



## **Taleem First Aid Policy**

### **Introduction**

Taleem Institute Taleem Institutes will ensure that pupils are provided with high quality care, guidance and support so that their medical needs are effectively met and that they are safe from serious injury and accidents. When a pupil is involved in an accident Taleem Institutes will take all reasonable steps to treat the pupil and inform their parent as detailed in this policy.

It is the Head Teachers' responsibility to ensure that at least one qualified paediatric first aider is always on duty, 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 the Head Teacher to ensure that first aid kits are checked daily for shortages and the Administrator will do a monthly check and log it.

### **First Aiders**

Abdul Kaiyum Mizan

### **First Aid Kits**

The institute has a first aid kit in the front office, this must be taken to the park at lunch time as well as any school trips.

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.

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.

### **Accident Policy**

Taleem Institute 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.



## **Medical Conditions**

A list of pupils with medical conditions and/or food allergies is kept in Taleem Institute office. This is updated annually and when advised by parents of changes to their child's condition by the Office Manager.

Parents are responsible for informing Taleem Institute 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.

## **Home accident**

Taleem Institute 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 Taleem Institute office.

## **Illness policy**

Taleem Institute will maintain high standards of hygiene throughout Taleem Institute. 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. Taleem Institute 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 Taleem Institute in this position by not bringing their child to School if s/he is ill.

## **Guidance**

In the event of a child showing any symptoms of illness or becoming ill, staff should contact Parents/Guardians and should comfort the child until they are collected. If staff are unable to contact Parents/Guardians, 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, except for paracetamol and Ibuprofen. Administration of medication log must be completed; this is 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.



## 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. Taleem Institute 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.
- 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.
- Staff will actively encourage all children to wear a hat when playing outside.
- 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.

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.

## Guidance on Infection Control

|   | Recommended period to 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  |

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| German measles*<br>(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<br>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.                            |

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| Hepatitis A*                           | Exclusion may be necessary<br>Always consult with HPU | Good personal and environmental hygiene will minimise any possible danger of spread of hepatitis A<br>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.<br>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<br>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)