Training.....	8
11 Monitoring and Reviewing the Policy.....	8
Appendix 1: List of Appointed Persons and First Aiders.....	10
Appendix 2: School Accident Report Form.....	11
Appendix 3: Emergency Contact Numbers.....	13
Appendix 4: Overview of CPR Techniques.....	14
CPR with rescue breaths on adults.....	14
Hands-only CPR on adults.....	14
CPR on children over 1 year.....	14
CPR on infants under 1 year.....	14

1 RPE Mission and Vision

Mission

Richmond Park Education aims to provide an inclusive learning environment that **nurtures, inspires and empowers** the students to reach their full potential academically, socially, and emotionally. Through innovative teaching methods, engaging and challenging enrichment programmes, personalised attention, and collaboration with families and the community, we cultivate critical thinking, creativity, and a lifelong passion for learning.

Vision

Vision of Richmond Park Education is to prepare the students to become compassionate, confident, and responsible global citizens who are equipped with the knowledge, skills, and values to thrive in an ever-changing world.

2 Introduction

This policy was prepared by RPE Education Quality and Accountability Office.

The School Board has agreed and ratified this policy.

This policy is to be read in conjunction with the Health and Safety Policy, of which it is an extension.

3 Rationale

This policy outlines the procedures for implementing and enhancing first aid measures within the Richmond Park International School, Sarajevo (hereinafter: the School), to ensure the safety, health, and well-being of students, staff, and visitors within the school environment.

This policy provides clear guidelines and procedures for responding to medical emergencies and injuries that may occur on school premises or during school-related activities. Additionally, a comprehensive first aid policy fosters a culture of preparedness, empowers staff members with essential lifesaving skills, and instils confidence among students, parents, and the school community in the school's commitment to providing a safe and supportive learning environment.

4 Aims

The aims of this policy are to:

- ensure the health and safety of all staff, students, and visitors,
- ensure that staff and School Board members/governors are aware of their responsibilities relating to health and safety,
- provide a framework for responding to an incident and recording and reporting the outcomes.

5 Roles and Responsibilities

The guidance within this policy allows any member of staff with responsibility for looking after students to follow a consistent approach relating to any incident, for both students and staff, whether during onsite or offsite activities. This policy outlines the key personnel who are first aid

trained and appointed first aiders; staff are always expected to use their best endeavours to ensure the welfare of students.

Appointed Persons and First Aiders

The School's lead appointed person responsible for first aid is the school nurse, responsible for:

- taking charge when someone is injured or becomes ill,
- ensuring there is an adequate supply of medical materials in first aid kits and replenishing the contents of these kits,
- ensuring that an ambulance or other professional medical help is summoned, when appropriate.

First aiders are trained and qualified to carry out the role and are responsible for:

- acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment,
- sending pupils home to recover, where necessary; and
- completing School Accident Report Form on the same day, or as soon as is reasonably practicable, after an incident.

Our school's appointed persons and first aiders are listed in Appendix 1. Their names will also be displayed prominently around the School.

All first aid training certificates are valid for three years.

First aid should only be administered by a qualified first aider.

School Board

The School Board has devolved responsibility from the Richmond Park Education Board for approving this policy and ensuring it is implemented appropriately. The School Board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Principal and staff members.

Principal

The Principal is responsible for the implementation of this policy, including:

- ensuring that there is always a trained first aider present in the school,
- ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role,
- ensuring all staff are aware of first aid procedures,
- ensuring appropriate risk assessments are completed and appropriate measures are put in place,
- undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place,
- ensuring that adequate space is available for catering to the medical needs of pupils; and
- reporting specified incidents to the authorities when necessary.

Staff

School staff are responsible for:

- ensuring they follow first aid procedures,
- ensuring they know who the first aiders in school are,
- completing accident reports for all incidents they attend to where a qualified first aider is not called; and
- informing the Principal or their manager of any specific health conditions or first aid needs.

6 Minimum Requirement for First Aid Provision

First aid provision must always be available whilst people are on the school premises as well as off site for example during school visits.

The minimum requirement for first aid provision is:

- an 'Appointed Person' or Lead First Aider – the person in charge of first aid arrangements, such as looking after equipment, facilities and calling for an ambulance (in case of our School the appointed person is the nurse)
- adequately stocked first aid kit that is easily available in a first aid event,
- first aid information for employees –
 - what procedure to follow in the event of a first aid incident,
 - the names of first aiders, how and where they can be located e.g., on displayed first aid notices,
 - first aid equipment (kits or boxes).

7 First Aid Procedures

Relating to all in-school procedures, either the school nurse, or a first aider, will attend the incident as requested from the member of staff assessing the incident and they will be referred to as a qualified first aider in this section.

In-School Procedures

In the event of an accident resulting in injury:

1. The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider or school nurse, if appropriate, who will provide the required first aid treatment.
2. The qualified first aider or school nurse, if called, will assess the injury, and decide if further assistance is needed from a colleague, or the emergency services (calling 124). They will remain on scene until help arrives.
3. The qualified first aider will also decide whether the injured person should be moved or placed in a recovery position.
4. If the qualified first aider judges that a student is too unwell to remain in school, parents/carers will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents/carers.
5. If emergency services are called, a member of staff will contact parents/carers immediately. Police will be called as necessary, due to local regulations. See Appendix 3 for more emergency contact numbers.
6. The qualified first aider and the member of staff present at the incident will complete the

School Accident Report Form (see Appendix 2) on the same day, or as soon as is reasonably practicable after an incident resulting in an injury.

Off-Site Procedures

When taking pupils off the School premises, staff will ensure they always have the following:

- a mobile phone,
- a portable first aid kit,
- information about the specific medical needs of students; and
- parents/carers' contact details.

Risk assessments will be completed by the member of staff leading the trip, prior to any educational visit which necessitates taking pupils off school premises. More details about off-site activities are found in the Health and Safety Policy and Trips and Educational Visits Policy.

Potential Head Injuries

The consequences of an injury from an accident involving a bump, knock or blow to the head is not always immediately evident and the effects may only become noticeable after a period of time, so it is important to monitor the individual and to communicate a bump of any nature to a parent or carer.

The injured person must be given adequate time to sit and rest to allow any injury to present itself before returning to the classroom.

If a student incurs a head or neck injury during sporting activities, they should cease play immediately and sit out for the rest of the lesson or match. If a serious injury is diagnosed, the child should not return to sport until a doctor advises.

A school nurse or first aider should initially assess the individual and may decide on first aid treatment such as a cold compress. If the following symptoms present themselves or return after a child has been assessed, the emergency services should be called:

- lethargy, feeling sleepy for longer than one hour when they would normally be wide awake,
- double vision,
- vomiting,
- unconsciousness, or lack of full consciousness (e.g., problems keeping eyes open),
- any confusion (not knowing where they are, getting things muddled up),
- any problems understanding or speaking,
- any loss of balance or problems walking,
- any weakness in one or more arms or legs,
- any problems with eyesight,
- very painful headache that will not go away,
- any fits (collapsing or passing out suddenly)
- clear fluid coming out of their ear or nose,
- bleeding from either ear,
- new deafness in one or both ears,
- difficulty waking your child up.

Calling the Emergency Services

Ensure the Principal, Secretary and Security Officer are aware that an ambulance has been called for updates, communication and to arrange meeting them on arrival so the emergency team can be taken to the injured person without delay.

Ideally a first aider should call the emergency services as they are trained to provide specified information that would more accurately describe the injured person's condition.

If the first aider is unable to call due to treating someone, another person must call the emergency services, ensuring they pass on relevant information.

Notifying Parents/Guardians

The qualified first aider, member of staff present, or form tutor will inform parents/carers of any accident or injury sustained by a student, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

- If a pupil is injured and the emergency services are needed, the parents/guardians must also be contacted and briefed on the situation.
- If a parent/guardian is not available to accompany the pupil, a member of staff should accompany them, ensuring a staff member remaining on site takes all relevant details such as the initial assessment and which hospital they are going to.
- The school will notify parents/guardians of any accident or injury sustained by a pupil and any first aid treatment given, as soon as possible.

Cardiopulmonary Resuscitation (CPR)

1. **CPR on adults:** If you have been trained in CPR, including rescue breaths and feel confident using your skills, you should give chest compressions with rescue breaths. If you are not completely confident, attempt hand-only CPR instead (see Appendix 4).
2. **CPR on children:** CPR should be carried out with rescue breaths on a child (see Appendix 4). It is more likely children will have a problem with their airways and breathing than a problem with their heart, making ventilation crucial to a child's chances of survival. The importance of promptly calling an ambulance (124) cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop, and full cardiac arrest will occur.

If someone is unconscious and not breathing normally call 124 and start CPR immediately. Basic life-saving instructions will be given to you over the phone including advice about CPR.

8 First Aid Kits

A typical first aid kit in our School will include the following:

- a leaflet with general first aid advice,
- regular and large bandages,
- triangular bandages,
- adhesive tape,
- safety pins.,

- disposable gloves,
- antiseptic,
- plasters of assorted sizes,
- scissors.

No medication is kept in first aid kits. When accompanying students on a residential trip, medication may need to accompany the first aid kit in an additional kit bag - these will be prepared by the nurse as needed.

First aid kits are stored in the following locations around school: hallways on each floor, staff rooms, kitchen, science labs.

8 First Aid Rooms

School buildings are required to have a room that is suitable for the use of medical treatment when required. It should be noted that:

- The room should, if possible, contain a washbasin and be close to a toilet.
- Ideally the first aid room should be reserved exclusively for the provision of first aid, for recovery of illness and as a rest room, but not for teaching.

9 Record-keeping and Reporting

All incidents are to be recorded on the School Accident Report Form (Appendix 2). The form will be completed by the first aider, or the member of staff present, on the same day or as soon as possible after an incident resulting in an injury.

As much detail as possible should be supplied when reporting an accident. Records with forms will be retained by the School for 3 years, and then securely disposed of.

10 Staff Training

All school staff can undertake first aid training if they would like to. Official training on the first aid purveyed by the Red Cross is mandatory for all teachers of: natural sciences, ICT, Design and Technology, PE and primary school teachers in Years 1-4. The list of first aiders is displayed in the staff room and on all first aid kits, being updated regularly by the nurse or Health and Safety officer.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The School will keep a register of all trained first aiders, what training they have received and when this is valid until (Appendix 1).

Staff are encouraged to renew their first aid training when it is no longer valid.

11 Monitoring and Reviewing the Policy

SLT reviews the information in the policy biannually and makes adjustments as appropriate.

Amendments or additions to this policy require approval by the School Board, following the established adoption procedure.

Appendix 1: List of Appointed Persons and First Aiders

Staff Member's Name	School Division	Role
Irnela Hasanović	Primary and Secondary	School Nurse and Lead First Aider
Jasin Hodžić	Primary	Biology Teacher, First Aider
Azra Ahmić	Secondary	Biology Professor, First Aider

Note: All teachers of Sciences, Technology, ICT and PE, as well as all primary school teachers need to have basic First Aid training and are required to offer First Aid as needed.

Appendix 2: School Accident Report Form

School: _____ Student ☐ Employee ☐

Name: _____

Year: _____ Position: _____ Age: _____ Sex: Male ☐ Female ☐

ACCIDENT INFORMATION

A. Time of the accident: _____ h B. Date: _____

C. Supervised activity? ☐ Yes ☐ No If yes, person in charge: _____

D. Nature of Injury (may be completed after medical examination)

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Burn	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain
<input type="checkbox"/> Bruise	<input type="checkbox"/> Concussion	<input type="checkbox"/> Laceration / Cut	<input type="checkbox"/> Strain
<input type="checkbox"/> Bump	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Puncture	<input type="checkbox"/> Other

E. Part of body injured

I HEAD	II TRUNK	III ARMS	IV LEGS
<input type="checkbox"/> Scalp	<input type="checkbox"/> Chest	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hip
<input type="checkbox"/> Back	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Upper arm	<input type="checkbox"/> Thigh
<input type="checkbox"/> Front	<input type="checkbox"/> Upper back	<input type="checkbox"/> Elbow	<input type="checkbox"/> Knee
<input type="checkbox"/> Eyes	<input type="checkbox"/> Lower back	<input type="checkbox"/> Forearm	<input type="checkbox"/> Shin
<input type="checkbox"/> Ears	<input type="checkbox"/> Crotch	<input type="checkbox"/> Hand	<input type="checkbox"/> Calf
<input type="checkbox"/> Nose		<input type="checkbox"/> Fingers	<input type="checkbox"/> Foot
<input type="checkbox"/> Mouth			<input type="checkbox"/> Toe
<input type="checkbox"/> Tooth			
<input type="checkbox"/> Neck			

F. Accident type

G. Accident location

<input type="checkbox"/> Animal or insect bite	<input type="checkbox"/> Playground / Athletic field
<input type="checkbox"/> Collision with a person (bump, etc.)	<input type="checkbox"/> Canteen / Dining hall
<input type="checkbox"/> Collision with an object (wall, etc.)	<input type="checkbox"/> Classroom / Lab
<input type="checkbox"/> Contact with hot or toxic substance	<input type="checkbox"/> Sports hall
<input type="checkbox"/> Fall or slip	<input type="checkbox"/> Hallway
<input type="checkbox"/> Fighting	<input type="checkbox"/> Restroom
<input type="checkbox"/> Strike by a vehicle (car, bike, etc.)	<input type="checkbox"/> Stairway
<input type="checkbox"/> Strike by an object (swing, ball, etc.)	<input type="checkbox"/> On way to/from school
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

ADDITIONAL NOTES: Describe the accident in your own words. Please give all details so that this accident report may be used to prevent other similar accidents.

CONTRIBUTING CAUSES

A. Environmental factors	B. Human factors	C. Agents
<input type="checkbox"/> Crowding <input type="checkbox"/> Doors <input type="checkbox"/> Drinking fountain <input type="checkbox"/> Equipment <input type="checkbox"/> Floors <input type="checkbox"/> Hard surface <input type="checkbox"/> Lighting <input type="checkbox"/> No handrail <input type="checkbox"/> Weather <input type="checkbox"/> Other:	<input type="checkbox"/> Active game <input type="checkbox"/> Fatigue <input type="checkbox"/> Fighting <input type="checkbox"/> Horseplay <input type="checkbox"/> Lack of training / experience <input type="checkbox"/> Preoccupation <input type="checkbox"/> Running <input type="checkbox"/> Violation of rules <input type="checkbox"/> Person using a vehicle <input type="checkbox"/> Other:	<input type="checkbox"/> Animal or insect <input type="checkbox"/> Electricity <input type="checkbox"/> Fire <input type="checkbox"/> Gases and fumes <input type="checkbox"/> Liquids <input type="checkbox"/> Recreational equipment <input type="checkbox"/> Stationery <input type="checkbox"/> Other:

POST-ACCIDENT INFORMATION

A. Was first aid given? ☐ Yes ☐ No If yes, by whom: _____

Description of first aid: _____

B. Was the parent or other responsible person notified? ☐ Yes ☐ No

If yes, by whom: _____

If no, explain: _____

C. Advised on tetanus immunisation? ☐ Yes ☐ No

D. Final steps:

☐ Injured sent home. If so, was he/she accompanied? ☐ Yes ☐ No

☐ Injured sent to physician. Name of physician: _____

☐ Injured sent to emergency room. Name of the hospital: _____

E. Days absent from school or work _____

ACTION TAKEN

A. Instructional	B. Policy or corrective action
<input type="checkbox"/> Discussed at staff meeting <input type="checkbox"/> Discussed in each class as part of regular instruction <input type="checkbox"/> Discussed with parents <input type="checkbox"/> Personal instruction given to injured <input type="checkbox"/> Personal instruction given to person in charge <input type="checkbox"/> Presented as a subject of assembly program <input type="checkbox"/> Other:	<input type="checkbox"/> Environmental changes affected <input type="checkbox"/> Notified school Safety Committee <input type="checkbox"/> Safety rules amended to prevent recurrence <input type="checkbox"/> Safety specialist visit to assist in safety program <input type="checkbox"/> Suggest closer supervision <input type="checkbox"/> Other:

Signed: _____ Title: _____ Other witnesses: _____

Appendix 3: Emergency Contact Numbers

Table 1: List of emergency services available 24/7 in Bosnia and Herzegovina.

Emergency Service	Number
Civil Protection Centre	121
Police	122
Fire Brigade	123
Ambulance	124
Road Assistance	1282 / 1285 / 1288

The school nurse is available for communication from 8:00 to 16:30 on each working day.

School nurse phone:

Appendix 4: Overview of CPR Techniques

CPR with rescue breaths on adults

1. Place the heel of your hand on the centre of the person's chest, then place the palm of your other hand on top and press down by 5-6 cm (2-2.5 inches) at a steady rate of 100 to 120 compressions a minute.
2. After every 30 chest compressions, give 2 rescue breaths.
3. Tilt the person's head gently and lift the chin up with 2 fingers. Pinch the person's nose. Seal your mouth over their mouth and blow steadily and firmly into their mouth for about 1 second. Check that their chest rises. Give 2 rescue breaths.
4. Continue with cycles of 30 chest compressions and 2 rescue breaths until they begin to recover or emergency help arrives.

Hands-only CPR on adults

1. Kneel next to the person and place the heel of your hand on the breastbone at the centre of their chest. Place the palm of your other hand on top of the hand that's on their chest and interlock your fingers.
2. Position yourself so your shoulders are directly above your hands.
3. Using your body weight (not just your arms), press straight down by 5-6 cm (2-2.5 inches) on their chest.
4. Keeping your hands on their chest, release the compression and allow their chest to return to its original position.
5. Repeat these compressions at a rate of 100 to 120 times a minute until an ambulance arrives or for as long as you can.

CPR on children over 1 year

1. Open the child's airway by placing 1 hand on their forehead and gently tilting their head back and lifting the chin. Remove any visible obstructions from their mouth and nose.
2. Pinch the child's nose. Seal your mouth over their mouth, and blow steadily and firmly into their mouth, checking that their chest rises. Give 5 initial rescue breaths.
3. Place the heel of 1 hand on the centre of the child's chest and push down by 5 cm (about 2 inches), which is approximately one-third of the chest diameter. The quality (depth) of chest compressions is very important. Use 2 hands if you can't achieve a depth of 5 cm using 1 hand.
4. After every 30 chest compressions at a rate of 100 to 120 a minute, give 2 breaths.
5. Continue with cycles of 30 chest compressions and 2 rescue breaths until the child begins to recover or emergency help arrives.

CPR on infants under 1 year

6. Open the infant's airway by placing 1 hand on their forehead and gently tilting the head back and lifting their chin. Remove any visible obstructions from their mouth and nose.
7. Place your mouth over the infant's mouth and nose and blow steadily and firmly into their mouth, checking that their chest rises. Give 5 initial rescue breaths.
8. Place 2 fingers in the middle of the infant's chest and push down by 4 cm (about 1.5 inches), which is approximately one-third of the chest diameter. The quality (depth) of

chest compressions is very important. Use the heel of 1 hand if you can't achieve a depth of 4 cm using the tips of 2 fingers.

9. After 30 chest compressions at a rate of 100 to 120 a minute, give 2 rescue breaths.
10. Continue with cycles of 30 chest compressions and 2 rescue breaths until the infant begins to recover or emergency help arrives.