ABU BAKR AL-IHSAAN ACADEMY

Accidents and Sickness Policy

First aid must be provided to any person that we owe a duty of care to if they are injured or become ill while on our premises or involved in an off-site activity. There must be sufficient suitable qualified first aiders and adequate first aid facilities to ensure the assistance will be provided quickly to casualties and a call made to emergency services where appropriate.

Aims

The aim of this policy is to ensure that all children with medical conditions, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Medical Information

A medical register is kept which lists pupils with specific medical needs. All adults involved with such pupils in school or school associated activities will receive information on such pupils.

Accidents and emergencies in school

General illness

1. When a pupil complains of illness they should be sent to the office in the first instance. The office staff should attempt to alleviate the symptoms (by asking the child to drink water, have something to eat, visit the toilet etc.)
2. The time of arrival and the symptoms will then be recorded. The pupil will then either be sent back to class, the medical room or the arrangements made for her to be sent home

- If the qualified first aider is of the opinion that the pupil should be seen by the family doctor, parents should be contacted and asked to collect their daughter.
- Any pupil awaiting collection by a parent should, as far as possible, be kept under supervision in the first aid room by a qualified first aider other than the designated staff member.
- Staff members must complete the **First Aid Book** for each pupil they deal with.
- In the event of serious illness, contact should be maintained by the head teacher with the parents on the progress of the pupil.

Minor incidents (not life threatening)

- When a pupil is involved in a minor accident at school, she should be given first aid by a qualified member of staff.
- A record of any injuries should be made on the accident/ injury forms
- An accident/ incident/ illness report slip must be completed
- For bumped head, the slip MUST be issued
- For other injuries, the slip may be issued depending on the severity of the injury at the qualified first aider's discretion; however if treatment has been given the slip must be issued
- Should the staff member feel the pupil is not well enough to remain in school; the general illness procedure should be followed.
- If the qualified first aider is of the opinion that the pupil should be seen by the family doctor, parents should be contacted and asked to collect their child. Any pupil awaiting collection by a parent should, as far as possible, be kept under supervision in the first aid room by a qualified first aider other than the designated staff member
- Should the head teacher consider that, whilst the pupil need not be sent home, the parents should be advised of an incident by telephone and record the call in the Pupil Accident Book

Major incidents/ emergencies

Major incidents include fractures, broken bones, head injuries, The loss of sight of an eye, choking, unconsciousness, asthma attack, anaphylactic shock, high or low blood sugar related to diabetes, deep cuts requiring stitches, open wounds and excessive bleeding.

• Any other injury which results in the person injured being admitted to hospital as an inpatient for more than 24 hours, unless that person is detained only for observation

In case of serious injury/ major incident, an ambulance should be called at the earliest opportunity without delay

- Act quickly and calmly. Dial 999 and ask for an ambulance – use your own mobile phone if nearby or the nearest phone to you.
- State the emergency and provide accurate address details
- The parents of the pupil concerned must be contacted immediately. Where a pupil needs to be taken immediately to hospital, a member of staff should accompany her until she is able to hand responsibility to the pupils' parents.
- Staff members must complete the **Pupil Accident Book** form for each incident they deal with.
- In the event of a serious accident, contact should be maintained by a senior member with the parents on the progress of the pupil.
- Reporting of accidents - The person reporting the accident should complete the Medical Book.

All pupil medical histories should be updated on an ongoing basis.

The arrangements for first aid for sports, outdoor pursuits and field trips are the responsibility of the supervising staff.

Accidents

All accidents including those on school visits are to be reported in the accident book. Major accidents are to be reported to the Head teacher. Any action taken will be noted in the accident book.

Recording

All accidents must be recorded in the Accident Book. All details need to be filled in, including any treatment given.

If the accident is more serious, the aim of the school is to get the child qualified medical attention as quickly as possible. Parents are informed straight away, and if necessary, an ambulance sent for. A member of staff will collect information and accompany pupil. If Parents are uncontactable the Head Teacher must be informed and the school will take responsibility locus parentis.

Fatal and major injuries need to be reported immediately to HSE.

The accident should be reported by telephone immediately, and then confirmed in writing on form F2508 for injury or dangerous occurrences and form F2508A for diseases at work.

If the accident is major for child or adult, please report it immediately to the headteacher who will send for an ambulance if needed and contact parents.

When in doubt, contact parents/guardians.

It might be that the extent of the injury may not be apparent at the time of the accident or immediately afterwards, or the injured person may not immediately be admitted to hospital. Once the injuries are confirmed, or the person has spent more than 24 hours in hospital, then the accident must be reported as a major injury.

Accidents to employees resulting in more than three days consecutive absence will be referred to HSE.

Certain accidents arising out of or in connection with work are reportable to the Health and Safety Executive under the requirements of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1985.

Employee Accidents

This applies to all School employees and self-employed persons on school premises.

Any accident to an employee resulting in a fatal or major injury must be reported to the HSE immediately by telephone. The details must be confirmed on Form F2508 within 7 days.

If the accident does not result in a fatal or major injury, but the employee is incapacitated from their normal work for more than three days (excluding the day of the accident) there is no need to telephone, but Form 2508 must be completed and sent to the HSE within seven days of the accident.

Pupil Accidents (Including accidents to any visitors not at work)

Fatal and major injuries to pupils on school premises during school hours must be reported in the same way as those to employees. However, injuries during play activities in playgrounds arising from collisions, slips and falls are not reportable unless they are attributable to:

- The condition of the premises (for example, potholes, ice, damaged or worn steps etc.
- Plant or equipment on the school premises
- The lack of proper supervision

Fatal and major injuries to school pupils occurring on school sponsored or controlled activities off the school site (such as field trips, sporting events or holidays in the UK) must be reported if the accident arose out of or in connection with these activities, by phoning the following number 0845 3009923 (RIDDOR).

If you are unsure of the address of the nearest HSE office and it is not listed in the local telephone directory, you may find out by telephoning the HSE enquiry point on0151 9514381.

Near misses

Part of ensuring the premises are a safe environment is to ensure that potential accidents do not occur. An accident is defined as an unplanned, unexpected and undesired event which occurs suddenly and causes injury or loss. A near miss is an unplanned event that has the potential to cause injury or loss.

- Ensure you understand the school's policies and objectives
- Know the emergency arrangements of the school
- Ensure you understand the control measures, specified in the school's procedures and risk assessments.
- Ensure you have received suitable information, instruction and training in the task you are carrying out.
- Ensure you wear all personal protective equipment that is specified for the task you are to carry out.

- Staff are required to log any near misses in the incident book.

Administration of Medication

- Should a secondary pupil request to take paracetamol, firstly it should be confirmed that the pupil has been given permission by her parents or guardian to do so. The pupil should be asked if she has taken any other medication containing paracetamol that day, and, if so, the quantity and time it was taken should be checked to prevent any risk of over dosage. The details should then be recorded in the **Record of Medicines Administered Form**, stating the name and year of the pupil and the nature other illness. The book should be signed by the member of staff authorising the medicine.
- Prescribed medication should never be administered without a written consent from parents/guardians stating the exact dosage, duration and time of administration. If in doubt about any procedures in administering medicines, ailment or prescribed, a health professional will be contacted.

3. Prescribed medication brought to school by pupils must be brought to the office. It is the pupil's responsibility to come at break or lunchtime to take them. A letter from a doctor or parent must accompany all medication.

    a. All drugs/medication must be dearly labelled with the name of the pupil and the dosage required.

    b. All drugs/medication should be kept locked (except for emergency medication, which needs to be retained by the pupil).

    Wherever possible, only the dosage needed for one day should be brought into school.

- As with all paracetamol, a record of Medicines Administered Form must be completed.
- A trained member of staff will administer all medicines.
- Before administration of medicines, the pupil's records should be checked, in the best interests of the pupil's safety.
- Before the administration of medicines, the medicine label will always be read thoroughly to ensure the pupil's safety.
- All medicines must be administered from the medical cabinet.
- All medicines administered ailment or prescribed, will be recorded as normal practice.
- Under no circumstances will another pupil's medicine be administered to anyone else.
- All prescribed medicines will be kept securely locked in the medical cabinet.
- For hygiene purposes, as well as to minimise the risk of the spread of infection the use of cotton wool will be used to administer all creams or lotions.
- All staff will use protective disposable gloves when dealing with spillages of blood or other body fluids.

- Pupils will be kept away from any infected areas until the area is deemed safe to return by the headteacher.

Infectious Diseases

From time to time pupils contract certain illnesses, for which they have to be excluded from school for a specific period of time. Below is a list of diseases and the time for which they should be kept at home:

Chicken pox	6 days minimum from onset of rash
German measles	7 days minimum from onset of rash
Measles	7 days minimum from onset of rash
Mumps	7 days minimum or until swelling has gone
Whooping cough	21 days minimum from onset of cough
Impetigo	Until skin has healed

In case of outbreak inform at NHS Infection Control Unit (MANOR HOSPITAL- 01922 721172)

Contractors

As our site occupies Abu Bakr Girls School will plan, co-ordinate, control and monitor the activities of contract companies to effectively minimise the risks presented to employees, pupils, other persons on site and the public.

Disabled Persons

Our Health & Safety Policy has been prepared to ensure safe and healthy environment for all employees. It recognises that those employees who require extra equipment, facility or assistance, both routinely and in an emergency, will have such needs met

Emergency treatment consent
In order for staff to ensure that pupils receive the best and most appropriate care, parents are informed that the school will take all necessary steps to secure the health and safety of their child in an emergency.

Off site visits
For any education visit, a trip leader will need to be selected. This will normally be the most senior/ experienced teacher. The trip leader will be required to tale a first aid box/ pack on school outings. This can be obtained from the main office when leaving for a trip. The trip leader is responsible for taking and returning this to the main office. The trip leader should make themselves aware of first aid procedures at the venue being visited ad make relevant group leaders aware of any potential points. During trips, all members of staff should make themselves aware of the venue details in case they need to make emergency calls.

FIRST AID PROCEDURE

First aid is quite simply to be able to help someone who is taken ill or who gets injured. The aim is to limit the condition and promote recovery.

The actions to take will depend on the type of injury. If the case is very minor (headaches, cuts, bruises etc.) then refer the matter to the office. However, a situation may arise where you may have to deal with the casualty immediately (epilepsy, nose bleeds, asthma, etc.). If this is the case, then the following actions should be followed:

- Assess the situation quickly and calmly.
- Ensure that the area surrounding the casualty is clear and safe.
- Reassure and talk to the casualty.
- Send for assistance and support from another member of staff.
- Send for a first aid kit if necessary.
- In all cases you must notify the office.
- Remember to give clear instructions.
- Give treatment as advised at your first aid course.
- Do not try to do too much for yourself.
- Always remain calm and stay with the casualty at all times.
- Remember to record the incident as advised

The list of qualified first aiders is available from **the school office.**

The School First aiders are:
Ms Y. Azam
Ms Z. Amjad
Mrs G. Patel
Mrs B. Luqman
Miss H. Luqman
Mrs S. Bhana

First Aid Kits are available in the school office, first aid rooms and science laboratory.

First Aid kits should be easily accessible and clearly identified by a white cross on a green background. The container should protect the contents from dust and damp.

A first aid kit should be available at every work site. Larger sites may need more than one first aid kit. The following list of contents is given as guidance.

- A leaflet giving general guidance on first aid

- 20 individually wrapped sterile small non adherent dressings of assorted size. Fix in place with bandage.
- 2 sterile eye pads
- 4 triangular bandages, individually wrapped and preferably sterile
- 6 safety pins
- 6 medium wound dressings (approx. 12cm x 12cm), individually wrapped and sterile
- 2 large wounds dressings (approx. 18cm x 18cm), individually wrapped and sterile
- 1 pair of disposable gloves

The list is not mandatory, so equivalent items may be used. Other items such as scissors, adhesive tape or disposable aprons should be provided if necessary. The may be stored in the first aid kit if the will fit, or kept close by for use.

Eye Wash

If mains tap water is not readily available for eye irrigation, at least 1 litre of sterile water or 'saline' should be provided in sealed disposable container(s)

Travelling first Aid Kits

First Aid Kits for travelling pupils should typically include:

- A leaflet giving general guidance on first aid
- 6 individually wrapped sterile small non adherent dressings of assorted size. Fix in place with bandage.
- 1 large wounds dressing (approx. 18cm x 18cm), individually wrapped and sterile
- 2 triangular bandages, individually wrapped and preferably sterile
- 2 safety pins
- Individually wrapped moist cleaning wipes.
- 1 pair of disposable gloves

Allergies/Long Term Illness

A record is kept in the Administration Office of any child's allergy to any form of medication (if notified by the parent) any long term illness, for example asthma, and details on any child whose health might give cause for concern

Appendix 1

ASTHMA

Asthma is caused by the narrowing of the airways, the bronchi, in the lungs, making it difficult to breathe. An asthmatic attack is the sudden narrowing of the bronchi. Symptoms include attacks of breathlessness, coughing and tightness in the chest. Individuals with asthma have airways which may be continually inflamed. They are often sensitive to a number of common irritants, including grass pollen, tobacco fumes, smoke, glue, paint and fumes from science experiments. Animals, such as guinea pigs, hamsters, rabbits or birds can also trigger attacks.

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

1. Keep calm – it is treatable
2. Let the child sit down: do not make him lie down.
3. Let the child take his usual treatment – normally a blue inhaler
4. Wait 5 to 10 minutes
5. If the symptoms disappear, the child can go back to what he was doing.
6. If the symptoms have improved but not completely disappeared, summon a parent or guardian and give another dose of the inhaler while waiting for them to arrive.
7. If the normal medication has no effect, follow the guidelines for 'severe asthma attack'

SEVERE ASTHMA ATTACK

A severe asthma attack is:

When normal medication does not work at all.
The child is breathless enough to have difficulty in talking normally.

1. Call an Ambulance
2. A member of the office or teaching staff will inform a parent or guardian.
3. Keep trying with the usual reliever inhaler, and do not worry about possible over overdosing.
4. Fill in an accident form

NB very young children will have a 'Volumatic Spacer Device' (two plastic cone shapes fitted together) to help them administer their medication.

IF IN DOUBT TREAT AS A SEVERE ATTACK

Appendix 2

EPILEPSY

Epilepsy is a tendency to have seizures (convulsions or fits)
There are many different types of seizures, however a person's first seizure is not always diagnostic of epilepsy.

WHAT TO DO IF A CHILD HAS A SEIZURE

1. DO NOT PANIC. Ensure the child is not in any danger from hot or sharp objects or electrical appliances. Preferably move the danger from the child or if this is not possible, move the child to safety.
2. Let the seizure run its course
3. Do not try to restrain convulsive movements
4. Do not put anything in the child's mouth, especially your fingers
5. Do not give anything to eat or drink
6. Loosen tight clothing especially round the neck
7. Do not leave the child alone
8. Remove all children from the area and send a responsible pupil to the school office for assistance
9. If the child is ***not*** a known epileptic, ***an ambulance should be called***
10. If the child requires medication to be given whilst having the seizure, then Mrs Yasmin or a member of staff trained to give the medication must do it.
11. As soon as possible put the child in the recovery position

Seizures are followed by a drowsy and confused period. Arrangements should be made for the child to have a rest as they will be very tired.

12. The person caring for the child during the seizure, should inform the parents or guardian as they may need to go home and if not a known epileptic they must be advised to seek medical advice.

Appendix 3

ANAPHYLACTIC SHOCK

Anaphylaxis

Anaphylaxis is an acute, severe reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (peanuts, nuts, cow's milk, kiwi fruit and shellfish)certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps and hornets)

In its most severe form the condition is life threatening

Symptoms

Itching or a strange metallic taste in the mouth
Hives/skin rash anywhere on the body, causing intense itching
Angioedema – swelling of lips/eyes/face
Swelling of throat and tongue- causing breathing difficulties/coughing/choking
Abdominal cramps and vomiting
Low blood pressure – child will become pale/floppy
Collapse and unconsciousness
Not all of these symptoms need to be present at the same time.
First Aid Treatment
Oral Antihistamines
Injectable Adrenalin (EpiPen)

WHAT TO DO IN THE EVENT OF AN ANAPHYLACTIC REACTION

1. DO NOT PANIC
2. Stay with the child at all times.
3. Treat the child according to their own protocol which will be found with their allergy kit.

IF YOU FOLLOW THE CHILD'S OWN PROTOCOL YOU WILL NOT GO WRONG

4. Contact the parent or guardian
5. If you have summoned an ambulance fill in the allergic reaction report and give it to the ambulance crew with the used EpiPen

Appendix 4

DIABETES MELLITUS

Diabetes mellitus is a condition where there is a disturbance in the way the body regulates the sugar concentration in the blood. Children with diabetes are nearly always insulin dependent.

WHAT TO DO IN THE EVENT OF A HYPOGLYCAEMIC ATTACK
(LOW BLOOD SUGAR LEVELS)

DO NOT PANIC

1. Notify a qualified First Aider
2. If the child is a known diabetic and they know their sugar level is going low, help them to increase their sugar intake. Glucose sweets, sugary drink, chocolate or anything that has good concentration of sugar.
3. test the blood sugar level
4. Notify the parent or guardian
5. If the condition deteriorates, or the pupil is unresponsive then an ambulance must be called immediately.

HYPERGLYCAEMIA
(TOO MUCH SUGAR IN THE BLOOD STREAM)

This condition takes a while to build up and you are less likely to see it in the emergency situation at school.

Appendix 6

An Ambulance will be called after any accident /incident if the First Aider in charge, deems it necessary to have further medical intervention.

EMERGENCY PROCEDURE FOR CALLING AN AMBULANCE

1. Press 9 for a line
2. Dial 999
3. Ambulance required at:

Abu Bakr Al Ihsaan Academy
154- 160 Wednesbury Road
Walsall
WS1 4JJ
Tel: 01922 626829

Give brief details of accident or incident and the consequent injury or problem. Give details of any treatment which **has** or **is** being administered

4. Inform them that there is a car park and a back gate and side entrance
5. Notify the Head teacher