BAYTUL ILM
SECONDARY SCHOOL

First Aid Policy

2025 – 2026

HEAD TEACHER:	Muhammad Miah
CHAIR OF GOVERNORS:	M A Salam
REVIEWED:	September 2025
NEXT REVIEW DATE:	September 2026

First aid can save lives and prevent minor injuries becoming major ones.

The aim of First aid is to be able to help someone who is taken ill or who has been injured. The objective is to limit the condition and promote recovery whilst seeking further medical intervention where required.

First aid provision will always be available at all times whilst students and staff, including volunteers are on school premises, including out of normal hours for events such as parents' evenings. First aid provisions will also be made whilst off the premises whilst during events like school visits.

The main duties of a first aider will be to give immediate help to casualties with common injuries or illnesses and when necessary, ensure that an ambulance or further medical professional help is called for.

The actions to take will depend on the type of illness and/injury. If the case is very minor (headaches, minor cuts and 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.
- Always remain calm and stay with the casualty at all times.
- Remember to record the incident as advised

The School's Qualified First Aider's are:

Muhammad Miah
Afzol Amin
Aminur Rahman
Al Amin

Trained First Aiders names will be located at the school office and displayed on the notice boards in prominent locations. All staff will be notified of the locations of first aid kits, facilities and first aid trained personnel as part of their induction.
The office will hold a list of all trained first aiders and their training certification dates.

First Aid Kits are available in the school office/Medical room and Head Teacher's Office

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

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 for guidance, so equivalent items may be used. Other items such as scissors, adhesive tape or disposable aprons should be provided if necessary. They may be stored in the first aid kit if they will fit or kept close by for use.

Eyewash

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 students 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 or who require regular medication.

Parents/guardians whose child requires regular medication to be administered should notify the school as part of the admissions process and will be asked to sign a consent form

The first aider/s must maintain a log of **all** medication administered to students and the related details:

- Date, time and place
- Name of person treatment/medication administered to
- Details of first aid treatment given and details of the illness/injury
- Outcome following treatment i.e. went home, resumed normal duties, went back to class, went to hospital
- Name and signature of the first aider or person dealing with the incident

Parents/guardians will be notified by the school of any first aid treatment administered to their child

The above record keeping will help the school identify accident trends and possible areas for improvement in the control of health and safety risks or used for reference when assessing future requirements for first aid needs.

The school will keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease.

Any fatal or major injuries and dangerous occurrences will be reported to the HSE immediately without delay. This will be followed up within ten days with a written report on Form 2508

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.
4. Fill in an accident form

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/message for assistance
9. If the child is ***not*** a known epileptic, ***an ambulance should be called***
10. If the child requires medication this should be administered by trained first aiders only.
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 rest and remain under observation 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
- Angiodema – 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

1. Oral Antihistamines
2. 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.
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 the Head Teacher/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. Get the child or the trained first aider to test the blood sugar level
4. Notify the parent or guardian
5. If the condition deteriorates, or the student 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. Advise Ambulance required at:

Baytul Ilm Secondary School
12a Clarke Road
Bletchley
Milton Keynes
MK1 1LG

Give necessary details of accident/incident and the consequent injury or medical attention required.
Give details of any treatment which **has** or **is** being administered.

4. Inform them of all entry/exit points and who and which point to report to on arrival
5. Notify the Head teacher/First Aider

Appendix 6
All prescribed medicines will be kept securely in medical cabinet.

For hygiene purposes, as well as to minimise the risk of 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 bodily fluids.

Students will be kept away from any infected areas until the area is deemed safe to return by head teacher.

Appendix 7