JAMIA ISLAMIA BIRMINGHAM

FIRST AID POLICY

September 2026

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First Aid Policy

Aims

The aim of this policy is to ensure that all children, especially 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 in the office. This lists pupils with specific medical needs. All adults involved with such pupils in school or school associated activities will receive information on such pupils.

Sickness

- When a pupil complains of illness, he should be sent to the office in the first instance to be seen by the Medical Officer. The time of arrival and the symptoms will then be recorded. The pupil will then either be sent back to class or arrangements made for him to be sent home or first aid room.
- When a pupil complains of illness he should be given first aid by a qualified member of staff. Should pupils refuse first aid, the headteacher or deputy headteacher and parents must be notified straight away. The headteacher or deputy headteacher will inform parents.
- If the qualified first aider is of the opinion that the pupil should be seen by the family doctor or GP, parents should be contacted and asked to collect their son.
- 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.
- Staff members must complete the **First Aid RECORD Book** for each pupil they deal with.
- In the event of serious illness of a pupil, contact should be maintained by the head teacher or designated deputy with the parents.

Administration of Medication

- Should a pupil request to take paracetamol, firstly it should be confirmed that the pupil has been given permission by his parents or guardian to do so. The pupil should be asked if he 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 overdosage.

The details should then be recorded in the **Record of Medicines Administered Book**, stating the name and year of the pupil and the nature of the 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.
- Prescribed medication brought to school by pupils must be handed in 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 clearly labeled 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 Book/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 to by the head teacher.

Accidents

- When a pupil is involved in a minor accident at school, he should be given first aid by a qualified member of staff. Should pupils refuse first aid, the head teacher and parents must be notified straight away. The head teacher or designated deputy will inform parents.
- When a pupil is involved in an accident, the school's qualified first aider must be asked to go and attend. The head teacher or designated deputy must seek to establish exact details of what happened from the patient and any witnesses in the case of a serious incident. For minor incidents, pupils are asked to visit the school office.
- If the qualified first aider is of the opinion that the pupil should be seen by the family doctor or GP, 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.
- Should the head teacher or designated deputy 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.
- In case of serious illness or injury or accident, where the help of the emergency services is needed, contact with the services should be made **immediately** on **999** by the qualified first aider, the head teacher or the deputy head teacher or anyone deputising for them. 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 him** until he 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 the head teacher or designated deputy with the parents on the progress of the pupil.
- Reporting of accidents - Accidents should be reported to the office where the Medical Book is kept. The person reporting the accident should complete the Medical Book. The person responsible for the medical room will check this daily and head teacher will monitor regularly. Some accidents must be reported to the Governing Body and the head teacher will inform them.

- The medical history of all pupils 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.

- 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 or designated deputy. 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 first aid officer or the head teacher or the deputy headteacher will **immediately call 999** and ask for medical help 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 or designated deputy must be informed and the school will take responsibility in the place of parents.

Fatal and major injuries need to be reported immediately to Health and Safety Executive (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.

In addition, the following online form should be filled:

https://www.hse.gov.uk/forms/incident/index.htm

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

Major Injuries are

- Fracture of the skull, spine or pelvis
- Fracture of any bone in the arm other than a bone in the wrist or hand
- Fracture of any bone in the leg other than a bone in the ankle or foot
- Amputation of a hand or foot
- The loss of sight of an eye
- 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

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, pot-holes, 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 by RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

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 on 0151 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. All staff must:

- Ensure they understand the school's policies and objectives.
- Know the emergency arrangements of the school.

- Ensure they understand the control measures, specified in the school's procedures and risk assessments.
- Ensure they have received suitable information, instruction and training in the task they are carrying out.
- Ensure they wear all personal protective equipment that is specified for the task they are to carry out.
- Staff are required to log any near misses in the incident book.

Infectious Diseases

From time to time pupils have certain illnesses, for which they have to be excluded from school for a specific period of time. Below is a list of common 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

Contractors

As Jamia Islamia Birmingham 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.

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, calmly and wisely.**
- 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, the office and the head teacher must be informed.**
- Remember to give clear instructions.
- **Give treatment as advised at your first aid course.**
- Do not try to do too much by yourself.
- **Always remain calm, give your moral support and stay with the casualty at all times**.
- Remember to record the incident as advised.

The School's and boarding's **Qualified First Aider's** are:

- **Maulana Afsol Hussain** (Ground floor / First floor) – **Lead First Aider**.
- **Maulana Muhsin Haqqanee** (Boarding).

First Aid Kits are available in the school main office, first aid rooms in the school and boarding, boarding office and boarding common room.

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.

The following is a list of contents in our first aid kit:

- A leaflet giving general guidance on first aid.
- 20 individually wrapped sterile plasters of assorted size.
- 2 sterile eye pads.
- 4 triangular bandages, individually wrapped and sterile.
- Safety pins.

- 6 medium wound dressings (approx 12cm x 12cm), individually wrapped and sterile.
- 2 large wound dressings (approx 18cm x 18cm), individually wrapped and sterile.
- A pair of disposable gloves.
- Scissors.
- Adhesive tape.

Eye Wash

Mains tap water is readily available for eye irrigation.

Travelling first Aid Kits

First Aid Kits for travelling pupils include:

- A leaflet giving general guidance on first aid
- 20 individually wrapped sterile plasters of assorted size.
- 2 sterile eye pads
- 4 triangular bandages, individually wrapped and sterile.
- Safety pins.
- 6 medium wound dressings (approx 12cm x 12cm), individually wrapped and sterile
- 2 large wound dressings (approx 18cm x 18cm), individually wrapped and sterile
- A pair of disposable gloves.
- Scissors
- Adhesive tape

Allergies/Long Term Illness

A record is kept in the Main 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; Younger children (Y7&8) 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, **Maulana Afsol Hussain** 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 **Maulana Afsol Hussain**.
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. Get the child or **Maulana Afsol Hussain** to 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 5

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. Dial 999,
2. Inform that an ambulance is required at:

Jamia Islamia Birmingham
Fallows Road
Sparkbrook
Birmingham
B11 1PL.
Tel: 0121 772 6400.

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

3. Inform them that they can park in the playground via side gates on Fallows road.
4. Notify the Head teacher or designated deputy.