

## Al-Noor Primary School

### First Aid Policy

#### 1 Introduction

- 1.1 The health, safety and welfare of all people who work or learn at our school are of fundamental importance. We aim to provide a safe, secure and pleasant working environment for everyone. The headteacher, the school Health & Safety Coordinator, board of trustees, along with the Health & Safety Executive, takes responsibility for protecting the health and safety of all school members.

Furthermore this is a duty enshrined upon all Muslims by Allah, the Almighty through his book the Noble Quran wherein He says “Do not put yourselves in harms way” Surah Baqarah Ayah 195. Likewise the Prophet Mohammed peace be upon him said in a hadeeth “Do not cause harm or reciprocate harm”. These two clearly indicate the importance of a Muslim looking after themselves and ensuring the safety of those around them.

- 1.2 Under the school’s health, safety and welfare policy, a first aid policy has been devised to deal with first aid issues relating to children, staff and members of the public on the school premises.

#### 2 Aims and Objectives

- 2.1 The objective of the first aid policy is to help, assist and protect the safety and welfare of children, staff or members of public on the school premises during an accident, injury, illness or emergency.
- 2.2 The first aid policy ensures all the legal requirements and procedures under Health and Safety law are implemented in the school.
- 2.3 The aim of the policy is to outline the procedures to be followed by all staff in the event of an accident taking place.

#### 3 On-Site First Aid Procedures

- 3.1 All staff members are made aware of the first aid policy, what to do when an incident arises, the location of first aid materials and who the appointed person and trained first aiders are on the school premises.
- 3.2 It is the duty of all staff to report to the headteacher anything they may deem to pose a risk to the safety of school members.
- 3.3 Notices of the location of the first aid box and the trained first aiders are displayed in prominent places around the school.
- 3.4 The first aid container is located in the school office, with a guide for first aid and a guide for emergency procedures, the office manager ensures it is kept packed with essential first aid items.

- 3.5 The appointed person in charge is the headteacher, Someera Butt.
- 3.6 The trained First Aiders are given below. The school ensures that all teaching assistants and all EYFS staff are trained every three years.

<b>Appointed Person &amp; Role:</b>	<b>Qualification</b>	<b>Training Renewal Date</b>
NAJIA SAEED (School Office Manager)	Emergency & Paediatric First Aid	March 2020
NAZIA AFZAL ) Admissions/attendance officer	Emergency & Paediatric First Aid	March 2020
SHARBA DHOOMUN (TA)	Emergency First Aid	March 2020
MUHIBUR RAHMAN (TA)	Emergency First Aid	March 2020
FAARIS JOHNSON	Emergency First Aid	March 2020
Aliyah Razaq	Emergency & Paediatric First Aid	April 2022
Mariyah Chaudery	Emergency & Paediatric First Aid	April 2022
Daniela Zerouak	Emergency & Paediatric First Aid	April 2022
Irem Yasir	Emergency & Paediatric First Aid	April 2022
Nusrat Abdulla	Emergency & Paediatric First Aid	April 2022
Atiya Bashir	Emergency & Paediatric First Aid	April 2022

- 3.7 Should any incident involving injury to a child or adult take place, one of the trained first aiders above must be called to assist. If necessary, the appointed person will telephone for emergency assistance and also inform the parents of the child or next-of-kin.
- 3.8 In the event of a child feeling unwell, e.g. suffering from a stomach ache, headache, asthma, nose bleed or vomiting, they are sent to the school office where the resident first aider can provide assistance, first aid if necessary and notify parents if appropriate.
- 3.9 All injuries and the dispensing of first aid treatment is recorded in the accident book which is located in the school office.
- 3.10 For all minor accidents, sickness or injuries the child's parents must be notified by the following procedure:
1. School will complete accident/injury form
  2. This form will be handed to TAs at the end of the day
  3. Parents are informed at the end of the day and sign the accident/injury
  4. If TA is unable to inform the parent at the end of the day, they will then email parents to inform them of their child's injury using the email template provided

5. Parents will respond
  6. TA will print response and file in folder
  7. If parent does not respond in 24hours then TA needs to call the parent to ensure an acknowledgement and that a response is emailed.  
Note: school office will call parents in case of head injury and note on form for TA
- 3.11 In the case of a child being seriously hurt or ill the school office will contact his/her parents by ringing them and asking them to take their child home or to the doctors.
  - 3.12 Where the nature of the injury requires immediate emergency care and calling 999, the decision to call 999 will be based on the following triggers but not restricted to the list and basic first aid will be administered as well as CPR depending on the case:
    - Unconscious but breathing
    - Unconscious and not breathing
    - Scalds or burns of a serious nature
    - Anaphylactic shock
    - Choking in a child and airways unable to be cleared
    - Severe bleeding
    - Electrocutation
    - Poisoning – swallowed a toxic substance
    - Fractures
    - Signs of shock in case of serious illness or injury
    - Stroke – Follow FAST guide

The decision to call 999 will be taken by the appointed person – currently the headteacher or deputy head in their stead. The Foundation CEO will be notified of any injury or emergency incident.
  - 3.13 Where the injury or incident is deemed reportable under the RIDDOR act, the school office manager will notify the headteacher, fill in the relevant forms and report it to the incident contact centre.
  - 3.14 All completed accident forms must be stored in the First Aid folder in the school office. These are private and confidential documents and need to be stored securely.
  - 3.15 Following a serious incident the headteacher will carry out an investigation, a risk assessment and take relevant controlled steps to strive to ensure such an incident does not occur again due to controllable factors.
  - 3.16 In the event of presence of bodily fluids around the school or playground, e.g. blood, vomit or excrement, the area must be cordoned off and the school caretaker notified immediately. He will clean it up with appropriate form of disinfectant to ensure hygiene and infection control. He must take basic precautions for his own health, safety and welfare, e.g. using gloves.

**3.17 Pupils using crutches or having limited mobility**

Parents must inform the school of the nature of injury and the anticipated duration of immobility. The class teacher will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable teachers to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school. Parents must inform the school of any particular difficulties.

**3.18 Emergency care plans and treatment boxes**

The appointed person ensures that staff are made aware of any pupil with an emergency care plan. These care plans are displayed in the staff room. A copy is also kept in the sick room. Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the appointed person and parents. Emergency treatment boxes must always be taken if the pupil is out of school. The boxes are kept in the sick room.

**3.19 Infectious diseases**

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other pupils and staff.

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
Chickenpox	5 days from onset of rash	Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing
Measles	5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed
Hepatitis A	Exclusion may be necessary	Consult the Health Protection Agency
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring

		treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatment is recommended for the pupil and family members
Mumps	5 days from onset of swollen glands	
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better
Influenza	Until fully recovered	
Cold sores	None	Avoid contact with the sores
Warts, verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Glandular fever	None	
Tonsillitis	None	

#### **4 School Trips**

- 4.1 We do not take any child off the school site without the prior permission of the parent.
- 4.2 A risk assessment is carried out for all school trips to assess the hazards that might arise and pose a risk to the health, safety or welfare of pupils and accompanying adults and to take any necessary measures to prevent incidents from happening.
- 4.3 One first aider is required on all school trips. A teacher is delegated as the group leader to carry the first aid container and act as the first point of contact in an emergency.
- 4.4 In the event of an accident taking place during the school trip, the group leader and the first aider must be called to the scene. The group leader must contact emergency services if needed and contact the school, so that the school may notify parents if appropriate.
- 4.5 During a school trip there must be one trained first aider left on the school premises to deal with first aid issues at school.

#### **5 The Role of Teachers**

- 5.1 It is the responsibility of each teacher to ensure that the classroom environment and curriculum activities are safe. If a teacher does have any concerns about pupil safety, they should draw them to the attention of the headteacher before an activity takes place (where relevant).

- 5.2 If an accident does occur, resulting in injury to a child, the teacher will do all s/he can to aid the child concerned.
- 5.3 The teacher will call for first aid help if needed or send the child to the school office for first aid assistance.

## **6 The Role of Other Staff Members**

- 6.1 The headteacher is the appointed/named person responsible for health, safety and welfare. Her duty is to take charge when someone is injured or becomes ill and ensure emergency services are called for if needed. She is also responsible for reporting the accident to the HSE as per the RIDDOR guidelines set out below and to the Foundation CEO.

### **Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)**

By law any of the following accidents or injuries to pupils, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive by phone, fax, email or letter.

Major injuries from schedule 1 of the regulations:

- a. Any fracture, other than to the fingers, thumbs or toes.
- b. Any amputation.
- c. Dislocation of the shoulder, hip, knee or spine.
- d. Loss of sight (whether temporary or permanent)
- e. A chemical or hot metal burn to the eye or any penetrating injury to the eye.
- f. Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- g. Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours
- h. Any other injury lasting over 3 days
- i. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
- j. Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
- k. Acute illness requiring medical treatment; or
- l. Loss of consciousness
- m. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- n. Death
- o. A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

- 6.2 There are a number of trained first aiders on site (please refer to 3.6), primarily the trained first aiders in the office staff will deal with the majority of the first aid issues. It is their duty to provide first aid help when needed.
- 6.3 The trained first aider in the school office is responsible for ensuring the first aid containers are fully stocked at all times.
- 6.4 The caretaker is responsible for immediately clearing bodily fluids, e.g. blood, excrement or vomit from the area affected.
- 6.5 In the event of a serious accident, the headteacher is responsible for investigating it and carrying out a risk assessment and taking necessary steps to ensure it doesn't occur again.
- 6.6 The office manager, trained first aider or any other adult who might deal with an accident, is responsible for filling-in the accident book.

## **7 The Role of Parents**

- 7.1 Parents must notify the school if their child has an illness that can affect the child at school or be passed onto other children.
- 7.2 In the event of a child sustaining a non-urgent injury or the child becoming ill, his/her parents must come to the school when called by the school, to take their child home or to a doctor or hospital.

## **8 The Role of Trustees**

- 8.1 The board of trustees has a named person with responsibility for health and safety. This is currently Zulfiqar Ahmed.
- 8.2 The board of trustees ensures that the headteacher is following procedures laid out in the policy.

## **9 Monitoring and Review**

- 9.1 This policy was last reviewed in September 2017 by the Health and Safety Coordinator, Nusrat Abdulla (before that in September 2016 by the Health and Safety Coordinator and Deputy headteacher, Nusrat Abdulla).
- 9.2 The Deputy headteacher implements the school's health, safety and welfare policy and ensures that the First Aid policy is being implemented by all staff.
- 9.3 Zulfiqar Ahmed monitors and evaluates the school's effectiveness in Health & Safety matters by conducting periodic checks on Health & Safety checks, the policy and documentation.
- 9.4 The headteacher reports to the trustees half termly on health and safety issues and more frequently as situations might demand.
- 9.5 This policy will be reviewed annually.

9.5 Review date: April 2019

Signed, on behalf of the board of trustees, by: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

**APPENDIX I: Guidance to staff on particular medical conditions****(i) Allergic reactions**

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

**(ii) Anaphylaxis**

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

**Action to be taken**

1. Send someone to call for a paramedic ambulance and inform parents. Arrange to meet parents at the hospital.
2. Send for the named emergency box.
3. Reassure the pupil help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.

12. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

**REMEMBER** Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks.

Epi-pen treatment must only be undertaken by staff who have received specific training.

(iii) Asthma management

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the staff room. The school has a smoke free policy.

**Trigger factors**

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

**General considerations**

Pupils with asthma need immediate access to their reliever inhaler. Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the classroom, not locked away and always accessible to the pupil. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

As appropriate for their age and maturity, pupils are encouraged to be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required. A spare named inhaler should be brought to school and given to the class teacher for use if the pupil's inhaler is lost or forgotten.

**Recognizing an asthma attack**

- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

**Action to be taken**

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the appointed person or a first aider if she not available.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany pupil to hospital and await the arrival of a parent.

**(iv) Diabetes management**

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school.

**Signs and symptoms of low blood sugar (hypoglycaemic attack)**

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The pupil should test his or her blood glucose levels if blood testing equipment is available.

- Pale
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour-weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

**Action to be taken**

1. Follow the guidance provided in the care plan agreed by parents.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Pupils should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the pupil to have access to regular snacks.
6. Inform parents.

**Action to take if the pupil becomes unconscious:**

1. Place pupil in the recovery position and seek the help of the appointed person or a first aider.
2. Do not attempt to give glucose via mouth as pupil may choke.
3. Telephone 999.
4. Inform parents.

5. Accompany pupil to hospital and await the arrival of a parent.

### **Signs and symptoms of high blood sugar (hyperglycaemic attack)**

Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

### **Action to be taken**

1. Inform the appointed person or a first aider
2. Inform parents
3. Pupil to test blood or urine
4. Call 999

(v) Epilepsy management

### **How to recognise a seizure**

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.

A pupil diagnosed with epilepsy will have an emergency care plan.

### **Action to be taken**

1. Send for an ambulance;
  - a. if this is a pupil's first seizure,
  - b. if a pupil known to have epilepsy has a seizure lasting for more than five minutes or
  - c. if an injury occurs.
2. Seek the help of the appointed person or a first aider.
3. Help the pupil to the floor.
4. Do not try to stop seizure.
5. Do not put anything into the mouth of the pupil.
6. Move any other pupils away and maintain pupil's dignity.
7. Protect the pupil from any danger.
8. As the seizure subsides, gently place them in the recovery position to maintain the airway.

9. Allow patient to rest as necessary.
10. Inform parents.
11. Call 999 if you are concerned.
12. Describe the event and its duration to the paramedic team on arrival.
13. Reassure other pupils and staff.
14. Accompany pupil to hospital and await the arrival of parent.

## Version History

<b>Version Number</b>	<b>Date</b>
FAP.17-18.2	11/12/17
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