

**FIRST AID POLICY**

**DATE PALM STATEMENT of INTENT**

At Date Palm our vision is for the School to ensure our pupils grow like a Date Palm tree – with **strong foundations, lofty branches and produce fresh fruit:**

- ✓ To build **Strong Foundations for Character Development** that:  
Instil values; inspire each pupil; display best manners.
- ✓ To have **Lofty Branches of Educational Excellence** that will:  
Provide a broad and varied range of experiences and learning opportunities;  
help each pupil progress and develop in all aspects; support their skills and talents.
- ✓ To produce **Fresh Fruit that provides services to their Communities** in order to:  
Become responsible and confident citizens; make a positive difference;  
commit to charitable endeavours; become effective contributors towards Britain’s future.

Reviewed by	Position	Signature
Afsana Khanam	Deputy Head / DSL	
Saira Karim	Assistant Head	
Sabina Yesmin	Safeguarding Governor	

<b>Reviewed:</b> September 2021
<b>Next review date:</b> September 2024



## First Aid Policy

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### Paediatric First Aiders

<b>Afsana Khanam</b>	<b>Aaqila Shanaz</b>	<b>Saira Karim</b>	<b>Anisa Nur</b>	<b>Fahima Begum</b>	<b>Israt Farhana</b>
<b>Alisha Aziz</b>	<b>Saoussen Ben Khalifa</b>				

### Adult First Aiders

<b>Sharifa Khatun</b>	<b>Hanna Abdullahi</b>	
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It is the Head Teachers' responsibility to ensure that at least one qualified paediatric first aider is on duty at all times, and consideration to this requirement must be taken when decisions are being made about the deployment of staff. Lists of first aiders are displayed in all classrooms, parents' board and front office.

It is the responsibility of all class teachers to ensure that first aid kits are checked daily for shortages and the Administrator will do a monthly check and log it.

### First Aid Kits

All classrooms have a first aid kit, this must be taken to the park at lunch time as well as any school trips. Additional first aid kits can be found in the medical room and front office.

First aid kits must be stored out of the reach of children, but in a place which is easily accessible to staff members. The first aid point should have a sign displayed to let staff and users know where it is. All classrooms have a first aid kit, this must be taken to the park at lunch time as well as any school trips. Additional first aid kits can be found in the medical room and front office.

All accidents and first aid treatments will be recorded. Parents/Guardian will be informed of any accident or injuries sustained by the child while in the care of Date Palm Primary and any first aid treatment given.

Ofsted and the local Safeguarding Children Board including RIDDOR will be notified of any serious accidents or injuries that merit medical attention sustained by any child whilst in our care. Notification

will be made as soon as reasonably practicable, but in any event within 14 days of the incident occurring.

## Accident Policy

The School provides a safe, enriching environment where children can learn and develop their own ideas. The children are encouraged to express themselves freely and enjoy activities within the services. Along with children's natural desire to explore and have fun and take appropriate risks, there is the likelihood of accidents occurring.

## Procedure and Guidance

In the event of an accident the following procedure should be carried out:

- For any child who has a minor accident e.g. scrapes, scratches, minor cuts and bumps, school staff should administer first aid. This should be in the form of comforting the child and if needed, applying a cool compress to the area. If the skin is broken, the area will need to be gently cleaned.
- A staff member with a first aid qualification must attend to accidents which need more attention.
- In situations where injuries are considered to be more serious Parents/Guardian will be contacted and informed of the accident, what the result is, and asked to come to take their child for further treatment.
- Accident and injury forms must be completed ASAP and parents must sign these when collecting their child.
- In the case of head injuries parents/Guardian will be informed immediately where possible.
- For any head injuries, a normal accident and injury form should be completed followed by a head injury letter to the parent. Forms can be found in the office.

In the case of a more serious accident the qualified first aider must attend to the child and an ambulance should be called immediately by another staff member. Parents/Guardian must be informed immediately and advised that an ambulance has been called. If a child needs to be taken to hospital, they will be accompanied by a staff member who will remain until the Parents/Guardian arrive.

Any staff member attending to an injury where skin is broken and there is blood should wear protective gloves.

After every accident all relevant details must be recorded on an Accident Form as soon as possible. Information will include where and how the accident happened, how it was dealt with and the record will be signed and dated by the member of staff dealing with the situation and parents/Guardian.

Monitoring of the incidence and management of accidents will need to be undertaken on an on-going basis by the Senior Management. Accident Forms will be used for risk assessment purposes.

## Home accident

The School expects Parents/Guardian to inform on drop off of any marks or bruises the child may have as a result of an accident or incident whilst at home. A Home Incident Form will be completed and the parent must sign for this. The same applies if parents/guardian fail to inform school of any injuries. Forms can be found in the school office.

## Illness policy

The School will maintain high standards of hygiene throughout the School.

It is acknowledged that childhood infections spread quickly and easily from child to child. Therefore we request that children who are ill, or who have been ill, are kept away from School until the contagious period has passed. The School acknowledges the difficulties working parents face in the care of their child, but we must be sure a child is fit enough to attend. Parents/Guardian are asked to support the School in this position by not bringing their child to School if s/he is ill. The wellbeing of individual children will be the main concern of the staff.

## Guidance

In the event of a child showing any symptoms of illness or becoming ill, staff should contact Parents/Guardian and should comfort the child until they are collected. If staff are unable to contact Parents/Guardian we will contact other adults who have permission to collect the child.

Only medication which has been prescribed by a doctor and has the child's name on it shall any medication be given to a child, with the exception of paracetamol and Ibuprofen. Administration of medication log must be completed; this is located in the office.

If the child becomes so ill it may be life threatening, the child must be taken immediately to the emergency department of the hospital by either ambulance or staff and Parents/Guardian must be informed. A staff member will accompany the child to hospital and will take the signed parent consent for emergency medical treatment in the parents/ Guardian absence. The staff member will remain with the child until the Parents/Guardian arrive at the hospital.

Please Note: Some illnesses can be harmful during pregnancy and to people with conditions that compromise their immunity. Parents/Guardian will be notified via signs on doors leading to school. If you have any concerns please seek medical advice from your doctor.

If school have reason to believe that any child is suffering from a notifiable disease identified as such in the public health infection diseases regulations 1998 providers will act upon any advice given by the health protection agency and will inform Ofsted of any action taken.

## Sun Safety

Very young children have sensitive skin that can be easily damaged by the sun's dangerous UV rays. At this young age children are unable to take responsibility for their own sun protection. The School wants the children to enjoy the sun safely and we will work with parents/Guardian to achieve this.

- Children may bring their own clearly labelled bottle of cream appropriate to their own skin type. Children must wear cream that is at least Factor 30.
- We would encourage parents to ensure their children wear tops that will cover their shoulders (vest tops and strappy tops are discouraged).
- The hottest part of the day is between 11am and 3pm, whenever possible staff will avoid taking children out during this time. If they are out it will only be for short periods of time and children must be allowed to come inside for shade or a shady area could be made outside. After 1-2 hours the effectiveness of the sun cream applied will be less. Staff will re-apply cream at least every 2 hours.
- Staff will actively encourage all children to wear a hat when playing outside. There will be spare hats in school if children do not have their own.
- Water will always be available and offered to children. This should be current practice, whether children are inside or out.
- It is advised that children's sun cream is replaced with a new bottle every year.

## Guidance on Infection Control

	Recommended period to be kept away from School	Comments
<b>Diarrhoea and Vomiting illness</b>		
Diarrhoea and or vomiting	48 hours from last episode of diarrhoea or vomiting (48 hour rule applies)	Exclusion from swimming should be 2 weeks following last episode of diarrhoea.
E coli 0157 VTEC	Exclusion is important for some children. Always consult with HPU	Exclusion applies to young children and to those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for two weeks following last episodes of diarrhoea.
Typhoid* [and paratyphoid*] (enteric fever)	Exclusion is important for some children. Always consult with HPU	Exclusion applies to young children and those who may find hygiene practises difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Shigella (Dysentery)	Exclusion may be necessary	Exclusion (if required) applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
<b>Respiratory Infections</b>		
Flu (influenza)	Until recovered	SEE vulnerable children
Coronavirus (COVID19)	2 weeks minimum – until health professional give all clear	See Government guideline
Tuberculosis*	Always consult with HPU	Not usually spread from children. Requires quite prolonged, close contact for spread.
Whooping cough* (Pertussis)	Five days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment non infectious coughing may continue for many weeks. HPU will organise any contact tracing necessary.
<b>Rashes/Skin</b>		

Athletes foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	5 days from onset of rash	SEE vulnerable children and female staff - pregnancy
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally a mild self limiting disease
German measles* (rubella)	5 days from onset of rash	Preventable by immunisation, (MMR x 2 doses). SEE female staff – pregnancy.
Hand, foot and mouth	None	Contact HPU if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until lesions are crusted or healed. 5 days from onset of rash.	Antibiotic treatment by mouth may speed healing and reduce infectious period.
Measles*	5 days from onset of rash	Preventable by vaccination (MMR x 2) SEE vulnerable children and female staff-pregnancy
Molluscum contagiosum	None	A self limiting condition
Ringworm	Until treatment commenced	Treatment is important and is available from pharmacist NB for ringworm of scalp treatment my GP is required. Also check and treat symptomatic pets
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Two treatments 1 week apart for cases. Contacts should have one treatment; include the whole household and any other very close contacts. If further information is required contact your local HPU
Scarlet fever*	5 days after commencing antibiotics	Antibiotic treatment recommended for the affected child.
Slapped cheek/fifth disease Parvovirus B19	None	SEE vulnerable children and female staff-pregnancy
Shingles	Exclude	Can cause chicken pox in those who are not immune i.e. have not had chicken pox. It is spread by very close contact and touch. If further information is required contact your local HPU. SEE vulnerable children and female staff – pregnancy.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.



<b>Other Infections</b>		
Conjunctivitis	None	If an outbreak/cluster occurs consult HPU
Diphtheria*	Exclusion is important. Always consult with HPU.	Preventable by vaccination. HPU will organise any contact tracing necessary.
Glandular fever	None	About 50% of children get the disease before they are 5 and many adults also acquire the disease without being aware of it.
Head Lice	None	Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.
Hepatitis A*	Exclusion may be necessary Always consult with HPU	Good personal and environmental hygiene will minimise any possible danger of spread of hepatitis A SEE clearing up body fluid spills and PPE information below.
Hepatitis B* and C*	None	Hepatitis B and C are not infectious through casual contact. Good hygiene will minimise any possible danger of spread of both hepatitis B and C. SEE cleaning up body fluids spills and PPE information below
HIV/AIDS	None	HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or school. Good hygiene will minimise any possible danger of spread of HIV SEE cleaning up of body fluid spills and PPE information below
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis c is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. The HPU will give advice on any action needed and identify contacts requiring antibiotics.
Meningitis * due to other bacteria	Until recovered	Hib meningitis and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Always contact the HPU who will give advice on

		any action needed and identify contacts requiring antibiotics.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene in particular hand washing and environmental cleaning are important to minimise any danger of spread. If further information is required contact your local HPU
Mumps *	Five days from onset of swollen glands.	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes but most cases are due to viruses and do not need an antibiotic.

**\*denotes a notifiable disease.** It is the statutory requirement that doctors report a notifiable disease to the proper officer of the Local Authority. In addition organisations may be required via locally agreed arrangements to inform their local HPU. Regulating bodies (e.g. Office for Standards Education (OFSTED) Commission for Social Care Inspection (CSCI) may wish to be informed – please refer to local policy.

**Outbreaks:** if the school suspects an outbreak of infectious disease they should inform their Health Protection Unit (HPU)