



First Aid Policy

❖ Aims and objectives

- To ensure that first aid provision is available at all times while people are on the school premises and also off the premises whilst on school trips or visits
- To appoint the appropriate number of suitably trained people as Appointed First Aiders to meet the needs of the school and to maintain a record of that training and review it annually
- To ensure that staff are aware of the risks involved in teaching their subject and take them into account when carrying out risk assessments and reviewing their training needs (particularly in PE, science and DT)
- To provide relevant training, refreshed every three years, and ensure monitoring of training needs
- To provide sufficient and appropriate resources and facilities, including an appropriate number of first aid kits and a first aid room
- To provide awareness of H & S issues within the school and on school trips, to prevent where possible potential dangers or accidents
- To inform staff and parents of the School's First Aid arrangements
- To report, record and where appropriate investigate all accidents
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

❖ Procedures

- First Aid boxes are located in **the medical room at the school Reception/Science Lab/Principal Room/Staffs Room**. They are checked regularly by the receptionist and replenished accordingly.
- All First-Aiders should have attended a training course within the last three years, should follow the guidelines given at the course, and should have easy access to First Aid kits. This is the responsibility of the Principal.
- There are fully qualified First Aiders (First aid at work, as per Dfe guidance) and emergency first aiders who trained on 8th February 2020.
- The Lead First Aider is Muhammad Abdul Qahhar (MAQ), He is responsible for overall first aid at school.
- List of First Aiders (First Aid at work)
 - MD Musleh Uddin (MMU)
 - Anhar Ahmed (HMAA)
 - Muhammad Musharraf Hussain (MHI)
 - Maruf Ahmed (MMA)
 - Mohammed Badrul Islam (MBI)
 - Maulana Muhammad Shehab Uddin (MSU)
 - Mohammed Farid Ahmed chowdhury (MFA) Safeguarding Lead Governor
- List of First Aiders (Emergency First Aid at work)
 - Muhammad Hasan Chowdhury (MHC)
 - MD Nazmul Haque (MNH)

- Any members of the staff who discover any accidents or other medical emergencies should refer to the First Aider.
- Accidents and other medical emergencies must be recorded appropriately, in the incident and accident record book (located in reception). Parents should be informed when necessary and a record kept of occasions when they have been. The record shall include:
 - Date, time and place of accident.
 - Name and form of the person involved (if a pupil)
 - Details of injury and treatment and any medication given.
 - Outcome of accident
 - Name and signature of the person or first aider dealing with incident.
- Standard letters to inform parents/ Guardians about head injuries, minor or major, in writing: are kept in the accident record files in reception: make sure the parents are handed this letter on the day of the accident, when they collect their child.
- The First Aider will ensure in the first week of the Autumn term that all staff are made aware of any particular hazards in the subjects that they teach or the activities that they supervise and have appropriate training and access to First Aid kits
- Pupils with medical conditions, such as asthma or severe allergies, should be identified. All staff should be aware of their conditions and alerted to the need for prompt action. This is the responsibility of the First Aider who must keep a list of such pupils in a place that is accessible by all staff but away from the gaze of visitors and pupils.

Reporting to HSE

Refer to Appendix I

• Administration of medicines:

- Parents of pupils required to carry or use an inhaler or EpiPen are required to notify the School of this.
- The School will obtain parental consent before administering any medicines to pupils.
- The information held by the School will include a record of pupils who need to have access to asthma inhalers, epiPens, injections or similar and information regarding relevant parental consent.
- Where appropriate, individual pupils will be given responsibility for keeping such equipment with them if a parent consents to the pupil carrying his/her own medicine. This will be reviewed on a regular basis.
- The First Aiders will retain and administer an inhaler or EpiPen for each pupil who is deemed not to be sufficiently competent to carry this themselves.
- School will buy extra EpiPen for emergency and use as per Dfe guideline. Parents' consent must be taken before given to the child.
- In other cases, such equipment and medicines will be kept, suitably labelled, in a locked cabinet by a First Aider in the School Office.
- As a general rule, First Aiders shall not administer any medication that has not been prescribed for that particular pupil by a doctor, dentist, nurse or pharmacist.
- First Aiders may only administer non-prescription medication such as pain and fever relief if the parents have already provided their consent for this to happen and only if there is a health reason to do it.

- No pupil shall be given medicine containing aspirin unless prescribed for that particular pupil by a doctor.

• **Storage of Medication**

- Medicines are always securely stored in accordance with individual product instructions save where individual pupils have been given responsibility for keeping such equipment with them.
- All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

• **Emergency arrangements**

If a child had an accident please refer to the First Aider who will make a decision whether to call an ambulance or not. An ambulance should always be called in the following cases:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- When there is profuse bleeding
- When difficulty breathing/choking is observed
- Signs of an onset of an epileptic fit, such as a dazed state or trembling.
- Severe shock
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

• **Procedure in the event of contact with blood or other bodily fluids**

First Aiders should take the following precautions to avoid risk of infection:

- cover any cuts and grazes on their own skin with a waterproof dressing;
- wear suitable disposable gloves when dealing with blood or other bodily fluids;
- use suitable eye protection and a disposable apron where splashing may occur;
- use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- wash hands after every procedure.

If a First Aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids which are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water;
 - wash splashes out of eyes with tap water and/or an eye wash bottle;
 - wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
 - record details of the contamination;
 - take medical advice (if appropriate).
- The person responsible for cleaning in case of spillage of blood or body fluid is the caretaker using appropriate detergents (15% bleach must be used).

- **First aid during the coronavirus (COVID-19) outbreak (HSE guidance):**

Guidance for first aiders:

- Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone.
- If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model – preserve life, prevent worsening, promote recovery.

Preserve life: CPR

- Call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- Ask for help. If a portable defibrillator is available, ask for it
- Before starting CPR, to minimise transmission risk, use a cloth or towel to cover the patient's mouth and nose, while still permitting breathing to restart following successful resuscitation

If available, use:

- a fluid-repellent surgical mask
- disposable gloves
- eye protection
- apron or other suitable covering
- Only deliver CPR by chest compressions and use a defibrillator (if available) – don't do rescue breaths

Prevent worsening, promote recovery: all other injuries or illnesses

- If you suspect a serious illness or injury, call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- If giving first aid to someone, you should use the recommended equipment listed above if it is available
- You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible

After delivering any first aid:

- Ensure you safely discard disposable items and clean reusable ones thoroughly
- Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible

❖ Visits and Events off Site

- Before undertaking any off-site events, the Principal will assess level of first aid provision required by undertaking a suitable and sufficient risk assessment of the event and persons involved. When appropriate a portable first aid kit will be carried.
- Please see separate Off-site Visits Policy for more information about the School's educational visit requirements.

❖ Sharing of Information

- At the start of the academic year, the School Office will provide to the relevant members of staff a medical list of students who are known to her to have medical problems (to include

Asthmatics, Diabetics, Epileptics and others with serious illnesses). This will be reviewed at each change of circumstances.

- Any member of staff organising school trips and visits should request from parents/carers an update of medical conditions for those pupils taking part. Any concerns should be reported to the First Aider and School Office.
- The school should also collect the same information about staff and take this information into account when planning outings and certain activities.
- Notes:
 - Training for First Aiders/Appointed persons should be provided by a HSE accredited provider
 - A register of First Aiders/Appointed persons and their training history should be maintained by the school and refresher training should be offered before certification expires

❖ **Monitoring**

The implementation of this policy will be monitored half-termly by the Principal and First Aider and reviewed annually. Records of accidents will be analysed to identify any particular patterns and improve systems. Records of dispensation of medication and the storage of medication will be checked half-termly by the Principal and First Aider. First aid kits will be checked and replenished by the First Aider half-termly.

❖ **Evaluation**

Any deficiency noted during staff meetings and annual reviews will prompt the school to take the action required to remedy the deficiencies so that all students and staff are kept safe at all times.

The views of staff, parents and students will be taken into account to improve this policy further at each annual review.

The Governing Body will evaluate the effectiveness of first aid arrangements by checking all the school procedures (including records of accidents and dispensation of medication) and feeding findings back to the school on an annual basis.

Date Policy Reviewed: 12th June 2020

Print Name (Chair of Governors): **Maulana Muhammad Abdul Jalil**

Next Review Date: June 2021

Responsibility for review: Vice Principal (First Aider)/ Governors

Appendix I Reporting to HSE

The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23):

Types of reportable incidents

Deaths and injuries

If someone has died or has been injured because of a work-related accident this may have to be reported. Not all accidents need to be reported, other than for certain gas incidents, a RIDDOR report is required only when:

- the accident is work-related
- it results in an injury of a type which is reportable
- Types of reportable injury
- The death of any person
- All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

Specified injuries to workers

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
 - covers more than 10% of the body
 - causes significant damage to the eyes, respiratory system or other vital organs
- any scalding requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness
 - requires resuscitation or admittance to hospital for more than 24 hours

For further guidance on specified injuries is available.

Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

Over-three-day incapacitation

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

Non fatal accidents to non-workers (eg members of the public)

- Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.
- There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.
- If the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury' (see above).

Occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Further guidance on occupational diseases is available.

Specific guidance is also available for:

- occupational cancers
- diseases associated with biological agents

Dangerous occurrences

Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- plant or equipment coming into contact with overhead power lines;
- the accidental release of any substance which could cause injury to any person.

Further guidance on these dangerous occurrences is available.

Gas incidents

Refer to HSE website.