



First Aid Policy

Academic Year 2026–2027

1. Purpose and scope

This policy covers lessons, breaks, arrival and dismissal, transport under school control, trips, sports, clubs, events and activities outside normal hours. It operates with BBS health and safety, safeguarding, medication, inclusion, transport, educational visits and emergency procedures.

2. Accountability

The Principal and Governing Board share accountability for school health and safety. The Board approves the policy and resources. The Principal appoints responsible staff, checks coverage and closes gaps before activities proceed. The School Nurse leads clinical practice and healthcare planning. The Health and Safety Officer coordinates risk assessments, incident investigation and corrective actions.

All staff must summon help promptly, supervise the student, stay within their competence and record incidents. Reception and security maintain emergency access and communications. Parents provide accurate medical information, current contacts, prescribed medicines and consent; students report symptoms promptly and follow age appropriate guidance.

3. First aid arrangements and training

3.1 Clinic and Nursing cover

BBS shall maintain a DoH licensed clinic and employ a full time DoH licensed school nurse. School based student health services are provided without additional cost. Medication practice must follow DoH requirements.

The Principal verifies licence validity, staffing conditions and cover arrangements with the clinic provider before each academic year and when staffing changes.

A trained first aider provides immediate assistance while clinical help is sought. First aid cover does not replace required nursing provision. If the nurse is absent, the Principal activates authorised clinical cover, assesses the impact on affected students and activities, and escalates any gap to the provider. Activities must not continue with inadequate cover.

3.2 Assessment of first aid needs

The Nurse and Health and Safety Officer document a needs assessment before each school year and after significant changes or incidents. Consider student ages and medical needs, pupil and workforce numbers, campus layout, response times, laboratories, PE, workshops, trips, transport, contractors and activities beyond the school day. Plan for simultaneous incidents, staff breaks, leave and an ambulance escort leaving campus.

The resulting cover plan names primary and backup responders for each area and activity. No universal staffing ratio or the previous list of 21 boxes is assumed adequate. The Principal signs off the plan and arranges additional staff or restricts an activity where cover is insufficient.

3.3 Competence and renewal

HR checks the acceptance of the course and provider against current DoH and ADPHC requirements before booking. The training matrix identifies first aid, paediatric first aid, CPR and AED competence appropriate to assigned duties. For FS2, BBS requires a currently qualified paediatric first aider immediately available whenever children are present and accompanying each FS2 trip; backup cover must also be planned.

HR records certificates, expiry dates and deployment. Renewal is booked before expiry, with reminders starting six months beforehand. An expired certificate is not counted as current cover. The Nurse provides practical updates on relevant student healthcare plans and device specific emergency medicines. Awareness sessions do not confer clinical authority.

All staff receive induction on calling help, locating equipment, reporting and protecting confidentiality. Students receive age appropriate first aid awareness. BBS conducts and records a medical emergency exercise each year and after a major procedural change; lessons feed into the school emergency plan.

3.4 Equipment and access

The Nurse approves kit contents for assessed risks, checks kits at least monthly and after use, and records replenishment. Area custodians report missing or damaged items immediately. Kits must be marked, accessible to adults and protected from misuse. Medicines are managed separately. The Nurse maintains an AED location and service log, including status checks, pads, batteries and paediatric capability; faults are escalated immediately with interim cover.

4. Responding to Illness and Injury

4.1 Immediate emergency response

- Call 998 for an ambulance in the UAE. Call 999 for police and 997 for Civil Defence where required.
- Any staff member may call an ambulance immediately. Do not wait for the Nurse, parental permission, paperwork or management approval when urgent help is needed.
- Check that the scene is safe.
- Summon the Nurse and a trained first aider.
- Stay with the casualty and ask another adult to supervise other students.
- Call 998 for unconsciousness, abnormal breathing, suspected anaphylaxis, severe breathing difficulty, major bleeding, suspected serious head or spinal injury, collapse or other potentially life threatening deterioration. Follow the call handler's instructions.
- Give the school name, precise location and access gate, casualty's age and symptoms, hazards, treatment already given and a callback number. Use speakerphone where possible.
- If unresponsive and not breathing normally, start CPR and send for the AED. Follow current age appropriate training, AED prompts and dispatcher instructions. Do not delay CPR while waiting for equipment.
- Avoid unnecessary movement after suspected serious trauma. Give care within training, protect dignity and continue monitoring until handover.
- Reception alerts the Principal and security. Security clears access and guides responders. A separate staff member contacts parents and records attempts; this must not delay treatment.
- Give paramedics the timeline, known conditions and allergies, healthcare plan, medicine details and response to treatment.
- Arrange a responsible staff escort until handover to a parent or receiving service, subject to ambulance crew instructions.
- Maintain cover for those remaining at school.

4.2 Access to the Nurse and routine illness

- Students must receive timely assessment whenever needed.
- A teacher note, lesson timing or an incomplete accident form must never delay care.
- Young or unwell students are accompanied by a responsible adult; an acutely unwell student is not sent with another child. If movement is unsafe, call the Nurse to the student.
- The Nurse assesses, treats within scope, monitors and decides whether the student may return to learning, needs collection or requires urgent referral. An unwell child stays under adult supervision until collected by an authorised adult.
- Reception records departure and informs relevant staff. Do not send an unwell student home alone or on the bus.

4.3 Parent communication and head injuries

- The Nurse contacts parents promptly for significant illness, injury, head injury, medicine use requiring notification or emergency transfer.
- For minor treatment, send a written notice on the same day.
- Record the advice, communication time and recipient.
- Explain any worsening symptoms that require urgent assessment.
- Any suspected concussion means immediate removal from PE or sport, clinical assessment and no same day return.
- Urgent deterioration triggers 998. Return to learning and sport follows clinician advice and an agreed support plan.
- BBS documents collection, referral and follow up actions.

5. Medical Conditions and Emergency Care

Each student's clinician approved emergency plan governs prescribed medicines and individual thresholds.

The Nurse checks plans before implementation. These summaries support trained responders and do not authorise diagnosis, dose changes or procedures beyond their role.

5.1 Asthma

- Stop activity and summon the Nurse.
- Help the student use their own prescribed reliever and spacer in line with their plan.
- Call 998 for severe symptoms, deterioration or failure to improve.
- Keep the student supervised and comfortable.
- Staff must know where the inhaler is held for lessons, PE and trips.
- The plan determines self carry arrangements; no fixed age rule applies.

5.2 Anaphylaxis

- Suspected anaphylaxis requires immediate 998 and prompt use of the prescribed adrenaline auto injector by the student or a trained authorised responder.
- Do not wait for a rash, parental contact or the Nurse.
- Keep the person lying down; if breathing is difficult, allow supported sitting with legs extended.
- Do not allow standing or walking.
- If symptoms persist after five minutes, use a second prescribed device if available under the emergency plan or dispatcher direction.
- Record times and hand devices to paramedics.

5.3 Diabetes

- Follow the individual plan and call the Nurse immediately.
- If low glucose is suspected, give the plan's fast acting carbohydrate only when the student is alert and can swallow safely.
- Give nothing by mouth if drowsy, unconscious or unable to swallow; call 998.

- Do not send the student to the clinic alone.
- Glucose testing, insulin and rescue medicine require the plan, competence and applicable authorisation.
- Staff must not improvise an insulin dose from a telephone request.
- Vomiting, abnormal breathing, marked drowsiness or rapid deterioration needs urgent escalation.

5.6 Seizures

- Protect the student from nearby hazards, cushion the head and time the seizure.
- Do not restrain the student or put anything in the mouth.
- Call the Nurse.
- Follow the individual seizure plan, including an earlier emergency threshold where specified.
- Call 998 for a first known seizure, a seizure lasting five minutes, repeated seizures without recovery, injury or breathing difficulty.
- Rescue medication is given only by a competent authorised person under the prescribed plan.
- After movements stop, assess breathing and follow training and dispatcher advice.

5.7 Other urgent incidents

- Choking, burns, chemical exposure, major bleeding, heat illness and suspected poisoning require immediate clinical assistance and first aid within current training.
- Activate 998 for severe symptoms or deterioration.
- Use the relevant laboratory safety information where applicable.
- Do not induce vomiting or give unprescribed treatment.
- For suspected spinal injury, avoid unnecessary movement and follow emergency services instructions.

5.8 After the emergency

- The Nurse arranges clinical follow up and updates the healthcare plan where needed.
- The Principal checks welfare support for the student, witnesses and responders, investigates contributory factors and confirms safe return arrangements.
- A student with ongoing symptoms remains supervised and is not returned to normal activity solely because a parent cannot be reached.

6. Healthcare Plans and Medicines

6.1 Individual Healthcare Planning

The Nurse develops an individual healthcare plan with the family, treating clinician and relevant staff for conditions requiring planned support. Include symptoms, triggers, prescribed treatment, emergency thresholds, dose and route, storage, self administration, communication, trip and transport arrangements and adjustments for participation. Review at least annually, when a condition changes and after a significant event.

Provide accessible arrangements for students with additional needs, including communication support and assistance with mobility and evacuation.

Discuss adjustments with the Inclusion team and parents.

Only staff who need the information for safe care receive it.

Do not display medical details or photographs on public noticeboards.

6.2 Consent and Authorisation

- Parental medication consent must be completed and renewed each term and whenever medication changes.
- Obtain clear written prescribing instructions and record the approved dose, route, timing, indication and limits.
- Routine parental consent does not authorise staff to exceed their competence or the applicable DoH rules.

- Urgent first aid and ambulance activation must not wait for a consent form.
- The Nurse administers medicine within professional scope and approved clinic procedures.
- Other staff may assist or administer only where permitted, trained, assessed as competent and expressly authorised under the student's plan and applicable requirements.
- Record each administration immediately, including omission, refusal or error and the action taken.
- Medicine errors are escalated to the Nurse and Principal promptly; clinical risk determines urgent referral.

6.3 Receipt and storage

- Receive medicine from a parent or authorised adult in original labelled packaging.
- Check identity, prescription instructions, expiry, quantity and storage requirements.
- The Nurse logs receipt, access, administration and return or disposal.
- Do not accept loose unlabelled tablets. Store routine medicines securely with controlled access; apply the required temperature monitoring where relevant.
- Emergency medicines must be rapidly accessible to the people authorised to use them, protected from unauthorised access and available during evacuation, PE, transport and trips as specified in the plan.
- Check expiry and device condition at least monthly.
- Agree and document arrangements for a student to carry or self administer, with backup supplies where prescribed.
- A general trip bag must not contain an unallocated auto injector as routine stock unless specifically authorised under applicable clinic arrangements.

6.4 Trips and Activities Outside Normal Hours

- The trip leader obtains a medical risk review from the Nurse before departure.
- Confirm current plans, consent, appropriate trained staff, any necessary clinical support, emergency contacts, accessible transport and the nearest suitable emergency service.
- Assess first aid provision for buses, sports venues and the return journey.
- The Nurse issues a checked portable kit and student specific medicines against a signed handover.
- Name the medicine custodian and backup.
- Record all treatment and return unused items and records promptly.
- A trip cannot proceed with unresolved critical medical support gaps.
- Clubs and events require the same documented coverage review.

7. Infection Control and Incident Records

7.1 Infection prevention and safe waste handling

- Responders use hand hygiene and appropriate single use PPE, including non latex gloves where available.
- Use a resuscitation barrier where trained and readily available without delaying CPR.
- Protect other students from blood and body fluid exposure.
- Clean and replenish reusable equipment according to manufacturer instructions and clinic infection control procedures.
- Isolate a contaminated area and call trained cleaning staff.
- Only staff trained and equipped for a spill may clean it, using the approved spill kit and its product instructions. Segregate clinical waste and sharps in approved containers and arrange disposal through the authorised contractor.
- Do not handle sharps directly or place them in general waste.
- Record and urgently refer to any needlestick or significant body fluid exposure through the clinic's occupational exposure procedure.
- For suspected communicable illness, the Nurse arranges supervised separation and parent collection, follows current DoH and ADPHC exclusion and return criteria and makes required notifications.
- Do not assume every vomiting episode is viral or apply a blanket exclusion period irrespective of the diagnosis. The clinic confirms return advice for the specific condition.

7.2 Recording Care and Reporting Incidents

- The treating person records every first aid attendance, including minor treatment and off site incidents.
- Record identity, date, times, location, factual circumstances, observed symptoms, treatment, medicines and doses, response, referrals, parent communication and handover.
- Witnesses provide their own factual account. Treatment takes priority over paperwork.
- The Nurse maintains confidential medical records.
- The Health and Safety Officer maintains the accident and occupational injury registers, investigates causes and tracks corrective actions. Use a linked incident reference; restrict clinical detail in wider management reports to what is necessary.
- Suspected abuse, unexplained injuries or repeated patterns are referred promptly to the Designated Safeguarding Lead alongside clinical care.
- Notify the Principal immediately of ambulance calls, hospital transfers, serious injuries, significant medicine errors and serious near misses.
- The Principal and Health and Safety Officer assess external reporting duties immediately and submit required notifications through the applicable ADEK and ADPHC channels within current regulatory deadlines.
- Record the deadline, submission, reference and follow up; do not wait for the investigation to finish before an initial notification is due.

7.3 Confidentiality and Retention

- Use access controlled school systems and secure clinical storage.
- Share information with emergency responders and staff only as necessary for care and safety.
- Retain and dispose of records under the applicable DoH requirements, ADEK School Records Policy and the school's approved retention schedule.
- Suspend destruction for an investigation, complaint or legal hold. Do not use personal messaging accounts or public displays for medical records.

7.4 Monitoring and review

- The Nurse and Health and Safety Officer review kit checks, licences, training cover and healthcare plans each term.
- The Health and Safety Committee reviews incident trends and overdue corrective actions.
- The Principal reports significant gaps to the Board.
- Review this policy annually and sooner following regulatory change, a serious incident, a failed exercise or a change in premises or student needs.

Emergency contacts

Contact or location	Current verified detail
Ambulance	998
Police and Civil Defence	999 997
Clinic and internal number	Clinic location: <u>Ground Floor</u> Extension Number <u>113</u>
Nurse and backup	Ms Najiya Kaji & Mr Jeffrey Vergara
Principal and duty leader	Mr Robert Charles Thorn / direct numbers: <u>971 2 50900</u>

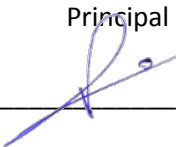
Review and Approval

Review Date: June 2026

Next Review Date: June 2027

Approved by:

Principal





School Stamp

BBS Board of Governors

