

First Aid Policy

1. The arrangements for first aid provision will be adequate to cope with all foreseeable incidents.
2. Supplies of first aid material will be held at two locations in the Madressah. These locations will be determined by the Head Teacher. They will be prominently marked and all staff will be advised of their position. The materials will be checked regularly and any deficiencies made good without delay.

First Aid equipment is available:

- Inside and outside Main Office

3. Adequate and appropriate first aid provision will form part of the arrangements for all out-of-Madressah activities.
4. A record will be made of each occasion any member of staff, pupil or other person receives first aid treatment either, on the Madressah premises or as part of a Madressah-related activity.
5. The Madressah's qualified First Aider are

Mu'allimah Somia Ahmed	Hafiz Qari Sarfaraz
Mu'allimah Rozina Daud	Mu'allimah Zainub Caratella
Mu'allimah Fouzia Kasmi	Mu'allimah Nawal Salih
Mu'allimah Sumaiya Tapali	Mu'allimah Fatema Omar
Mu'allimah Shahinda Ansari - First aider	Mu'allimah Hafizah Nazha Azzouzi
Mu'allimah Raeesa Khatri – First aider	Mu'allimah Maryem Mussa
Mu'allimah Yousra M'barki – First aider	Mu'allimah Fatiha Ait 'Zahar
Hafiz Chaker – First aider	Hafiz Talha Badar
	Designated Safeguarding Lead - Mu'allimah Zainub Caratella
Zubeir Hassam - Principal	DSL assistant - Mu'allimah Fatiha Ait 'Zahar

6. Staff will be given such training in first aid techniques as is required to give them a basic, minimum level of competence.
7. Staff meetings and individual briefings for appropriate Class Teachers/Tutors are the medium whereby staff members are informed of significant illnesses/allergies of pupils for risk assessment purposes.
8. Incidents requiring emergency aid should be reported initially to the teacher/Headteacher.
9. A First Aider should only be called out of a lesson for a serious emergency.
10. If the First Aider deems it necessary then call an ambulance. Ensure a member of staff goes with the ambulance to the hospital.
11. Other staff at the Madressah shall telephone the parent/guardian to meet up at the hospital.

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12. Any help with administering medicines by a First Aider/Staff member to a pupil on behalf of a parent will be noted in the Madressah's First Aid Record.

This First Aid Policy endeavours to ensure the Madressah provides effective emergency aid for all its pupils and employees.

Medical administration procedures

The Madressah is responsible for managing student medication and in some cases the administration of medication to students. It is imperative that the following guidelines are followed to ensure the safety and welfare of students is safeguarded.

The designated persons responsible for the management and administration of medication are:

- Class teacher subject to requirement

Introduction

The management committee of the Madressah ensures that First Aid is administered in a timely and competent manner by implementing this policy.

Parent's provision of Medical Information about their Children

The Madressah requests that all parents/carers complete the medical information section on the application forms when their child joins the Madressah: these detail any medical condition of their child as well as normal childhood diseases. This information enables appropriate members of staff to seek emergency medical advice or treatment for their child in the event of a major accident, incident or illness occurring at Madressah. Medical records are kept securely in the Madressah office. Parents are asked to inform the Madressah of any changes to their child's medical information.

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Children can be sent to the qualified first aiders. If the injury appears to be serious it is recorded in the accident/incident record book.

If a child is unwell, the child should be sent to see a first aider. These first aiders will decide on the course of action and whether parents need to be contacted. The Madressah reserves the right to send a child home if he/she is a risk to the health and safety of others.

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Children can be sent to the office with a friend or a member of staff, at the discretion of the teacher.

We also request that children who have sickness or diarrhoea remain at home for at least 48 hours after their last bout of sickness to prevent the spread of infection. All staff should take precautions to avoid infection and must follow basic hygiene procedures and take appropriate precautions when coming into contact with bodily fluids.

Guidance on when to call an ambulance

If a child needs hospital treatment for a medical emergency such as a serious asthmatic attack or an accident causing physical injury an ambulance must be sought immediately.

See below for further guidance

A member of staff should dial 999 and then call the child's parents. Only one member of staff or the child's parent need accompany the child in an ambulance. Whenever possible, the child's medical details should accompany him or her.

Recording of Accidents (Including reference to RIDDOR)

Some incidents that happen in Madressah must be reported to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences

Regulations 1995 (RIDDOR) - telephone number: 0845 300 99 23.

Reportable Major Injuries They includes the following:

- fracture other than to fingers, thumbs or toes
- amputation
- dislocation of the shoulder, hip, knee or spine
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours-
- any other injury leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours

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- unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- 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:

- First aider to decide on course of action and communicate directly with the Head Teacher, which would normally involve the child being accompanied to hospital
- Fill in Accident Form
- Telephone or email HSE (Health and Safety Executive) without delay
- Inform parents
- If necessary, the Madressah's Health and Safety consultant will be called upon for advice. Guidance from the Health and Safety Executive Education Sheet Number 1 'Reporting Madressah Accidents' will be sought when a situation arises.

Serious Accidents/Incidents

These are accidents that do not have to be reported to HSE but are serious. Listed below are accidents that are automatically 'serious':

- broken, fractured or chipped finger, thumb or toe (or if one of these is suspected);
- a burn;
- severe bleeding (including severe nosebleed);
- fainting or falling unconscious (includes epileptic fit);
- deep cut/wound;
- severe asthma attack;
- dislocated joint;
- any hard knock or bang on the head;
- anaphylactic shock;

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- any damage to the face;
- a tooth being knocked out or chipped. This list is not exhaustive.

Action required:

In all 'serious' accidents, the Headteacher need to be informed without delay. In addition

- Parents must be informed as soon as possible.
- The accident must be recorded in the Accident Record Book in the office where they are stored for safe keeping. A sequential numbering system is used.
- The Lead First aider should carry out any necessary investigation into cause and take remedial action to prevent further occurrences.

Head Injuries

All head injuries should be regarded as potentially serious, irrespective of the extent of external injury. It is important to monitor any person with a head injury very carefully, looking for key signs such as sickness, dizziness, incoherence or drowsiness. If in doubt, or if any of the key signs are exhibited, seek medical help.

A child who has sustained a bump or knock to the head is sent to the office for assessment and is then carefully monitored for a period of time appropriate to the injury. Every pupil who has sustained a serious knock or bump on the head is given a Head Injury Advice Form to take home to parents advising them of developing symptoms that may require medical investigation. Parents are contacted at the time of the incident if the nurse or designated first aider considers it appropriate. An accident form is completed.

Calling an Ambulance

The First Aider on site must make a decision to call an ambulance. It is always best to err on the side of caution, bearing in mind that additional injuries may be caused if unqualified persons move a casualty. An ambulance should be called if there is

- significant bleeding,
- shock,
- serious fractures which are disabling,
- cardiac arrest or breathing difficulties.

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- Dial 999
- State which service(s) you require: Ambulance (Call for Police /Fire/ Coastguard as necessary)
- Give the age and sex of the casualty and state whether breathing/not breathing, conscious or unconscious and a brief description of the injury. Any additional factors known e.g. asthmatic, anaphylactic, diabetic etc.
- Give the address of the Madressah

Stop bleeding by pressure and keep the child warm and quiet to minimise the shock. Find out all you can about what happened and whether the child is in pain. Always be encouraging: never discuss how bad it might be!

ONE person must take charge who will:

- Send for an ambulance if necessary send for a First Aider.
- Notify the Headteacher of the Madressah.
- Make arrangements for the care of the child's property.
- Arrange to contact the child's parent/s and check that this has been done.

N.B. Check the correct name of the parent.

If the child is taken to hospital he or she must be accompanied by an adult, who must be prepared to remain there with the child.

If a child is ill or injured on an offsite activity.

Remember that when a child is ill or injured this changes the day's arrangements. Always ensure there is enough supervision for the other children on the trip, so that the sick or injured member of the group

If the child is taken to hospital he or she must be accompanied by an adult, who must be prepared to remain there with the child and can be properly looked after. A first aider with a first aid kit must be on all off-site activities. For further advice please contact a first aider.

Facial Injuries

Injuries such as scratches or bumps to the face are managed with the care appropriate to their need, by the First Aiders in the office. The injury is carefully monitored and parents notified if there is a scratch to the face, or if swelling bleeding or bruising is present, or the child complains of continuing or worsening pain. An accident form is completed.

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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':

- small cut/abrasion;
- or bump or bruise (usually resulting from a fall or running into someone or something);
- minor nosebleed.

This list is not exhaustive. Action required:

Basic First Aid kits are available outside the Madressah office. Teachers can administer small plasters for minor cuts.

If the child is sent to the office they are cared for by the First Aiders who will clean cuts with antiseptic wipes and administer plasters.

Communication with Parents:

Parents are contacted where relevant if an accident has occurred to their child. In the event of a head injury occurring at Madressah, a note is sent to parents advising them what has happened to ensure that they monitor the situation and seek medical assistance if appropriate. Ideally, if a child is not well, the parents are contacted and the child goes home until they are well again. If this course of action is not possible, the child will be kept at Madressah until the end of the day.

Qualified Members of Staff

Sufficient members of staff have had basic First Aid training and there is a number of staff who are qualified First Aiders. Copies of certificates are kept in the Madressah office. We require that qualifications are updated every three years. There will always be at least one qualified First Aider on site at times when children are present. There will always be a nominated First Aider on all trips. There will also be a teacher with a good working knowledge of First Aid on all trips.

Access to First Aid Kits

First Aid kits are available in places mentioned above Replacement items can also be obtained from the medical room. A First Aid box will be taken on all off site visits or outings, together with the relevant pupil medical information form. This is the responsibility of the trip leader or designated First Aider.

Eye Wash Kits

Eye wash kit is located in the first aid box.

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Should a child need to take medicine during a Madressah day, the medicine must be:

- Prescribed by a doctor
- In its original container with pharmacy dispensing instructions
- Accompanied by a signed letter 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.

OR

- 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 absent from Madressah – a written request from parents is required as with prescribed medicines.

The Madressah requires parents to complete and sign the medicine request form on the first day that the medicine is required. This includes Calpol sachets or liquid paracetamol equivalent. If a request is not received in writing, the Madressah staff will not administer the medicine. The medication record form details what has been given to whom, by whom and at what times.

The only exception to this is for children who are asthma sufferers who are permitted to administer their own medication as instructed by their doctor. Full details of all medication administered at Madressah, along with all permission to administer medicines forms, are recorded and stored in the file in the office. 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/carers and the incident will be recorded on the medication record form. 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 – a new form must be completed.

Procedure for Administering Medicines

When issuing medication the following procedures should be followed:

1. The reason for giving the medication should be established.
2. Check the consent to give medication form has been signed by parent or guardian.
3. Check whether the pupil is allergic to any medication.
4. Check whether or not the pupil has been given any other medication recently, and if so, what (e.g. check maximum paracetamol doses).

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5. Check whether or not the pupil has taken the medication before and, if so, whether any problems occurred.
6. Check the expiry or 'use by' date on the medication package or container.
7. The pupil should take the medication under the supervision of the person issuing it.

Arrangements for Children with Particular Medical Conditions

ASTHMA

We recognise that asthma is a widespread, serious but controllable condition affecting some children at Madressah. We encourage children with asthma to participate in all aspects of Madressah life and to achieve their potential by having a clear policy that is understood by staff and children alike. Parents should inform the Madressah if child suffers from asthma, what can trigger an attack etc. and what treatment is effective.

As a rule, if the inhaler is needed to relieve symptoms regularly or if attacks are sporadic and particularly severe the child is allowed to carry the inhaler around at all times. Alternatively, the inhaler can be stored safely away and issued by staff as and when needed by the child. This method may be more appropriate for younger children. All staff should be aware of where the child's inhaler is stored. Parents should be asked to supply a spare inhaler to be stored in the Medical Room on in the case of Nursery children to be kept in the Nursery.. The expiry date of the spare inhaler will be checked regularly.

Children with asthma are encouraged to bring their reliever inhalers to Madressah and notify their teachers. In the event of an attack the parents are notified immediately, and the Madressah follows the procedure outlined by Asthma UK.

Signs of an asthma attack (not all may be present)

- Coughing
- Wheezing
- Tightness in the chest
- Shortness of breath
- Unusually quiet

Asthma UK advises:

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- Keep calm – do not panic
- Give 2 puffs of reliever (blue) inhaler
- Sit the child up and loosen tight clothing
- If no immediate improvement during an attack, continue to take one puff of reliever inhaler every minute for five minutes, or until symptoms improve
- If symptoms do not improve within 5 – 10 minutes, or the child's lips are blue or they are too exhausted to talk or you are in doubt - call 999 urgently
- Continue to give one puff of reliever inhaler every minute until help arrive. A member of staff should stay with a child having an asthma attack at all times.

ANAPHYLAXIS – serious allergic reaction (e.g. nuts, dairy products, eggs)

- a) The child **MUST** be made aware of their allergy by their parent/carer.
- b) Other children in class **MUST** be made aware of the child's allergy and the danger of giving him/her the substance to which he/she is allergic.
- c) Teachers and other staff should be aware of all children who have a serious allergic reaction.
- e) Extra care is taken on trips and outings and if there is any doubt about food, the child affected should bring their own.
- f) Class Teachers need to be aware of the potential risks of food being brought into Madressah to be shared with the rest of the class and the possibility that this food has been cross contaminated with another food. If there is any doubt about the safety of this food then children with serious allergic reactions should not be given the food. Staff should be aware of the ease of cross contamination when food is cooked at home.

Signs and symptoms of anaphylaxis (not all may be present)

- Itching
- Swelling in the mouth
- Vomiting
- Hives/rash

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- Abdominal pain
- Wheezing
- Difficulty in breathing
- Fainting
- Floppiness
- Collapse

Diabetes and Epilepsy

Should the Madressah have a child with these conditions detailed advice would be sought from the local medical health authority (A number staff would be given suitable training in helping the child to stay at Madressah and to continue to learn.

Madressah should be informed if a child suffers from Diabetes. A detailed health care plan will be drawn up for the child describing the carbohydrate intake, frequency of blood glucose monitoring, insulin regime (if applicable) and signs of poor blood sugar control (hypo/hyperglycaemia) for that child. Staff should be made aware of this plan and signs and symptoms of hypo/hyperglycaemia (high or low blood sugar) and the treatment of these variations.

Signs of hypoglycaemia include:

- Hunger, weakness or faintness
- Pallor, sweating or clammy skin
- Drowsiness or confusion
- Nausea
- Shallow breathing
- Unusual or aggressive behaviour

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If any of these symptoms are present blood sugar readings should be taken and recorded by the staff. A sweet drink, glucose tablet or biscuit may be given to raise blood sugar levels.

Parents should be informed immediately and the child monitored in the Madressah office

If a child's recovery takes more than 10-15 minutes or the child becomes unconscious an ambulance will be called.

Signs of hyperglycaemia include thirst, greater need to go to the toilet, tiredness and weight loss. Parents need to be informed. If the child is unwell, vomiting, or giving off a smell of acetone the child needs urgent medical attention.

Glucose tablets or biscuits are kept in the Madressah office. Children will also carry emergency rations such as biscuits and glucose tablets in their Madressah bags. Relevant form teachers hold this information, and it is also on the Madressah's computerised information system.

If a child is off site on a Madressah trip, staff should be aware of the signs and symptoms of hypoglycaemia and hyperglycaemia, their prevention and treatment and that the necessary equipment is taken including:

- Blood glucose monitoring kit
- Food snacks
- Glucose tablets
- Insulin pen
- Parent contact details

As the need arises, appropriate training is given to staff as required.

EPILEPSY

The Madressah must be informed if a child suffers from Epilepsy. A health care plan will be drawn up describing the nature and frequency of fits, common precipitating factors and current medication. Staff will be aware of the health care plan. If a child experiences a seizure during the day details of the precipitants, nature and timing of the fit will be communicated to parents.

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- In the event of a fit, staff should call for a First Aider
- Clear the area around the child to maintain a safe environment
- Ask other children to stay away to ensure as much privacy as possible
- After the fit has passed, place the child in the recovery position
- When sufficiently recovered, take to the Madressah office and monitor until they are collected by parents.

An ambulance should be called

- If the child has injured themselves badly during the seizure
- If they have problems breathing after the seizure
- If a seizure lasts longer than the time set out in the health care plan, or for more than five minutes if you do not know how long the seizure usually lasts for that child
- If there are repeated seizures unless this is usual for the child

Head Lice

Head lice are a regular and irritating problem. Children should not be excluded but parents/carers should be notified at the end of that day. Parents should be responsible for their child's health and hygiene and check weekly with detection combs. Head lice alerts also occur through notification from parents and teacher/assistant observation. Letters are sent home to the family of the infested child as well as to the whole form.

HIV and Hepatitis Guidelines

At MSOwe acknowledge that chronic illness such as diabetes, HIV and hepatitis can impact on the child and their family in varying degrees, mainly on attendance, behaviour and educational attainment. We aim to create a supportive environment and recognise that a child living with or affected by a chronic illness has the right to access education and that support will be provided to the child and their family.

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We also acknowledge that if a family discloses any information about illness or disability affecting the child or members of his/her family, any sharing of that information will be done on a need-to-know basis and only with the consent of the pupil and/or parent, unless there is a child protection issue.

Guidelines if a child discloses his or her own or his or her parent's HIV status:

Step 1: Reassure the child that this information will be kept confidential.

Step 2: Explain that the Madressah wants to support the pupil and has simple systems to do this.

Step 3: Suggest that the child tells his or her parents about the information you have been told, and arrange for the parents to come to meet the Headteacher at the Madressah.

If a parent tells you about his or her own, or his or her child's, HIV infection or the parent is informed that the child has disclosed

Step 1: Reassure the parent that this information will be kept confidential.

Step 2: Explain that the Madressah wants to support all its children and that there is a simple system for supporting infected and affected children.

Step 3: Explain the system and the different roles staff have in these systems. Ask consent to arrange a meeting with other appropriate members of staff, the parent and child (where appropriate). It may be that the parent requests a Madressah first aider is involved, or additional staff. That is his or her choice.

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Step 4: Organise the meeting with appropriate staff, parent and child (where appropriate). At this meeting the following issues can be discussed and agreed:

- confidentiality and reassurance that the child will not be treated differently
- arrangements on attendance due to hospital appointments, illness or caring responsibilities
- the level of educational and pastoral support needed and how this will be reviewed
- how confidential records will be kept on the child's health and of the meetings in regards to this.

Infectious Diseases

If the Madressah has reason to believe that a child is suffering from a notifiable disease identified as such in the Public Health (Infectious Diseases) Regulations 1988, they inform the Local Authority.

Notifiable diseases listed by the Health Protection Agency are

- German Measles (Rubella)
- Measles
- Scarlet Fever
- Typhoid
- Whooping cough (Pertussis)
- Tuberculosis
- Diphtheria
- Hepatitis A, B and C
- Meningococcal septicaemia
- Mumps

Some, including skin diseases, demand an exclusion period.

Hygiene Procedure for Spillage of Body Fluids

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- Spills of body fluid including blood, urine, faeces, vomit, saliva, nasal and eye discharge must be cleared up immediately. Please inform the Caretaker or Headteacher.
- Disposable gloves should be worn

Flu Pandemic Policy

Objectives

- Promotion and implementation of good personal and general hygiene practices.
- Important that we recognise our responsibility in dealing with a possible outbreak of flu.
- Endeavour to protect our children and staff.
- Ensure staff and children feel safe at Madressah.
- Minimise possible spread of infection.
- Ensure efficient communication as appropriate.
- Ensure good stock of tissues, soap, plastic bags for tissue disposal, and cleaning materials.

Procedures

- Staff and children should remain at home if they display any relevant symptoms.
- If a case were suspected the affected child will be immediately isolated from the rest of the Madressah in the medical room.
- The parent/relative/designated contact will be informed for prompt collection
- Advice from Health Protection Agency recommends the nominated person looking after a suspected case of flu should not sit/stay within one metre of the child unless the child needs assistance in which case they should wear a disposable apron and surgical face mask (which constitute "personal protective equipment", or PPE). Gloves are not essential, though wearing gloves might be useful to remind the member of staff not to touch their own face during contact with the symptomatic person. It is desirable for the child to wear a surgical mask, but that may be impractical.
- Thorough hand washing before and after contact with symptomatic individual should be carried out.
- In order to minimise the risk to colleagues from used PPE, it is essential the PPE is removed in a standard way. The apron should be removed first and then the mask and then the gloves, by turning them inside out. After disposing of the PPE in the bin, thorough hand washing with soap and water should be then carried out.

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In the event of Madressah closure:-

- Parents will need to be informed immediately that the Madressah will be closing. There will also be a "phone tree" system in place whereby designated members of staff will inform parents of closure.
- Joint co-ordinators will be kept fully informed.
- Provisions will be made for children to complete set projects at home.
- Thorough cleaning of all hard surfaces,(door handles, light switches, taps, kitchen worktops) using normal cleaning products before Madressah re-opens.
- Health Protection Agency will advise when to re-open

Procedures:

1. Parents need to fill in a Medical Consent Form for any students that are taking any medication.
2. All medication would be labelled and kept in the office.
3. For under 16 students, where the medication is considered to be of emergency need, such as asthma inhalers and insulin etc, students will be allowed to self administer their medication as long as they are able to do so.
4. Where the doctor has advised against the self administration of these medications, staff will administer medication instead.
5. For all medications to be administered by staff, an individual student log sheet will be kept, detailing the times and dosages administered to student.
6. A note will be sent to the parents informing of medication detailing the times and dosages administered to student.
7. Medical administration will only take place by the above named who have undertaken accredited training.
8. Prescribed medication is only given to those to whom it was prescribed for.
9. Written permission is obtained from the parents/guardians of students when they commence studies at the Madressah to administer medication when required.
10. The designated individuals closely follow the guidance provided in their training, relating documentation.

Person Responsible for Supplies

The first aider is responsible for checking the contents of the first aid boxes on a regular basis and placing orders to replenish stock. All staff are responsible for notifying the Madressah Headteacher if the supplies in any of the first aid boxes are running low.

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Each first aid box should contain:

- guidance card
- 20 individually wrapped adhesive dressing
- 2 Sterile eye pads
- 4 individually wrapped triangular bandages
- 6 safety pins
- 6 medium sterile wound dressings
- 2 large sterile wound dressings
- 2 pairs of disposable gloves
- plastic disposable bags
- ResusciAid
- 2 eyewash vials

CHECKLIST

BOX IN ROOM _____

EQUIPMENT	S	O	N	D	J	F	M	A	M	J	J
guidance card											
20 individually wrapped adhesive dressing											
2 Sterile eye pads											
4 individually wrapped triangular bandages											
6 safety pins											
6 medium sterile wound dressings											
2 large sterile wound dressings											
2 pairs of disposable gloves											
plastic disposable bags											
ResusciAid											

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2 eyewash vials														
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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.

Infectious diseases

From time to time pupils contract certain illnesses through no fault of their own, for which they have to be excluded from Madressah for a specific period of time. Below is a list of 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

Accidents

Recording

All accidents must be recorded in the Log/Accident Book. All details need to be filled in, including any treatment given.

If the accident is more serious, the aim of the Madressah is to get the child qualified medical attention 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 must be informed and the Madressah will take responsibility locus parentis.

Accidents fall into four categories:

Category 1 Fatal

Category 2 Major injury

Accidents in these two categories should be reported immediately to:

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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.

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

When in doubt, contact parents/guardians.

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.

Category 3

Accidents to employees resulting in more than three days consecutive absence

Category 4 Other accidents

These are the accidents, which more commonly occur in Madressah. Procedure to follow: Always fill in the Madressah Accident Book for minor injuries (including all bumps on the head, but not minor cuts and grazes). This is kept in the Office.

If a child has a bump on the head you must ring home and contact the parent/guardian.

Fill in the Madressah Accident Book if the parent/guardian has to be sent for to take the child to the family doctor or to hospital for further treatment.