

First Aid Policy

All staff must refer to the latest guidance set out [Guidance for full opening: Schools](#)

- Any child requiring First Aid must remain in class. Contact must be made with the School Office (Mr S Alibhai & Mr Arshad Alibhai/ML Abu Bakr) In their Absence, please contact Mr Mapara
- An Appointed first aider will attend to the child and remove the child from the class
- All First Aiders must risk assess, follow procedures set out in our Risk Assessment.

First aid can save lives and prevent minor injuries becoming major ones. This policy addresses responsibilities, procedures and provides information related to First Aid.

1. Responsibilities in Brief

The owner (Trustees) is responsible for the health and safety of employees and of all those on the school premises.

The employer must arrange adequate and appropriate training and guidance for staff who Volunteer to be First Aiders/Appointed Persons.

The owner should ensure the minimum provision for First Aid:

- A suitably stocked first-aid container;
- An appointed person to take charge of first-aid arrangements;
- Information for employees on first-aid
- First Aid room with a sink and in close proximity of a toilet.

The head teacher is responsible for putting this policy into practice and for developing detailed procedures. The head teacher should also make sure that parents are aware of the school's health and safety policy, including arrangements for first aid.

The head teacher should regularly review the school's first-aid needs (at least annually), and particularly after any changes. Previous incidents, logbooks and consultation with staff should inform the monitoring and review process.

The head teacher must ensure that First Aid notices are suitably displayed in staff/common rooms providing information on: location of equipment, facilities, personnel, monitoring and reviewing procedures.

Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children.

2. First Aiders

The Head Teacher in conjunction with the Management will ensure that First Aider/s are available on-site all the time. All First Aiders must complete a training course approved by the Health and Safety Executive (HSE) (Next First Aid Refresher course is due on the 2nd September 2027).

The main duties of First Aiders are to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- When necessary, ensure that an ambulance or other professional medical help is called.

3. Appointed person

The Trustees will appoint a person as 'Appointed Person'. An appointed person is **not** a First Aider. The appointed person will:

- Take charge when someone is injured or becomes ill;
- Look after the first-aid equipment e.g. restocking the first-aid container;
- Ensure that an ambulance or other professional medical help is summoned when appropriate.
- The **Appointed Person** is S Alibhai (mornings) & Moulana Abu Bakr / Arshad Alibhai (afternoon) and can be found in the Main Office. In their absence the Appointed person will be Mr U Mapara who can be found in the Main Office.

4. Records

Any reportable injury, disease or dangerous occurrence must be recorded by the relevant member of staff in the incidents logbook, kept at the office. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease.

First-aiders in the first-aid logbook must record all first-aid incidents.

5. Equipment

The school has 5 first-aid containers and 2 pouches. They are located in:

- The school office
- Staff room
- PE Pouches x 2
- Science Lab
- First Aid Room
- Mini Bus

6. Procedure

If administration of first-aid is required, staff/pupils should immediately call for/inform the appointed person. The appointed person will then take charge of the situation, summoning a first-aider if need be. The first aider will then administer first-aid if appropriate; the First Aid room should be used if required. The levels of injury to be treated on site are those the First Aider has been trained for (see attached training guide). The appointed person and first-aider will decide whether the emergency services are to be called, in which case the appointed person will do so. The reporting member of staff/pupil and the first aider should record the incident in the first-aid logbook, and the appointed person should inform the Head Teacher of the incident and its outcome. If the incident involves a pupil, the Head Teacher will ensure that the parent/carer of the pupil is informed, and report it to relevant bodies if necessary (see 'Guidance on First Aid for Schools', DfES publication).

- **Injury to Head**

In the event of any injury to the head and the pupil has remained in school, the parent should be notified by the end of the school day and notified to seek medical advice. An advice letter (kept with the First Aid Log) must be sent home with the child. (see appendix 1)

Summoning assistance and communications with parents:

Good communication ensures that accident reporting, risk identification, reduction and elimination is effective. Good communication is also essential to promoting healthy and safe working/learning environments and avoiding misunderstandings.

Many accidents sustained by pupils/students are minor and include bruises, scratches, sprains and bumps. In these cases it is reasonable to instruct older children to inform their parents on arriving home. Staff should, however, pay due regard to the age, capabilities and language of pupils/students/parents when considering how to communicate accident/injury information to parents and ensure that adequate notification is made by telephone or letter as appropriate.

Serious accidents require immediate medical attention and an ambulance must be called, particularly if the accident includes shock or loss of consciousness, however brief. Parents should always be notified by telephone or in writing. If pupils sustain an injury where there is a risk of tetanus infection/blood contamination, parents should also be advised in writing so that they may seek the advice of their GP.

MAJOR INJURIES

1. Major injuries are defined as:-

- Any fracture, other than to fingers, thumbs or toes.
- Any amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (temporary or permanent)

- A chemical or hot metal burn to the eye or any penetrating injury to the eye.
- An injury resulting from an electrical shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than twenty-four hours.
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
- Acute illness requiring medical treatment or loss of consciousness that has resulted from the absorption of any substance by inhalation, ingestion or through the skin.
- 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.

7. Guidance on Spillage of blood or body fluids

A risk assessment, as required by COSHH should be carried out on any waste that is generated. Certain waste is classified as clinical waste and its disposal is subject to strict controls. Clinical waste includes waste consisting wholly or partly of blood or other body fluids, swabs or dressings, syringes, needles or other sharps, which unless made safe may be hazardous to any person coming into contact with it. (HSE) (See Appendix 2)

8. School Policy on dispensing Medicine

The school will not dispense any medicine in any circumstances (Paracetamol, etc)

1. Pupils on medication should:
 - Bring a letter from parent stating the medicine has been recommended by their GP
 - Bring medicine clearly labeled with their name and D.O.B
2. The school should store medicine in a cool dry place in the Main Office and the Administrators, Moulana Yusuf and Mr S Alibhai will supervise the child to administer the medicine

Information for Staff

All information about pupil's medical conditions are held in a folder in the main office. All staff is advised to be familiar with pupils and their medical needs. Information can also be obtained from the pupil's record.

School Trips

Staff on trips will accompany themselves with a full class list containing the medical needs of all the pupils. This can be obtained from the School Office.

9. Personnel

The **Appointed Person** is S Alibhai (mornings) & Moulana Abu Bakr/Arshad Alibhai (afternoon) and can be found in the Main Office. In their absence, the Appointed person will be Mr U Mapara who can be found in the Head Teacher Office.

First Aiders:

- | | | | |
|-----|-----------------------|-----------------------|-------------------------------|
| 1. | S Alibhai | (Main Office) | |
| 2. | Molana Abu Bakr | (Main Office) | |
| 3. | Usman Mapara | (Head Teacher Office) | |
| 4. | Osman M B Snell | | } Teaching Rooms / Staff room |
| 5. | Molana Siddique Potts | | |
| 6. | Said Medar | | |
| 7. | Mohamed Jamadar | | |
| 8. | Uzair Patel | | } Teaching Rooms / Staff room |
| 9. | ML Maaeez | | |
| 10. | Ataur Monnaf | | |
| 11. | Arshad Alibhai | (Site Manager) | |

Appendix 1

Date: _____

Parents of: _____ Year: ____

Head Bump

Dear Parent

Assalamu Alaikum

We are writing to inform you that your son had a bump to his head today at approximately __:__am/pm. Children often bump their heads with no further consequences. The school informs parents when a child bumps their head so parents can keep an eye on their child once they get home from school. This is because it is possible for a more serious internal injury to occur with no obvious symptoms for several hours. For your guidance, symptoms of serious head injury are listed below.

The chance of serious injury is highly unlikely from a simple bump to the head. This letter is not intended to alarm or worry parents. It is intended to provide information that could prove vital in exceptional circumstances.

- Child seems disorientated
- Impaired or loss of consciousness
- Intense headache
- Vomiting
- Noisy breathing becoming slow
- Unequal or dilated pupils
- Weakness or paralysis of one side of the body
- High temperature; flushed face
- Drowsiness
- A noticeable change in personality or behaviour, such as irritability
- A soft area or depression of the scalp
- Clear fluid or watery blood leaking from the ear or nose
- Blood in the white of the eye
- Distortion or lack of symmetry of the head or face

If your child displays symptoms of any of the above conditions, (not all symptoms may be apparent), you should seek immediate advice from your GP or local A&E Department.

Wassalaam

Head Teacher

Appendix 2

Guidance on Spillage of blood or body fluids

Emergency guidance action

- For spills of most body fluid samples, place paper towels over the spill, pour disinfectant on top and leave for at least 15 minutes.
- For blood, wear disposable gloves and use sodium chlorate (I) (hypochlorite, bleach etc) containing at least 10 000 ppm chlorine.
- Leave in contact for 15-30 minutes. Wash hands thoroughly.
- • Disposal of bloody tissues, etc Avoid skin contact with tissues etc contaminated with blood.
- In school, place in a bag or for sanitary towels use containers etc. Then incinerate or dispose of it safely.

Human body fluids & tissues

includes Cheek cells, blood, saliva, sweat & urine (2013)

Source	Hazard	Comment
Cheek cells	 BIOHAZARD	There is a very tiny risk of transmission of HIV or hepatitis virus but only if contact is made with samples other than your own. Sampling may be banned in some schools although this is very unlikely.
Blood	 BIOHAZARD	There is some risk of transmission of HIV or hepatitis virus if contact is made with blood other than your own. Taking blood samples is possible if stringent precautions are taken (full details in the CLEAPSS Laboratory Handbook, section 14.4.1) and may not be permitted in some schools. Never share hypodermic needles or become 'blood brothers'.
Saliva	LOW HAZARD	There is a negligible risk of transmission of HIV or hepatitis virus even if you come into contact with saliva other than your own. Kissing is rarely banned for reasons of hygiene!
Sweat	LOW HAZARD	There is a negligible risk of transmission of diseases even from contact with sweat other than your own, but this is no excuse for poor hygiene.
Urine	 BIOHAZARD	There is a very tiny risk of transmission of various diseases if you come into contact with urine other than your own, although urine is normally sterile. In investigations involving urine, take care when obtaining and transporting samples. Wash hands after using the toilet.

Typical control measures to reduce risk

- Only handle samples from your own body.
- After use, hygienically dispose of samples, disinfect contaminated containers by immersion for 30 minutes in a solution of sodium chlorate(I) (hypochlorite, eg. Milton) or Virkon (for 10 minutes); treat benches for a sufficient length of time with a suitable disinfectant (Virkon is preferred) and wash hands. Any swabs, slides or other equipment contaminated with blood should be collected in a suitable container, then autoclaved. If necessary, use a 'sharps' container (eg. a sturdy box, clearly labelled and sealed and wrapped before disposal).
- Treat clinical thermometers, mouthpieces, etc in Milton for 30 minutes before and after use (unless disposable).
- In first aid, minimise contact with blood by wearing disposable surgical gloves or by asking the casualty to carry out her/his own treatment, eg. by applying pressure to a wound using a pad of cloth.

Assessing the risks

- What are the details of the activity to be undertaken? What are the hazards?
- What is the chance of something going wrong?
Eg. Could somebody else come into contact with samples from your body, or vice versa?
If first-aid treatment was not applied, could the casualty's condition put his or her life at risk?
- How serious would it be if something did go wrong?
Eg. Could HIV or hepatitis virus or other pathogens be transmitted?
- How can the risk(s) be controlled for this activity?
Eg. Can it be done safely and without risk to health? Does the procedure need to be altered?

Emergency action

- Spill on the floor, bench, etc
For spills of most body fluid samples, place paper towels over the spill, pour disinfectant (eg. Virkon) on top and leave for at least 15 minutes. For blood, wear disposable gloves and use sodium chlorate(I) (hypochlorite, bleach) containing at least 10 000 ppm chlorine. Leave in contact for 15-30 minutes. Wash hands thoroughly.
- Disposal of bloody tissues, etc
Avoid skin contact with tissues etc contaminated with blood. In school, place in a container for sanitary towels, etc. Then incinerate or use a clinical waste-collection service. At home, flush down the toilet or wrap carefully and place in the refuse.