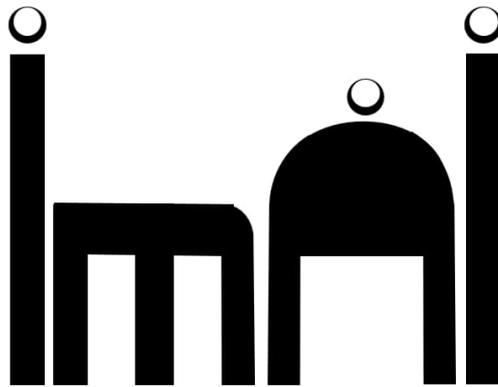


مَعَهْدُ الْإِمَامِ مُحَمَّدِ آدَمِ الْإِسْلَامِيِّ

**Ma'had Al-Imām Muhammad Adam Al-Islāmi**

A Tradition of Excellence

مَعَهْدُ الْإِمَامِ مُحَمَّدِ آدَمِ الْإِسْلَامِيِّ



THE IMAM MUHAMMAD ADAM INSTITUTE

# **First aid policy**

**August 2021**

Review date: August 2022

## First aid policy

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### 1. Key personnel

Role	Staff member
Responsible for RIDDOR submissions to HSE	Shaykh Faheem Ibn Ismaeel (Principal/Proprietor)

### 2. Introduction

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.

This policy provides an overview of the statutory requirements and how these are met in school. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered.

The responsibility for drawing up and implementing the First Aid policy is delegated to the First aid coordinator, 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.

### 3. Current procedures

Our appointed person (First aid co-ordinator) undertakes and records an annual review. A first aid needs assessment is carried out to ensure that adequate provision is available given the size of our school, the staff numbers, our specific location and the needs of individuals

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 also includes careful planning for any trips and visits, including residential and higher risk trips which always include a suitably trained first aider, in keeping with our Educational Visits policy.

Our procedure outlines when to call for help when necessary, such as an ambulance or emergency medical advice from professionals/treatment, and 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.

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We ensure that first aid provision is available at all times, including out of school trips, during PE, and at other times when the school facilities are used.

We keep a written record of all accidents or injuries and first aid treatment. We must inform parent(s)/carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, of any first aid treatment.

### **4. First aid training**

We carefully consider, and review annually, the training needs of our staff 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,

First aiders in our school have all undertaken appropriate training. They have completed a Schools first aid course. Before the certificates expire, first aiders need to undertake a requalification course as appropriate, to obtain another three-year certificate.

Training will be updated every three years and will not be allowed to expire before retraining has been achieved.

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

### **5. Contents of first aid kits**

Our minimum provision, (not mandatory) as recommended by HSE is to hold a suitably stocked first aid box, to nominate an appointed person (see 3.1 above), as well as the provision for staff of relevant information on first aid arrangements.

In our suitably stocked First Aid box we provide a minimum of the following, or suitable alternatives:-

- a leaflet/booklet giving general guidance on First Aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- two sterile eye pads;
- four individually wrapped triangular bandages;
- six safety pins;
- six medium sized individually wrapped sterile unmedicated wound dressings;
- two large individually wrapped unmedicated wound dressings;
- two cool packs;
- one pair of disposable gloves.

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The First Aid coordinator is responsible for examining the contents of the first aid boxes. These are checked frequently and restocked as soon as possible after use. 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.

Our first aid boxes are kept in the following places:

- School reception
- Science laboratory
- Medical area

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 off skin with soap and running water, out of eyes with tap water and or an eye wash bottle, wash splashes out of nose with tap water, record details of any contamination, and seek medical advice where appropriate.

First aiders take careful precautions to avoid the risk of infection by covering cuts and grazes with a waterproof dressing, wearing suitable gloves, using suitable eye protection and aprons where splashing may occur, use devices such as face shields when giving mouth to mouth resuscitation and wash hands after every procedure. Ensuring any waste products are disposed of in a yellow clinical waste bag or box.

### **6. Recording accidents and first aid treatment**

Staff members will report when a child appears unwell or is injured. Also 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 is feeling unwell.

All accidents are recorded immediately after the accident, including details of any injury or damage. Records are stored confidentially, recording of an accident is carried out in confidence at all times by the person administering first aid.

Any treatment of first aid is recorded by the person who administered first aid. We will record the date, time and place with the name of the class, of the injured or ill person. Details of the injury or what first aid was administered, along with what happened afterwards is always recorded.

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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 Principal.

We adopt the definition of Ofsted with regard to serious injuries as follows:-

- broken bones or a fracture
- loss of consciousness
- pain that is not relieved by simple pain killers;
- acute confused state;
- persistent, severe chest pain or breathing difficulties;
- amputation;
- dislocation of any major joint including the shoulder, hip, knee, elbow or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin; and
- medical treatment where there is reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material.

We adopt the definition from Ofsted for minor injuries, of which we always keep a record, as follows:

- sprains, strains and bruising;
- cuts and grazes;
- wound infections;
- minor burns and scalds;
- minor head injuries;
- insect and animal bites;
- minor eye injuries; and
- minor injuries to the back, shoulder and chest.

We follow the guidelines on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 2013) for the reporting of serious and dangerous accidents and incidents in school. These include work-related and reportable injuries to visitors as well as certain accidents, diseases and dangerous occurrence arising out of or in

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connection with work. Where accidents result in the incapacitation of a worker for more than seven days, a RIDDOR report is required, including three days for recording purposes.

### **7. Recording incidents and near misses**

We record any near misses which are an event such as occurrences where not one has actually been harmed and no first aid was administered, but have the potential to cause injury or ill health.

### **8. Hospital treatment**

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

- calling an ambulance in order of the pupil to receive treatment; or
- taking the pupil to an Accident and Emergency department
- and in either event immediately notifying the pupils parent/carer

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.

Where it is decided that pupil should be taken to A&E Department a first aider must either accompany them or remain with them until the parent/carer arrives.

Where a pupil has to be taken to hospital by a member of staff they should be taken in a taxi and not use their own car.

### **9. Prescription and non-prescription medication**

Staff will only administer prescribed medication (from a doctor, dentist, qualified nurse or pharmacist) brought in by the parent/carer, for the pupil named on the medication in line with the stated dose.

Medicine containing aspirin or ibuprofen will not be administered to any pupil unless prescribed by a doctor for that particular pupil.

For pupils that are on Individual Healthcare Plans, parental consent will be sought regarding details of what medication they need in school, who is going to give it to them on a regular/daily basis.

Most antibiotics do not need to be administered during the school day and parents should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours, where possible. If however this is not possible then please refer to Storage of Medicine paragraph.

This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date

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and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

All school staff who volunteer or who are contracted to administer medication are provided with training. The school keeps a register of staff who have had the relevant training. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

### **10. Storage of medication**

Medicines are always securely stored in accordance with individual product instructions, paying particular note to temperature. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

We will carry out a risk assessment to consider any risks to the health and safety of our school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

Parents are responsible for ensuring that any date-expired medication is collected from the school. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays. If parents do not pick up out-of-date medication or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

Six times a year the First Aid Coordinator will check the expiry dates for all medication stored at school.

Sharps boxes are used for the disposal of needles. All sharps boxes in the school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent.

### **11. Response to COVID-19**

PPE is easily available and can be worn by staff members if they are concerned about being in close contact with a child who is displaying symptoms of COVID-19.

Disposal of PPE and any other items that have body fluid on them must be double bagged before disposal.

For more details, please refer to our COVID risk assessment.

### **12. Monitoring and evaluation**

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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 will be reviewed annually and accordingly.