**HURTWOOD HOUSE**

Medical Care and First Aid Policy

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| Reviewed | By | Last reviewed | Last modified |
| Annually | Nurses | June 2023 | June 2023 |

1. Introduction
	1. The School is required to provide satisfactory medical and nursing care and First Aid cover. Routine General Practitioner (GP) medical care is provided to students who are registered with the School’s Medical Officer at Cranleigh Medical Practice for this purpose, and arrangements are in place within the School’s Health Centre and through trained First Aid Personnel throughout the school to provide emergency facilitates for all students and staff.
2. **Aims**
	1. Our aim is to provide medical care, treatment and prevent ill health, whilst actively promoting healthy living and allowing students to maintain their emotional and physical well-being during their time at the School
3. **Registration and Access**
	1. Boarding students are required to register with the Cranleigh Medical Practice for the provision of General Medical Services.
	2. Although emergency treatment will be provided for all students during school hours, Day students are expected to consult their own GP for routine medical matters.
	3. In the case of day students, the School requests that medication is only taken at School if it is essential, that is, where it would be detrimental to the student's health not to administer the medication during the school day. Where possible, medicines should be taken at home before and after attending School.
4. **Induction and Documentation**
	1. A comprehensive medical questionnaire in the form of a parental medical declaration, is to be completed for every new student prior to arrival, as part of the Inform process. Parents must inform the School in writing if their child subsequently develops any known medical condition, health problem, allergy or has been in contact with an infectious disease, and of any changes to student medication.
	2. All new students are given a routine medical examination during their first term at the School.
	3. Parents are required to indicate their consent (or not) to a student receiving Over the Counter Medicines on the medical declaration.
	4. Specific medical conditions/allergies/disabilities must also be recorded for every student along with the student’s individual healthcare plan.
	5. Adequate, contemporaneous and written medical and nursing records are to be maintained in the Health Centre and these are to be distinct from the personal records held within their Houses.
5. **Medical Records and Consent**
	1. Medical information about students, regardless of their age, is confidential. However, in providing medical and nursing care for a student, it is recognised that on occasions the Health Centre staff may liaise with the Headmaster, the Deputy Head - Students, House staff and parents or guardians, and that information, ideally with the student’s prior consent, will be passed on as necessary.
	2. The School’s Medical Officer (SMO) and the Health Centre staff undertake to respect a student’s confidence except on those occasions when, having failed to persuade that student or their authorised representative to give consent or divulgence, they consider that it is in the student’s better interests, or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body. Such information will be given and received on a confidential, ‘need-to-know’ basis.
	3. The School acknowledges individual student’s rights to consent to, or refuse, medical or dental treatment. This is based on so-called ‘competency’ and not age. The doctor, dentist or nurse proposing the treatment must judge whether or not the student understands the nature of the treatment, as well as the consequences of refusal.
	4. The Health Centre maintain accurate medical records for all students who visit the Health Centre. All records are kept securely and managed according to the School’s Privacy Policies.
	5. Parents must inform the Health Centre if a student has suffered an injury or illness or subsequent hospital admission during term time or the holidays. They must also inform the Health Centre when there is a change to their son or daughters’ medical treatment/medication.
6. **Emergency Medical Treatment**
	1. Parents are required to authorise the Headmaster to consent on their behalf to the student receiving emergency medical treatment including blood transfusions within the United Kingdom, general anaesthetic and operations under the National Health Service or at a private hospital where certified by an appropriately qualified person necessary for the student’s welfare and if the parents cannot be contacted in time.
	2. Parents are required to take responsibility for routine dental care during the school holidays. The Health Centre staff will arrange for emergency dental care and eye care if required during term time for boarders.
7. **Routine Medical Matters**
	1. Routine immunisations will be conducted in accordance with schedules issued by the Department of Health and only with parental consent.
	2. The Senior School Nurse, who has undertaken recognised training in Vaccination, will administer vaccinations under the direction of Patient Specific directives signed by the School’s Medical Officer. Registered nurses from outside agencies (e.g. Children and Family Health Surrey) will also conduct vaccination/immunisation clinics for students if required.
	3. All new students will undergo a medical examination including routine screening of height, weight and checking of any medical issues, in their first term at the school. Health advice is provided for students, staff and parents on request if appropriate.
	4. Health Centre staff must be alert to Social Care needs, including child protection issues. Where appropriate and with the student’s consent, boarding house staff will be kept regularly up to date by Medical Centre staff with any medical issues relating to students.
	5. Student who fall ill during the school day are sometimes admitted to the Health Centre as in patients, where they will be cared for with the necessary isolation facilities, allowing then to be kept away from the other students. Boarding students who are ill for more than twenty-four hours, and where geographically possible, will be given the option to go home.
	6. The School Doctor, from Cranleigh Medical Practice runs a clinic in the School’s Health Centre twice a week. Students with non-urgent medical problems may request to be booked into this clinic.
	7. Parents/Guardians and students are expected to arrange eye test and routine dental checks during the school holidays, as it is not possible to be registered with more than one NHS dental provider. Should emergency dental treatment be required this can only be provided privately and will incur a cost. The Health Centre does not provide Orthodontic referrals.
	8. Health Centre staff will organise for transport to take boarding students to all hospital appointments.
	9. Students with long term medical conditions may require visits from outside medical professionals during school hours. These appointments should be made directly through the Health Centre.
8. Counselling
	1. Counselling is available to students for appointments. There is a dedicated counselling room within the Health Centre and appointments can be made through the Health Centre or via a dedicated email address. As well as the School Counsellor, the Senior School Nurse can be called upon to talk to students with emotional and mental health issues. Details of the School’s counselling provision can be found in Appendix 10.
9. **Outside Specialist Opinions and the Health Centre**
	1. Parents may on occasion, take their child to a doctor outside the Medical Centre either because it is outside school term time, or sometimes to obtain a second opinion.
	2. Parents are advised to speak to the Health Centre in the first instance where possible, to avoid potentially unsafe drug interactions should a student be prescribed medication without the full medical history being known by the prescriber. This is more likely to be the case for what parents may consider ‘non-medical’ cases such as ADHD.
10. If parents do decide to seek an outside medical opinion either with or without first consulting one of the school doctors, it is important that the specialist copies a letter of their findings and recommendations to the Health Centre so it can be added to the student’s medical record.
11. Procedure if a student feels unwell during the school day
	1. Students must notify their Housemaster, subject teacher or any other appropriate member of staff if they are felling unwell and wish to attend the Heath Centre. If the matter is non-urgent students will be encouraged to attend during break times or after school.
	2. On entering the Health Centre, students must alert the Health Centre staff to their arrival and wait to be directed to a treatment area. Hands must be sanitised on arrival and departure.
	3. The Health Centre will carry out an assessment of the student and decide on the appropriate treatment and course of action.
	4. The Health Centre will record on the Sick List if a student is to remain in the Health Centre for a period of rest or treatment
	5. HsMs will be emailed at the end of each day with details of any treatment if necessary as well instructions for further medication to be given overnight.
	6. All treatment given to students must be documented in the individual student medical record
	7. If a student suffers a medical emergency or sustains a serious injury an ambulance will be called as soon as possible, following the protocol in Appendix 6. A member of staff will accompany the student to the hospital.
12. **Staff** may visit the School Nurse and/or Health Centre as and when necessary, but appropriate cover must be arranged.
13. Out of hours care for Boarders
	1. If a boarder is unwell or needs first aid treatment after 6:00pm they must inform the boarding house staff immediately, who will assess the student and provide treatment. If more urgent or complex treatment is necessary, the duty staff member will follow the procedure outlined in Appendix 9.
	2. If a student presents with signs or symptoms of an infectious disease or there is a risk of cross infection the student should isolate in the boarding house. If the student is to isolate in a single room, they must have separate bathroom facilities
	3. Any student who has been unwell in the night must report to the Health Centre the next day for assessment and further treatment or care. Each boarding house is equipped with an emergency Adrenaline Auto Injector (AAI), emergency asthma kit and a small first aid kit as well as a medical cabinet with non-prescription medication. Boarding house staff must record when non-prescription medication has been dispensed during boarding hours to a student.
14. **Administration of Medication**
	1. The Senior School Nurse is responsible for the administration of medicine within the School during the school day and she will delegate duties as appropriate to the HsM and other trained members of staff for out of hours administration.
	2. The Senior School Nurse has overall responsibility for the administration of medication, but delegates the administration of over the counter medication to the Health Care Assistant. The HCA can administer controlled medication in the absence of the Senior School Nurse.
	3. Where it is identified that the administration of prescription medication to a student requires technical, medical, or other specialist knowledge, appropriate individual training tailored to the individual student will be undertaken by appropriate staff from a qualified health professional.
	4. Non-prescription medication
		1. Staff may only administer non-prescription medication such as pain and fever relief if the parents have already provided their consent for this to happen and only if there is a health reason to do so.
		2. If the student is over 16 years old, they may self-consent. Parents will be asked as part of the School’s Inform process, to confirm that the student has not suffered an adverse reaction to any medication in the past.
		3. No student under 16 shall be given medicine containing aspirin unless prescribed by a doctor.
		4. Staff will follow the Protocol for Dispensing Non-prescription Medication in Boarding Houses (Appendix 1).
	5. Prescription medication
		1. Parents and students must inform the Senior School Nurse of any medications being brought into School.
		2. All medicines supplied to the School must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. All medication must be clearly labelled in English.
		3. A share care letter from the prescribing health professional must be provided to the School Nurse if repeat medication is required during the school term.
		4. Staff will follow the Protocol for Prescribed Medicines (Appendix 2).
		5. If Staff are in any doubt over the procedure to be followed, the Parents will be contacted before action is taken.
		6. If a student refuses their medication, the staff will record this and if persistent, the student will be spoken to about the importance of regular medication by the Senior School Nurse. Should the problem persist, the Senior School Nurse will advise the HsM. The Senior School Nurse will also contact the Parents.
15. **Asthma**
	1. Students prescribed with salbutamol inhalers must carry them with them at all times.
16. **Emergency Inhalers**
	1. Emergency salbutamol inhalers may be issued, following parental consent. Any student diagnosed with asthma and prescribed salbutamol, may be given an emergency dose of a Salbutamol inhaler, if their own is not available.
	2. Following use, the inhaler case should be cleaned in soapy water and dried before re-use.
	3. Each of the larger Boarding Houses has an Emergency Response Box which contains a Salbutamol inhaler and spacer for use during an asthma attack.
	4. A checklist of inhalers issued, along with the batch number and expiry date, will be kept in the Health Centre.
	5. Any medication given must be recorded by the person dispensing and the Health Centre staff informed
17. **Severe allergies**
	1. Students identified as having severe allergies and prescribed Adrenaline Auto Injectors (AAI) must carry 2 AAIs with them at all times. Parents and students will be asked to agree to this during the registration process.
	2. Students will be asked to bring their shared Health Care Plan along with 2 further AAIs to the Health Centre on arrival at School for emergency use, one of these will remain in the Health Centre and one will be passed to the HsM.
18. **Emergency Adrenalin Auto-Injectors**
	1. AnEmergencyAdrenaline auto-injector (AAI), may be issued, following parental consent. Any student diagnosed with severe allergies and prescribed an AAI, may be given an emergency AAI, if their own is not available or not working (eg because it is broken or out of date).
	2. Each of the larger Boarding Houses and the School Dining Room have an Emergency Response Box which contains a non-prescribed AAI for use in an emergency.
19. **Storage of Medication**
	1. In keeping with the School's policy to educate and provide students with the necessary skills to successfully take their place in today's society, students are encouraged to take responsibility for their own personal medicines, where appropriate.
	2. Medicines that are not the responsibility of the student are always securely stored in accordance with individual product instructions.
	3. The School will carry out a risk assessment to consider any risks to the health and safety of the School community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.
	4. Medicines shall be stored in the original container in which they were dispensed, together with the instructions for administration, unless dispensed for student use in named containers by the Health Centre.
	5. Students administering their own medication must agree to its safe storage by signing the School’s Student Medication Contract (Appendix 4).
	6. Each boarding house has a secure cabinet in which all medical drugs are secured.
20. **Administration and Storage of Controlled Medication**
	1. Controlled drugs will be kept in safe custody in a locked, non-portable container and only named staff will have access.
	2. Staff and Students will follow the Protocol for Prescribed Controlled Medicines when administering and storing prescribed, controlled drugs (Appendix 3).
	3. Students will collect controlled medication from the Health Centre on a regular basis as agreed with the student (daily/every 3, 5 or 7 days).
	4. The Senior School Nurse will undertake regular well being check-ups with the student on collection of the medication.
	5. Housemasters/mistresses will be informed if a student is prescribed controlled drugs.
	6. If a change in dose or medication occurs, the Senior School Nurse will only dispense once a letter from the prescribing consultant has been received
	7. If a student does not take their medication for a period of three months or more, the medication will be safely disposed of.
21. **Disposal of Medicines**
	1. All out of date or unused medicines must be returned to the Health Centre who will arrange for their safe disposal by the local Pharmacy.
	2. Controlled drugs are recorded for disposal and the disposal form, once signed by the pharmacist, is attached to the student's medical record
22. **Emergency Procedures**
	1. In the event of an emergency related to the administration of medicine, the School Nurse should be contacted as soon as possible. If the School Nurse is not available or does not consider that she is able to deal with the presenting condition, then they should continue any first aid or medical procedures being provided whilst another person summons emergency medical care by **dialling 111**. This does not however affect the ability of any person to contact the emergency services in the event of a medical emergency.
	2. **Staff** **should always dial 999 for the emergency services in the event of a serious medical emergency** before implementing the terms of this Policy and make clear arrangements for liaison with the ambulance services on the School site.
	3. Following an emergency, staff must complete an Accident/Incident Report and Investigation Form and submit it the following working day to the School Nurse.
23. **Off-Site Visits and Sporting Events**
	1. All students requiring preventative medicine are responsible for carrying their medication with them.
	2. Staff must refer to the School’s Guidance for School Trips for guidance on protocols for off site visits, sporting events and residential trips.
	3. Secure storage for medicines will be available at all short-term accommodation used by the School.
	4. When over-the-counter medicines are required to be dispensed for use on a school trip these will be provided in a first-aid bag and will remain the responsibility of the party leader for the duration of the trip.
	5. A list of what has been supplied will be in the bag along with a sheet for recording when, how much and to whom medicines were given throughout the trip. At the end of the trip all medicines and the records must be returned to the Health Centre.
24. Students with Medical Conditions
	1. Students' medical needs may be broadly summarised as being of two types:-
* **Short-term:** affecting their participation at school because they are on a course of medication, or require a short-term medical intervention.
* **Long-term:** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that students feel safe.
	1. Some children with medical conditions may be considered disabled. Where this is the case the school willcomply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the School's SEND policy and the individual healthcare plan will become part of the EHCP.
	2. Students’ health needs and medical condition will be identified prior to admission in liaison with parents and health care professionals. Any Individual Health Care Plans (IHCP) should be shared at this time. Where a student is transitioning to Hurtwood House from another school, relevant professionals at the previous school will be consulted prior to admission. The Headmaster will ensure that any additional training needs in order to support the student are undertaken.
	3. Where a student transitions from Hurtwood House, the School Nurse will discuss any shared care requirements with health care professionals and relevant professionals at the destination school/college.
1. Individual Health Care Plans (IHCP)
	1. Individual healthcare plans (IHCP) help to ensure that schools effectively support students with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long‐term and complex however, not all children will require one.
	2. Hurtwood House, healthcare professionals and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headmaster will take a final view.
	3. Individual Healthcare Plans will be accessible to those who need to refer to them, while preserving confidentiality. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. Where a child has SEN but does not have a statement or EHC plan, their special educational needs, if relevant to their medical needs, will be mentioned in their individual healthcare plan.
	4. Parents/Carersshould notify the school that their child has a medical condition, changes or other relevant information as soon as it is available. Parents should be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines that are in date, necessary equipment and ensure they or another nominated adult are contactable at all times
	5. Students should also be involved whenever appropriate as they will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions, about their medical support needs and contribute as much as possible to the development of and comply with, their individual healthcare plan. Other students will often be sensitive to the needs of those with medical conditions and can, for example, alert staff to the deteriorating condition or emergency need of students with medical conditions.
	6. The aim of the plan is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.
	7. Plans are reviewed annually or earlier if the child’s needs have changed. They are developed with the child’s best interests in mind and ensure that the school assesses and manages risks to the child’s education, health and social well‐being and minimises disruption.
	8. Model process for developing individual healthcare plans:

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| Needs | * New student meets the Headmaster or delegated person who coordinates the meeting, to discuss educational and healthcare provision in School
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| * Healthcare provision is discussed with Senior School Nurse to ensure the required care/treatment can be provided
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| * Any change to care provisions required in school, new diagnosis or any other treatment required must be disclosed to Senior School Nurse, who will coordinate with Headmaster and HsM
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| IHCP | * IHCP is provided by parent (from their care provider) to the School and the Senior School Nurse is responsible for reviewing that medical care can be adequately provided by the School. If she feels it cannot, then she will inform the Headmaster with the rational.
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| * If no IHCP exists, the parent will discuss requirements with the Senior School Nurse and one will be created in partnership with other agencies, as required
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| * Senior School Nurse identifies school staff training needs and provides relevant training or organises specialist to provide
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| * IHCP distributed to those staff for future reference
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| * IHCP noted on medical list for school excursions etc.
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| * IHCP is reviewed annually or when a change occurs
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| * The IHCP is sent to future educational or work establishments requesting it
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| Ongoing | * The Senior School Nurse liaises with students, parents, allied health professional and the school GP regarding care
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| * Complex medical needs requiring changes to school life must be discussed with the parent and presented to the Headmaster for review
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1. First Aid
	1. Prompt and effective First Aid can save lives and prevent minor injuries becoming major ones. Under Health and Safety legislation the School is obliged to have sufficient trained personnel, as well as adequate and appropriate equipment, and facilities to provide First Aid in the workplace and when students and staff are off the premises whilst on school visits.
	2. The School undertakes to provide sufficient First Aid trained personnel as well as training and equipping the Health Centre as a First Aid station. First Aiders must complete a training course approved by the Health and Safety Executive (HSE) and they are to:
* Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at School;
* When necessary, ensure that an ambulance or other professional medical help is called.
	1. The arrangements within this policy (for example the number of First Aiders and First Aid kits and contents of First Aid kits) are based on the results of a suitable and sufficient risk assessment carried out by the School with regard to all staff, students and visitors.
1. Definitions
	1. ‘First Aid’ means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack.
	2. ‘First Aiders’ are members of staff who have completed appropriate training and hold a valid First Aid certificate from a competent First Aid training provider.
	3. ‘First Aid Guidance’ is the First Aid at work: Health and Safety (First Aid) Regulations 1981: Guidance on Regulations (2013)
	4. ‘Staff’ means any person employed by the School, volunteers at the School and self-employed people working on the premises.
	5. The ‘School Nurse’ is supported by the Health Care Assistant (HCA). The School Nurse and HCA are primarily located in the School's Health Centre. Both are First Aid trained and registered to provide First Aid training at the School. The School Nurse is registered with the Nursing and Midwifery Council and the School will verify this registration annually.
	6. **‘Designated First Aiders’** are members of staff who take charge of the First Aid arrangements at the School. The designated First Aiders at Hurtwood House are the School Nurse and HCA.
	7. The ‘Health Centre’ is located on the main school campus. It is used for the provision of medical treatment, including First Aid, and for the referral to other agencies, when required. Health Centre staff include the School Nurse and HCA.
	8. ‘**Accident’** means the incident in question has resulted in physical harm to a student, staff or member of the public except for ‘bumps and scrapes’, including incidents reportable under RIDDOR (Reporting of injuries, diseases and dangerous occurrences Regulations).
	9. ‘**Incident’** means an event not causing harm to a person or persons, but which has the potential to cause harm or ill health. A ‘near miss’
2. Management of First Aid
	1. **The Partners**

The Partners of Hurtwood House, as the employers, have overall responsibility for ensuring that there are adequate arrangements in place to provide appropriate First Aid equipment, facilities and First Aid personnel and for ensuring that the correct First Aid procedures are followed.

* 1. **The Headmaster**
		1. The **Headmaster** delegates to the Senior School Nurse the day to day responsibility for ensuring that there are adequate and appropriate First Aid equipment, facilities and appropriately qualified First Aid personnel available to the School. The School’s Senior Management Team (SMT) in conjunction with the Senior School Nurse, will regularly carry out an accident review and review the School's First Aid needs to ensure that the School's First Aid provision is adequate.
		2. The Headmaster delegates to the Senior School Nurse responsibility for collating medical consent forms and important medical information for each student and ensuring the forms and information are accessible to staff as necessary.
	2. **The School’s SMT**
		1. The School’s SMT is responsible for ensuring that all staff and students (including those with reading and language difficulties) are aware of, and have access to, this policy.
		2. The School’s SMT is responsible for ensuring that staff have the appropriate and necessary First Aid training as required and that they have sufficient understanding, confidence and expertise in relation to First Aid.
	3. First Aiders
		1. The Headmaster is responsible for ensuring that the School has the minimum number of First Aid personnel, as per HSE guidance (see <http://www.hse.gov.uk/firstaid/legislation.htm>).
		2. The staff listed in Appendix 5 have completed an appropriate First Aid course and hold a valid certificate of competence in First Aid.
		3. The main duties of First Aiders are to give immediate First Aid to students, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the School’s SMT.
		4. The First Aiders will undergo update training at least every three years, or in accordance with current legislation.
	4. **All Staff**
		1. All staff should read and be aware of this Policy, know who to contact in the event of any illness, accident or injury and ensure this Policy is followed in relation to the administration of First Aid. All staff will use their best endeavours, at all times, to secure the welfare of the students.
	5. Reasonable Care
		1. Anyone on the School premises is expected to take reasonable care for their own and others' safety.
1. First Aid Kits
	1. First Aid kits are marked with a white cross on a green background and are stocked in accordance with the suggested guidelines in paragraph 37 of the First Aid Guidance. For more information please see <http://www.hse.gov.uk/firstaid/legislation.htm>.
	2. First Aid kits are located at the following locations around the School and are as near to hand washing facilities as is practicable:

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| The Health Centre  | All boarding houses |
| Main School Kitchen (Naylor building) | All minibuses |
| Art Rooms (RA3 and RA2) | All Estates vehicles |
| Textiles Room RA5 | Radnor Cottage workshop |
| Theatre (outside Tech Office) | Peaslake House Workshop |
| Staff Room Kitchen | Beatrice Webb Workshop |
| Chemistry Lab (N09) | Bursar’s Office (CB1) |
| Physics Lab (N06) | Dance Studio |
| Biology Lab (N08) | Pavilion kitchen (PV3) |

* 1. If First Aid kits are used, they should be taken to the Health Centre staff who will ensure that the First Aid box is properly re-stocked.
	2. All requirements for the First Aid kits are supplied by the Health Centre and are regularly stocked at request of individual departments. The Health Centre will check all First Aid kits annually, replenish and expired items removed.
	3. School Minibuses
		1. Each School minibuses has a prominently marked First Aid box on board which is readily available for use and which is maintained in a good condition. The First Aid box should be stocked in accordance with part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 which is set out in 0.
		2. If supplies are used from them it is the user’s responsibility to notify the Health Centre staff in order that they be restocked.
	4. Off-site Activities
		1. An appropriate number of adults should be designated as first-aiders for the duration of the visit and should ensure they have access to a First Aid kit and a basic knowledge of First Aid procedures. The appropriate number of adults will be considered on a case by case basis taking into account relevant factors (including, but not limited to) the number of the children, their medical needs and the planned activities. Reasonable adjustments should be made to allow students with medical conditions to participate in off-site activities subject to insurance and a risk assessment.
		2. Party Leaders should consult the Senior School Nurse prior to the trip in order that a suitable First Aid kit is created and relevant medical details can be passed on. Before departure party Leaders must ensure that students identified as using auto-injectors or inhalers are carrying them.
		3. If an incident occurs medical treatment should be sought from the host school or venue First Aid staff. If necessary, the student should be taken to nearest hospital by a member of staff. Treatment and after-care should then be followed up by the Health Centre staff. Any incident of treatment must be reported to the Health Centre on return to School using an Accident/Incident Report and Investigation Form.
1. Procedure in the Event of an Accident or Injury
	1. The member of staff in charge should be consulted. That person will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. The Health Centre staff should be called for as soon as is possible. First Aiders can also be called for if necessary and should be called if the Health Centre staff are not available immediately. However minor the injury, the Health Centre should always be informed, if not called for.
	2. If the Staff member/First Aider feels they cannot deal with the presenting condition then they should arrange for the injured person to access appropriate medical treatment without delay from the Health Centre, or by calling for an ambulance, see below and Appendix 6.
	3. If someone at the School has an accident which results in a major injury, medical help should be summoned immediately. If the Health Centre staff are unavailable, First Aiders should summon an ambulance themselves. A member of staff will always accompany a student in the ambulance, or will follow in their own vehicle if unable to go in the ambulance, and will stay with a student in hospital. [See Appendix 6, Procedure for calling for an Ambulance for further details].
	4. Ambulances: If an ambulance is called then the Senior School Nurse or the First Aider in charge should ensure that clear instructions are given as to which entrance the ambulance staff should use to access the site and to whom they should report. The person calling for the ambulance should also ensure that that ambulance staff have clear access to the accident site/injured person(s). Someone will be sent to the entrance to the school drive to guide the ambulance to the correct location. Arrangements should be made to ensure that any student is accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact the parents in time. The Senior School Nurse, HCA, a Housemaster/Housemistress, a member of Duty Staff or some other appointed person will usually accompany the student to hospital.
2. Infection Control – Procedure in the Event of Contact with Blood or Other Bodily Fluids
	1. If a spillage of blood or other bodily fluids occurs, the Health Centre must be informed. The Health Centre will then arrange for the proper containment, clear up and cleansing of the spillage site. Staff should refer to Appendix 8 for containment protocols.
3. Use of an Automated External Defibrillator (AED)
	1. The defibrillators (AED) are located in the Main School Reception and in the Pavilion kitchen (PV3). They are designed for anyone to use with clear verbal instructions every step of the way. Written instruction are provided alongside the devices. If someone collapses and isn’t breathing, normally:
* Check their breathing
* Start CPR
* Tell someone to call 999 and get the defibrillator
* When the AED arrives:
	+ Get someone to carry on doing CPR while you use it
	+ The lid is designed to go under the patient’s shoulder to help keep the airway open
	+ Apply the pads to the patient’s bare chest
	+ If necessary, plug the wire from the pads into the AED (usually next to a flashing light)
	+ Allow the AED to analyse the heart rhythm
	+ If a shock is indicated by the AED, push the shock button when instructed o If a shock is recommended (sometimes it is not) make certain everyone ‘stands clear’ and does not touch the patient
	+ If the patient is still not breathing, start CPR. Give 30 chest compressions and then two rescue breaths and continue this cycle until the AED giver further instructions or the patient starts breathing.
1. Reporting
	1. The First Aider should complete an accident report as soon after the accident as possible.
	2. All injuries, accidents and illnesses, however minor, must be reported to the Health Centre. The Senior School Nurse is responsible for ensuring that accident reports are completed correctly and that parents and the Bursar are kept informed as necessary.
	3. All injuries, accidents, illnesses and dangerous occurrences (unless very minor in the view of the Senior School Nurse) must be recorded. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored for at least 3 years or if the person injured is a minor (under 18), until they are 21.
	4. An accident report should be completed by the first attendee and will be reviewed by the Senior School Nurse. The Senior School Nurse or HCA will complete an accident report for every serious or significant accident that occurs on or off the School site if in connection with the School. This will be kept by the Senior School Nurse. Records should be stored for at least three years or if the person injured is a minor (under 18), until they are 21.
	5. Reporting to Parents: In the event of an all but minor accident or injury, parents will be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Headmaster if necessary and the student concerned.
	6. Reporting to HSE: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to report the following to the HSE, via <http://www.hse.gov.uk/riddor/report.htm>
		1. Accidents involving Staff
* work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs)
* work related accidents which prevent the injured person from continuing with his/her normal work for more than seven days must be reported within 15 days
* cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer)
* certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

	+ 1. Accidents involving students or visitors
* accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:
	+ - * + any School activity (on or off the premises)
				+ the way a School activity has been organised or managed (e.g. the supervision of a field trip)
				+ plant or substances (e.g. experiments, machinery etc)
				+ the design or condition of the premises.

For more information on how and what to report to the HSE, please see <http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link.

1. Accident Monitoring
	1. An analysis of accident reports are reported termly by the Senior School Nurse to the School’s Health and Safety Committee meeting in order to take note of trends and areas for improvement. The information may help identify training or other needs and be useful for investigative or insurance purposes. In addition, the School’s SMT will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.
2. Complaints
	1. Should parents\carers be unhappy with any aspect of a student’s care at Hurtwood House, they must discuss their concerns with the school. This will be with the Senior School Nurse in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the attention of Dave Fonseka Deputy Head – Students. In the unlikely event of this not resolving the issue, the parent\carer can make a formal complaint using the School’s Complaints Procedure.
3. **Review**
	1. This Policy will be reviewed and updated by the Senior School Nurse on an annual basis.

|  |  |
| --- | --- |
| Authorised by | resolution of the Partners |
| Date | 27th June 2023 |

|  |  |
| --- | --- |
| Effective date of the policy | 1st September 2023 |
| Circulation | Partners / all staff / parents / students on request |
| Status | Complies with requirements the Education (Independent School Standards) (England) Regulations 2014, *Boarding schools: national minimum standards* (Department for Education (DfE), 2022). |

**Appendix 1 Protocol for dispensing non-prescribed medication** (Household remedies) **in boarding houses**

House staff should follow the guidelines below:

1. Establish reason for requesting medication with student.
2. Establish if the student has taken any other medication in the last four hours.
3. Check with the student if s/he has any allergies - refer to medical list.
4. Check with the student if s/he suffers with asthma - refer to medical list.
5. Refer to the electronic Medication Record to check if/when they have taken any other medication
6. Check the expiry date on the packaging.
7. Ensure medication is stored in its original container. If it is not, do not use it.
8. Record the details of the administration on the electronic Medication Record, including the drug and dosage, time and the name of the student.
9. Instruct the student not to repeat dose in accordance with dosage instructions

**Appendix 2 Protocol for Prescribed Only Medicines**

In keeping with the School’s policy to educate and provide students with the necessary skills to successfully take their place in today’s society, students are encouraged to take responsibility for their own personal medicines, where appropriate.

* The student will have been prescribed medication by a qualified medical practitioner
* A representative of the School will collect prescriptions from the chemist on behalf of student, if required
* Staff administering medication will check the following before providing the medication to the student:
	+ student's name;
	+ name of the medication;
	+ prescribed dose;
	+ expiry date;
	+ method of administration;
	+ time/frequency of administration;
	+ any side effects; and
	+ written instructions on the container
* The Senior School Nurse will advise student on usage instructions as per pharmacy label
* The students attention will be drawn to the protocols for self-administering medication and will be asked to sign the School’s Student Medication Contract
* Housemasters/mistresses will be informed that the student has prescription medication for their sole use and has agreed to its safe storage in their bedroom safe.

**Appendix 3 Protocol for Prescribed Controlled Medicines**

* All controlled medication will be kept in a locked safe in the Health Centre
* Senior School Nurse will record medication in student’s individual nursing record.
* Staff administering medication will check the following before providing the medication to the student:
	+ student's name;
	+ name of the medication;
	+ prescribed dose;
	+ expiry date;
	+ method of administration;
	+ time/frequency of administration;
	+ any side effects; and
	+ written instructions on the container
* Senior School Nurse will advise the student on the correct dosage and administration of the medication, as per pharmacy label.
* The student will be collect their medication from the Health Centre on a regular basis, either daily in the Health Centre, or a 3, 5 or 7 day supply of the medication. The remainder being held in safe custody by the Senior School Nurse.
* If a student is given a supply of medication, this will be dispensed in a named container.
* Students administering their own medication will be advised of the protocols for self-administering medication and will be asked to sign the School’s Student Medication Contract
* The Senior School Nurse will complete the Controlled Drugs Book on administering/dispensing of the medication, and the student will sign to accept the receipt of the drugs.
* Housemasters/mistresses will be informed that the student has prescribed controlled medication for their sole use and has agreed to its safe storage in their bedroom safe.
* In rare instances whereby the Housemaster/Mistress administers the medication, this will be transferred by the Senior School Nurse and logged in the Controlled Drugs Book.

**Appendix 4 Student Medication Contract**

**Agreement for students who are self-administering medication**

Please reply with 'I agree' to confirm your agreement

Medication name:

Please confirm by return that you agree to be bound by the following:

**AGREEMENT FOR STUDENTS WHO ARE KEEPING MEDICATION IN THIER ROOMS**

* I understand what the medication is for
* I agree to keep all medication (prescribed or over the counter) in a locked space (**my safe in my room**) at **ALL** times

* I agree that the medication is for my **personal** use only and I will **not** share or give my medication to anyone else
* I agree that I am aware of the correct dosage and frequency of the medication

* I agree to **take the full course** as prescribed (as per the instructions on the named container)

* I agree to keep the medication in the **original packaging or named container or named pill box**
* I understand that my Housemaster may be informed for awareness purposes
* I will take all **unused & expired** medication to the Health Centre or to the local pharmacy for disposal

1. Appendix 5 Staff with First Aid Qualifications

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME** | **HOUSE/TEAM** | **CERT** | **DATE** | **VALID UNTIL** | **OTHER** | **VALID UNTIL** |
| AUSTWICK, Joanne | NRS | Emergency Aid | 9.22 | 9.25 |   |   |
| BAHAD Jashan | NRS | Emergency Aid | 9.22 | 9.25 |   |   |
| BAKER James | BW | Professional Drivers | 7.2 | 7.23 |   |   |
| BAKER Jeannie | BW | Emergency Aid | 9.2 | 9.23 |   |   |
| BALDOCK Michaela | NRS | FREC 4 |   | 10.23 |   |   |
| BARTER Ian | EP | Professional Drivers | 7.2 | 7.23 |   |   |
| BARTER Karen | EP | Professional Drivers | 7.2 | 7.23 |   |   |
| BATES Carl | HC | Professional Drivers | 7.2 | 7.23 | Outdoor | 6.24 |
| BENNETT Christine | Kitchen | FAW | 8.22 | 8.25 |   |   |
| BICKENSON Mark | BW | Professional Drivers | 7.2 | 7.23 |   |   |
| BLAKE William | Estates | FAW | 9.21 | 9.24 |   |   |
| BOX Lucy | Domestic | First Aid for Workplace | 7.21 | 7.24 |  |   |
| BROWN Fiona | PH | Professional Drivers | 7.2 | 7.23 |   |   |
| BUTCHER Stuart | NRS | Emergency Aid | 9.2 | 9.23 |   |   |
| CARTER Karen | Domestic/Kitchen | First Aid for Workplace | 7.21 | 7.24 |  |   |
| COULTON Alistair | NRS | FAW | 5.21 | 5.24 | Driver | 7.23 |
| COX Yvonne | Domestic | First Aid for Workplace | 7.21 | 7.24 |  |   |
| CROSSLEY Clare | NRS | Basic Life Support | 9.21 | 9.24 |   |   |
| DAIDONE Alessandra | HH | Basic Life Support | 9.21 | 9.24 |   |   |
| DALTON Philip | Estates | Emergency First Aid at Work | 4.22 | 4.25 | Forestry | 4.25 |
| DAVEY Guy | NRS | FAW | 5.21 | 5.24 |   |   |
| DAVIES Dawn | NRS | Emergency Aid | 9.22 | 9.25 |   |   |
| DE WILDE Clare | Lodge | Emergency Aid | 9.22 | 9.25 |   |   |
| DEAN Emma | NRS | Emergency Aid | 9.2 | 9.23 |   |   |
| DOLE Stephen | Estates | Emergency First Aid at Work | 4.22 | 4.25 | Forestry | 4.25 |
| ELLIS Cathy | NRS | FAW | 6.21 | 6.24 | Mental Health Workplace First Aider | 12.25 |
| ELY Russell | Kitchen | Emergency First Aid at Work | 4.22 | 4.25 |   |   |
| ELY Stephen | Kitchen | Emergency First Aid at Work | 4.22 | 4.25 |   |   |
| FASSAM Sarah | NRS | Emergency Aid | 9.22 | 9.25 |   |   |
| FISHER Rebecca | NRS | Emergency Aid | 9.2 | 9.23 |   |   |
| FONSEKA Dave | NRS | Professional Drivers | 7.2 | 7.23 | FAW | 6.24 |
| FURMINGER, Nicola | NRS | Emergency Aid | 9.22 | 9.25 |   |   |
| GANCEDO Roman | CM | Emergency Aid | 9.22 | 9.25 |   |   |
| GAYLE Christopher | CM | Emergency Aid | 9.2 | 9.23 |   |   |
| GIACOMUZZI Joseph Jnr | Estates | Emergency First Aid at Work | 4.22 | 4.25 | Forestry | 4.25 |
| GRANT Adam  | PH | Professional Drivers | 7.2 | 7.23 |   |   |
| GREENHALGH, Bethan | HH | Professional Drivers | 7.2 | 7.23 | Outdoor | 7.24 |
| GRIFFIN-KEANE Gerard | NRS | Emergency Aid | 9.22 | 9.25 |   |   |
| HANLAN Geraline | NRS/Science | Emergency Aid | 9.22 | 9.25 |   |   |
| HART Robert | CM | Emergency Aid | 9.2 | 9.23 |   |   |
| HJALMARSSON Ezra | NRS | Basic Life Support | 9.21 | 9.24 |   |   |
| HOWICK Jack | Kitchen | Emergency First Aid at Work | 4.22 | 4.25 |   |   |
| HOYLE Abi | NRS | Professional Drivers | 7.2 | 7.23 |   |   |
| HUNTER Zoe | NRS/Dance | Emergency Aid | 9.22 | 9.25 |   |   |
| IONS Peter | CM | Professional Drivers | 7.2 | 7.23 |   |   |
| IONS Stacey | Lodge | Emergency Aid | 9.2 | 9.23 |   |   |
| JACKSON Ashleigh | LS | Professional Drivers | 7.2 | 7.23 | FAW | 4.24 |
| JACKSON Ted | NRS | Professional Drivers | 7.2 | 7.23 |   |   |
| JOHNSON Lee | HH | Emergency Aid | 9.2 | 9.23 |   |   |
| JONES Nicola | CM | Professional Drivers | 7.2 | 7.23 |   |   |
| KITTLE Hayley | Domestic | First Aid for Workplace | 7.21 | 7.24 |   |   |
| LARKIN Nick | NRS | Basic Life Support | 9.21 | 9.24 |   |   |
| LIETAUD Annick | BW | Professional Drivers | 7.2 | 7.23 |   |   |
| LIPSCOMBE Amy | NRS | Basic Life Support | 9.21 | 9.24 |   |   |
| LIPSCOMBE Jon | HH | Professional Drivers | 7.2 | 7.23 |   |   |
| LUCY Ali | NRS | Basic Life Support | 9.21 | 9.24 |   |   |
| MARCHANT Carol | Domestic | First Aid for Workplace | 7.21 | 7.24 |   |   |
| MARTIN Remy | BW | Professional Drivers | 7.2 | 7.23 |   |   |
| MCALLISTER Max | CM | Basic Life Support | 9.21 | 9.24 |   |   |
| MCIVOR Matt | NRS | Professional Drivers | 7.2 | 7.23 |  |   |
| MEANWELL Richard | NRS | Professional Drivers | 7.2 | 7.23 |   |   |
| MILLS Stephanie | NRS | FAW | 3.22 | 3.25 |   |   |
| MIRMAK Ali | NRS | Basic Life Support | 9.21 | 9.24 |   |   |
| MONSHALL Michael | Estates | Emergency First Aid at Work | 4.22 | 4.25 | Forestry | 4.25 |
| MURENU Sophie | HH | Basic Life Support | 9.21 | 9.24 |   |   |
| NILAND Mike | EP | Professional Drivers | 7.2 | 7.23 |   |   |
| OSBORNE Kaz | NRS | Emergency Aid | 9.22 | 9.25 |   |   |
| PARSONS Dave | EP | Professional Drivers | 7.2 | 7.23 |   |   |
| PEARSON Daniel | NRS | Emergency Aid | 9.22 | 9.25 |   |   |
| PERRY Ashley | EP | Professional Drivers | 7.2 | 7.23 | EFAW & Forestry | 4.25 |
| PERRY Kevin | Estates | Emergency First Aid at Work | 4.22 | 4.25 | Forestry | 4.25 |
| PERRY Steve | Estates | Emergency First Aid at Work | 4.22 | 4.25 |   |   |
| PIZARRO DE LA CALLE Jara | NRS | Basic Life Support | 9.21 | 9.24 |   |   |
| POULTER Elizabeth | NRS | FAW | 7.21 | 7.24 |   |   |
| POWER Simon | NRS | Professional Drivers | 7.2 | 7.23 |   |   |
| PRICE Stuart | CM | Professional Drivers | 7.2 | 7.23 |   |   |
| PRIEST Danielle | NRS | Emergency Aid | 9.2 | 9.23 |   |   |
| PRINCE Nicola | Domestic | First Aid for Workplace | 7.21 | 7.24 |  |   |
| PRIOR Abi | NRS | Emergency Aid | 9.2 | 9.23 |   |   |
| QUINN Doug | CM | Professional Drivers | 7.2 | 7.23 |   |   |
| QUINN Elinor | CM | Emergency Aid | 10.19 | 10.22 | Paediatric First Aid |   |
| RICHARDSON Phil | NRS | Basic Life Support | 9.21 | 9.24 |   |   |
| ROBERTSON Susannah | NRS/Dance | Basic Life Support | 9.21 | 9.24 |   |   |
| ROOD Adam | NRS | Emergency Aid | 9.22 | 9.25 |  |   |
| RUSHEN Donna | Domestic/Kitchen | First Aid for Workplace | 7.21 | 7.24 |  |   |
| SHARMA Stella | NRS | Emergency Aid | 9.2 | 9.23 |   |   |
| SHEIKH Naushad | NRS | Basic Life Support | 9.21 | 9.24 |   |   |
| SMITH Stephen | NRS | Emergency Aid | 9.22 | 9.25 |   |   |
| STENT Lottie | NRS/Dance | Emergency Aid | 9.2 | 9.23 |   |   |
| STEVENSON Peter | HH | Basic Life Support | 9.21 | 9.24 |   |   |
| THORNS Jamie | PH | Professional Drivers | 7.2 | 7.23 |   |   |
| TIMSON Mike | NRS | Professional Drivers | 7.2 | 7.23 |   |   |
| TURTON Sam | Lodge | Emergency Aid | 9.2 | 9.23 |   |   |
| VASILE Melinda | Domestic | First Aid for Workplace | 7.21 | 7.24 |  |   |
| VISAN Iza | Domestic | First Aid for Workplace | 7.21 | 7.24 |  |   |
| VISAN Marius | Kitchen | Emergency First Aid at Work | 4.22 | 4.25 |   |   |
| WALLIS Natalie | NRS | Emergency Aid | 9.2 | 9.23 |   |   |
| WHITEHOUSE Dan | HH | Emergency Aid | 9.2 | 9.23 |   |   |
| WHITEMAN Greg | PH | Professional Drivers | 7.2 | 7.23 |   |   |
| WICHELOW Tom | NRS | Emergency Aid | 9.22 | 9.25 |   |   |
| WILSON Rowena | NRS | Frec3 |   | 8.24 |   |   |

**Abbreviations:**

|  |  |
| --- | --- |
| NRS | Non-residential staff |
| CM | Cornhill Manor |
| BW | Beatrice Webb |
| PH | Peaslake House |
| EP | Ewhurst Place |
| HH | Hurtwood House |

Appendix 6 Procedure for Calling an Ambulance

In the event of an emergency requiring an ambulance attending school site:

1. Call 999
2. The following information must be given, staff should try and speak clearly and slowly:
	1. **Main School**:
* School Telephone Number: 01483 279000
* School Address: Hurtwood house, Holmbury St Mary, Dorking, Surrey RH5 6NU and exact location e.g. Main School, Pavilion etc
* Give your name
* Name of casualty and symptoms/any known medical condition
	1. **Boarding House**:
* House Telephone Number
* House Address
* Give your name
* Name of casualty and symptoms/any known medical condition

1. Inform a member of SMT, Health Centre staff or Duty Staff - they will organise for a member of staff to go to the notified entrance to give directions to the ambulance crew and ensure access is clear.
2. Provide details of student, location and brief outline of incident.
3. SMT will liaise and at least one of the team will come to the scene if during school hours and on main school site. This should be done AFTER medical help has been called for. For out of school hours or in boarding houses, Duty Staff to attend.
4. The parent of the casualty will be telephoned by the School Nurse or a member of SMT as soon as is practicable.
5. Unless accompanied by their parents, a member of staff should always accompany a student taken to hospital by ambulance and should stay until the parent or relief staff arrives.

**Appendix 7 Arrangements for Students with Medical Conditions (e.g. asthma, epilepsy, diabetes)**

1. **Protocol for the emergency treatment of anaphylaxis**

Anaphylaxis is a rapid, severe allergic response when someone is exposed to a substance to which they are allergic i.e. insect bites or stings, food or drugs. When exposed to the allergen, chemicals are released throughout the body which causes an abnormal cascade reaction.

**THE INITIAL REACTION MAY OCCUR VERY RAPIDLY WITHIN MINUTES OF EXPOSURE OR MAY BE DELAYED**

Those students who have been identified as at risk of anaphylaxis will have been prescribed an Auto injector by their GP or specialist doctor.

These are kept on the students at all times. There is a spare in the Health Centre and another in the Dining room.

Students entering the school are required to attend a clinic with the School Nurse to ensure their care plan is up to date, they are aware that they must carry their antihistamines and auto injectors (2) in a clearly names bag at ALL times.

All staff will be made aware of auto injector students and ALL staff undertake anaphylaxis training every other year

**Symptoms signalling the onset of an allergic reaction include:**

* Itching of the skin, raised rash (like nettle rash), flushing
* Swelling of the hands and feet
* Wheezing, hoarseness, shortness of breath and coughing
* Headache
* Nausea and vomiting
* Abdominal cramps

More serious symptoms include:

* A feeling of impending doom
* Difficulty swallowing /breathing
* Swelling of lips, throat and tongue
* Severe shortness of breath
* Collapse and loss of consciousness

**Action:**

* If you notice any symptoms above, establish from person if they have any known allergies
* Check wrists for a medic-alert bracelet, if person unknown
* Ask the person where their auto injectors are, and permission to enter their bag to get them
* Administer an antihistamine as per the care plan
* Administer AUTO INJECTOR if symptoms are severe and progressing rapidly
* Call 999 stating clearly post code and child collapsed/known anaphylactic
* In not already, Contact the School Nurse
* Inform parents as soon as possible
* Support patient in most comfortable position or in recovery position if unconscious

ALL staff complete the anaphylaxis training from Anaphylaxis Campaign every 2 years

**How to administer an auto injector:**

1. Take the Auto injector out of the plastic tube
2. Firmly jab orange tip against outer thigh so it clicks. Hold in place for 10 seconds, then remove, and massage thigh for 10 seconds (remember 10-10-10).
3. Dispose of Auto injector in a sharps container (available with the ambulance).
4. Be prepared to administer another dose after 5 minutes if the person’s condition deteriorates

**Epi-pen**

* Pull off the grey/blue safety cap and hold AUTO INJECTOR in your dominant hand (BLUE TO SKY, ORANGE TO THIGH)
* Aim the orange end of the AUTO INJECTOR midway between the hip and knee, at right angles to the leg (do not waste time by attempting to remove clothing – the needles are designed to go through tough materials)
* Complete steps 3 & 4 as above

**Jext Pen**

* Grasp the Jext pen in your dominant hand (The one you write with) with your thumb closest to the yellow cap.
* Pull off the yellow and place the black injector tip against your outer thigh holding the injector at a right angle (approx. 90 degrees) to your thigh.
* Push the black tip firmly against the outer thigh until you hear a “click” confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds. (a slow count to 10 ) then remove.
* Complete steps 3 & 4 as above
1. **Protocol for the treatment of a severe asthma attack**

**Immediate action:**

* If SEVERE shortness of breath, distress or collapse call 999 for an ambulance, stating clearly post code, student/adult having severe asthma attack
* Call the School Nurse in school hours to request a nebuliser

**Assessment of Asthma Attack:**

* Appears exhausted
* Has a blue/white tinge around lips
* Is going blue
* Has collapsed
* Difficulty in breathing (fast and deep respiration)
* Cannot complete sentences
* May be distressed
* Exhausted
* Persistent cough (when at rest)
* A wheezing sound may come from the chest (when at rest) or no sound at all
* Being unusually quiet
* The student complains of shortness of breath at rest, feeling tight in the chest

**Management:**

* If symptoms SEVERE call 999 (as above)
* Contact the School Nurse in school hours and the HsM out of hours
* Be calm and re-assuring
* If conscious keep patient sitting upright, in a comfortable position. Do not lie them down (they may find it helpful to sit with their arms across the back of a chair)
* Use the students own blue (Salbutamol) inhaler if in school as per the care plan. Remain with them while the inhaler and spacer are brought to you.
* In an emergency a spare salbutamol inhaler may be given to a student who has already been prescribed an inhaler
* Immediately help the student to take two separate puffs of the salbutamol (Blue) inhaler with or without the spacer immediately. The spacer fits onto the mouthpiece of the inhaler. The inhaler should be shaken before each puff and checked for debris. 30 seconds needs to left between each puff.
* If there is no immediate improvement, continue to give two separate puffs every two minutes via the spacer up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken before each puff and 30 seconds left between each puff.
* If the student does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
* If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
1. **Protocol for the treatment of a child with diabetes**

Any child with a diagnosed medical condition of Diabetes will hold a Health Care Plan

This will be devised in conjunction with the parents, health care professionals and school medical staff.

All staff will be aware of the student’s medical condition and every effort will be made to ensure they can participate as fully as their condition allows in school life.

Please see the ‘Diabetes in Schools’ Booklet for further information on the condition – signs and symptoms as well as actions to be taken in an emergency.

1. **Protocol for the treatment of epilepsy (fitting)**

A convulsion, or fit, consists of involuntary contractions of many of the muscles of the body, caused by a disturbance in the function of the brain.

There are different types of Epilepsy:

* Tonic-clonic
* Focal
* Absence
* Myoclonic
* Tonic
* Atonic

**Tonic-clonic**

There are two phases in a tonic-clonic seizure: the ‘tonic’ phase, followed by the ‘clonic’ phase.

During the tonic phase, the person loses consciousness, their body goes stiff, and they fall to the floor. During the clonic phase, their limbs jerk, and they may lose control of their bladder or bowels.

**Do:**

* Protect the person from injury (remove any harmful objects from nearby)
* Cushion their head
* Once the seizure has finished, help the person to breathe by placing them in the recovery position
* Maintain dignity and privacy
* Stay with the person until recovery is complete
* Be calmly reassuring

**Do not:**

* Restrain the person’s movements
* Put anything in their mouth
* Try to move them, unless they are in danger
* Give them anything to eat or drink until they are fully recovered
* Try to bring them round

**Focal seizures**

Focal seizures can cause lots of different symptoms and each person will have their own individual experiences and symptoms.

During a focal seizure, a person might:

* Retain full awareness of what’s going on or
* Be partially aware of what is going on around them or
* Be totally unresponsive

Focal seizures can be frightening and disorientating for the person, so try not to ‘crowd’ them. If they are behaving in an aggressive way or lashing out, it is advisable to remain quiet and keep your distance from them.

**Do:**

* Stay with the person until recovery is complete
* Only intervene if you need to guide them away from danger
* Be calm and reassuring
* Explain anything that they might have missed

**Do not:**

* Restrain the person’s movements
* Make any abrupt movements
* Shout at the person
* Try to bring them round
* Assume that they are aware of what is happening
* Give them anything to eat or drink until they are fully recovered

It might not always be obvious that a person’s level of awareness has been affected. However, they could be at risk of wandering into dangerous situations, such as near a road, a river or the top of some stairs.

Sometimes people feel aggressive and irritable during or after a focal seizure, particularly if they are experiencing fear, hallucinations or altered awareness. They might lash out if they feel crowded or threatened, or they do not understand what you are doing.

It is vital that you find out as much as you can about each person’s seizures and what happens to them. This will help you to give them the help and support they need. You will find this information on the person’s individual healthcare plan (IHP).

**Absence seizures**

A person having an absence seizure is unconscious for a few seconds. They will stop doing whatever they were doing before it started but will not fall. They might blink, have slight jerking movements of their body or limbs. They don’t know what is happening around them and they can’t be brought out of it.

Absence seizures can be very hard to spot, and the person might appear to be daydreaming or ‘switching off’.

Absences can recur repeatedly. Some people have hundreds of absence seizures a day. They are often more common when the person is falling asleep or waking up.

**Do:**

* Gently guide the person away from any dangers (especially if they are having repeated absences)
* Stay with the person until recovery is complete
* Be calmly reassuring
* Explain anything they might have missed

**Do not:**

* Restrain the person’s movements
* Make any abrupt movements
* Shout at the person
* Try to bring them round
* Assume they are aware of what happened
* Give them anything to eat or drink until they have fully recovered

**Myoclonic seizures**

During a myoclonic seizure, the person’s muscles jerk. Usually, just one or both arms jerk, but sometimes the person’s head or whole body jerks. The jerking can be very mild, like a twitch, or it can be very forceful. Occasionally, severe myoclonic jerks in the legs can make the person fall and hurt themselves.

Myoclonic seizures may happen as one isolated jerk. Or they can happen in clusters.

Myoclonic seizures are very brief but can be extremely frustrating. For example, they can result in spilt drinks or injuries.

There is nothing you can do to help a person during a myoclonic seizure, because they happen so quickly However you can help them afterwards if they have an accident or injury.

**Tonic seizures**

If a person has a tonic seizure, their muscles will stiffen. If they are not already lying down, they might fall down.

They might turn blue and appear to stop breathing. This is because their chest muscles stiffen.

Tonic seizures last less than 60 seconds. Some people tend to have clusters of tonic seizures, where they have several seizures in a short space of time.

Tonic seizures are more likely to happen when a person is asleep.

**Do:**

* Protect the person from injury (remove any harmful objects from nearby)
* Stay with the person until recovery is complete
* Be calmly reassuring

**Do not:**

* Restrain the person’s movements
* Put anything in their mouth
* Try to move them, unless they are in danger
* Give them anything to eat or drink until they are fully recovered
* Try to bring them round

**Atonic seizures**

Atonic seizures are also called drop attacks. The person loses all muscle tone and drops heavily to the floor.

The seizure is very brief, and the person is usually able to get up again straight away.

However, falls can result in injury, often to the face, nose or head.

There is nothing you can do to help a person during an atonic seizure, because they happen so quickly. However, you can help them afterwards if they have had an accident or injury.

**Action:**

* If the person is NOT known to be an epileptic, immediately call 999 stating clearly stating the postcode and child / adult having a seizure
* If the person IS a known epileptic and the seizure last for more than 3 minutes, call 999 as above
* Inform the School Nurse
* DO NOT move or lift patient unless he/she is in immediate danger
* DO NOT use force to restrain him/her
* DO NOT put anything in his/her mouth
* Help to the ground if appropriate and clear the area
* Loosen clothing around the neck
* When convulsions cease, check breathing
* If NOT BREATHING, call 999 stating clearly POSTCODE and CHILD NOT BREATHING – START CPR
* Continue to give First Aid and comfort until an ambulance /paramedics arrive

**Appendix 8 Protocol for Dealing with Body Fluid Spillages**

Decontamination is the term used to describe a range of processes, including cleaning, disinfection and/or sterilisation and disposal, which remove or destroy contamination and thereby prevent infectious agents or other contaminants reaching a susceptible site in sufficient quantities to cause infection or any other harmful response.

## **Legal position**

The school has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002).

For the purposes of this policy, biohazards are defined as:

* Blood
* Respiratory and oral secretions
* Vomit
* Faeces
* Urine
* Wound drainage

All spillages should be notified to the Health Centre.

## **Prevention and preparation in case of spillage**

The School:

* carries out suitable assessments of the health risks associated with exposure to spillages of body fluids
* ensures staff are aware of the policy and risks associated with exposure to body fluids
* provides appropriate first-aid facilities and staff
* ensures materials for dealing with spillages are available i.e. ‘spillage kits’. These are kept in the Health Centre, in the First Aid kits in every boarding house and with the Domestic Bursar
* regularly evaluates the procedure and updates as necessary

Disinfection aims to reduce the number of micro-organisms to safe levels. All spills of bodily fluid are treated as a potential source of infection and dealt with according to strict hygienic principles.

## **Procedure**

If any type of body fluid has been spilled onto a surface the following precautions should be made:

* Notify appropriate staff i.e. Health Centre, Domestic Bursar or Housemasters, to secure the environment by placing warning signs. If practical, cordon off the area or lock the doors to the affected area until it is possible to clear the spillage
* To prevent the spread of infection, exclude from the immediate area anyone not involved in cleaning the spillage. It is especially important to exclude students who may not fully appreciate the risk of infection
* All staff dealing with a biohazard spill to wear protection i.e.
	+ disposable gloves
	+ disposable plastic apron
	+ eye and mouth protection with goggles and mask, if splash or spray anticipated
* Access ‘spillage kit’ to clean up spillage promptly. This pack contains: absorbent granules (Spill-Aid), disinfectant, scoop and scraper, disposable gloves, aprons and bags. These are only to be used on non-carpeted areas.
	+ Sprinkle granules over the spillage, completely covering it. This will solidify a liquid in 2 minutes. Don’t stand over the solution as it can be a respiratory irritant.
	+ Using the scoop and scraper provided, remove the now solidified residue and place in a bin bag.
	+ The Health Centre must be informed immediately if any contents have been used
	+ For carpeted areas, clean with hot water and suitable detergent
* Clean area and equipment thoroughly using hot water and detergent, and disposable cloths.
* Hand hygiene should be performed following management of spillage.
* Dispose of all contaminated materials, including protective clothing in a bin bag in the bin.

**Appendix 9 Medical Provision Outside of Working Hours**

House Duty Staff

informs

Housemaster

(if available)

|  |
| --- |
| **MEDICAL PROVISION PROCEDURE – Out of Hours** |

|  |
| --- |
| contact |

Dial 999

for Ambulance

|  |
| --- |
| Dial 111 for advice |

|  |
| --- |
| monitor |

Is there a House Tutor

in the House?

|  |
| --- |
| Inform DSF or CMJto ‘cover’ House or accompany to hospital |

|  |
| --- |
| Inform the House Tutor to ‘cover’ the House or accompany to hospital |

|  |
| --- |
| YES |

|  |
| --- |
| NO |

|  |
| --- |
| If condition worsens |

**Appendix 10 Counselling Provision**

**Appointments**

School Counsellors are available Monday – Thursday afternoons in the Autum term and Wednesday and Thursday during the Spring and Summer term

Appointments are made via the Health Centre or dedicated email address. Students who have made an appointment but who do not attend, are offered one more appointment. If they do not attend, they will be placed on the waiting list.

All students will be offered an initial assessment which will enable the School Counsellor and student to briefly discuss the issue and ensure the school counselling service is appropriate. Once school counselling has been agreed, students will be offered up to 7 further sessions.

At the end of the session the counsellor will book the next one should that be requested by the student.

**Session allocation**

Sessions are offered on a first come, first served basis to students who:

* have not already had 8 or more counselling sessions at the school
* are not already receiving counselling externally
* have been in long term therapy and want to try again (exceptions are where the student has had a minimum year break from the previous counsellor)

After 6 sessions the School Counsellor will discuss how the sessions have been progressing and the long-term prognosis with the Senior School Nurse. The School Counsellor will then:

* start to wrap up the counselling sessions so they end on the 8th session
* present a case for further sessions to be approved by the Senior School Nurse
* inform the Senior School Nurse that the student could benefit from counselling outside of the school counselling service.

**Exceptional Circumstances**

A student may need to be seen immediately in an emergency. This type of referral may be by arrangement via the student, Housemaster or by request from a member of the School’s Senior Management Team. A counselling session will be organised with a School Counsellor without delay.

**Professional Practice and Standards**

All School Counsellors are trained to at least diploma level and committed to maintaining their competence through continued professional development (CPD).

To fulfil the requirements of the Ethical Framework of the British Association for Counselling and Psychotherapy (BACP 2018) School Counsellors must participate in CPD which may include networking professionally, training courses, workshops, or conferences.

To ensure their safe practice School Counsellors ensure they have elected time for clinical review. School Counsellors have monthly shared online supervision session with an appropriately trained and BACP registered supervisor.

**Confidentiality**

School Counsellors work within the School’s Child Protection and Safeguarding Policy, this policy and the BACP Ethical Framework which includes clear guidelines for confidentiality and safe practice. School Counsellors keep confidential information in line with the School’s Information Security and Data Protection Policy.

School Counsellors cannot offer absolute confidentiality to their students. The School Counsellors may take the decision to share information, with or without the student’s consent, in accordance with the Medical Records and Consent section of this policy. In this case their professional judgement will be used ifthey consider that it is in the student’s better interests, or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body. Such information will be given and received on a confidential, ‘need-to-know’ basis. Any information of a safeguarding nature will be shared with the Designated Safeguarding Lead, if it relates to a student, or the Headmaster if the disclosure relates to a member of staff, in accordance with the School’s Child Protection and Safeguarding Policy.

All records are kept securely and managed according to the School’s Privacy Policies.

**Monitoring and Review**

The Senior School Nurse and the School Counsellors will hold formal monthly meetings to review students, changes to policy or any issues arising. The Senior School Nurse will review the counselling provision with the School’s Senior Management Team via termly reports.