

Health & First Aid Policy



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Contents

Accident & Emergency Procedure.....	21
Administering Homely Medication.....	6
Administering Prescription Medication.....	7
Administering Medication Brought from home.....	8
Administering Controlled Medicines in school/on trips.....	9
Allergies & Anaphylaxis Policy	17
Asthma – Care of Asthmatic Boys	12
Care of Day Boys.....	10
Care of Boarders – day & night time	11
Care of those with Chronic conditions & disabilities.....	24
Disposal of clinical waste.	22
Disposal of Medicines	6
Emergency Care	5
Epilepsy Policy.....	26
Eating Disorders.....	30
First Aid Provision	4
List of First Aiders.....	32
Location of First Aid Boxes	19
Location of Emergency Equipment (Epipens & Defibrillator)	31
Laundering of Soiled Garments.....	23
NHS Guidelines –Timings - Returning to school after illness... ..	3
Principle... ..	2
Recording and Reporting accidents /illnesses.....	4/19

Self Harm – Management	30
Storing & Handling Medication	5
Self-Administration of medicines	8
School Trips (matches, day trips & residential).....	10
Treatment Plans	24

Principle: Caldicott strives to ensure that the care, treatment and service provided, primarily to its pupils, by the Nursing staff, Matrons, House Parents, the appointed GP practice and visiting GP, and other National Health Service providers is delivered according to best practice and fulfils all Statutory requirements.

The school must:

- Ensure that the Nurse on duty, employed by the school, possesses a recognised accredited nursing qualification and is registered with the NMC.
- Ensure that surgery staff and the House Parent are fully competent to administer First Aid, respond and act swiftly in an emergency and monitor in-patients. Furthermore, ensure that they possess an up-to-date First Aid Certificate and are given access to appropriate training as deemed necessary to comply with statutory requirements.
- Ensure that all medical professionals retained by the school, area Health Authority and/or Local Education Authority possess a recognised medical qualification.
- Provide twenty-four hour first aid cover for boarding pupils during school terms.
- Provide a First Aid service during curriculum time to day boys and visitors during school terms.
- Comply fully with all statutory and mandatory requirements as determined by:
 - The Children Act
 - The Codes of Practice, ethics and ethos as laid down by the NMC.
 - The Codes of Practice, ethics and ethos as laid down by the British Medical Association
 - Health and Safety at Work Act
 - Environmental Protection Act
 - National Minimum Boarding Standards

- Inform appropriate personnel of the designated procedures and codes of practice

NHS Guidelines – When a child should return to school after illness.

- Whether the child is fit enough to attend school will depend on how severe the illness, it is important to consult a health care professional if there is any doubt
- **Cough and cold.** A child with a minor cough or cold may attend school. If the cold is accompanied by a raised temperature, shivers or drowsiness, the child should stay off school, visit the GP and return to school 24 hours after they start to feel better. If your child has a more severe and long-lasting cough, consult your GP. They can give guidance on whether your child should stay off school.
- **Raised temperature.** If your child has a raised temperature, they shouldn't attend school. They can return 24 hours after they start to feel better. **Rash.** Skin rashes can be the first sign of many infectious illnesses, such as chickenpox and measles. Children with these conditions shouldn't attend school. If your child has a rash, check with your GP or practice nurse before sending them to school.
- **Headache.** A child with a minor headache doesn't usually need to be kept off school. If the headache is more severe or is accompanied by other symptoms, such as raised temperature or drowsiness, then keep the child off school and consult your GP.
- **Vomiting and diarrhoea.** Children with diarrhoea and/or vomiting should definitely be kept off school until at least 48 hours after their symptoms have gone. (in compliance with Public Health England)
- **Sore throat.** A sore throat alone doesn't have to keep a child from school. But if it's accompanied by a raised temperature, your child should stay at home.
- **Chickenpox.** If your child has chickenpox, keep them off school until all their spots have crusted over.
- **Head Lice** –Once your child has received appropriate treatment, he may return to school.

The school complies fully with the current National Minimum Boarding Standards:

STANDARD 3 – Boarders’ Health and Wellbeing

3.1 The school has and implements appropriate policies for the care of boarders who are unwell. These include first aid (see below), care of those with chronic conditions and disabilities (see appendix 8), dealing with medical emergencies (see appendix 4) and the use of household remedies (see appendix 1).

3.2 Accommodation for boarders who are unwell is adequately staffed by appropriately qualified personnel. It is adequately separated from other boarders and provides separate accommodation for male and female boarders where this is necessary.

3.3 In addition to any provision on site, boarders have access to local medical, dental, optometric and other specialist services or provision as necessary.

3.4 Prescribed medicines are given only to the boarder to whom they are prescribed. Boarders allowed to self-medicate are assessed as sufficiently responsible to do so (see appendix 1).

3.5 The confidentiality and rights of boarders as patients are appropriately respected. This includes the right of a boarder deemed to be “Gillick Competent” to give or withhold consent for his/her own treatment.

First Aid provision:

- The Health Centre is staffed by a Registered Nurse or by a Matron with a First Aid qualification as per the duty rota.
- In addition to this a number of staff both teaching and non-teaching are First Aid trained, (Appendix 12) and the need for 3 yearly updates or new staff being trained is regularly monitored.
- First Aid kits are located at strategic points around the school (see appendix 7).

Access to Local Medical Services for boarders:

Boarders who are unwell are treated in the School Health Centre but also have access to the School Doctor when required. They also have emergency access to local dental and optometric services but are encouraged to organise routine treatment at home.

Recording and reporting of illness and accidents:

- Records are kept of every child who attends the Health Centre with a health related complaint.

- Whilst confidentiality is important, should a pupil ask a member of staff not to repeat what he is going to confide in them it must be explained to the pupil that should this information endanger himself or others that it must be reported on a need to know basis.
- Pupils who are deemed to be “Gillick competent” will be able to give or withhold consent for their own treatment.
- A day book is kept and further details recorded on the medical records database. Details recorded include the presenting complaint, what care is given, any medication given and what action is required.
- Parents are informed should there be any concerns.
- If a day boy is given treatment which includes medication, an e-mail is sent to the parent.
- The medication / treatment given is recorded in the medical records database.
- Each morning the Daily Health Bulletin tab of the iSAMS Daily Bulletin is updated to advise staff of any significant medical issues.
- Accidents are recorded in accordance with the school Health and Safety Policy and HSE (including RIDDOR when required) (see appendix 8).

Care in an emergency:

- In an emergency a boy is taken to Wexham Park Hospital Accident and Emergency department accompanied by a member of staff (preferably known to the boy) until a parent/guardian arrives, where possible. The boy has the right to choose whether or not the member of staff is present when examined if appropriate (see appendix 4).

Epilepsy Policy and Procedure

- See appendix 14

Disposal of clinical waste:

- All clinical waste is disposed of appropriately (see appendix 10 and appendix 11).

Self- Harm:

- Management of self-harm (see appendix 15).

Eating Disorders:

- Management of Eating Disorders (see appendix 16).

APPENDICIES

APPENDIX 1: Policy for Storing and Handling Medication

- Medication must be kept in a locked cupboard or refrigerator in the Health Centre. The medication cupboard should be substantially constructed and anchored securely to a solid surface;
- Medication is stored in accordance with the manufacturer's instructions;
- The refrigerator used for the storage of medicine is kept in the Health Centre and is locked. The temperature is checked and recorded daily;
- Expiry dates of medication are checked on receipt and again periodically;
- All prescription medicines for both boarders and day boys, brought in by parents must be accompanied by the appropriate permission to administer form;
- Medicines that can be purchased over the counter (homely medicines) are administered where appropriate, by either the school nurses, boarding house staff or teaching staff when away from school on a trip or sports fixture, in line with the Homely Medicines Protocol;
- Pupils who carry their own medication e.g. inhalers, keep it secure and are reminded to carry it with them;
- Medication can be administered by the nurses and matrons plus any member of staff acting in loco parentis, acting as a prudent parent.

Storage of Medicines in Refrigerators

- Medication that requires storing in a refrigerator should be done so as soon as received;
- After administering it should be returned to the refrigerator as soon as possible;
- The medication refrigerator must only be for storing of medication;
- The temperature of the medication refrigerator is checked daily and recorded in a specific book.

Disposal of medicines

- Every attempt should be made to return any type of unused medicines to the parent either when no longer required or at the end of term;
- Any out of date medication or medication not returned to parents should be returned to a pharmacy for safe disposal;
- All returns to a pharmacy should be recorded in a carbon book and signed by the person returning and by the person at the pharmacy receiving the medication.

Policy for Administering Homely Medication

Medication will be administered in the Health Centre except in exceptional circumstances;

- As required, homely medication administered will be recorded on the medical records database stating: date; time; medication given and reason; dosage and by whom;
- If medication is administered away from school, the name of pupil, date, time and dose plus reason for administering must be recorded and later entered onto the medical records database;
- Any specific homely medication supplied by parents will only be administered if received in the original containers, in English and clearly labelled with the pupil's name and dosage required.
- school nurses reserve the right not to administer medication if they have any doubt as to its contents;
- If a pupil is to take a regular homely medication it will be recorded when given in the day book and in the medical records database;
- A record of the quantity of medication purchased by the Health Centre must be completed; stock is checked at the end of each term.
- At the end of each academic year all individual homely medications should be taken home;
- If medication is not collected at the end of the academic year it will be taken to the pharmacy for safe disposal by the school nurse (refer to policy for disposal of medicines earlier).

- **Procedure for Administering Prescription Medication**

- The Prescribed medication will only be given to the pupil to whom it was prescribed. It will not be kept as stock or used for another pupil;
- Acute prescription medication brought in by day boys on a daily basis must be signed in and out on isams daily by the nurse/matron on duty in the health centre;
- Prescription medication will only be administered if it is in English, received in the original container, stating the pupil's name and the dosage required on a pharmacy label, and accompanied by the relevant permission form;
- Where appropriate, the senior house parents, can sign the medical permission form in loco parentis eg. for abroad boys who have been seen by the school doctor and whose parents have given consent for this;
- In the absence of an accompanying medical permission form, immediate verbal consent from a parent via telephone will be sought, and a form emailed for return as soon as possible. This is to avoid lengthy delays in administering medication;
- The school nurses reserve the right not to administer medication if they have any doubt as to its contents;
- If the school nurses are not available to administer medication, it will be administered by a competent member of staff (this will also apply for pupils on residential school trips);
- A record of attendance will be recorded in the day book and the medication administered recorded on medical records database;
- At the end of each academic year all prescribed medications should be taken home;
- If medication is not collected at the end of the academic year it will be taken to the pharmacy for safe disposal by the school nurse (refer to policy for disposal of medicines earlier).

Procedure for Administering Medication Brought in from home

- All medication brought in from home must be in the original container in English and clearly named, it must also be age appropriate;
- All prescription medication must be accompanied by a completed medication permission form
- Medication brought in by day boys on a daily basis must be signed in and out daily by the nurse/matron on duty in the health centre;

- All such medication should be stored appropriately as per guidance on packaging;
- Where necessary form tutors should be notified to ensure the boy arrives at the appropriate time for the medication;
- The form tutor and the school bus administrator will need to be notified if the boy is not being collected by a parent to ensure the medication returns home;
- Once no longer required any remaining medication should be returned to the parent.

Procedure for Self-Administration of medicines

- Medication will be administered and stored in the health centre except where there is an agreement between the pupil, the nurse and the parent or guardian for a pupil to self-administer;
- This will apply in general to asthma inhalers and topical creams;
- All spare medication will be stored in the health centre;
- The nurse will assess the pupil's understanding of the medication, why and when it is necessary to take it and when to seek further advice, and his competence to use correctly and appropriately;
- All self-administered medication should be either carried by the pupil or kept inside his bed locker or lockable locker;
- A care plan will be drawn up by the nurse and agreed by the parent or guardian and child (as appropriate), reviewed annually or earlier if felt necessary;
- The nurse will regularly review compliance;
- The parent or guardian will be notified of any changes.

Procedure for Administering Controlled Medicines on School Premises

- The supply, possession and administration of some medications is controlled by the Misuse of Drugs Act;
- All controlled medicines must be kept in a double locked cupboard at all times;
- The medication must be in the original container, stating the pupil's name, medication, dosage and frequency;
- When a prescribed controlled drug is received it must be counted and entered into the controlled drugs book;

- Every medication must be recorded on a separate page, specifically for the pupil prescribed for;
- Once administered it should be recorded in the controlled drug book on the relevant page stating: date; time; pupil's name; dose, person administering and running total;
- The administering person must sign the record;
- If the medication is stopped, all remaining medication should be given to the parent/guardian by the nurse for safe disposal and recorded in red in the controlled drug book;
- If it is not taken by the parent/guardian it should be disposed of safely at the local pharmacy by the nurse (refer to disposal of medicines notes earlier);
- At the end of each academic year all prescribed medication should be taken home;
- If medication is not collected at the end of the academic year it will be taken to the pharmacy for safe disposal by the nurse (refer to disposal of medicines notes earlier).

Procedure for Administering Controlled Medicines on School Trips

- Pupils who require controlled drugs during the day and go on a school trip MUST have the medication put into the secure box kept in the Health Centre;
- The medication should be checked out by the nurses and the member of staff who will be administering it and then entered into the controlled drug book as being given for a school trip;
- The medication should be kept in the original packaging, labelled with the child's name and school contact details. This is then placed in the secure box;
- A form stating the pupil's name, medication, dosage, time given, signed by the member of staff administering must be completed and returned to school;
- The secure box should be kept by a member of staff at all times during the school trip;
- If the medication is lost, then the local police and the school must be informed. The school will then inform the parents that the medication has been lost and that the pupil has not had their medication. The nurse will then assess the child upon return to school and make a decision about late administration or missing a dose;
- The school nurse will document the loss in the controlled drug book and on the medical records database.

NB note that following advice from the BSA – no homely medication drugs are to be stored in non-residential, day trip or match first aid bags. The Trip Leader will be responsible for, hold and ensure they are kept securely.

Procedure for School Trips (matches, day trips and residential)

- A First Aid Kit will be taken containing essential first aid equipment on all trips (matches, day trips or residential)
- Staff taking medical kits on trips are responsible for the safe -keeping of any provisions held within.
- Epipens, Inhalers and First Aid Supplies must be assessable and available in case of an emergency
- Homely medication (i.e. paracetamol, ibuprofen and antihistamines), antibiotics and controlled drugs will be handed over to the Trip Leader by the nurse and must be held separately and securely (not in the first aid kit).
- The staff member in charge will ensure they travel with a full list of boy's medical details, medication, allergies and any special dietary requirements.
- The nurse will ensure that any related information regarding previous medication has been administered.
- The trip leader will have access to contact details for parents if required.
- If concerned about a boy, advice can be obtained by telephoning the school nurse when appropriate.
- A teacher would act in such a way as a prudent parent would – treating any minor ailment with appropriate medication and seeking medical advice if necessary after having checked there are no allergies or contraindications.

Records of any medication administered must be given to the school nurse on return to school (please see note for controlled drugs)

APPENDIX 2 : Procedure for the Care of Day Boys

- Day boys who feel unwell or have injured themselves whilst at school can be seen in the Health Centre

The person on duty in the Health Centre will:

- Take appropriate history and examine as necessary to make a diagnosis;
- Offer non-prescription, homely medication where appropriate if the parent's have previously consented;
- Encourage them to attend lessons if able;

- Offer a period of rest, if appropriate;
- Contact the parents/guardians to be taken home if the illness is not manageable in school;
- All parents will be informed of any medication that has been given to their son by an e-mail;
- The teacher and parents to be informed if the injury is significant.

APPENDIX 3: Procedure for the Care of Boarders

Daytime:

- Boarders who are feeling unwell or have injured themselves can be seen in the Health Centre;
- The Health Centre is staffed from 07:00 to 21:30

The person on duty in the Health Centre will:

- Take appropriate history and examine as necessary to make a diagnosis;
- Offer non-prescription, homely medication where appropriate if the parent's have previously consented;
- Encourage them to attend lessons if able;
- Offer a period of rest, if appropriate;
- Contact the parents/guardians of boys whose parents live locally to arrange for them to be taken home if the illness is not manageable in school;
- Where parents live abroad, too far away or are unable to take them home they will remain in the health centre until recovered or go home to their guardians.
- If a Doctors consultation is necessary for the above boys an appointment will be made with the local surgery or visiting Medical Officer;
- All parents will be informed of any significant illness or injury by email and/or telephone.

APPENDIX 4: Procedure of Care of Boarders – Night Time

- If the pupil is unwell during the night they will call the relevant nurse/matron on call. Where there is a dorm monitor they should be woken to help;
- If the pupil is unwell and disturbing their dormitory they can be moved into the Health Centre;
- In the Health Centre a pupil can summon help by using the phone, calling the appropriate number;
- The matron or nurse on call will treat appropriately using homely medicines as necessary;

- Boarders who are unwell at night will be checked as necessary and adequately looked after by the on call member of staff;
- If a Matron needs further advice either NHS direct can be contacted or the surgery number for the out of hours medical service;
- In an emergency then the House Master should be contacted.

APPENDIX 5: Asthma & Procedure for the Care of Asthmatic children

Common signs of an asthma attack:

- Coughing;
- Shortness of breath;
- Wheezing;
- Feeling tight in the chest;
- Being unusually quiet;
- Difficulty speaking in full sentences;
- Tummy ache (occasionally in young children).

Common Triggers:

There are many triggers to asthma and they can affect each person differently. Where possible the triggers should be avoided.

- Animals;
- Air pollutants;
- Colds and viral infections;
- Stress and emotion;
- Exercise
- Food;
- Hormones;
- House dust mites;
- Moulds & fungi;
- Pollen;
- Smoking;

- Weather.

Asthma medication:

Relief Inhalers:

Every child with asthma should have a relief inhaler. Relievers are medicines that can be taken immediately when asthma symptoms start. They will quickly relax the muscles surrounding the narrowed airway. This allows the airway to open wider, making it easier to breathe again. However relievers do not reduce the swelling in the airways.

- Relievers are essential in treating an asthma attack;
- Reliever inhalers are almost always blue, however there are many different shapes and sizes.
- Pupils with asthma need to keep their relievers with them or close at hand at all times.
- Relief medication should be readily available.. Emergency inhaler kits are in all the sports pavilions and there will always be an inhaler and spacer in kit bags if any of boys on sports teams are asthmatic.
- Although very safe some side effects can be experienced such as increased heart rate and may feel shaky. Children cannot overdose on the medication and these symptoms pass quickly.
- Some children will only get symptoms of asthma infrequently, often after exercise.

Preventer or combination Inhalers:

- Preventers reduce the risk of severe attacks by reducing the inflammation in the airways;
- Most preventers contain corticosteroids, a potent anti inflammatory;
- Low doses of inhaled steroids do not cause side effects and have no effect on growth.
- Preventers come in many different colours.
- The protective effect of preventer medicines builds up over time, so they need to be taken every day (usually morning and evening) even if feeling well.

Spacers:

A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other. Spacers make inhalers easier to use and delivers the medication more effectively to the airways.

- Spacers may often be used at school, especially with pupils under 12.
- Each pupil with asthma should have their own individually labelled spacer that is kept with their inhaler. Spacers MUST NOT be shared.
- Only one puff of inhaler to be put into spacer and breathed in followed by second puff.
- The school has spare spacers which, if used, must be labelled with the boy's name and will then belong to that boy. Parents will be recharged.

Steroid Tablets:

A short course of steroid tablets (usually between 3 & 5 days) is sometimes needed to treat a child's asthma after an acute exacerbation. Steroids are very effective at reducing the inflammation and bringing the asthma under control.

- Steroid tablets are usually taken in the morning in one dose;
- Day pupils to take at home, boarders in the Health Centre;
- They give a much higher dose of steroids than a steroid preventer inhaler. However children should not experience any side effects from the occasional course of steroid tablets.

Emergency treatment:

- Use high dose of beta2 agonist via a spacer device.
- Increase dose by 2 puffs every 2 minutes until 10 puffs.
- If no improvement call 999.

Care of Asthmatic children at Caldicott:

- An asthma register is kept. This contains the names of all children with either dormant or active asthma, both day pupils and boarders.

- Dormant asthma is where a child has had no symptoms or use of any asthma medication for one year.
- Each boy with asthma has an individual care plan detailing triggers and treatments
- Day pupils with active asthma will be updated annually;
- Parents of day pupils with dormant asthma are asked to inform us immediately and provide relief medication if their son's asthma becomes active.
- Boarders with active asthma will be reviewed periodically as symptoms indicate.
- Inhaler technique will be assessed regularly, and where appropriate boys will be allowed to self-medicate inhalers.
- Boarders are asked to keep a reliever inhaler at their bedside for use overnight.
- All staff will receive regular asthma training. Next due

Asthma medication:

All pupils must have their own named reliever inhaler and where appropriate preventer inhaler. Inhalers should not be shared. Emergency salbutamol inhalers are kept in the health centre, and all the sports pavilions for use, where parental permission has been given, if the boy's own inhaler is unavailable or unusable.

Day boys:

- All day boys with permission from a parent may carry their own reliever inhaler or it may be held in the Health Centre.
- A spare reliever inhaler provided by parents is ideally to be held in the Health Centre.
- If the spare is given out to pupil parents to be informed to provide a replacement.
- If boys are playing in matches inhaler kept in Health centre should go in the first aid kit.

Boarders:

- All boarders to carry their own reliever inhaler.
- A spare reliever and preventer inhaler to be kept in the Health Centre.

- If given to the pupil, parents to provide replacement, or where appropriate replacement prescription may be obtained from Southmead surgery.

Asthma review:

- Check child's height.
- Check Peak Expiratory Flow Reading (PEFR). This should be the best of 3 readings with the child standing and technique noted.
- The PEFR is checked against the predicted normal for the child's height.
- Question about reliever inhaler usage. How often is he taking his relief medication?
- Question about preventer inhaler usage if not held in Health Centre.
- Check inhaler technique using the child's own relief inhaler.
- Control is assessed using the royal College of Physicians three questions
 1. Have you had any difficulty sleeping because of your asthma symptoms (including cough)?
 2. Have you had your usual asthma symptoms during the day (cough, wheeze, chest tightness, breathlessness)?
 3. Has your asthma interfered with your usual school activities?
- Preventer inhalers to be either kept in the Health Centre and administered there or by the pupil himself following discussion and agreement with parents.

Emergency treatment in the event of an acute exacerbation:

Moderate acute asthma exacerbation:

- Increasing symptoms;
- PEFR .50-75% best or predicted;
- No features of acute severe asthma;

Acute severe asthma exacerbation:

Any one of:

- PEFR 33-50% best or predicted;
- Respiratory rate > 30/min;
- Heart rate > 125/min;
- Inability to complete sentences in one breath.
- Use high dose reliever inhalers via spacer device, 2 puffs increasing dose by 2 puffs every 2 minutes up to 10 puffs;
- If not responding dial 999;
- If responding call GP surgery or out of hours service.
- Any use of rescue therapy should be followed up by a course of oral steroids.

APPENDIX 6: Allergies and Anaphylaxis Policy

An allergy is an abnormally high sensitivity to certain substances, such as pollen, insect stings and certain foods. Common symptoms of a mild allergy may include sneezing, itching and mild rashes.

Boys with mild allergies, such as hay fever, can be treated with antihistamines under Caldicott's homely remedies policy.

Anaphylaxis is a severe, potentially life threatening allergic reaction, that can develop rapidly.

Initial symptoms of anaphylaxis are usually cardiovascular in origin. These include:

- Generalised flushing of the body
- Urticaria (nettle rash/hives)
- Angioedema (swelling: commonly seen around the eyelids, lips, hands and feet)
- Cardiac arrhythmias (irregular heartbeat)

Respiratory symptoms, caused by bronchoconstriction (tightening of the airways) can then develop, including:

- Difficulty speaking or swallowing
- Wheezing

Other symptoms can include:

- Feeling dizzy or faint
- A sense of impending doom
- Irritability
- Loss of consciousness

Anaphylaxis must always be treated as a medical emergency

Procedure for dealing with anaphylaxis:

If a pupil is suffering a serious allergic reaction adrenaline (epipen) should be given straight away and an ambulance called.

A member of staff must stay with the pupil at all times, observing airway, breathing and circulation.

Put the pupil in a comfortable position if conscious. If the pupil is feeling faint lie him down and elevate his legs. If unconscious, place pupil in the recovery position.

Where appropriate, administer Salbutamol inhaler.

If no improvement after 10-15 minutes administer a second dose of adrenaline.

Storage of adrenaline:

Antihistamines and prescribed adrenaline auto injectors for each boy with an allergy are kept in a cupboard in the dining room at all times. The cupboard is locked, with the key easily accessible in a drawer beneath the cupboard. The cupboard front has a list and a photo of each boy who has an auto injector inside.

Boarders:

Adrenaline pens and non-drowsy antihistamines for boarders will be kept in a cupboard outside the health centre, which has a fob lock and is therefore accessible to all staff. These pens will travel with the boys to and from any sporting fixtures or other school outings.

Day Boys:

Parents bringing their boys to school will need to leave an adrenaline pen in the front office.

Minibus Boys:

Adrenaline pens and non-drowsy antihistamines for day boys who travel to school by bus will be kept in named bags, clearly marked with the pupil's name, with the bus driver. These bags will be handed in by the driver to the front office in the morning, where they will be kept during the day. They will then be handed back to the bus driver for the journey home.

Overnight, the bags will be stored in a locked cupboard in the bus park.

The adrenaline pens kept in the front office will travel with the boys to and from any sporting fixtures or other school outings.

Expiry dates of medication are checked on receipt by the school nurse and at the end of each term.

Managing the condition:

Parents of all pupils must complete a pupil medical questionnaire, including a full history of any allergies, past reactions and current treatment.

Each child will have an individual healthcare plan, which will record allergens/triggers, reactions, and treatment plan.

Pupils should be discouraged from sharing food.

Parents of boys who travel on the minibuses are asked not to provide any snacks containing nuts for consumption on the bus.

Where a particular allergen has been identified, and where possible, catering staff will be asked to avoid this ingredient, eg nuts or seeds.

There should be easy access to pupils' medication at all times.

Training is provided in the administration of intra muscular (IM) adrenaline via an auto-injector pen (EpiPen or Emerade).

APPENDIX 7: Location of First Aid Boxes

During term time the Health Centre is open with a nurse or matron with a valid First Aid certificate on duty. If it is necessary for the nurse or matron on duty to accompany a pupil to hospital the Senior Houseparent with a valid First Aid certificate may be on duty in the Health Centre.

First Aid boxes are located in specific areas within the school:

Location of Boxes:

Main Reception

Bursar's Office

Sports Hall

Kitchen

Maintenance Tea Room

Design & Technology department

Science Department

Art Department

Centenary Hall

Minibuses & school cars

Main Pavilion

Spens Field Pavillion

First aid boxes are checked and replenished once a term, however, if a member of staff finds they require replenishing they should take it to the Health Centre.

Appendix 8 : Reporting of Accidents

Aims

Accidents occur in the school setting to pupils, staff and visitors. The aim of this policy is to ensure that all accidents are reported appropriately and to assess if there is any pattern of accidents developing that requires intervention.

Reporting accidents:

Pupils:

- This includes all pupils attending Caldicott and any visiting pupils;
- Details of injuries sustained by pupils together with treatment and outcome will be entered in full onto the medical records database in line with NMC standards for documentation;
- Injuries that require being assessed at Accident & Emergency must have an accident form completed with full details;
- The original is kept in the Health Centre and a copy kept by the Health & Safety Officer;
- Should the injury fit the criteria for reporting to RIDDOR the Health & Safety Officer is responsible for doing this in consultation with the school nurse;
- Should the injury be reported to RIDDOR full details, including witnesses' details must be recorded for future reference;
- Should there be a health & safety issue the Health & Safety Officer must be informed.

Staff & on site contractors:

- In the event of any accident/injury sustained by a member of staff the Accident book kept in the health centre is completed;
- The original is kept in the Health Centre and a copy kept by the Health & Safety Officer;
- Should the injury fit the criteria for reporting to RIDDOR the Health & Safety Officer is responsible for doing this in consultation with the school nurse;
- Should the injury be reported to RIDDOR full details, including witnesses' details must be recorded for future reference;
- Patterns of accidents will be investigated by the Health & Safety Officer.

Visitors:

- Any injury sustained by a visitor and which is treated in the Health Centre should be recorded in the Accident book with full details;
- Should the injury fit the criteria for reporting to RIDDOR the Health & Safety Officer is responsible for doing this in consultation with the school nurse;
- Should the injury be reported to RIDDOR full details, including witnesses' details must be recorded for future reference;
- The original is kept in the Health Centre and a copy kept by the Health & Safety Officer.

APPENDIX 9: Accident & Emergency Procedure

The decision to call an ambulance may be made by either the nurse on duty or a member of staff. The person present not administering First Aid should make the call whilst remaining at the scene of the incident.

Dial 999 for ambulance if:

- Any serious head injury, back or neck injury;
- The pupil cannot be moved;

- The pupil is immobile;
- You are unhappy about transporting the pupil to Accident and Emergency in a car;
- If a parent is not present a member of staff must accompany the pupil either in the ambulance or follow in a car;
- Ideally the accompanying person should be a member of the teaching or pastoral care staff;
- The nurse will make the decision about whether to administer analgesia or not.

If taking by car or in a taxi;

- Be happy that the pupil's condition will not deteriorate;
- Be sure the injury is not going to be aggravated by such an action;
- Use your common sense – if not happy call for an ambulance.

Additional:

- Take a mobile phone – remember it may have to be switched off in the hospital;
- Take change for the phone if no mobile is available and also take change for possible car parking if required;
- If a taxi is required order using school account;
- Take the pupil's details or the pupil's health record from the filing cabinet containing all relevant information.

Go to WEXHAM PARK HOSPITAL ACCIDENT AND EMERGENCY.

Additional:

- Ensure parents have been informed;
- Sign pupil out on check out board (from front office or front hall table);
- Keep in touch with the pupil's escort;
- Update parents regularly if not in attendance.
- If overnight stay is required liaise with Matrons to pack bag and send to hospital.

Boarding Office Telephone: 01753 649308
School Health Centre Telephone: 01753 649309
Senior House Parents Telephone: 01753 649324

APPENDIX 10: Disposal of Clinical Waste

What is clinical waste?

Clinical waste includes all body fluids such as blood, faeces, vomit, saliva, mucous, urine, semen and vaginal fluids, and anything that may be contaminated by them such as swabs, bandages, hypodermic needles, sharps, tissues, clothing, bedding etc.

What are the hazards?

Many different infections can occur when these agents come into contact with broken skin or with the eyes, nose and mouth. It is important to consider all biological wastes as infectious. Examples of diseases are: hepatitis; HIV; e-coli infection; TB; BSE; MRSA; as well as ill health such as digestive problems including diarrhoea etc.

Who is at risk?

Any members of staff are at risk but particularly the nurses, matrons, cleaners and laundry workers.

Disposal of clinical waste within the school.

- Whenever possible when handling clinical waste gloves should be worn.
- Any contaminated clinical waste must be put into the designated bin as provided by the clinical waste disposal company;
- Do not over fill the container or compact down;
- Should the bin become full before collection is due liaise with the Housekeeping Manager to arrange an earlier emptying;

- Never mix clinical waste with other workplace rubbish;
- Sharp objects must be disposed of in the appropriate container (see disposal of sharps policy);
- Store in safe area until collection for disposal.

For the disposal of any specific substances refer to Health and Safety Executives web site regarding The Control of Substances Hazardous to Health (COSHH).

Appendix 11: Laundering of Soiled Garments

Policy for laundering of contaminated garments

What does this include?

This includes all body fluids such as blood, faeces, vomit, saliva, mucous, urine, semen and vaginal fluids as well as infestations and anything that may be contaminated by them such as bedding and clothing.

What are the hazards?

Many different infections can occur when these agents come into contact with broken skin or with the eyes, nose and mouth. It is important to consider all biological wastes as infectious. Examples of diseases are: hepatitis; HIV; e-coli infection; TB; BSE; MRSA; as well as ill health such as digestive problems including diarrhoea etc.

Who is at risk?

Any members of staff that handle soiled bedding or clothing.

Responsibilities:

- The matron on duty checks the beds of any known bed-wetters first thing in the morning;
- The matron deals with any wet bed as per the policy;
- Any wet beds are reported to the school nurse and recorded.

Laundering clothing or bedding contaminated with bodily fluids.

- When handling contaminated clothing or bedding, gloves and a disposable apron should be worn;

- All soiled clothing or bedding must be placed in a red laundry bag and sealed firmly;
- The red bag and contents should be washed separately in a machine after all other laundry and on the hottest wash possible for the fabric;
- If bedding is soiled the mattress should be washed down with the appropriate cleaning materials;
- All washing machines should be cleaned weekly using a hot cycle with an empty machine;

For the disposal of any specific substances refer to Health and Safety Executives web site regarding “The Control of Substances Hazardous to Health” (COSHH)

Appendix 12: Treatment Plan

Child’s Name:

D.o.B:

Form:

Condition:

Allergies:

Medication:

Signs & Symptoms:

Treatment:

Appendix 13: Care of those with Chronic Conditions and Disabilities

At Caldicott all pupils are given support, encouragement and equal opportunities to ensure that they are able to fulfil their true potential which importantly includes their health and wellbeing. For pupils with long term undiagnosed conditions, newly diagnosed conditions

likely to become chronic, chronic conditions and/or disability/impairment, fulfilment of the child's true potential will be achieved wherever possible.

This will be achieved by:

- Nurses working in partnership with the child and his parents/guardians through a child and family centred approach;
- Parents being informed of any significant change to their child's condition or treatment;
- Working and liaising with allied health professionals, medical staff and teaching staff to provide care as needed;
- Sharing information with relevant personnel as appropriate to ensure continuity of care;
- The provision of an individualised care plan with regular and on-going review of care and treatment. This includes updating, monitoring and evaluation of all treatment and care on a regular basis. Documentation can be on paper but must also be included within the secure electronic healthcare database. The care plan will at least include diagnosis, treatment/medication, triggers/patterns, care given and reviews by Caldicott nurses and allied Health Professionals;
- The provision of care that promotes health and wellbeing, minimises disruption to academic and social life and which permits (as appropriate) the child to fully integrate with peers and take part in physical, psychological and educational activities;
- Ensuring that medication/treatment is given and taken as prescribed and that staff administering medication are fully aware of its uses, side effects and contraindications;
- Ensuring the provision of a wide variety of treatment programmes (not just to include medication) supported by appropriately trained staff as required by the child's needs;

- The child being fully involved in drawing up their treatment plans (if they wish) and by them being fully included in any treatment they receive;
- Respecting the child's views and opinions on his treatment and care and seeking consent at each and every intervention;
- The child being supported and educated to ultimately manage their own condition and treatment with the aim of them eventually becoming self-caring;
- All care and treatment will be documented in keeping with NMC standards.

Appendix 14: Epilepsy Policy and Procedure

Policy

At Caldicott all pupils are given support, encouragement and equal opportunities to ensure that they are able to fulfil their true potential which importantly includes their health and wellbeing. For pupils who have been diagnosed with epilepsy or who have previously suffered with seizures (fits) care will be provided that not only promotes health and wellbeing, fully integrates them in to school life yet minimises disruption to education.

This will be achieved by:

- Nurses working in partnership with the child and his parents/guardians through a child and family centred approach;
- Parents being informed of any significant change to their child's condition or treatment and of every seizure that occurs with the outcome of that seizure;
- Working and liaising with allied health professionals, medical staff and teaching staff to provide care as needed;
- Sharing information with relevant personnel as appropriate to ensure continuity of care.
- The provision of an individualised care plan with regular and on-going review of care and treatment. This includes updating, monitoring and evaluation of all treatment and care on a regular basis. Documentation can be on paper but must also be included within the secure electronic healthcare database. The care plan will at least include

diagnosis, treatment/medication, triggers/patterns, care given and reviews by Caldicott nurses and allied Health Professionals;

- Symptoms, seizures, auras and triggers being closely monitored, documented and acted upon;
- The provision of care that promotes health and wellbeing, minimises disruption to academic and social life and which permits (as appropriate) the child to fully integrate with peers and take part in physical, psychological and educational activities;
- Ensuring that medication/treatment is given and taken as prescribed and that staff administering medication are fully aware of its uses, side effects and contraindications;
- Ensuring the provision of a wide variety of treatment programmes (not just to include medication) supported by appropriately trained staff as required by the child's needs;
- The child being fully involved in drawing up their treatment plans (if they wish) and by them being fully included in any treatment they receive;
- Respecting the child's views and opinions on his treatment and care and seeking consent at each and every intervention;
- The child being supported and educated to ultimately manage their own condition and treatment with the aim of them eventually becoming self-caring;
- All care and treatment will be documented in keeping with NMC standards.

Procedure

In the event of any child presenting with a seizure (fit) staff need to ensure the following:

- Ensure the child is in a safe position and can come to no direct harm. Remove obstacles as necessary;
- Support the head and limbs to minimise injury from external surfaces;

- Loosen any tight clothing e.g. ties, top button of shirts etc.;
- Ensure the airway is maintained at all times. Do not insert anything into the mouth;
- Do not attempt to move the child during the seizure (fit) unless the airway is compromised, but do remain with the child and send for nursing assistance (ext 309);
- Minimise the presence of onlookers;
- Observe and be able to describe and time the seizure (fit). **This is important;**
- If this is the child's **first** seizure, then get someone to **dial 999 immediately** whilst you stay with the child and **support the head and airway**. Always follow up with the GP or as advised by A&E;
- If this is not the child's first seizure and the seizure lasts more than **5 minutes** get someone to **call 999** whilst you stay with the child and **support the head and airway**. Always follow up with the GP or as advised by A&E;
- **If the airway is compromised and/or the child is not breathing dial 999, start resuscitation and call for nursing assistance. Stay with the child;**
- Any child being escorted to A&E post seizure will be accompanied by a Caldicott member of staff or parent;
- If this is not the first seizure stay with the child supporting the head and airway and seek nursing assistance. Do not move the child until the seizure is finished;
- If the nurse is not present or has not been called, then once the seizure is over take the child to the health centre for care and treatment. The child may be disorientated, lethargic, dazed and tired;
- Once in the health centre allow the child to rest and follow the child's post seizure individualised care plan. Once fully recovered and orientated the child may be allowed

to return to class but the teacher and tutor must be aware of the seizure as it will take the child some time to fully recover;

- Parents will be informed of each seizure and of the outcome and of any change to medication or dose of medication. If the child is to go to A&E the parents/guardian ideally will be contacted before the child has left Caldicott. If this is not possible then parents/guardians will be contacted as soon as possible after the event. The priority will always be to the child;

NB Not all seizures present as a tonic-clonic (jerking) seizure. Some seizures can present as vagueness, daydreaming, repeatedly picking at certain parts of the body/clothing, repeated movements of the tongue or eyes. This may then subside and the child may come out of the seizure or the child may then go on to lose consciousness and proceed to a tonic-clonic phase. **You must be aware of what is normal for each individual child.**

If you are in any doubt and nursing staff are not available, then dial 999 immediately.

Care Protocol

- Children with newly diagnosed or chronic epilepsy will have an individualised care plan which is subject to regular and on-going review of care and treatment. This includes updating, monitoring and evaluation of all treatment and care on a regular basis. Documentation can be on paper but must also be included within the secure electronic healthcare database. The care plan will at least include diagnosis, treatment/medication, triggers/patterns, care given and reviews by Caldicott nurses and allied Health Professionals;
- Nurses will work in partnership with the child and his parents/guardians through a child and family centred approach;
- Parents will be informed of any significant change to their child's condition or treatment/medication and of any seizure that has occurred;
- Nurses will work and liaise with allied health professionals, medical staff and teaching staff to provide individualised care as needed;
- Nurses, parents and children will share information with relevant personnel as appropriate to ensure continuity of care;

- Caldicott staff, in particular nursing staff, will provide care that promotes health and wellbeing, minimises disruption to academic and social life and which permits (as appropriate) the child to fully integrate with peers and take part in physical, psychological and educational activities;
- Nursing staff ensure that medication/treatment is given and taken as prescribed and that staff administering medication are fully aware of its uses, side effects and contraindications;
- Nursing staff and allied health professionals will ensure the provision of a wide variety of treatment programmes (not just to include medication) supported by appropriately trained staff as required by the child's needs;
- The child will be fully involved in drawing up their own treatment plans (if they wish) and will be fully included in any treatment they receive;
- The child's views and opinions on his treatment and care will be respected. Consent (where appropriate) will be sought at each and every intervention;
- All treatment plans and care will be drawn up, monitored and evaluated by a registered nurse;
- In the event that the health centre is being manned by personnel who are not registered (as a nurse or doctor) then contact details of Caldicott nursing and medical staff are easily available;
- All care and treatment will be documented in keeping with NMC standards.

Appendix 15: Self Harm

At Caldicott we are aware that self-harming behaviours are essential to address. Self-harm is a deliberate, non-suicidal behaviour that inflicts physical harm on someone's own body aimed at relieving emotional stress.

Guidelines:

- The initial management would be instigated by the school nurse in collaboration with the Senior House Parents;

- Subsequent management would be undertaken by the parents and either their family GP or the school doctor. If the parents would like the option of using the School Counsellor, then the school can help arrange this;
- Any members of staff must report any concerns regarding a pupil self-harming to the school nurse or senior house parents;
- Staff must not make promises assuring confidentiality but reassure pupils information would only be shared on a need to know basis.

Appendix 16: Eating disorders

Eating disorders develop as a sign of emotional or psychological problems. They become a coping mechanism for dealing with these. Lunch is family service with a member of staff at the table who are able to monitor pupils eating habits and at supper time the school nurse and other members of the boarding staff are present keeping a watchful eye.

Types of eating disorders:

- Anorexia
- Anorexia with vomiting
- Bulimia
- Binge eating disorder (BED)
- Multi impulsive behaviour (ED plus alcohol/drug abuse, self-harm or antisocial behaviour)
- Chaotic eating (binge/starve)
- Rapid weight loss

Monitoring:

- All pupils have their height and weight recorded twice a year;
- Members of staff report to the school nurse any concerns they have over a pupils eating habits;
- The school nurse discusses any concerns with the pupil or parents, whichever is the most appropriate;
- The school nurse will recommend further intervention if felt necessary.

Appendix 17 – Location of Emergency Equipment

Location of Epipens – The white cupboard near the fridge in the boys dining room - which contains **1 pen** for each boy on the anaphylaxis list – The cupboard is locked but the key is in a drawer underneath.

Additional Epipens are kept upstairs in the boarding house.

Defibrillator - A defibrillator is kept on the wall in the front porch.

Appendix 18 - List of First Aiders – New List

Surname	Prenome	1st Aid course
Abernethy	Diana	26-Jun-2015
Brooks	Mark	13-Jun-2016
Cooper	Simon	21-Oct-2015
De Gelas	Denis	15 Dec 2016
Doggart	Antonia	26-Jun-2015
Duncan	Jo	9-Jan-2017
Egginton	Simon	13-Jun-2016
Evans	David	1-Sep-2014
Fildes	Hugo	1-Sep-2014
Foster	Patrick	9-Jan-2017
Gajda	Slavek	13-Jun-2016
George	Adrian	15-Dec-2016
Good	Boris	15-Dec-2016
Harper	Edward	1-Sep-2014
Hassett	Wesley	15-Dec-2016
Haugh	Karen	7-Jan-2011
Hinton	Julie	5-Nov-2014
Hinton	Tony	5-Nov-2014
Hourston	Emma	00-12-2016
Hulbert	Alan	15-Dec-2016
Hulbert	Michele	9-Jan-2017
Hutchings	Matthew	9-Jan-2017
Khan	Bostan	5-Nov-2014
Lane	Daniel	9-Jan-2017
Langley	Charlie	1-Sep-2014
Langley	Kirslt	9-Jan-2017
Lee-Dickson	Penelope	9-Jan-2017
Long	Howard	1-Sep-2014
Mahmood	Tahra	9-Jan-2017
Makepeace	Lorna	4-Sep-2015
Morris	Nathan	9-Jan-2017
Polyak	Zsolt	5-Nov-2014
Pyefinch	Nigel	15-Dec-2016
Quinn	Gail	9-Jan-2017
Rule	Katy	1-Sep-2014
Runham	Trevor	5-Nov-2014
Russel	Debbie	26-Jun-2015
Southerden	Peter	5-Nov-2014
Tadzik	Paula	13-Jun-2016
Thompson	Adam	1-Sep-2014
Tompkins	Chris	15-Dec-2016
Tripp	Robin	5-Nov-2014
Walker	Tony	15-Dec-2016
White	Kathy	9-Jan-2017

Williams	Gareth	9-Jan-2017
Zengerink	Terrence	9-Jan-2017