

# First Aid Policy (UK & Doha)

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## Including the Administration of Medicines Policy

**Please note:**

All ACS schools will operate in compliance with the relevant legislation of the country in which they are operating. Where ACS International Schools is operating outside of the United Kingdom the UK regulatory framework will provide the foundation for best practice as far as this policy is concerned.

### *Document Status*

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## Policy Statement

ACS International Schools Ltd. (henceforward referred to as ACS in this policy) has regard to the following statutory and non-statutory guidance in writing, implementation and review of this policy: *Working Together to Safeguard Children* (March 2015), *Keeping Children Safe in Education* (September 2016), *Supporting Pupils at School with Medical Conditions* (December 2015) and the *Statutory Framework for the Early Years Foundation Stage* (April 2017).

The health and safety of all members of the ACS community and visitors to the school is of utmost importance. This first aid policy is created with the aim of ensuring that all staff members, visitors to ACS, students and parents are aware of standard first aid procedures that will be followed in the event of any major or minor illness, accident or injury, and how they can contribute to the effective resolution of such incidents.

**Staff should always dial 999 for emergency services in the event of a serious emergency, medical or otherwise, before implementing the terms of this policy.**

## 1. Roles and responsibility

The ACS Board of Directors holds the overall responsibility for ensuring that the school has an up-to-date first aid policy, and effective first aid provision, personnel, and equipment in place. However, it is the individual school's Head of School, along with their campus leadership team, that are in the best position to monitor the first aid provision in the school on a day-to-day basis.

### 1.1 The Head of School:

The Head of School (HoS) is responsible for ensuring that first aid provision is up to standard on a day-to-day basis and that first aid risk assessments are carried out and reviewed as necessary. At ACS the task of day-to-day management of first aid, and all that that role entails, is delegated to the nurse/s at the school concerned.

### 1.2 The school nurse/s:

The nurse/s are typically on duty throughout the school day and can be contacted directly or via the school operator. When the nurse is absent from school their duties are covered by a substitute/agency nurse. If no cover is available then emergency first aid cover is provided by the security team and other first aiders at each school.

At ACS a school nurse's role includes (amongst other things):

- health assessment, health promotion and education
- health and safety issues such as the control of infection, reporting accident trends, incidents related to the facilities of the school, activities and potential health risks
- managing the medical centre
- administration of medication under school protocol
- assessing, planning, implementing and evaluating care on a day-to-day basis for all students
- participation in pastoral care including child protection and safeguarding issues
- to assist in the development of school health policies
- maintaining confidential health records. And individual health care plans

### 1.3 First aiders:

ACS has a minimum of two first aiders on duty at all times when students are on campus. First aiders are members of staff who have completed a Health and Safety Executive (HSE) approved first aid course and hold a valid certification of competence in First Aid at Work [FAW].

First aiders receive updated training every 3 years and must make sure that their certificates are kept up to date through liaison with their line manager. First aiders are required to give immediate first aid to staff, students and visitors to the school when it is needed and ensure that emergency services are called when necessary.

The main designated first aiders at ACS are the members of the school Security teams. In addition there are other qualified first aiders on campus who will be able to assist in the provision of first aid when they are on duty. Details of these additional first aiders are kept centrally on Safety Cloud.

As per the guidance set out in the Early Years Foundation Stage statutory framework, at least one person who has a current paediatric first aid (PFA) certificate will be on campus and available at all times when children are present, and will accompany children on outings and school trips. ACS will display a list of staff who hold a current PFA certificate.

In addition to the above various roles within the school will be required to undertake differing levels of first aid training. These requirements are outlined in Appendix 1.

#### **1.4 ACS staff:**

ACS staff who are not designated first aiders still have responsibility for first aid provision throughout school. Staff should:

- ensure that they are familiar and up to date with the ACS first aid policy and standard procedures
- complete First Aid Essentials training on Safety Cloud and any other first aid training as directed by their HoS and/or line manager as per the guidance listed in Appendix 1 of this policy
- keep their principals/managers informed of any developments or changes that may impact on the school's first aid provision, including any incidents that have already occurred
- ensure that all the correct provisions are assessed and in place before the start of any activity
- ensure that activities in school that they are supervising or organising are risk assessed, and in line with the ACS health and safety policy, to reduce the risk of accident or injury
- cooperate fully with the employer to enable them to fulfil their legal obligations. Examples of this would be ensuring that items provided for health and safety purposes are never abused and that equipment is only used in line with manufacturers' guidance
- ensure that any equipment used is properly cared for and in the proper working order, including first aid boxes around the school. Any defects should be immediately reported to a senior manager and that piece of equipment should not be used.

Coaches, substitute teachers, peripatetic teaching staff, volunteers and others working at ACS will be expected to fulfil the first aid requirements listed above. All staff will complete First Aid Essentials training on Safety Cloud and be informed of the first aid arrangements pertinent to their role as part of the induction process that they undertake when first employed by ACS. This will include (but not be restricted to) the following:

- location of the nurse's office
- first aiders in their division
- location of first aid boxes and equipment
- accident reporting procedures
- first aid training necessary for their role

#### **1.5 Students:**

Students at the school should be aware of where to go to seek medical assistance and/or first aid. Students can help the school ensure first aid provision is effectively put into practice by:

- reporting any medical emergencies or incidents to a member of staff immediately
- reporting anything that they feel to be a hazard to health and safety on or near the school premises

- taking care for their own safety and the safety of others. Students that put themselves, staff, or any other members of the school community or visitors to the school in danger through reckless behaviour may be dealt with under the school's behaviour policy;
- make sure that staff members are aware of any of their own health conditions or ailments that may require first aid assistance (*for example diabetes, epilepsy*). This is particularly important in circumstances where students will be travelling off the school premises, for example for a sports match or a school trip.

## **1.6 Parents:**

Parents can help ACS maintain effective first aid provision by:

- alerting the school to any ongoing or temporary medical conditions that their child has that may require first aid. This is extremely important, and parents are required to notify the school in writing of such circumstances. Where medicine has been prescribed either for a set timescale or as an ongoing provision, the school must be notified in writing. This medicine will be kept by the school nurse, in the nurse's office unless there is a specific reason for the child to have it on them at all times. It is important that parents do not send their children to school with prescribed medicine or other types of medicine without the knowledge of school staff;
- working with the school to instil a sense of first aid responsibility in their children. This means being alert of health and safety practicalities, and promoting safe behaviour at home;
- making the school aware of anything that they feel to be a hazard to health and safety on or near the school premises;
- familiarising themselves with this policy so that they understand the steps that will be taken if their child requires emergency first aid for any reason.

## **1.7 Visitors to ACS**

Visitors to ACS are expected to take care around school and have reasonable responsibility for the safety of themselves and other members of the school community.

# **2. First aid boxes, equipment and accommodation**

## **2.1 First aid boxes**

First aid boxes should be used in the time it takes for the school nurse or emergency services to arrive. Each division/department has at least 1 first aid box situated with the appropriate divisional/departmental office. Additional first aid kits are situated where there is a greater potential for an accident to occur, for example the science department of each division. Each first aid kit will be signed appropriately in order to identify their location.

First aid kits will be checked and replenished by the school nurse regularly, and at least annually. However it is the responsibility of all members of staff to ensure that first aid boxes are fully stocked at all times with items that are within expiry dates, and it is the responsibility of the department head to oversee this provision and contact the school nurse if this is not the case.

Each first aid kit should have a list of the items that should be contained within it for staff reference and the contents should reflect the outcome of the first-aid needs assessment.

### **2.1.1 First aid kit provision for off-site activities**

First aid boxes can be requested from the nurse's office unless otherwise instructed (team coaches) and returned back to the same place. Nurses will also provide any necessary special medication (auto-injectors, asthma inhalers etc as required).

### **2.1.2 First aid kit provision for school buses**

There will be first aid boxes permanently kept on board. These must be maintained by the bus company contracted by ACS and should be kept in good condition, ready for use at all times. School bus drivers are provided with instruction as to how to act in the case of a medical emergency whilst a student is on their vehicle. A risk assessment is carried out by the school nurse/s to determine whether any child with specific medical conditions can travel unaccompanied on a school bus. The details of the risk assessment are passed onto the bus company as considered appropriate.

### **2.2 First aid equipment**

In addition to first aid boxes ACS also provides automated external defibrillators (AEDs) that allow people with no training to provide lifesaving defibrillation to victims of sudden cardiac arrest. These are located at Security on all campuses. Additional AEDs are located throughout the schools as deemed appropriate according to the school's first aid risk assessment. Each location is signed to ensure that they can be located easily.

Details of the location of the AEDs are sent to the ambulance service so that their operatives can guide individuals to the location of an AED should they be unfamiliar with AED provision and/or the school site.

### **2.3 First aid accommodation**

Each school has a dedicated medical room which meets the requirements laid down in the Education (School Premises) Regulations 2012 for medical accommodation, providing facility for:

- (a) the medical examination and treatment of pupils; and
- (b) the short term care of sick and injured pupils, including a washing facility and is near to a toilet facility.

## **3. Information on students**

ACS takes student privacy and confidentiality very seriously. The school nurse will be responsible for sharing medical information to other staff on a need-to-know basis for example, ensuring that information regarding student allergies is shared with staff taking a class on an off-site trip. Student medical records will be kept locked in the nurse's office and will only be accessed by the nurse/s.

All staff will be made aware of which students have access to asthma inhalers, auto-injectors or similar medical equipment in order that all staff are prepared to deal with medical emergencies relating to these conditions no matter where in school the child is (see section 4).

## **4. Students with medical conditions known to the school**

For students with medical conditions such as diabetes, epilepsy and asthma the school is conscious that it is vital to ensure that all staff are prepared at all times for a medical emergency as far as is practicably possible. The points below outline the provision in place for preparing for this type of an emergency:

- All new staff are given training with regard to students with medical conditions
- All staff are given up to date and regular training through the modules on Safety Cloud
- A record of all students who have access to asthma inhalers, auto-injectors or similar medical equipment is kept up to date and circulated to all members of staff; this type of medication will be carried by the student concerned at all times. Additional medication will be kept on campus (location according to school concerned) suitably labelled and easily accessible in case of an emergency. Staff will be made aware of each individual's circumstances.
- A database will be kept on the central school system that details students at risk of certain conditions, such as anaphylaxis. The school nurse/s is responsible for reviewing this on a regular basis and ensuring that it is up to date. It will be made clear to staff that they have a responsibility to regularly remind themselves which students are on this list, and what they should do in the case of an emergency.

- Care plans are written for each student with a recognised medical condition (except for asthma where the treatment is standard for all students who suffer from that condition) and kept in the nurses office and/or the central school system. These plans are uploaded on the central system to ensure that the appropriate staff and/or departments who could potentially come into contact with the student are aware of their medical concerns.

In the case of a medical emergency, the school nurse should be contacted. Emergency services should be contacted where they are needed, or thought to be needed. The procedures outlined in the student care plan should be strictly adhered to throughout the entirety of the incident.

## 5. Procedure in the event of an illness

If a student falls ill while in a school lesson they should immediately tell the member of staff in charge, who will assess the situation and decide the best course of action. They will be accompanied to the school nurse if appropriate. Students who are clearly in pain, are distressed, or are injured should not go to the school nurse unaccompanied. The nurse and/or first aider will administer the appropriate first aid and will contact the parents if necessary.

Where there is a risk of a spread of infection or illness parents must keep their child at home.

If a member of staff is unwell, he or she may visit the nurse throughout the school day.

### 5.1 Reporting continued absence due to illness

Most cases of absence due to illness are short term, but parents will need to contact the school on the first day/each day of absence (as per the procedures outlined by the division concerned). When the child returns to school they should bring a note from their parent explaining the absence for school records.

For prolonged absence due to illness, parents will be asked to provide the school with medical evidence such as a note from the child's doctor, an appointment card, or a prescription paper as outlined in the ACS Attendance policy.

## 6. Procedure in the event of an accident or injury

In the case of an accident or injury, a member of staff should be informed immediately. They will assess the situation and determine whether or not emergency services need to be called. The school nurse should be called as soon as possible if their assistance is required. First aiders should be called if the school nurse is unavailable.

**An ambulance should always be called by staff in the following circumstances:**

- a significant head injury
- seizure, unconsciousness, or concussion
- difficulty in breathing and/or chest pains
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- the possibility of a serious fracture
- in the event that the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, or if they are unsure of the correct treatment.

If an ambulance is called the Security team need to be informed to ensure that access to the school site is unrestricted and that the student can be easily accessed by emergency services when they arrive.

Students who are taken to hospital in an ambulance will be accompanied by a member of staff unless parents are able to reach the school in time to go with their child themselves. Ambulances will not be delayed by waiting for parents to arrive at the school. Parents will be informed immediately of any medical emergency and told which hospital their child is attending.

Staff accompanying students to hospital should communicate with the divisional principal and/or HoS to ensure that they are kept informed of the situation. Should the HoS deem it necessary to do so (dependant on the severity of the injury) they should contact the Managing Director (to brief them of the injury and the actions taken).

## **7. Reporting accidents, emergencies and first aid administration**

Regardless of the severity of the injury any staff member who has witnessed a near miss or an accident, or who has administered first aid or medication should fill out an accident report. These can be accessed through the staff member's personal page on Safety Cloud and should be used to record **all** incidents, including major and minor accidents and near misses. The report should be completed by the staff member who was responsible for the student at the time of the accident.

For major incidents, members of staff who witnessed the incident should add a witness statement to the report if required. The date, time and place, what happened, actions taken, injuries or a brief outline of the illness, and first aid administered should be recorded.

All injuries that have occurred, and first aid that has been carried out both on and off-site should be reported to the school nurse, no matter how minor the injury. This will be done automatically once the report has been completed on the Safety Cloud system.

The principal/department head is responsible for ensuring that all incident report forms are filled out accurately, and stored properly. The Health and Safety Manager will review the accident reports on a quarterly basis to ensure that it is an effective method of record keeping, and that all incidents are being recorded as is school policy.

The school nurse is responsible for ensuring that parents are kept up to date as is appropriate regarding the health of their child in school, injuries that they have sustained, and medical treatment that they have received. In an emergency situation or in the case of a serious injury, parents will be informed as soon as is practicably possible.

### **7.1 Serious incidents**

Serious incidents will also be recorded and reviewed by the school leadership team. The ACS Board will review cases of serious incidents and determine what, if any, steps could be taken in order to ensure that the same accident does not happen in the future.

Other accidents reported will be reviewed at the campus health and safety meetings to determine whether there are any accident trends that could be avoided.

### **7.2 Reporting to the HSE**

The school is legally required to report certain injuries, diseases and dangerous occurrences to the HSE. Southall Associates (who manage the Safety Cloud system for ACS) have been contracted on behalf of ACS to report to the HSE when necessary. Incidents that need to be reported are outlined under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR) 2013.

### **7.3 Incident investigations**

In the case of accidents or incidents that fall under the above RIDDOR regulations an investigation may be launched by external authorities (such as the local authority or the HSE). Accident reports will be reviewed and witnesses may be interviewed.

School leadership teams and/or the ACS Board may decide to conduct internal investigations into less serious incidents to ensure that policy and procedure are being used correctly and effectively, and that future incidents of a similar nature can be avoided. If an internal investigation is required this will be conducted by the Health and Safety Manager.

#### **7.4 Reporting of Accidents in Early Childhood**

In line with the requirements laid out in the Statutory Framework for the Early Years Foundation Stage, ACS Early Childhood divisions will keep a written record of accidents and injuries and first aid treatment. They will inform parents and/or carers of any accident or injury sustained by the child on the same day as, or as soon as reasonably practicable after, and of any first aid treatment given.

### **8. Contact with blood or other bodily fluids**

The school understands the importance of ensuring that the risk of cross contamination is reduced as far as is reasonably practicable, and the training that staff and first aiders undertake outlines the best practice for this. It is important that the first aider or staff member at the scene of an accident or injury takes appropriate precautions to avoid risk of infection to both them and other students and staff: .

If the first aider or staff member suspects that they or any other person may have been contaminated with blood and/or other bodily fluids that are not their own, the following actions should be taken without delay:

- wash the area/s affected
- record details of the contamination & report the incident to a school nurse and take medical advice if appropriate.

### **9. Physical education, after-school sports and/or off-site provision**

The risk of injury is increased during increased physical activity. As a result, in addition to the above, the following applies to the Physical Education and Sports departments.

#### **9.1 Physical Education**

Signs alerting all members of staff to where first aid boxes are kept should be displayed within the physical education department. First aid kits should be held within the PE department specifically for use outside and/or off-campus. They should be carried by a teacher each time they teach a class away from the indoor facilities (and therefore away from the first aid kits provided there).

#### **9.2 After school sports**

First aid kits are provided by the Athletic department for the coach of each team at the start of an athletic season. These kits should be carried by the coach at each practise and game, both at and away from school. It is the responsibility of each coach to ensure that the kits remain stocked and that any additional requirement brought to the attention of the Athletic Director and/or their secretary.

***To ensure boxes are where they are expected to be the first aid boxes within the school's P.E. department are for use in school only and should not be used by team coaches.***

It is good practice for staff in charge of away fixtures and off-site activities to check with the host school that there is adequate first aid provision in place. If an accident or injury does occur, first aid should be sought from the host school's first aiders. If the student must visit the host-school's nurse's office or be given first aid treatment elsewhere, a member of staff from ACS should be with them at all times. In an emergency situation, students should be taken to the nearest Accident and Emergency Department.

Injuries that occur off-site should be reported on Safety Cloud on return to the school or at the earliest opportunity thereafter.

### **9.3 Concussion protocol**

Despite being one of the most common sport-related injuries, there is no internationally agreed consensus on advice about when it is safe to return to playing a contact sport, such as rugby, after a concussion. Concussion must be taken extremely seriously to safeguard the long-term welfare of players. As well as coaches and referees, players and parents must be made aware of concussion and how it is managed.

Players suspected of having concussion must be removed immediately from play and must not resume play in the same match or the same day at festivals and tournaments. Players suspected of having concussion must be medically assessed and those suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol and receive medical clearance before returning to play.

Any injury to the head should be taken very seriously and should be reported on Safety Cloud at the earliest opportunity.

## **10. Medicines administration policy**

Parents must provide written consent for the administration of first aid and medical treatment by school staff to their child before their child is admitted to the school. **NO STUDENT CAN TAKE MEDICATION AT THE SCHOOL UNLESS ARRANGED BY THE STUDENT'S PARENTS OR LEGAL GUARDIAN WITH THE SCHOOL NURSE/S.**

### **10.1 Over the Counter (OTC) medications**

All medicines should be kept securely in a locked cupboard, preferably in a locked room. There should be a list of those medications stocked with indications for use and side effects. The dosage should be adjusted according to directions on the original packaging.

Parental consent must be obtained prior to administration of any OTC medicine to a student. This consent is obtained routinely at the beginning of each school year (or at the time of the student's admission) for certain medications; additional consent must be sought as necessary. A more extensive range of OTC medications are included in this consent for boarding students.

Administration of all OTC medications should be recorded and monitored according to the school's Recording and Monitoring guidelines. They should only be issued to students by untrained staff (i.e. house parents) under a 'homely remedy protocol'.

### **10.2 Prescribed medications**

Prescribed medicines can only be issued to the student for whom they have been prescribed. The medicine must be prescribed and dispensed in the United Kingdom. The medicine must be prescribed individually for each student as and when required.

Parents of prospective boarding students will be made aware that a local specialist referral will be sought via the school GP at the earliest opportunity in order to meet this requirement. A letter from the foreign specialist should be provided.

Parents of day students will be asked to seek advice/help from their GP. All OTC medicines must be purchased from a British pharmacy or medical supplier.

Prescribed medicines must stay in their original container that should be childproof. The original dispensing label must not be altered.

No stocks of prescription medicines should be held on campus.

### **10.3 Administration of medication in Early Childhood**

In line with the requirements laid out in the Statutory Framework for the Early Years Foundation Stage, ACS Early Childhood divisions will ensure that medicine (both prescription and non-prescription) is only administered where written permission for that particular medicine has been obtained from the child's parent and/or carer. They will keep a written record each time a medicine is administered and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

### **10.4 Self-administration of medication**

An individual Administration of Medicines form must be completed before any **day** student is allowed to self-medicate. The supervising nurse and parent must sign this form.

An individual risk assessment must be completed before any dorm student is allowed to self-medicate. It must be signed by the student, nurse and Head of Boarding. Boarding students should have their own locked cupboard or drawer if they keep their medication.

### **10.5 Administration of prescribed and non-prescribed medication by unqualified staff**

Training will be required by all unqualified staff (i.e. house parents) in the administration and management of medicines, highlighting issues such as indications, contra-indications, side-effects, dosage, precautions regarding administration, clear reasons for not giving the (prescribed) drug and duration of treatment.

There must be written protocols for the administration of both prescribed and non-prescribed or 'homely remedy' medication. Both protocols should include procedures for reporting drug errors and adverse drug reactions and also how staff will deal with foreign medication brought into school by students.

The protocols should be agreed, understood and accepted by staff, and known to students and parents.

### **10.6 Administration to save a life**

In extreme emergencies e.g. an anaphylactic reaction, certain medications can be given or supplied without the direction of a medical practitioner for the purposes of saving a life. Staff may administer only those medications prescribed for and dispensed to a named student.

Where there is a written protocol within an individual care plan for dealing with an emergency, it must be ensured that any medicines listed in the protocol are available.

### **10.7 Recording and monitoring of records**

Records should be properly completed, legible and current. Procedures should include the following:

- all designated persons should have an up to date reference of all current prescribed medication.
- all medicines brought in to the school/boarding house should be recorded for each student including over the counter and complementary medicines.
- a Medication Administration Record (MAR) must be kept for each individual medicine administered to a student. This must include the reasons for failure to administer a dose/doses.

### **10.8 Disposal of medicines**

A clear record must be kept of any medicines returned to a pharmacy or to a student's parents.

### **10.9 Controlled drugs**

A secure, lockable cupboard should be used which contains nothing else and only those with authorised access should hold the keys to the cupboard.

The MAR for the administration of any controlled drug should be completed as normal and the CD stock book should be completed every time the drug is administered and the remaining balance completed legibly.

## **11. Administration of medicines on a school trip**

The following section is copied from the ACS School Trip policy (April 2016)

### **11.1 Students with medical needs**

Teachers supervising visits should be aware of a student's medical needs and any medical emergency procedures. Parents are required to complete medical details online outlining any medical conditions that the student may have, including emergency contact details of the parents. The group leader should have access to these details for each student at all times during the trip.

Care plans must be reviewed with the school nurse before the trip to ensure that all the necessary support is in place for the student whilst away from the school. If the student's safety cannot be guaranteed, it may be appropriate to ask a parent or care assistant to accompany the student.

### **11.2 Administering other medicines**

Parents are required to complete an online medical consent agreeing to the student's receiving emergency treatment as considered necessary, including administering ibuprofen, paracetamol and antihistamine, and to be taken to the nearest medical emergency department if deemed necessary. If parents do not agree to this, the Principal may decide to withdraw the child from the visit - given the additional responsibility this would entail for the group leader.

An over-the-counter (OTC) medicines box containing the above medicines will be provided for each school trip, along with other items such as sick bags, sanitary towels, emergency inhaler etc. The teacher administering the OTC medicine should complete the log kept in the OTC box.

Parents should notify the group leader by completing the **School Trip Prescribed Medicines** form should their child require any other prescription medicine (not covered by the above) to be administered whilst on the trip. The group leader should notify the school nurses should they have concerns regarding the administration of any such prescribed medicines. The teacher administering the prescribed medicine should complete the log at the bottom of the student's School Trip Prescribed Medicines form each time they administer medicine to the student concerned.

If appropriate, a teacher should be trained in administering medication and should take responsibility in a medical emergency. Group leaders should contact the school nurse for training on the protocol for the administration of prescribed and non-prescribed medication.

## Appendix 1: List of job roles and required level of first aid training

### Qualification required

### Post holder

**Registered General Nurse (RGN) or Registered Nurse (RN)**

School nurse  
 Agency & substitute nursing staff

**3 day First Aid at Work (FAW) qualification**

Security personnel (permanent)  
 Lifeguards  
 Dormitory house parents  
 Staff supervising overnight trips who are solely responsible for the group (eg. D of E expedition)

**2 day Paediatric First Aid qualification**

Early Years staff+

*+number to be determined by Principal – minimum of one required at all times whilst EC students are at school or on a school trip*

**1 day emergency First Aid at Work certificate**

Dormitory supervisors  
 PE staff\*  
 Design & Technology staff\*  
 Science department staff (teachers and/or technicians)\*  
 Art & Performing Arts teachers/staff\*  
 Facilities staff\*  
 Divisional secretaries\*

*\* number to be determined by Divisional Principal/Facilities Manager*

**First Aid essentials**

All ACS staff (including teachers) not included above  
 Sports team coaches  
 Lunchtime supervisors  
 Tutors  
 Teaching assistants  
 Consultants  
 Substitute teachers  
 After-school club coaches  
 Peripatetic teaching staff (NLE, Music)  
 Volunteers (Scout leaders, club coaches)

## **Appendix 2: Asthma policy and protocol**

ACS acknowledges the advice and guidance of the National Asthma Campaign. ACS recognises that asthma is a widespread, serious but controllable condition affecting many students at the school. ACS welcomes students with asthma and, through the first aid policy, ensures they will be able to achieve their full potential in all aspects of school life. All staff will be given training on asthma management and will be expected to update this annually.

- An asthma action poster is distributed across the divisions to ensure all staff are aware of the protocols to follow in case of an asthma attack.
- The school will store spare inhalers for individual children. The location will vary from school to school.
- All staff will receive regular training and updates to ensure they have a clear understanding of asthma and what to do in the event of an asthma attack.
- Staff will be informed annually of those children who suffer with asthma via the health pages in Powerschool. Principals and Heads of Department are given a list of asthma sufferers to be kept confidentially.
- ACS will work in partnership with all parties to ensure effective communication of the first aid policy. Copies can be found on Safety Cloud (staff) and the ACS Intranet (community members).

### ***SIGNS OF AN ASTHMA ATTACK***

- Wheezing
- Coughing
- Shortness of breath

### ***TREATMENT FOR AN ASTHMA ATTACK***

Give 2 puffs of student's own reliever (blue) inhaler – use spacer if provided

### ***IF NO OR MINIMAL EFFECT***

Give up to 10 puffs of student's own reliever (blue) inhaler – use spacer if provided

**CALL THE SCHOOL NURSE**

### ***IF NO IMPROVEMENT***

**CALL THE EMERGENCY SERVICES – DIAL 999**

**CONTINUE TO GIVE THE RELIEVER INHALER UNTIL MEDICAL HELP ARRIVES**

## **Appendix 3: Anaphylaxis policy and protocol**

ACS acknowledges the advice and guidance of the Anaphylaxis Society. ACS recognises that allergic shock (anaphylaxis) is a serious condition that may affect a number of students at the school and recognises the responsibility it has in dealing with children's allergies appropriately.

- All students with anaphylaxis will have an Individual Health Care Plan.
- ACS schools aim to be nut-free campuses.
- All ACS staff will have an understanding of what it means to be allergic and will be able to recognise and respond to a child who may be having an anaphylactic reaction including the administering of emergency adrenaline. Staff will receive regular training via Safety Cloud to ensure they have a clear understanding of what to do in the event of an allergic shock.
- The school will hold an auto-injector for those children who are prescribed it and also other antihistamine medicines in either tablet or syrup form to respond to more minor reactions.
- Each child must have a zipper bag containing their medicine along with information about their allergy management. ACS will store spare medication for individual children – the location of this held medicine varies from school to school.
- This bag can be taken off-site on school excursions.
- Relevant staff will be informed of those children who have this condition. A folder containing all necessary information on each individual will be given to Principal and Heads of Departments each year with copies available for staff on Powerschool..

### ***SIGNS OF AN ANAPHYLACTIC ATTACK***

- Difficulty in breathing & swallowing
- Sudden weakness or floppiness
- Steady deterioration of bodily function

### ***TREATMENT FOR AN ANAPHYLACTIC ATTACK***

CALL THE EMERGENCY SERVICES – DIAL 999 (Inform Security & Switchboard)

ADMINISTER STUDENT'S AUTO-INJECTOR

CALL THE SCHOOL NURSE

### ***UNTIL MEDICAL HELP ARRIVES***

DO NOT MOVE BUT ELEVATE LEGS

NOTE THE TIME THE INJECTOR WAS GIVEN

## Appendix 4: Diabetes policy and protocol

ACS acknowledges the advice and guidance of the British Diabetic Society. ACS recognises that diabetes is a widespread condition affecting many children and welcomes all students with the condition and recognises its responsibility in caring for them. All relevant staff will be given training on diabetes management and will be expected to update this annually.

- All students with diabetes have an Individual Health Care Plan.
- All relevant staff have a clear understanding of diabetes and are able to recognise common signs and symptoms associated with the condition.
- ACS staff are informed of those children who have diabetes and a printed copy of names is given to Principals and Heads of Department to keep confidentially. Copies will be made available to staff on Powerschool.
- Catering staff are also aware of all diabetic students in case high sugar refreshments are needed urgently.
- ACS will work in partnership with all parties to ensure effective communication of the first aid policy. Copies can be found on Safety Cloud (staff) and the ACS Intranet (community members).