



First Aid Policy

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Revised On	January 2021	Ratified By	Board of Education
Ratified On	January 2021	Next Review Date	August 2023
SMT Member Responsible	Arif Abdurrahmaan (Assistant Head)		

First Aid Policy

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1. Policy Statement

قَالَ النَّبِيُّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ: الْمُؤْمِنُونَ كَرَجُلٍ وَاحِدٍ إِنْ اشْتَكَى عَيْنُهُ اشْتَكَى كُلُّهُ وَإِنْ اشْتَكَى رَأْسُهُ اشْتَكَى كُلُّهُ

Allah's Messenger (saws) said: "Believers are like a single person; if his eye is in pain his whole body pains and if his head is in pain then his whole body pains." (Muslim)

London Islamic School is committed to its responsibility in providing adequate and appropriate first aid to pupils, staff, parents and visitors and have procedures in place to meet that responsibility.

2. Purposes

- 2.1. To ensure that the School has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor
- 2.2. To ensure that the School has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- 2.3. To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- 2.4. To ensure that medicines are only administered at the School when express permission has been granted for this.
- 2.5. To ensure that all medicines are appropriately stored.
- 2.6. To promote effective infection control.

Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy.

3. Responsible Personnel roles

3.1. Governing Body

- 3.1.1. The Governing Body are responsible for the health and safety of their employees and anyone else on the premises. This includes the management, teaching staff, non-teaching staff, pupils and visitors (including contractors). The Governing Body must ensure that a risk assessment of the school is undertaken and that the appropriate training and resources for first aid arrangements are appropriate and in place.
- 3.1.2. The Governing Body should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.
- 3.1.3. The Governing Body will ensure that there are appropriate numbers of First Aiders at all times and will ensure that they have undergone appropriate training, refreshed at three yearly intervals. The school will maintain a record as well as copies of certificates of employees who have undergone first aid training.

3.2. Headteacher

- 3.2.1. The Headteacher is responsible for putting the policy into practice and for developing detailed procedures. They should ensure that the policy and information on first aid is available for parents on request. This responsibility is delegated to the Lead First Aider.
- 3.2.2. To ensure that Teachers and other staff are expected to do all they can to secure the welfare and safety of the pupils. Staff should be aware of hazards in their subject teaching areas and should carry out departmental risk assessments.

3.3. First Aiders

The first aiders have been selected using the following criteria :

- 3.3.1. Reliability and communication skills.
- 3.3.2. Aptitude and ability to absorb new knowledge and learn new skills.
- 3.3.3. Ability to cope with stressful and physically demanding emergency procedures.
- 3.3.4. Normal duties. A first aider must be able to leave to go immediately to an emergency.

Names of staff who are designated **first aid officers and appointed person trained officers are detailed in Appendix 2**

First Aiders are responsible for:

- 3.3.5. Normal duties. A first aider must be able to leave to go immediately to an emergency.
- 3.3.6. Giving immediate help to casualties with common injuries or illnesses and those arising from specific hazards at School;
- 3.3.7. Where necessary, ensuring that an ambulance or other professional medical help is called.

3.4. All staff

- 3.4.1. To report any first aid concerns to the lead first aider, Office manager or SMT in the first instance.
- 3.4.2. To ensure that the student is handed over to the first aider safely under supervision.
- 3.4.3. To familiarise themselves with the list and locations of First Aiders within their department and site.
See the list in Appendix 2 for further details.

3.5. First Aid Lead

The Lead First Aider is responsible for:

- 3.5.1. Being the first port of call for a pupil requiring medical / first aid attention
- 3.5.2. Looking after and restocking the first aid boxes, cabinets bags and any other first aid equipment
- 3.5.3. To ensure all stock is not out of date

3.5.4.To ensure all prescribed medication and asthma pumps are not out of date

3.5.5.To ensure that the school obtains any prescribed medication from parents and keeps it stocked in school

3.6.The Office Manager

The Officer Manager is responsible for:

3.6.1.Being the second port of call for a pupil requiring medical / first aid attention

3.6.2.Tending to pupils requiring medical attention and deciding on action; liaising with the lead first aider and/or SMT

3.6.3.Informing the parent/carer as required

4. First Aid procedures

4.1.General accidents/incidents

The procedure to be adopted in the case of an accident which results in a person/s being injured in connection with any activity under taken by LIS are:

If an accident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate next course of action, which may involve:

4.1.1.Being the second port of call for a pupil requiring medical / first aid attention

4.1.2.Sending the child to the office with a hall pass to see the first aider if the student is fit to go himself

4.1.3.Sending the student to the office with a hall pass and a responsible student or a Teacher's Assistant, at the discretion of the teacher.

4.1.4.Call immediately for the lead first aider or one of the qualified first aiders. If summoned, the qualified First Aiders will assess the situation and take charge of first aid administration and /or call an ambulance.

4.2.Minor accidents/incidents

An accident is defined as 'minor' when the child is able to be treated by a qualified first aider. Listed below are accidents that could be termed 'minor' (This list is non exhaustive):

4.2.1.Small cut/abrasion;

4.2.2.Or bump or bruise (usually resulting from a fall or running into someone or something);

4.2.3.Minor nosebleed.

Action required:

4.2.4.Send to the office or call for first aider if the student finds difficulty manoeuvring

4.2.5.Lead first aider will deal with student appropriately and if he is not available, one of the other first aiders in the office will deal with this.

4.2.6.A first aid slip will be given by the first aider to take home for parents and to show class teacher when student returns to class.

4.2.7.If there is a visible bump, then parents should always be called.

4.2.8.Parents will be informed by phone if necessary .

4.2.9.

4.2.10. The student may be observed by the first aider for a time that he/she feels is appropriate and then the student is sent back to class.

4.2.11. Any decision to deem the case as a major incident with the students being sent home/sent to hospital can only be made by the lead first aider in conjunction with the SMT.

4.3.Major accidents/incidents

An accident is defined as 'major' when the first aider deems that a more professional opinion is required. Listed below are some accidents that are deemed as 'major' (This list is non exhaustive):

- 4.3.1. Broken, fractured or chipped finger, thumb or toe (or if one of these is suspected);
- 4.3.2. A burn
- 4.3.3. Severe bleeding (including severe nosebleed)
- 4.3.4. Fainting or falling unconscious (includes epileptic fit)
- 4.3.5. Deep cut/wound
- 4.3.6. Severe asthma attack
- 4.3.7. Dislocated joint
- 4.3.8. Any hard knock or bang on the head
- 4.3.9. Anaphylactic shock
- 4.3.10. Any damage to the face
- 4.3.11. A tooth being knocked out or chipped
- 4.3.12. Fracture other than to fingers, thumbs or toes
- 4.3.13. Amputation
- 4.3.14. Dislocation of the shoulder, hip, knee or spine
- 4.3.15. Loss of sight (temporary or permanent)
- 4.3.16. Chemical or hot metal burn to the eye or any penetrating injury to the eye
- 4.3.17. Injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- 4.3.18. Any other injury leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours
- 4.3.19. Unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent
- 4.3.20. Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- 4.3.21. Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material

Action required:

In all 'major' accidents/incidents, the Headteacher or Deputy Head needs to be informed without delay. In addition the following procedures will be followed:

- 4.3.22. Staff should not touch the student and only reassure him
- 4.3.23. The lead first aider or closest qualified first aider to be called and informed immediately to take lead on the required first aid
- 4.3.24. Evacuate the area so that the first aid can be carried out (If required)
- 4.3.25. Any immediate first aid that needs to be administered will be done so
- 4.3.26. The accident will be recorded in the 'Accident record book' by the lead first aider or a member of the SMT
- 4.3.27. Parents must be informed as soon as possible (certainly within one hour) to collect child from the school and take the student to obtain a professional opinion from Doctors
- 4.3.28. If the parents will take time to arrive and the injury is deemed as an immediate emergency, the SMT will arrange for a responsible person to accompany injured person/s to hospital. and inform liaise with Parents as to the whereabouts which will be Royal London Hospital.
- 4.3.29. A first aid slip will be completed by the first aider and handed to the student to inform professional of what background and actions taken regarding incident
- 4.3.30. The Senior Management will carry out any necessary investigation/risk assessment into cause and take remedial action to prevent further occurrences.

4.4. Emergencies/Ambulances

Occasions when the lead first aider may decide to call an ambulance, if deemed necessary, include but are not limited to:

- 4.4.1. In the event of a serious injury
- 4.4.2. In the event of any significant head injury
- 4.4.3. In the event of a period of unconsciousness
- 4.4.4. If there is the possibility of a fracture or where this is suspected
- 4.4.5. If the first aider is unsure of the severity of the injuries
- 4.4.6. If the first aider is unsure of the correct treatment

If an ambulance is called then the lead first aider in charge should make arrangements for the ambulance to have access to the injured person.

If necessary, arrangements should be made to ensure that any pupil is accompanied in an ambulance, or followed to hospital, by a member of staff until one of the pupil's parents, guardian or their named representative is present.

However, the decision to call an ambulance must be taken in the context of how long an ambulance may take to arrive if the injury is not life-threatening. In the case of students, it may be in their better interests if their parents/guardians take them to hospital, for example, rather than an ambulance being called.

5. First Aid reporting procedures

5.1. Major Accident Reporting/RIDDOR

All accidents, administration of first aid and/or medicine will be recorded in the Accident Book which is located in the SMT Office

The record shall include:

- 5.1.1. Date, time and place of accident.
- 5.1.2. Name and form of the person involved (if a pupil)
- 5.1.3. Details of injury and treatment and any medication given.
- 5.1.4. Outcome of accident
- 5.1.5. Name and signature of the person or first aider dealing with incident.

The school is legally required under the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (SI 1995/3163) (RIDDOR) to report the following to the HSE (most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23 or online <http://www.hse.gov.uk/riddor/report.htm>):

Accidents involving pupils or visitors:

Accidents where a person is killed or is taken from the site of an accident to hospital and where the accident arises out of or in connection with:

- 5.1.6. Name and signature of the person or first aider dealing with incident.
- 5.1.7. Any School activity (on or off the premises);
- 5.1.8. The way a School activity has been organised or managed (e.g. the supervision of a field trip);
- 5.1.9. Equipment, machinery or substances;
- 5.1.10. The design or condition of the premises.

5.2. General First Aid Reporting

All general first aid will require the first aider to complete the general first aid slip in appendix 7, this is carbonated paper so 1 copy remains in the book and one will be handed to the student, in some instances this will be followed up with a phone call if the first aider deems it necessary to do so especially with injuries which are visual or in certain sensitive parts of the body or involve other students.

6. Parental Provision and Medical Information

- 6.1. At the time of admission the school requests that all parents/carers complete and sign the medical emergency form, asthma card, emergency inhaler form along with the application form, these detail any medical condition of their child as well as normal childhood diseases and allergies. This information enables appropriate members of staff to seek emergency medical advice/training for treatment of the child in the event of a major accident, incident or illness occurring at school.
- 6.2. A list of pupils with medical conditions and/or food allergies is kept in the school office. This is updated annually and when advised by parents of changes to their child's condition by the Office Manager.
- 6.3. Medical records are kept securely in the school office. Parents are asked to inform the school of any changes to their child's medical information and are periodically reminded in writing to update information. All staff are notified of the child's medical condition and made aware that any incidents involving pupils with conditions will need prompt action.
- 6.4. Parents are responsible for informing the school of their children's medical conditions or any changes. The Office Manager is responsible for contacting and providing details of pupils' medical conditions when they move to a new school which includes transfer to secondary schools.

7. First Aid Materials, Equipment and Facilities

- 5.1. The lead first aider should ensure that the appropriate number of first-aid kits are available on site and it is his responsibility to check the content of the first aid kits regularly and restock if necessary.
- 5.2. The school medical room is located within the staff room on the 2nd floor. There is a bed, a wash-hand basin, access to drinking water, a lockable first aid cupboard/box and first aid cabinets. Keys are kept by first aid officers only.

6. Visits and Events Off-site

- 6.1. Staff who wish to request an external visit must complete a external visits pack which details the responsibility of the group leader to ensure first aid provision is in place, these trips are authorised by the Headteacher. The external visits first aid kit and bag must be taken with the group leader. There is a separate first aid bag for break, external trips and PE that needs to be taken every time.

7. Dispensing and Administering Medicine

7.1. Dispensing Medication

Should a student need to take medicine during a school day or external visit, the medicine must be:

- 7.1.1. Prescribed by a doctor
- 7.1.2. In its original container with pharmacy dispensing instructions
- 7.1.3. Accompanied by a signed medical consent form (Appendix 1) from the parent detailing the time the medication is to be given, the frequency of the dose and the length of time for which the medicine is to be taken.
- 7.1.4. In instances where the students arrives on the first day after a period of absence without a medical consent form, a written signed request from parents is required detailing the time the medication is to be given, the frequency of the dose and the length of time for which the medicine is to be taken on the first day
- 7.1.5. In instances a student needs to bring a short term over the counter medicine e.g. cough mixture, eye drops, antihistamine recommended by a GP to alleviate an allergic reaction (e.g. Piriton) which minimises the time a child needs to be absent from school – again the medical form is required and/or a written request detailing the time the medication is to be given, the frequency of the dose and the length of time for which the medicine is to be taken on the first day back
- 7.1.6. In instance where neither medical consent form, or a parental permission request is brought in on the first day with the medication, the Office Manager will contact the parents to come to school to provide the permission before any administering takes place. If a request is not received in writing, the school staff will not administer the medicine.

- 7.1.7. The only exception to this is for pupils who are asthma sufferers who are permitted to administer their own medication as instructed by their doctor and upon completion of an asthma card (Appendix 8).
- 7.1.8. Full details of all medication administered at school, along with all permission to administer medicines are recorded and stored in the file in the office.
- 7.1.9. If for any reason a child refuses to take their medication, staff will not attempt to force them to do so against their wishes. If such a situation occurs, the office staff will notify the child's parents/care. If there is any change in the type of medication whether regarding dosage or other changes to the information given on the permission to administer medication form

7.2. Administering Medicines

When issuing medication the following procedures should be followed:

- 7.2.1. The reason for giving the medication should be established.
- 7.2.2. Confirm parental consent has been provided to administer medication.
- 7.2.3. Check whether the pupil is allergic to any medication.
- 7.2.4. Check the expiry or 'use by' date on the medication package or container.
- 7.2.5. Store in the medical lockable cabinet within the first aid room
- 7.2.6. The pupil should take the medication under the supervision of the first aider issuing it.

8. Medical Supply Storage

- 8.1. All medical supplies will be stored in the first aid cabinet within the medical room. The first aid cabinets will remain locked at all times and first aiders will have access using keys.
- 8.2. Lead first aider will check student medical supplies half termly and dispose of any medication which are out of date and if necessary inform parents. Any outdated asthma pumps will be disposed and Parents reminder letter will be issued to provide a replacement pump, Parents will be required to notify of any changes to any medication.
- 8.3. Lead first aider will check stock of first aid supplies termly. Any first aid supplies which are needed to be ordered, the lead first aider must complete order form and to be handed in to Office Manager.
- 8.4. All dispensing medication will be stored in the First Aid cabinet (located in the medical room) with appropriate labels.

9. Miscellaneous Information

- 9.1. **Medical Conditions (Staff)** - For their own safety, staff should normally inform the Headteacher of any illness and/or medication that it would be important to make Emergency services aware of in the event of a medical emergency. Such information is confidential. Staff accompanying trips involving residential stays should complete an external visits pack which holds necessary emergency information.
- 9.2. **Hygiene Procedures** - All staff should take precautions to avoid infection and must follow basic hygiene procedures. The Premises Manager maintains anti-bacterial soap and hand-drying facilities for both pupils and staff to encourage high levels of hygiene. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment. Spillage kits are available for use by premises staff. Only the premises team should clean up spillages.
- 9.3. **Individual Healthcare Plans** - The schools work in partnership with other health professionals to draw up individual health plans where needed.

10. Appendices

- Appendix 1 - Medical Consent Form
- Appendix 2 - First Aiders in School
- Appendix 3 – Contents of First Aid boxes
- Appendix 4 – Asthma
- Appendix 5 – Epilepsy
- Appendix 6 – Anaphylactic Shock
- Appendix 7 – General first aid slip

Appendix 1 - Medical Consent Form



Medical Consent Form

Please complete this form and return to your school if your child needs to be administered medication during school hours

STUDENT DETAILS

Student Name: _____ Year Group: _____

Date of Birth: _____ Date: _____

MEDICATION DETAILS

Please state below all necessary information on the medication which needs administering or storage:

Date	Name of Medication	Amount to be Given	Time to be Given/ Frequency	Additional Comments

Please state below all additional necessary medical information including allergies, illnesses and other conditions the school needs to be aware of:

PARENTAL CONSENT

I hereby grant permission to my child _____ of year _____ to bring the medication detailed above to London Islamic School and hereby grant permission to London Islamic School first aiders to store and administer medication to my son as and when required.

I have ensured that the original pharmacy/GP label is attached to the medication detailing dosage and frequency.

Name of Parent/Guardian: _____ Signature: _____

Appendix 2 - First Aiders in school



First Aiders in School

Designated First Aiders

Name:	Location
Arif Abdurrahmaan	Lead - SMT Office
Mohammed Inham Uddin	Deputy - SMT Office
Abdulhadi Mamon	SMT Office
Muhammad Budruzzaman Khan	Reception/Secretary's Office
Muhammad Saad	Hifz (Basement)

Emergency First Aiders in School

Name:	Position
Mohammed Shahid Ahmed	Head of Maths
Md Zakir Hossain	Head of Science
Wahid Mohammed Miah	Head of C & A
Qasim Uddin Chowdhury	Alimiyyah
Mohammed Abul Hasnat	Alimiyyah
Fadhil Ahmed Choudhury	Alimayyah
Afjol Ahmed	Alimayyah
Muthiur Rahman	Head of English

Appendix 3 - Contents of First Aid Boxes

There is no mandatory list of items for a first-aid bag/container. However, the HSE recommend that, where there is no special risk identified, a **minimum** provision of first-aid items would be:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- Two sterile eye pads;
- Four individually wrapped triangular bandages (preferably sterile);
- Six safety pins;
- Six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
- Two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
- One pair of disposable gloves.

Appendix 4 - Asthma

Staff should be aware of those pupils under their supervision who have 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. The school has records of students with asthma with an asthma card being completed.

Storing and administering asthma pumps

- Parents advised to give pump for school to keep in our first aid storage unit to use where required by the student. or we will use emergency pump. Mandatory to carry own pump especially P.E
- Students are required to carry their own pump, especially on P.E days.
- London Islamic School will have emergency pumps in the first aid room, P.E bag and trips bag which can be used where required and the student pump is not available. When this situation arises, a school first aid slip will be issued to inform parents and followed up with a call where required.

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 their usual treatment – normally a blue inhaler if they have it
4. Call the lead first aider or another first aider

If the child has forgotten their inhaler, then the emergency inhaler will be used with first aid slip (Appendix 7) being completed and handed to student followed by a phone call home.

5. Wait 5 to 10 minutes
6. If the symptoms disappear, the child can go back to what they were doing.
7. 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.
8. 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. The first aid lead or a member of the office will inform a parent or guardian.
3. Keep trying with the usual reliever inhaler, and do not worry about possible overdosing.
4. Fill in an accident form

IF IN DOUBT TREAT AS A SEVERE ATTACK

Parents need to complete and return an asthma card for students with asthma.

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Pollen Stress
 Exercise Weather
 Cold/flu Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am - 5pm; Mon - Fri)

www.asthma.org.uk

Appendix 5 - Epilepsy

Staff should be aware of those pupils under their supervision who have 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 the first aider 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 lead first aider or a member of the office or teaching staff will inform a parent or guardian as they may need to go home and if not a known epileptic they must be advised to seek medical advice.

Appendix 6 - Anaphylaxis

Staff should be aware of those pupils under their supervision who have a severe allergy resulting in 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 and call for the lead first aider or closest first aider
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 first aid slip and give it to the ambulance crew with the used EpiPen
6. If an occasion arises where the epiPen is expired, then the emergency epiPen will be used with first aid slip (Appendix 7) being completed and handed to student followed by a phone call home

Appendix 7 - General first aid slip

First Aid Treatment Slip

Name:		Date:	
Location:		Time:	

16-22 Danden Street
London, E1 2HX
T: 020 7285 9667
F: 020 7790 5636
E: info@londonislamicschool.org
W: www.londonislamicschool.org



Your child was sent for first aid at the school today for:

Accidental fall/trip/bump		Insect bite	
Head injury		Tummy ache	
Eye injury		Temperature	
Headache		Sprains/Twists	
Nose bleed		Vomiting	
Scratch/graze		Minor cut	
Tooth ache		Swelling/bruise	
Ear ache		Allergy/rash	
Deep cut			
Other please specify:			

Your child was hurt in an incident with another child	
This has been reported to the SMT	
Details	

Your child received the following treatment, please consult your GP or A&E if your child suffers any drowsiness, sickness, impaired vision or excessive pain after returning home.

Ice pack applied		Given a drink of water	
Washed		Kept for 10 minutes for observation	
Plaster applied		Checked if OK and then sent back to class	
Gauze/dressing applied		Ambulance called	
Inhaler Given		Other- Please Specify:	
Sent to the toilet			

Name of First Aider:	Sign: