

FIRST AID POLICY

The Policies and procedures will be regularly reviewed and their effectiveness evaluated, taking into account the views of all sections of the school community.

The appointed person will keep up to date with current thinking, literature, resources, attending appropriate courses and feeding back to colleagues.

Introduction:

Abdullah Ibn Amr quotes the Prophet as saying: "Your body has a [human] right".

As Muslims we value the life we have been blessed with. The human body is a blessing from the Almighty and as such must be preserved, if it is injured it has a right to medical treatment. It is a requirement of the (First Aid) Regulations 1981 that school must provide adequate and appropriate equipment, facilities and qualified first- aid personnel.

In implementing a general emergency plan the school must identify its first-aid training requirements and then satisfy these requirements by providing staff with training. As a Muslim school we take very seriously the welfare of our students and staff and have put in place procedures to deal with any emergencies.

This policy therefore forms part of the Health and Safety policy. Its objective is to prepare the school to cope with emergencies, which involve illness or injury to persons.

This policy is in line with the DFE *Guidance on First Aid for Schools (1998)*

Policy Statement:

The First Aid Policy at Madni Academy is to ensure that persons injured or taking ill during any activities at the school, or while on school property, are provided with adequate first aid assistance or treatment as far as is practicable.

Guidance

In line with the Islamic ethos of the school, the aim to preserve the gift of life that the Almighty has blessed us with.

To give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

Approved items of first aid are made available, properly maintained and all employees are made aware of their location.

Accident books and first aid boxes are located in high risk areas around the school, any accidents or medical emergencies involving a student must be recorded. Parents should be informed if necessary. Where parents are informed a record should be kept.

Any major head injuries, extensive bleeding or unconsciousness will result in an ambulance being called immediately.

Should any serious accident occur or a student becomes seriously ill, requiring hospital treatment, an ambulance will be called and parents informed immediately. A member of staff will go with the students to the hospital if the parent is not able to get to the school before the ambulance arrives. On no account should the provision of urgently needed medical treatment be delayed in

Students with medical conditions are identified (list in staff room cupboard) (i.e. asthma, epilepsy) staff should make themselves aware of these students, and must be alert to the need for prompt action should the need occur. {See appendix 1 for details of what to do in the case of an emergency}

Students with any infectious diseases must be excluded from the school until recovery. { See appendix 2 for details}

Requirements

If you need a first aider (list displayed in staff room and staff handbook) please try to find one in a room closest to you, as time is lost going further and could be vital in some areas.

1. Sufficient school staff shall be trained in first aid so that there is usually a person with a current first-aid certificate available in each department/school during any emergency occurring in normal operating hours.
2. Members of staff will be made aware of any particular hazards in their subject area. Where this is the case staff will be given appropriate training

and have easy access to a first aid box.

3. The school shall provide sufficient first-aid kits, which are to be kept in clearly marked and accessible positions, to enable first aid treatment to be given and to comply with legislative requirements.
4. When dealing with an emergency the first aider must first ensure their own safety.
5. Supplies of first aid material will be held in the high-risk areas within the school. These locations are determined by the headteacher. They will be prominently marked and all staff will be advised of their position. The material will be checked in the first and second half of every term, and any deficiencies made good without delay. First aid boxes are allocated within the school in the following rooms:-

Room No	Subject Area
	Administration office
	Food Technology room
	Science Laboratory
	Textile Room
	Early Years unit
	Science room
	Art room

6. All school first-aid kits are to be maintained under the charge of the appointed person. They
7. The role of the first aider is to ;
 - To ensure that their qualification is up to date.
 - Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible and within the scope of their qualification.
 - Help fellow first aiders at an incident and provide support as needed.
 - Ensure first aid kits are adequately stocked. Checks to be carried out on a termly basis. Stock to be replenished on a termly basis and out dated stock disposed off.
 - Ensuring that an ambulance or other professional medical help is summoned when appropriate. Any accident that involves either a pupil or member of staff being sent to hospital should be notified to a member of the Senior Leadership Team as soon as possible

- Ensure that any significant head injuries are reviewed at the hospital. Parents should be informed of any head injury as soon as practicably possible.
 - Ensure that a staff member or parent accompanies any child to the hospital.
 - Keep a record of each child attended to, the nature of the injury and any treatment given.
 - In the case of an accident, an accident form must be completed. All first aid administered must be logged in a treatment book. This should include: date, time and place of incident, name of the injured or ill person, details of injury or illness, what happened to the person afterwards and name and signature of the first aider or person dealing with the incident. All accidents should be logged in an accident book.
8. All parties going on educational trips shall, as part of their emergency procedures, carry a first-aid kit and, where appropriate, a communication system. All such parties shall be accompanied by a staff member who is the holder of a current first aid certificate.

Parents in the EYFS will be informed about all accidents and injuries. For all minor injuries, details are noted in the accident book (as above) and parents are informed on collection of their child and asked to counter sign. For more serious injuries (for example head injuries) parents will be contacted immediately by telephone to discuss appropriate action, accident book completed (as above) and parents asked to counter sign.

In the EYFS, Ofsted will be notified of any serious accident, illness or injury to or the death of any children while in their care, and of the action taken. Notification will be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. The School will notify local child protection agencies if any serious accident or injury to, or the death of any child while in their care, and will act in any advice from those agencies.

The School's insurance provides full cover for claims arising from the actions of staff acting within the scope of their employment. Members of staff with a current first aid qualification who use their skills at the school, or whilst on a school trip or off-site activity, are viewed as acting within their employment and are indemnified.

Guidance on dealing with spillage of body fluids

Spillages of blood, vomit, urine and excreta should be cleaned up promptly. The following general actions must be taken by the person dealing with the spill:

- Clear the immediate area of people. Hazard signs and cordoning may be necessary, according to the circumstances.

- Disposable personal protective equipment (PPE), including gloves (latex or nitrile) or equivalent and a disposable plastic apron must be worn.
- Any spilt blood or other body fluids should be cleaned up, either with disposable absorbent paper towels. Dispose absorbent towels and latex gloves in the external bin.

Staff Training

The appointed person for the secondary school is **Mrs Fatima Lakhi** who holds a current first aid certificate.

The appointed person for the primary and early years is **Mrs Khansa Shamoon** who hold current paediatric first aid certificates.

There shall at all times be sufficient school staff trained in first-aid to meet any current legislative requirements.

All staff are given basic first aid training annually and this is included in the induction programme for new staff.

RIDDOR (reporting of Injuries, Diseases and Dangerous Occurrences Regulations)

The school has a legal duty under RIDDOR to report and record major work-related accidents. This includes dangerous occurrences where something happens that does not result in an injury but could have done.

RIDDOR applies to all work activities but not all incidents are reportable. The Headteacher will take advice when unsure as to whether the accident is reportable. Where an accident is required to be reported, this will be done by the Headteacher.

The Incident Contact Centre (ICC) on 0845 300 99 23.

Monitoring and Evaluation

The headteacher will review the First Aid needs and arrangements annually, and will ensure that the appropriate level of first aid/appointed persons are in post, and that the appropriate standard is met. This policy will be reviewed annually. Any changes and developments will be regularly communicated to students, staff, parents and visitors.

APPENDIX 1

MEDICAL EMERGENCIES

Asthma

If a pupil is having an asthma attack the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down.

- Assist with prompt administration of medication - give 4 puffs of blue reliever.
- If no improvement after 4 minutes give another 4 puffs
- If still not improvement or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then an ambulance must be called. Dial 999 from land line and 112 from a mobile phone.

Diabetes

Signs and Symptoms

High blood sugar (normally slow onset of symptoms)

- Excessive thirst
- Frequent need to urinate
- Acetone smell on breath
- Drowsiness
- Hot dry skin

Low blood sugar (normally quick onset of symptoms)

- Feel dizzy, weak and hungry
- Profuse sweating
- Pale and have rapid pulse
- Numb around lips and fingers
- Aggressive behaviour
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Action

For person with Low blood sugar give sugar, glucose or a sweet drink eg coke, squash

For person with High blood sugar allow casualty to self administer insulin. Do NOT give it yourself but help if necessary.

If unsure if person is suffering high or low blood sugar, give them sugar. If they have high blood sugar it will not harm them further, but if they have low blood sugar it will be vital!

Epileptic Seizures

Anaphylaxis

Epileptic seizures are caused by a disturbance of the brain.

Seizures can last from 1 to 3 minutes

Signs and symptoms

- A 'cry' as air is forced through the vocal chords
- Casualty falls to ground and lies rigid for some seconds
- Congested, blue face and neck
- Jerking, spasmodic muscle movement
- Froth from mouth
- Possible loss of bladder and bowel movement

Management:

During seizure

- Do NOT try to restrain the person
- Do NOT push anything in the mouth
- Protect person from obvious injury
- Place something under head and shoulders

After seizure

- Place in recovery position
- Manage all injuries
- DO NOT disturb if casualty falls asleep but continue to check airway, **breathing and circulation.**

Phone an ambulance if seizure continues for more than 5 minutes.

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment.

When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food – in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Signs and Symptoms

- Swelling and redness of the skin
- Itchy raised rash
- Swelling of the throat
- Wheezing and or coughing
- Rapid irregular pulse
- Nauseousness and vomiting
- Dizziness or unconsciousness

Management

- Call 999 for an ambulance
- Observe and record pulse and breathing
- If casualty is carrying medicine for the allergy, assist casualty to use it
- Help casualty sit in position that most relieves breathing difficulty
- Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen.

These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

If these symptoms appear in an affected child the epipen must be used and an ambulance called immediately. The pen is pre-loaded and should be injected into the fleshy part of the thigh. Staff have received training in how to use the epipen, which is very simple, but it must be remembered that swift action is ESSENTIAL.

Minimum Periods of Exclusion From School

Disease/Illness	Exclusion Period
Antibiotics	First 2 days at home
Temperature	If the child is sent home ill, they must be kept away from school for 24 hours
Vomiting away	The child should be kept from school for 48 hours after the vomiting has stopped
Conjunctivitis away	The child should be kept from school until the redness and discharge have gone
Diarrhea away	The child should be kept from school for 48 hours after the diarrhea has stopped
Chickenpox	The child must be absent from school for a minimum of 7 days from the appearance of the rash
Gastroenteritis, food poisoning, salmonellosis & dysentery	Until authorised by your Doctor
Infective hepatitis	The child must be absent for A minimum of 7 days from the onset of jaundice
Measles	The child must be absent school for a minimum of 5-7 days from the onset of the rash
Meningococcal infection	The child must be absent fully recovered from the illness.
Mumps	The child must be absent school until all swelling has gone – there is a minimum period of exclusion for 10 days

Pertussis (whooping cough)	The child must be absent for a minimum of 21 days from the onset of paroxysmal cough
Rubella (German measles)	The child must be absent school for a minimum of 4 days from the appearance of the rash
Shingles	The child must be absent school for a minimum of 7 days from the appearance of the rash
Scarlet fever& streptococcal Infection of throat	With appropriate medical treatment, minimum of 3 days from start of treatment
Threadworm	Excluded from school until treated
Tonsillitis	Must be kept away from school for a minimum of 48 hours after starting antibiotics
Tuberculosis	Until declared free from infection by your doctor
Typhoid fever	Until declared free from infection by your doctor
Impetigo	Must be kept away until the skin has completely healed
Pediculosis	Must be kept away until the appropriate treatment has been given
Ringworm of scalp	Excluded until cured
Ringworm of body	Exclusion not usually
Scabies	Excluded until treatment is complete, usually 24 hours