

# Health & First Aid Policy

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## Health & First Aid Policy

**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 & 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 Senior Nurse, employed by the school, possesses a recognised accredited nursing qualification and is registered with the NMC.
- Ensure that Health Centre staff and the House Parents are fully competent to administer First Aid, respond appropriately in an emergency and monitor those admitted to the Health Centre. 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 Term-Time to Day Boys and visitors.
- Comply fully with all statutory and mandatory requirements as determined by:
  - The Children and Social Work Act 2017 (Amended from Children Act 2004)
  - The Code of Practice (Amended 2015), ethics and ethos as laid down by the NMC.
  - The Code of Practice (Amended 2016), ethics and ethos as laid down by the British Medical Association
  - Health and Safety at Work Act 1974
  - Environmental Protection Act 1990
  - National Minimum Boarding Standards 2015
- Inform appropriate personnel of the designated procedures and Codes of Practice

## 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 (refer to page 29), dealing with medical emergencies (refer to page 5) and the use of household remedies (refer to page 7).*
- *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 (refer to page 8).*
- *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.*

### 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.

- **Coughs and colds**. 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 and return to school 24 hours after they start to feel better. If a child has a more severe and/or long-lasting cough, a GP should be consulted. The GP can give guidance on whether the child should stay off school.
- **Raised temperature**. If a 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 a rash should not attend school and a GP or Practice nurse should be consulted.

- **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 a raised temperature or drowsiness, then keep the child off school and consult your GP.
- **Vomiting and diarrhoea**. Children with diarrhoea and/or vomiting must be kept off school until at least 48 hours after their symptoms have subsided. (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 is diagnosed with chickenpox, they should remain off school until 48 hours after all their spots have crusted over.
- **Head Lice**. Children will usually not be excluded from school unless they have an active infestation of head lice. Once your child has received appropriate treatment, he may return to school. Most treatments require a further course after 7 days.

## **First Aid Provision:**

- The Health Centre is staffed by a (Registered) Nurse or Member of staff 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. This training is updated every three years.
- First Aid kits are located at strategic points around the school (refer to page 20).

## **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. The School Doctor Practices from Southmead Surgery and visits the school weekly.
- Boarders may have permanent or temporary registration with Southmead Surgery and families will be contacted by the Senior Nurse to discuss registration at the beginning of the school year.
- Boarders 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.
- Written and computerised data entries are made to document all medications and treatments. Details recorded include the presenting complaint, given care, any medication administered and follow-up action/plan if 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.
- Daily handover and communication advising staff of any significant medical issues.
- Accidents are recorded in accordance with the School Health and Safety Policy and HSE (including RIDDOR when required) (refer to page 23).
- A copy of all accident forms are given to Human Resources. The Accident Book (BI510) is located in the Health Centre.

## **Care in an Emergency:**

- In an emergency, a pupil is most likely to be 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.

# Epilepsy Policy and Procedure

Refer to page 31

## Self-Harm:

- Management of self-harm. Refer to page 35.

## Eating Disorders:

- Management of Eating Disorders. Refer to page 35.

## 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 guidelines.
- Expiry dates of medication are checked on receipt and again periodically.
- Expired medications will not be administered.
- All prescription medicines for both Boarders and Day Boys, must be accompanied by the appropriate parental 'Permission to Administer Form'.
- Medicines that can be purchased over the counter (homely medicines) are administered where appropriate, by 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 are required to carry their own medication on their person e.g. inhalers, must keep it secure and are reminded to carry it with them.
- Medication may be administered by the nurses and matrons plus any member of staff acting in loco parentis, acting as a prudent parent.
- **Storage of adrenaline** **Please refer to page 19**
- **Storage of asthma kits/inhalers** **Please refer to page 17**
- **Storage of emergency equipment locations** **Please refer to page 22**

## **Storage of medicines in refrigerators**

- The refrigerator used for the storage of medicines is kept in the Health Centre and is locked. The temperature is checked and recorded daily.
- Medication that requires refrigeration should be placed in the refrigerator as soon as received.
- After administration, the medicine should be returned to the refrigerator as soon as possible.
- The medication refrigerator must only be for the safe storage of appropriate medications.

## **Disposal of medicines**

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

## **Procedure 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 administration 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, with visible expiry dates, 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

## **Procedure for administering prescription medications**

- Prescribed medication will only be given to the pupil for 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 and must be signed in and out on isams 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, has a visible expiry date and accompanied is by the relevant parental permission form.
- Where appropriate, the senior House Parents, can sign the medical permission form in loco parentis e.g. 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 parental 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.
- If the school nurses are not available to administer medication, it may be administered by a competent member of staff (this will also apply for pupils on residential school trips).
- At the end of each academic year all prescribed medications should be taken home;

## **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, with visible expiry dates and 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 will be stored appropriately as per guidance on packaging.
- Where necessary, form tutors should be notified to ensure the boy arrives at the Health Centre in appropriate time for their 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, senior 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 their 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 a nurse and agreed with the parent or guardian (and child as appropriate), reviewed annually or earlier if felt necessary.
- A 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 1971
- 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, as must the pupil.

- If the medication is stopped, all remaining medication should be returned to the parent/guardian by a 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 a 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 transit box' located in the Health Centre.
- The medication should be checked out by the nurses to 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 transit 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 transit box should be kept by a member of staff at all times during the school trip.
- If the controlled medication is lost, 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 expected dose. A nurse will assess the child upon return to school and make a decision whether a late dose administration is appropriate.
- The school nurse will document the loss in the controlled drug book and on the medical records database. This will be countersigned by the staff member who was in position of the controlled medication during the school trip.

## **Procedure for school trips: matches, day trips/residential**

- A First Aid bag will be taken containing essential first aid equipment on all trips - matches, day trips or residential.
- Staff taking medications on trips, are responsible for the safe-keeping of any provisions held within.

- Epipens, Inhalers and First Aid Supplies must be accessible 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 bag).
- The staff member in charge of the trip will ensure they travel with a full list of the 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 whilst off site, advice from the Health Centre should be sought by the trip leader if deemed 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).
- N.B.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 the care of Day Boys**

Day boys who feel unwell or who have injured themselves whilst at school may be reviewed in the Health Centre

The person on duty in the Health Centre will:

- Take an appropriate history and examine as necessary to assess the medical needs of the individual.
- Offer non-prescription, homely medication where appropriate if the parents have previously consented.
- Offer a period of rest, if appropriate and/or encourage to the individual to attend lessons if able.

- Contact the parents/guardians for their child to be collected and 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 via e-mail or telephone call should a discussion be necessary.
- The teacher and parents to be informed if the injury is significant.

## **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 08:00 to 21:00 with overnight provision in the boarding house
- The person on duty in the Health Centre will:
  - Take an appropriate history and examine as necessary to assess the medical needs of the individual. If appropriate a chaperone will be present during the examination.
  - Offer non-prescription, homely medication where appropriate if the parents have previously consented.
  - Offer a period of rest, if appropriate and/or encourage to the individual to attend lessons if able.
  - 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 the child may remain in the Health Centre until recovered, or be collected by their guardians.
- If a Doctor's consultation is necessary an appointment will be made with the local surgery or visiting Medical Officer. This is subject to the parents having agreed registration to the local GP (Southmead Surgery).
  - If the child's parents have not given consent for their son to be registered with the local GP at Southmead Surgery, they may be contacted to make personal arrangements for their son to be reviewed by a GP of their choosing.

- All parents will be informed of any significant illness or injury by email and/or telephone.

## **Procedure of care of boarders During Night Hours**

- If a pupil is unwell during the night they seek help from the matron on call. Where there is a dormitory monitor, they should be woken to help.
- If a pupil is unwell and disturbing their dormitory they may be moved into the Health Centre overnight, where appropriate facilities are available to sleep.
- The Health Centre is manned overnight. The matron covering will treat appropriately (using homely medicines as necessary) and check the pupil at regular periods overnight as necessary.
- If a Matron requires further advice, either NHS 111 can be contacted.
- In an emergency, the House Parents should be contacted.

## **Asthma**

### **Procedure for the care of asthmatic boys**

#### **Common signs of an asthma attack:**

- Coughing.
- Shortness of breath.
- Wheezing.
- Feeling 'tight in the chest'.
- Being unusually quiet.
- Difficulty speaking in full sentences.
- Stomach 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:**

### **1. Relief inhalers:**

Every child with asthma should have a prescribed 'reliever 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 airways 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 in colour, 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.
- Emergency inhaler kits (containing blue reliever aerosol inhalers – Ventolin or Salbutamol MDIs) are in all sports pavilions and there will always be an inhaler and spacer in kit/first aid 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 occasionally the feeling of being 'shaky'/mild tremors. Children cannot overdose on the medication and these symptoms pass quickly.

### **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 adverse 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 regularly, every day (usually morning and evening) even if the individual is feeling well.

## **Spacers:**

A spacer is a multi-use plastic/metal container or a disposable cardboard 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 asthma under control.

- Steroid tablets are usually taken in the morning in one dose.
- Day pupils should have these administered at home whilst boarders will receive theirs in the Health Centre.
- At a higher dosage than that contained in inhalers, children generally do not experience any side effects from the occasional course of steroid tablets to treat asthma.

## **Emergency treatment:**

- Use a short acting Beta2 agonist (Salbutamol) via a spacer device.
- Increase dose by 2 puffs every 2 minutes until 10 puffs.
- If no improvement call 999, being sure to tell the operator that the child is having a severe asthma attack with risk of a respiratory arrest.

## **Care of asthmatic boys 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 have their care plans 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 November 2021.

## **Asthma medication:**

All pupils must have their own named reliever inhaler and where appropriate preventer inhaler. Inhalers should not be shared.

## **Location of emergency asthma kits**

### **Salbutamol inhalers (Blue reliever inhalers)**

- Inhalers are kept in the health centre, and all sports pavilions for use (alongside the first aid kits), where a child has a prescription for an inhaler but their own 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 a pupil, their parents are to be informed so as to provide a replacement.
- If boys are playing in matches, inhalers kept in Health centre should go in the first aid kit for pitch-side use.

**Boarders:**

- All boarders to carry their own reliever inhaler.
- A spare reliever and preventer inhaler are to be kept in the Health Centre.
- If given to the a pupil, their parents are to informed so as to provide replacement, or where appropriate replacement prescription may be obtained from Southmead Surgery.

**Asthma review:**

- Under the guidance of the School Medical Officer (GP) yearly review for boarders
- Measure child's height.
- Measure 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 child regarding their reliever inhaler usage e.g. how often is he taking his reliever medication?
- Question child regarding their preventer inhaler usage (if not held in Health Centre).
- Check inhaler technique using the child's own relief inhaler.
- Asthma 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 should be kept in either the Health Centre and administered there or by the pupil himself following discussion and agreement with parents.

## Emergency treatment in the event of - 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.

## 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 an Adrenaline Auto-Injectors (AAI) should be administered immediately and an ambulance called.
- A member of staff must stay with the pupil at all times, observing airway, breathing and circulation.
- The pupil should be positioned in a comfortable position if conscious. If the pupil is feeling faint, he should be laid flat with his legs elevated. If unconscious, place pupil in the recovery position.
- Where appropriate, administer a Salbutamol inhaler.
- If no improvement after 10-15 minutes administer a second dose of adrenaline.

## **Storage of adrenaline:**

Prescribed Adrenaline Auto-Injectors (AAIs) for each boy with an allergy are stored in the identifiable cupboard, in the dining room at all times. The cupboard is locked with the key which is chained to the unit. The cupboard front has a list and a photo of each boy who has an auto injector inside.

**Emergency auto injectors are kept in the following locations:**

Health Centre	(x1)
Dining Room	(x1)
Boarding House	(x1)

**Boarders:**

All boys who are prescribed an Adrenaline Auto-Injectors (AAIs) will be carrying their own on their person at all times from Autumn term 2021. These pens will also travel with the boys to and from any sporting fixtures or other school outings. A second auto injector is also kept in the dining room.

**Day Boys:**

All boys who are prescribed an Adrenaline Auto-Injectors (AAIs) will be carrying their own on their person at all times from Autumn term 2021. These pens will also travel with the boys to and from any sporting fixtures or other school outings. A second auto injector is also kept in the dining room.

**Minibus Boys:**

All boys who are prescribed an Adrenaline Auto-Injectors (AAIs) will be carrying their own on their person at all times from Autumn term 2021. These pens will also travel with the boys to and from any sporting fixtures or other school outings. A second auto injector is also kept in the dining room.

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

**Managing the condition:**

Caldicott strives to be nut free/nut aware school

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, e.g. nuts or seeds.

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

All staff will be trained in the administration of intra muscular (IM) adrenaline via an Adrenaline Auto-Injectors (AAIs) on commencement of employment and will receive regular training updates.

Adrenaline Auto-Injectors (AAIs) are kept in school for use if the boy's own injector is unavailable. These can only be used with parental permission.

# **Location of Emergency Equipment & First Aid Boxes**

## **Emergency Equipment**

- A. Adrenaline Auto-Injectors (AAls) /Anaphylaxis kit  
Storage of Adrenaline
- B. Emergency Asthma Kits
- C. Defibrillator - A defibrillator is kept on the wall in the front porch.

## **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 off site, 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 First Aid 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 Pavilion

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.

It is the responsibility of the first aider to notify the Health Centre should they use supplies from a first aid box, so that it may be replenished without delay.

## List of First Aiders

1st Aid Trained - Nov 2021		
<b>surname</b>	<b>prename</b>	<b>1staidcourse</b>
Abernethy	Diana	18-Jan-2019
Andrades-Perales	Carmen	03-Mar-2021
Baker	James	19-Apr-2021
Bennett	Michael	19-Mar-2019
Betts	James	12-Dec-2019
Bichsel	Marc	19-Apr-2021
Bisschop	Sarah	18/01/2019
Blagden	Joshua	23-Apr-2019
Brooks	Mark	23-Apr-2019
Broughton	Sam	02-Jun-2021
Chapman	Tim	23-Apr-2019
Cissell	Emma	11-Jul-2019
Cooper	Simon	18-Jan-2019
Court	Robert	12-Dec-2019
Cox	Claude	19-Apr-2021
De Gelas	Denis	15-Dec-2016
Di Maso	Lele	23-Apr-2019
Duncan	Jo	19-Apr-2021
Egginton	Simon	23-Apr-2019
Evans	David	19-Apr-2021
Farnan	Julie	18-Jan-2019
Harper	Edward	19-Apr-2021
Hassett	Wesley	12-Dec-2019
Holyland	Matthew	19-Apr-2021
Hopwood	Malcolm	06-Nov-2020
Hulbert	Alan	12-Dec-2019
Hulbert	Michele	20-Apr-2021
Hutchings	Elizabeth	12-Dec-2019
Hutchings	Matthew	19-Apr-2021
Irvine	Mathew	19-Apr-2021
Kelly	Liam	20-Apr-2021
Kurton	Joshua	12-Dec-2019
Lee-Dickson	Penelope	19-Apr-2021
Leggett	Gareth	23-Apr-2019
Mahmood	Tahra	12-Dec-2019
McLaren	Zoe	20-Apr-2021
Montique	Laurence	20-Apr-2021
Querstret	Luke	07-Dec-2017
Quinn	Gail	12-Dec-2019
Robinson	Jaryd	23-Apr-2019
Runham	Trevor	30-Nov-2019
Southerden	Peter	19-Apr-2021
Tompkins	Chris	12-Dec-2019
Walker	Tony	12-Dec-2019
Watts	Hugh	23-Apr-2019
Williams	Gareth	19-Apr-2021
Zengerink	Terrence	19-Apr-2021

# 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.

## 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 assessment 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 to be 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.

## **Accident & Emergency Procedure**

The decision to call an ambulance may be made by either by the nurse on duty or a member of staff. Ideally, a person present who is 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 or 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.
- A nurse will make the decision 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 (via the front office)
- Take the pupil's details or the pupil's health record from the filing cabinet in the Health Centre, containing all relevant information if there is time to retrieve it.

**Ideally, 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 an overnight stay is required liaise with Matrons to pack a bag and send to hospital.

Boarding Office Telephone: 01753 649308

Boarding School Health Centre Telephone: 01753 649309

Health Centre (daytime) Telephone: 01753 649324

## **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 who come into contact with clinical waste, therefore particularly the nurses, matrons, cleaners and laundry workers.

### **Disposal of clinical waste within the school.**

- 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).**

### **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 should check the beds of any pupils known to suffer from nocturnal enuresis first thing in the morning
- The matron deals with any soiled laundry as per the 'Laundering of soiled garments' 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)**

## 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.

# 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 and surrounding dangers 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 324).
- Minimise the presence of onlookers, so as to preserve privacy and dignity to the individual.
- 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.

## **Self - Harm**

At Caldicott we are aware that it is essential to identify and address self-harming behaviours.

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 a school nurse, House Parents, or safeguarding lead as appropriate.
- Staff must not make promises assuring confidentiality but reassure pupils that information would only be shared on a need to know basis.

## **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 boarders 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 should discuss any concerns with the pupil or parents, whichever is the most appropriate.
- The school nurse will recommend further intervention if felt necessary.