

ST EDMUND'S COLLEGE & PREP SCHOOL - FIRST AID, ACCIDENT REPORTING, ILLNESS AT SCHOOL AND MEDICINES POLICY

Rooted in Christ and Catholic tradition and under the guidance of its patron, St Edmund's aims to realise the God-given potential, in body, mind and spirit, of all members of its community through service and leadership.

Avita Pro Fide!

St Edmund's is committed to ensuring the welfare and protection of children in their care and this commitment is a fundamental of the role of every employee.

STATUTORY REGULATIONS

The Health & Safety (First Aid) Regulations 1981
Approved Code of Practice (ACOP L74)
Health & Safety at Work Act 1974

This policy also has regard to *Managing Medicines in Schools* (DFES Mar 2005)

Introduction

1. St Edmund's as employer recognises its responsibilities to comply with the Health & Safety (First Aid) Regulations 1981 and other relevant legislation to provide essential First Aid cover for employees, pupils and visitors on its premises. This policy should be read in conjunction with the St Edmund's Health & Safety Policy.
2. It is the policy of St Edmund's, so far as is reasonably practicable, to;
 - Ensure compliance with all relevant legislation.
 - Carry out a Risk Assessment to establish the level of First Aid cover required for St Edmund's and its activities.
 - Identify and implement reasonable and practicable arrangements for dealing with First Aid accidents
 - Provide sufficient numbers of Staff trained in First Aid

Responsibilities

1. The responsibilities for First Aid are delegated through the management structure. St Edmund's has a wide variety of departments and diverse operating techniques.
2. The responsibility for Health & Safety, which includes First Aid, rests with the Board of Governors.
3. The Headmaster is responsible for achieving the objectives of the St Edmund's First Aid Policy to the Board of Governors. The Head of St Edmund's Prep is responsible for achieving the objectives of the Prep School's First Aid Policy.
4. The St Edmund's Health & Safety Committee is to ensure that the St Edmund's First Aid Policy is implemented correctly.

5. The St Edmund's Safety Adviser is responsible for;
 - Producing and updating the Risk Assessment for First Aid at St Edmund's.
 - Reporting and investigating accidents under the Reporting of Injuries, Diseases and Dangerous Occurrences 1995 (RIDDOR) and keeping Records.
 - Checking the accident books and liaising with the Infirmary Nurse,
 - Health & Safety Induction, including First Aid Policy, for Academic Staff.
 - Organising, updating and keeping records of First Aid Training for Staff.
6. The Director of the Summer School is to ensure that First Aid requirements for the Summer School are met.
7. The Director of Activities and External Visits is to ensure that First Aid requirements are in place for all activities and external visits. For St Edmund's Prep School, the coordinators in charge of Activities and Trips are to ensure that first aid requirements are in place for all activities and external visits.
8. Organisers of events, e.g. Fireworks Evening are to ensure that First Aid cover is available for the event they are responsible for.
9. Heads of Departments are responsible for informing Staff and pupils of First Aid procedures at St Edmund's.
10. St Edmund's Infirmary provides 24 hour emergency medical cover for pupils & staff during term time.

Definitions

An **accident** is any undesired circumstances which give rise to ill health, injury or damage to property.

An **incident** is any undesired circumstances that could cause an accident.

A **near miss** is an incident that very nearly did cause an accident.

What action is required?

Pupil Accident and Incident Reporting

All accidents must be recorded and followed up. It is **not** necessary for an injury to be sustained by an individual - accidents where property or material damage occurs must also be recorded, as investigation of these incidents can help prevent injuries. Incidents and near misses that could be relevant in prevention of future accidents should also be reported; it is from the knowledge gained from incidents and near misses that sensible preventative measures can be put in place to reduce the likelihood of accidents

In the event of a specified major injury or a dangerous occurrence (see below) the Nurse or Prep staff of the injured pupil/property must immediately notify the Headmaster.

In all other cases, however minor, it is the responsibility of each staff member supervising pupils, or the Infirmary Sister, to complete an accident report or the medical day book if they were involved in an accident/incident at the School. An accident report form should be completed for major injuries where the casualty has to have hospital treatment, where the

accident is directly related to school procedures or the material fabric of the school premises. For EYFS pupils an accident report form should be completed for both major and minor injuries.

All accidents must be reported as soon as possible and the Headmaster should be advised of any major incident. Completed report forms are to be signed off by the Headmaster.

Accident investigation

Accident investigation is a separate activity to reporting. As a part of our overall Health & Safety procedures **each** accident should be investigated to determine the cause and influencing factors and to identify where improvements can be made or see if procedures need to be reviewed. Staff reporting accidents or incidents will be requested to investigate accidents if the Headmaster deems it appropriate. For major accidents, or those accidents where a serious injury could have occurred, it may be necessary to involve The Health and Safety Adviser and Headmaster.

Reportable major injuries are:

- fracture other than to fingers, thumbs or toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury: leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

Reportable diseases include:

- certain poisonings;
- some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;
- lung diseases including: occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma;
- infections such as: leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;
- other conditions such as: occupational cancer; certain musculoskeletal disorders; decompression illness and hand-arm vibration syndrome.

Provision & Administration of Medicines for St Edmund's College

1. Further to *Managing Medicines in Schools* (DFES Mar 2005) it is necessary for all named medication to be handed in to the Infirmary, this includes antibiotics etc. Students with Asthma are encouraged to carry an inhaler at all times, A spare inhaler will be stored in the Infirmary. Students who have been prescribed and carry an Adrenaline Auto-Injector (AAI) should also carry their AAI with them at all times. A spare AAI will be stored in the Infirmary. Other special medications are stored in the Infirmary for each individual. A record of allergies and other medical conditions for pupils and

staff is made available on the Shared Drive and kept updated by the Infirmary. In House Training is given when required.

Legislation is in place for schools to store inhalers and AAls for emergency use to those pupils who have been prescribed this medication. A strict procedure is followed as per the legislation from the Department of Health.

2. For pupils under the age of 16, medication, including over-the-counter medication should be handed in to the Infirmary for safe keeping and administration. It is the responsibility of parents to ensure that day pupils take their morning medication and take them home when leaving St Edmund's at the end of the school day.

Parents sign permission forms for over-the-counter medication to be administered if and when required. i.e. pain or anti-inflammatory medication for sports injuries. It is recognised that EpiPen users and diabetics carry relevant equipment and are aware of the procedure should administration be necessary. However, the Infirmary or a member of staff should perform or supervise the actual administration (not usually necessary with inhalers).

3. On all trips away from St Edmund's it is the responsibility of the parents of day pupils to liaise with trip leaders regarding the administration of any medication to their children. Staff to record all medication given on forms provided by the infirmary.

Provision & Administration of Medicines for St Edmund's Prep

Responsible Staff

All Prep staff may administer routine medicines to Forms 1-6 pupils. This includes non-prescriptive medicines, such as Paracetamol, and prescription medicines provided by parents, but only with prior written consent from the parents and only if there is a health reason to do so. The Prep and Pre Prep staff may administer prescription medicines provided by parents with daily signed consent from the parents as per the consent form and not as per the prescription.

The EYFS pupils receive their medication from a trained first aid member of staff.

There must be at least one person who has a current paediatric first aid certificate on the premises at all times when children are present.

Non Prescriptive Medicines

The following procedures apply to non-prescription medicines:

Prior to administering non-prescription medicines, if a daily medication form hasn't been completed, those charged with administering the medication are to check with Infirmary that the school has received written consent for the child to be given the medication.

The person administering the medicine is to ensure that the recommended dose is not exceeded.

A record (child, medicine, dose and time) of all non-prescription medicines administered is kept in the Swan's Nest and EYFS and is to be completed by a staff member in the medical day book at the time of administration.

Prescription Medicines

The following procedures apply to prescription medicines:

Medicine is handed to the duty staff at the Swan's Nest or EYFS on the first day the medicine is required and with a signed daily consent form each and every day of the prescription. The medicine must be in the original container and clearly labelled with the child's name and dosage details.

All medicine is locked in a medical box or secured fridge in the Swan's Nest and EYFS. At the end of the school day, at the end of the prescription period or if the medicine is required at home in the evening, the medicine is returned to the parent who should sign the consent form as proof of receipt.

The person administering the medicine is to ensure that the recommended dose is not exceeded.

A record (child, medicine, dose and time) of all prescription medicines administered is noted on the consent form in the Swan's Nest and EYFS and is to be completed by a staff member at the time of administration.

The consent forms will be stored in the medical notes kept in the Infirmary once the course of medication has been completed.

Use of Adrenaline Auto-Injectors (AAI)

If an AAI has been administered, the person must go to the hospital.

An AAI is a treatment for severe allergic reactions (also known as anaphylaxis) resulting in respiratory distress and/or anaphylactic shock. An AAI administers an exact dosage of epinephrine to the patient. As per the Resuscitation Council (UK), for children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an EpiPen Junior (0.15mg), Emerade 150 or Jext 150 microgram device). For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an EpiPen (0.3mg), Emerage 300 or Jext 300 microgram device). For teenagers age 12+ years: a dose of 300 or 500 microgram (Emerade 500) can be used.

The Nurse is to include on the medical list which can be found on the shared drive and is the responsibility of the Infirmary to keep it updated, those pupils who suffer an allergic reaction requiring use of an AAI. For Prep children, photographs are also placed in the EYFS, Swans Nest and Staff Common Room. AAIs are to be kept in the Swan's Nest and one in the Infirmary for Forms 1 to 6 and in a medical cabinet in the appropriate classroom for EYFS children. AAIs are to be handed to the appropriate staff member for any trips away from school.

Normally, only staff members trained in the use of the AAI should administer it. In an emergency, any adult may administer the AAI in order to save a life. Current recommendations are that all staff should be trained in the administration of AAIs. The nurse is to be called immediately if at school and professional medical aid sought if off site.

Medical Information

1. St Edmund's will keep medical information in the Infirmary about all pupils and staff responsible for pupils will make themselves aware of any medical needs of pupils by consulting records provided by the Infirmary on the Shared Drive. The Infirmary will notify staff by email of any medical requirements of new pupils.

2. For all trips, members of Staff are required to check the medical requirements of all pupils attending the trip and carry that information with them.
3. It is the responsibility of parents to keep St Edmund's informed and updated of any changes in the health and medical requirements of their children in writing.
4. All visits to the Infirmary or to the Swans Nest by pupils or staff are recorded.
5. St Edmund's provides 24 hour nursing cover for all boarding pupils, including the Summer School. All the boarders are registered with a local GP at The Health Centre in Puckeridge and appointments can be made when needed. Under the Child Protection Act pupils may have access to a doctor of the same gender if they so wish.

Procedures for St Edmund's College Pupil Illness during School Hours

1. The Infirmary holds 4 surgeries each day.

If a pupil becomes unwell during lesson time they may be sent to the Infirmary accompanied by another pupil and if necessary parents will be contacted. The pupil will remain at the Infirmary until staff are satisfied he or she is sufficiently well to return to lessons or parents have taken the pupil home. If a boarder is unwell they can be cared for in the infirmary, as necessary. In extreme cases, it may be necessary to ask parents or guardians to take them home until they are sufficiently well to return.

The College cannot be responsible for Private Medical bills. Private Medical insurance through AXA PPP Healthcare is available and optional. The scheme is operated via the College's brokers, Marsh Limited.

2. In the event of an emergency any member of staff may call the emergency services first and then make the Infirmary aware of the situation.

Procedures for St Edmund's Prep Pupil Illness during School Hours

1. If a pupil becomes unwell during lesson time they will be sent to the TA on Infirmary rota duty if they are in Forms 1-6, or to a paediatric trained EYFS member of staff if they are in EYFS.
2. The TA may take the pupil to the Swans Nest and apply the procedure in Appendix 5, or;
3. The pupil will be taken to the Infirmary and if necessary parents will be contacted. There is a wheel chair in the Swans Nest should this be necessary to transport the pupil to the Infirmary. The pupil will remain at the Infirmary until staff are satisfied he or she is well enough to return to lessons or parents have taken the pupil home. If necessary the Infirmary will accompany the pupil back to the Prep or call the Prep office to request a member of staff collect the pupil.
4. In the case of EYFS pupils, the paediatric trained member of staff will assess and manage the situation, or take the child to the Infirmary if they feel this is appropriate. There is a designated rest area in the EYFS setting.
5. In the event of an emergency any member of staff may call the emergency services first and then make the infirmary aware of the situation.

6. If a child shows signs of an infectious disease then the exclusion times, as outlined in the School Exclusion Times document, apply. Further information may be found at the Government website:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf

First Aid Cover during School Holidays

1. First Aid cover for employees who work during School holidays will be provided for by the Bursar and will be undertaken by staff who have a First Aid at Work qualification. Details of First Aiders are to be circulated via Head of Departments.
2. The Accident Book and First Aid Kit will be held in reception.
3. First Aiders are to report all accidents to the St Edmund's Health & Safety Adviser.

First Aid Training

1. The Bursar is to ensure that the Infirmary Sister has qualifications to meet the standards of medical cover required. The Infirmary Sister is to make sure that any cover or bank nurses have suitable qualifications.
2. The St Edmund's Health & Safety Adviser is to ensure there are enough First Aid at Work trained staff to provide First Aid cover for employees who work during School holidays. He/she is also to provide enough Emergency First Aid at Work trained staff to compliment the FAW staff. The St Edmund's Health & Safety Adviser is to keep records of First Aid trained Staff.

Re –training and re-qualification is to be organised for First Aiders every 3 years.

3. At least 2 members of St Edmund's Prep School Staff are to be trained in the Paediatric First Aid 2 day course for off site activities. Other members of staff are to be trained in the 1 day Paediatric First Aid Course.
4. First Aid training for teaching staff who take Activities, PE or External visits is to be organised by the Director of Activities & External Visits

First Aid Boxes

The Infirmary is to ensure that First Aid boxes located throughout St Edmund's, First Aid Kits for PE and External Visits are stocked and replenished when necessary.

Accident reporting

All accidents resulting in a hospital visit, where the accident is directly related to school procedure, or to the material fabric of the school premises, are to be reported to the St Edmund's Health and Safety Adviser who will investigate and report the accident when required to do so under RIDDOR.

Accident details are to be entered into the accident books, held in the Infirmary, by the Infirmary staff. For Prep children, the accident books can be found in the Swans Nest and EYFS. During school holiday periods the accident book for administrative staff will be held in reception. Where necessary, parents are to be informed by St Edmund's if their child has had an accident. This will normally be done by the Infirmary staff.

When to call for an ambulance

If there has been an accident where a person requires hospital treatment staff are to dial 9-999 and give full details to the emergency services. Inform the Infirmary on extension 4234 giving full details of why an ambulance has been called and the person who requires medical assistance.

Dealing with medical symptoms/conditions

Epilepsy

Stay calm, inform the Infirmary by telephone or use a runner and let the sister know exactly where you are and give full details of the person who has become ill. Note the time.

During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. Clear any people crowding around or obstructions.

Ensure the casualty is comfortable and reassure them until sister arrives. Call 9-999 if the seizure continues for longer than five minutes.

Asthmatic attacks

If a person is having an asthmatic attack encourage him/her to be calm and to use their inhaler. If they do not have an inhaler, inform sister who will provide their spare one from the infirmary. An inhaler is kept in the Swans Nest/EYFS and a spare inhaler in the Infirmary for all asthmatic Prep children. Photographs of asthmatic children can also be found in the Swans Nest, EYFS and Staff Common Room.

Anaphylaxis (allergic reaction)

In the case of any severe allergic reaction call 9-999 for an ambulance. If the casualty has an AAI, allow them to use it and be prepared to provide assistance using the protocol in which you have been trained (this may include administering the injection). For Prep children, the AAI can be found in the Swans Nest or EYFS. Make sure that the Infirmary is informed at once. A spare AAI and care plan are kept in the infirmary and needs to be collected in case two injections are needed; follow the emergency care plan in the box.

Dealing with cardiac arrest

Refer to Appendix 1

Dealing with blood and spillage of bodily fluids

Spillages of blood, vomit, urine and excrement should be cleaned up promptly. The actions which must be taken by the person dealing with the spillage are to be found in Appendix 2

USE OF THE SCHOOL AMBULANCE

For removal of an injured or unwell student from the school grounds, where accessible, to the Infirmary, once deemed safe to be moved following assessment from a healthcare professional.

For use at events such as Sports Day. To offer a cool, shaded area for students feeling unwell. To treat minor injuries resulting from the events. To assess and treat or, if necessary, to advise parents/guardians/staff that further medical assistance is necessary.

In the event of a boarder needing to attend A&E out of school hours, the ambulance could be used to transport a student, where appropriate, to hospital with a member of the boarding staff.

MEDICAL POLICY - INFIRMARY

INTRODUCTION

The provision of high quality medical care at all times in school and especially in the boarding environment, is recognised as an extremely high priority by Governors, staff and all working within the school. The arrangements for medical care should be under continuous review to maintain high standards and evidence based best practice.

The school is an inclusive community that aims to support and welcome pupils with established and ongoing medical conditions. All pupils with medical conditions will be encouraged to participate in school activities appropriate to their ability and medical condition. The school recognises that certain medical conditions are serious and potentially life threatening and will implement individualised care plans in order that appropriate care is delivered.

This school believes that all pupils should be able to identify good health and healthy living practices and will promote a caring and supportive community, in which they can learn to manage and take responsibility for their own health needs, including those pupils with established medical conditions.

THE ROLE OF THE SCHOOL INFIRMARY

St Edmund's Infirmary

1. During the school day the Infirmary will hold surgeries and provide emergency medical cover for pupils and staff.
2. Provide 24 hour medical cover for Boarders.
3. Provide and administer medicines when required to do so.
4. Maintain medical records.
5. Provide a safe environment for pupils and staff who are unwell or distressed.
6. Record all accidents in the Accident Books and liaise with the St Edmund's Health & Safety Adviser on reporting accidents under RIDDOR.
7. Advise the St Edmund's Health & Safety Adviser on preparing Personnel Evacuation Plans (PEEP) for pupils who have injuries or disabilities.

8. Liaise with teaching staff on issues concerning pupils' health and welfare following confidentiality guidelines.
9. Provide and update the list of pupils who have special medical needs.
10. Organise and supervise immunisation programmes.

Availability and qualifications of trained staff

Medical and Nursing Services will chiefly be available through the school Infirmary which is staffed on a 24 hour basis by NMC registered nurses and Infirmary Assistants. If a Registered Nurse delegates work to someone who is not registered with the NMC, their professional accountability is such that the person who does the work has the ability to do it and that appropriate levels of supervision are in place (NMC Code). In the Prep School, medical care plans will be completed by the Infirmary Sisters. Administration of medication will be carried out as per the Medicines Policy.

The Nature of Infirmary provision

The Infirmary has provision to accommodate the separate care of ill boarders and give appropriate First Aid and minor illness treatment to boarders and day pupils at all times, with access to medical, dental and optical services as required. Parents will always be informed if a pupil is admitted to the Infirmary overnight and be given the option to care for them at home if they are able and wish to do so. It is usual for pupils in the Prep school to be cared for in the Swan's Nest until their parents can pick them up. If they are very poorly, they can be cared for in the Infirmary until they can be picked up.

There is capacity, albeit limited, to isolate contagious illnesses or other cases in a separate room. Boarders who are separated from others, in bed or otherwise, through illness, are regularly checked and receive the care and attention that they need by a member of staff and are able to summon assistance rapidly and readily when necessary.

REGISTRATION WITH AND ACCESS TO A DOCTOR

Registration with a doctor

It is normal practice for full boarders (mostly overseas) to register with the GP Practice, The Health Centre, Station Road, Puckeridge, Herts. If they live in the UK they may register as a "temporary resident" during the school holidays.

It is probable that day pupils will already be registered with a GP. Although emergency treatment will always be provided by the Infirmary during school hours, it is expected that for routine medical matters the usual GP will be consulted.

Access to a doctor

Pupils may book an appointment to see a doctor when required.

So far as is possible, pupils will have access to a doctor of the same gender if they wish (Children's Act 1989).

Contact with the doctor should be private without the pupil having to explain the reason to boarding or nursing staff. They may choose to inform nursing staff/Infirmary staff and even to request attendance at the appointment if they wish.

MEDICAL RECORDS AND PARENTAL PERMISSION

Medical Questionnaire completed by parent or guardian for every pupil

A Medical Questionnaire outlining significant medical problems, current and past treatment, allergies and dates/nature of all immunisations must be completed by a parent or guardian for every new pupil prior to entry to the School.

Written parental permission obtained over pupils' administration of medicines and the School seeking further professional treatment if required

Written parental permission will be obtained on admission to the school for all pupils for the administration of first aid and appropriate non-prescription (otherwise known as over the counter or homely remedies) medication and for boarders to also seek medical, dental or optical treatment when required.

Medical Updates

It is the parents' responsibility to keep the school fully informed of any medical changes to their child including; condition, treatment, medication, impact on daily activities. The Infirmary must be notified directly by parents or guardians e.g. by e-mail or letter.

Admission of pupils with complex medical needs or disabilities

On application to the school there should be full disclosure, on the health form, of any special medical or physical needs. These should be brought to the attention of the Infirmary Sisters. Parents should be aware that if, due to non-disclosure of information, adjustments cannot be made in a planned, proactive manner, there is a risk that their child cannot be accommodated safely. It is preferred that a letter from the pupil's health care professional involved in the care of the pupil writes a covering letter to explain the current treatment plan.

Early disclosure of medical information will result in detailed planning to ensure a safe environment for learning. The nurse will complete an individual care plan for the pupil.

Insurance

Full Boarders will receive medical insurance through a chosen provider, (the cost of which is incorporated into their fees).

MEDICAL RECORD KEEPING BY INFIRMARY STAFF

Adequate and contemporaneous medical and nursing records will be kept, either written or computer based. Nursing and non-nursing records (e.g. pupil medical notes, accidents books), will be kept distinct and the latter are liable for inspection by the ISI.

Nurse records will be maintained electronically and confidentially via ISAMs and logging in procedures ensure that the author of all entries is identifiable for audit and other purposes. The computer is password protected.

MANAGEMENT AND ORIGIN OF MEDICINES

A homely remedy protocol and a medicines management protocol are in place and in use.

All repeat medications taken by boarders should be obtained from the Infirmary (received from pharmacy). Boarders must not bring any prescription or non-prescription medications into school (unless prescribed by a UK doctor and all appropriate paperwork has been completed including ability to self-medicate forms) and all medications taken by pupils must be EU approved.

A PUPIL'S RIGHT TO REFUSE TREATMENT

A pupil's ability to consent to or refuse medical or nursing treatment is acknowledged. This is based on "competency" and age. It would be good practice to exercise extreme caution when assessing the competence of a minor to refuse treatment.

The doctor or nurse proposing the treatment must assess if the pupil understands the nature of the treatment and consequences of refusal, and can thus be deemed competent (Gillick Competent) if they meet to Frazer Guidelines. Sixth Formers are deemed to be "Gillick Competent".

Parental consent or the consent of someone with parental responsibility is required for any pupil not deemed competent.

ADMINISTRATION TO SAVE A LIFE

Certain medicines can be given without direction from a Medical Practitioner or patient group directive for the purpose of saving life e.g. adrenaline via Adrenaline Auto-Injector.

Where medication is administered by untrained or unqualified staff, the homely remedy protocol should be adhered to and a records kept of its administration.

ROUTINE IMMUNISATIONS

Pupils should be up to date with routine immunisations in accordance with schedules published by the Department of Health.

Those not fully immunised on entry to school should receive immunisations as soon as practicable, both for their own protection and for that of the wider school community.

Immunisations/vaccinations for boarders should be given by the GP or an appropriate clinic or when the pupil is at home.

MEDICAL EXAMINATIONS

All new boarders will have a nurse medical. Subsequent checks/screening may be carried out as appropriate e.g. height and weight. Reviews requiring General Practice input will be carried out at The Health Centre in Puckeridge e.g. Asthma reviews.

Vision, hearing and dental checks will be carried out by appropriate professionals as necessary with parental consent where additional costs are involved.

HEALTH ADVICE AND EDUCATION

Health advice should be available for pupils, staff and parents where appropriate and in keeping with the ethos of the College.

Health promotion and education should be available both informally and where appropriate and in keeping with the ethos of the College, in a more structured manner via the Infirmary.

SOCIAL CARE NEEDS AND CHILD PROTECTION ISSUES

Social care needs and any safeguarding or child protection issues should be identified and addressed appropriately where they arise following the St Edmund's College and Prep School: Safeguarding and Child Protection Policy.

Links to outside professional services will be made as appropriate and required e.g. a counsellor is available for pupil's support.

CONFIDENTIALITY

In accordance with the nurse's professional obligations and in line with the NMC Code, medical information about pupils, regardless of their age, will remain confidential.

However, in providing medical and nursing care for a pupil, it is recognised that on occasions the nurse may liaise with the Head and other academic staff, boarding staff and parents or guardians, and that information, ideally with the pupil's prior consent, will be pass on as necessary.

With all medical and nursing matters, the nurse will respect a pupil's confidence except on the very rare occasions when, having failed to persuade that pupil, or his or her authorised representative, to give consent to divulgence, the nurse considers that it is in the pupil'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.

For further clarification, the Independent Schools Council received the following notice from Royal College of Nursing;

“The Royal College of Nursing is the largest professional trade union for nurses, including nurses working in Independent, day and Boarding Schools. We have been approached by a significant number of members over recent months with regard to potential breaches of the Data Protection Act as a result of the introduction of new IT systems into schools. Children and young people have the same right to confidentiality as adults in respect of their health information. If health information is to be kept on electronic systems access must be completely restricted to registered nurses and medical practitioners only. External providers of new IT systems can activate restriction measures to ensure this is the case. A failure to do so could breach the Data Protection Act. It should also be noted that all health information whether in paper or electronic format must be kept until the child reaches 25 years of age. This is a legal requirement and includes school health records. If schools are introducing new IT systems consideration must be made to archiving health information confidentially and securely.”

Frequency of review: Annually

Policy last reviewed: Michaelmas 2018

Next review date: Michaelmas 2019

Appendix 1

Use of an Automated External Defibrillator (AED) This school policy aims to provide clear and simple instructions for the use of the automated external defibrillator (AED) provided at St Edmund's College for all First Aiders in the case of an emergency.

The AEDs can be found outside the off the Ambulacum in the main school, in the Prep and one in the Infirmary. They are kept unlocked and accessible for all emergencies. It is kept fully equipped and is checked daily by the infirmary nurses. This check is recorded in a folder on the surgery desk. Training will be provided annually on the AED by a qualified instructor. Training practice for staff that have missed the official training will be available on request where the AED can be demonstrated by the Infirmary staff.

In the UK approximately 30,000 people sustain cardiac arrest outside hospital and are treated by emergency medical services (EMS) each year.

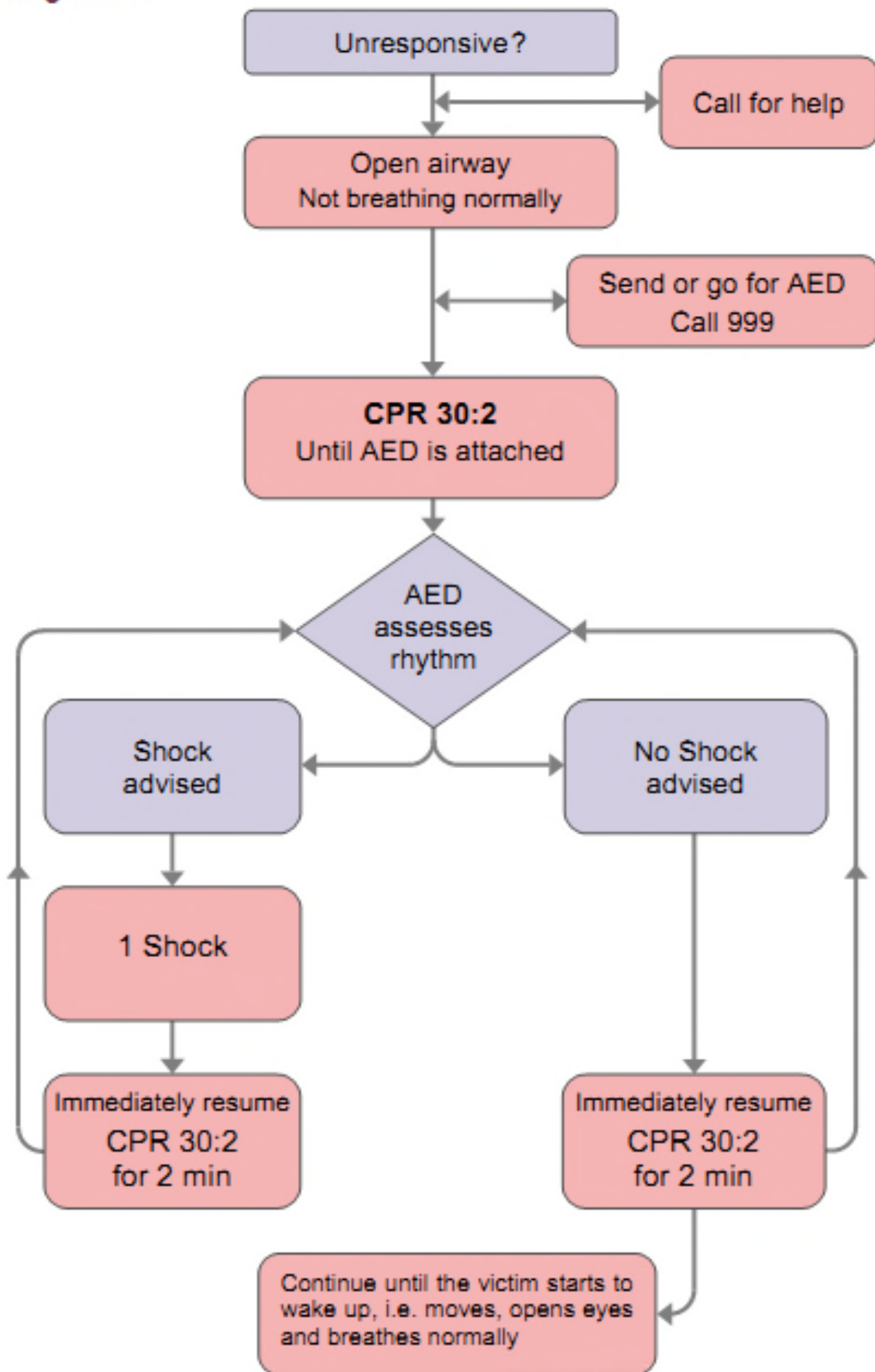
Electrical defibrillation is well established as the only effective therapy for cardiac arrest caused by ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT). The scientific evidence to support early defibrillation is overwhelming; the delay from collapse to delivery of the first shock is the single most important determinant of survival. If defibrillation is delivered promptly, survival rates as high as 75% have been reported.

The chances of successful defibrillation decline with each minute of delay; basic life support will help to maintain a shockable rhythm but is not a definitive treatment.

The Resuscitation Council (UK) recommends strongly a policy of attempting defibrillation with the minimum of delay in victims of VF/VT cardiac arrest. Sequence of actions when using an automated external defibrillator.

The following sequence applies to the use of both semi-automatic and automatic AEDs in a victim who is found to be unconscious and not breathing normally:

AED algorithm



1. Follow the adult BLS sequence. Do not delay starting CPR unless the AED is available immediately.
2. as soon as the AED arrives:
 - If more than one rescuer is present, continue CPR while the AED is switched on. If you are alone, stop CPR and switch on the AED.
 - Follow the voice / visual prompts.
 - Attach the electrode pads to the patient's bare chest.
 - Ensure that nobody touches the victim while the AED is analysing the rhythm.
- 3A. if a shock is indicated:
 - Ensure that nobody touches the victim.
 - Push the shock button as directed (fully-automatic AEDs will deliver the shock automatically).
 - Continue as directed by the voice / visual prompts.
 - Minimise, as far as possible, interruptions in chest compression.
- 3B. if no shock is indicated:
 - Resume CPR immediately using a ratio of 30 compressions to 2 rescue breaths.
 - Continue as directed by the voice / visual prompts.
4. Continue to follow the AED prompts until:
 - qualified help arrives and takes over OR
 - the victim starts to show signs of regaining consciousness, such as coughing, opening his eyes, speaking, or moving purposefully AND starts to breathe normally OR
 - You become exhausted.

Placement of AED pads

Place one AED pad to the right of the sternum (breast bone), below the clavicle (collar bone). Place the other pad in the left mid-axillary line, approximately over the position of the V6 ECG electrode. It is important that this pad is placed sufficiently laterally and that it is clear of any breast tissue.

Although most AED pads are labelled left and right, or carry a picture of their correct placement, it does not matter if their positions are reversed. It is important to teach that if this happens 'in error', the pads should not be removed and replaced because this wastes time and they may not adhere adequately when re-attached.

The victim's chest must be sufficiently exposed to enable correct pad placement. Chest hair will prevent the pads adhering to the skin and will interfere with electrical contact. Shave the chest only if the hair is excessive, and even then spend as little time as possible on this. Do not delay defibrillation if a razor is not immediately available.

Defibrillation if the victim is wet

As long as there is no direct contact between the user and the victim when the shock is delivered, there is no direct pathway that the electricity can take that would cause the user to experience a shock. Dry the victim's chest so that the adhesive AED pads will stick and take particular care to ensure that no one is touching the victim when a shock is delivered.

Defibrillation in the presence of supplemental oxygen

There are no reports of fires caused by sparking where defibrillation was delivered using adhesive pads. If supplemental oxygen is being delivered by a face mask, remove the face mask and place it at least one metre away before delivering a shock. Do not allow this to delay shock delivery.

Minimise interruptions in CPR

The importance of early, uninterrupted chest compressions is emphasised throughout these guidelines. Interrupt CPR only when it is necessary to analyse the rhythm and deliver a shock. When two rescuers are present, the rescuer operating the AED applies the electrodes while the other continues CPR. The AED operator delivers a shock as soon as the shock is advised, ensuring that no one is in contact with the victim.

CPR before defibrillation

Provide good quality CPR while the AED is brought to the scene. Continue CPR whilst the AED is turned on, then follow the voice and visual prompts. Giving a specified period of CPR, as a routine before rhythm analysis and shock delivery, is not recommended.

Voice prompts

The sequence of actions and voice prompts provided by an AED are usually programmable and it is recommended that they be set as follows:

- deliver a single shock when a suitable rhythm is detected;
- no rhythm analysis immediately after the shock;
- a voice prompt for resumption of CPR immediately after the shock;
- a period of 2 min of CPR before further rhythm analysis.

Storage and use of AEDs

AEDs should be stored in locations that are immediately accessible to rescuers; they should not be stored in locked cabinets as this may delay deployment. Use of the UK standardised AED sign is encouraged, to highlight the location of an AED. People with no previous training have used AEDs safely and effectively. While it is highly desirable that those who may be called upon to use an AED should be trained in their use, and keep their skills up to date, circumstances can dictate that no trained operator (or a trained operator whose certificate of training has expired) is present at the site of an emergency. Under these circumstances no inhibitions should be placed on any person willing to use an AED.

Children

Standard AED pads are suitable for use in children older than 8 years. Special paediatric pads, that attenuate the current delivered during defibrillation, should be used in children aged between 1 and 8 years if they are available; if not, standard adult-sized pads should be used. The use of an AED is not recommended in children aged less than 1 year. However, if an AED is the only defibrillator available its use should be considered (preferably with the paediatric pads described above).

References – resus council policy for the use of AEDs 2010

WG 01/2012

Appendix 2

Procedure for dealing with spillages of body fluids

Body fluids include blood, urine, vomit and faecal matter. All must be regarded as potentially infective and dealt with in a safe and effective manner.

There may be blood loss as a result of an accident, vomiting due to illness and spillage of urine or faecal matter through inadequate bladder or bowel control in young children.

Procedure

In the event of blood loss or vomiting the Infirmary should be informed immediately to provide the appropriate treatment to the affected person.

The area of the incident should be made safe by the first member of staff at the scene using warning signs if necessary. Where appropriate the spillage may be covered with disposable towels.

The Infirmary and Domestic Bursar should be notified.

Disposable personal protective equipment (PPE), such as gloves and aprons, are available from the Infirmary and the Sanitair is with the Domestic Assistants.

The spillage must be cleared at the earliest opportunity. The area should be covered using Sanitair available from the Domestic Assistants.

This should be sprinkled over the spillage ensuring absolute coverage.

Allow approximately 90 seconds before scooping debris into a suitable disposable bag – preferably an orange clinical waste bag.

The compound can be diluted to the manufacturer's instructions e.g. for carpets. Care should be taken with some floor coverings and soft furnishings which may not tolerate some disinfectant products. Where necessary bedding, loose covers etc can be sent directly to the laundry to be washed at a temperature as high as the fabric can stand.

Any paper towels or similar should be sealed in a plastic rubbish bag, together with any PPE used. Disposal of infected or potentially infected material is through the Infirmary and according to local authority guidelines.

Following cleaning with disinfectants the area may subsequently be washed in the normal manner, and left to dry, using warning signs where necessary.

Cleaning equipment must be washed after use and stored dry.

WG/2.2013

Appendix 3

Health Questionnaire & Medical Consent Form College Pupils

HEALTH QUESTIONNAIRE

Medical in Confidence

All information given to the Infirmary will be kept in the strictest confidence and where appropriate, relevant details will be noted on a medical list on the College database in line with the Data Protection Act.

Student's First NameFamily Name

Date of Birth

Country of Birth

Previous NHS Number (if applicable)

Previous UK GP + Address

Mother's Name.....

Father's Name

Parents Address 1

Parents Address 2 (if different)

.....

.....

.....

.....

.....

.....

.....

.....

Phone Number.....

Phone Number.....

Email.....

Email.....

Guardians Name

Guardians Address

.....

Phone Number

Email address

Previous School

All full boarders will be registered with our GP unless parents say otherwise. Flexi and weekly boarders can be registered with our GP, if requested.

MEDICAL INFORMATION

Student's Name.....

Immunisations

Please give dates or provide a copy of immunisation record from your doctor

BCG (tuberculosis)
Diphtheria
Tetanus
Polio
Measles / Mumps / Rubella
Meningitis C
HPV
Meningitis ACWY

Has your child ever had any serious injury, medical condition or surgical operation?
Please give dates and treatment

.....
.....

Has your child had a serious allergic reaction for which he/she requires medication? If so, please give details

.....

Does your child take any regular medication (including inhalers)? Please state reason, name of medication and dosage.

.....
.....

Has a family change affected your child, including bereavement / separation?

.....

Other professionals involved in your child:

.....

Is there any relevant family medical history we should be aware of? Please give details

.....

Has your child been affected by any of the problems/conditions below? Please give details and treatment if still ongoing:

Eye / Visual problems.....
 Epilepsy.....
 Anaphylaxis / Allergies.....
 Asthma.....
 Eczema / Skin Problems.....
 Ear, Nose and Throat.....
 Headaches / Migraine.....
 Digestion / Bowel
 Bedwetting / Urine infections.....
 Eating / Dietary.....
 Weight / Growth.....
 Emotional / Anxiety concerns.....
 Co-ordination.....
 Bone / Joint disorders
 Chest / Heart problem.....
 Eating disorders.....
 Mental Health Issues.....
 Other.....

CONSENT TO EMERGENCY MEDICAL TREATMENT FOR ALL STUDENTS

Please would you read the form below and sign where indicated. It is a legal requirement that this form is completed and returned before admission can be confirmed. If your family circumstances change, it is necessary for the school to have the signature of the current parent / guardian who now has parental responsibility.

EMERGENCIES

In the event of an accident I consent to my child being transported in a taxi / a designated member of college staff's car / Ambulance / Other Emergency transport.

In a medical emergency, when all reasonable steps have been taken to contact parents/guardians, I give my consent that a senior member of College Staff, acting in 'loco parentis' may authorise all emergency or other medical or dental treatments or procedures (including but not restricted to inoculations, general or local anaesthetic, surgery or blood transfusion) which, in the opinion of a qualified medical practitioner, are necessary for the safety and wellbeing of my child

Students Name.....

Mother's/Father's Signature

Print name **Date**

CONSENT FOR 'OVER THE COUNTER' MEDICATIONS

Delete medications as necessary then sign below that you (the Parent or Guardian) consent to the following:

Paracetamol / Ibuprofen / Sudafed / Piriton / Cetirizine / Imodium / Senekot / Simple Linctus, Benylin or similar cough medicine / Indigestion remedies e.g. Gaviscon or Magnesium Trisilicate mixture / Ovrex (Threadworm tablets) / Throat lozenges / Iglu or Bongela (if over 16) / Dioralyte / Chloramphenicol eye drops / Savlon cream or spray /Anthisan cream / Head lice lotion / E45 cream / Ibuprofen gel / Quool cold patches / Radian B

I consent to the College administering any prescription medication which has been prescribed by a medical professional for my child.

Students Name.....

Signature..... **Print name**

Relationship to Student..... **Date**

PLEASE NOTE:

Students must not keep medication in their rooms without a written agreement by the Infirmary

All medications sent to St Edmunds College must be in its original container, labelled with the student's name, date of birth and dosage instructions.

Instructions for use of medication must be translated into English

Only UK licensed medication can be administered

Any doctor's letters must be translated into English

BOARDERS ONLY

Students Name.....

CONSENT TO TREATMENT

Does your child wear braces? **YES / NO**

Date of last dental check-up

Date of last orthodontist appointment

Does your child wear glasses or contact lenses? **YES / NO**

Date of last eye test.....

Do you give your consent for your child to attend the local Dentist / Optician / Orthodontist / Chiropodist if necessary? **YES / NO**

Signature

HEALTH INSURANCE

Should a referral to a Specialist be required - delete as appropriate:

- a) St Edmunds College BUPA scheme
- b) My child has no Private Health Insurance (NHS treatment only)
- c) My child is covered under her own Private Health Insurance Scheme

Details

.....

Is there anything you want to tell us about your child?

.....

.....

Appendix 4

Health Questionnaire & Medical Consent Form Prep Pupils

HEALTH QUESTIONNAIRE

Medical in Confidence

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Student's First NameFamily Name

Date of Birth

Country of Birth

Previous NHS Number (if applicable)

Previous UK GP + Address

Mother's Name.....

Father's Name

Parents Address 1

Parents Address 2 (if different)

.....

.....

.....

.....

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.....

.....

Phone Number.....

Phone Number.....

Email.....

Email.....

Guardians Name

Guardians Address

.....

Phone Number

Email address

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All full boarders will be registered with our GP unless parents say otherwise. Flexi and weekly boarders can be registered with our GP, if requested.

MEDICAL INFORMATION

Student's Name.....

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Please give dates or provide a copy of immunisation record from your doctor

- BCG (tuberculosis)
- Diphtheria
- Tetanus
- Polio
- Measles / Mumps / Rubella
- Meningitis C
- HPV
- Meningitis ACWY

Has your child ever had any serious injury, medical condition or surgical operation?
Please give dates and treatment

.....
.....

Has your child had a serious allergic reaction for which he/she requires medication? If so, please give details

.....

Does your child take any regular medication (including inhalers)? Please state reason, name of medication and dosage.

.....
.....

Has a family change affected your child, including bereavement / separation?

.....

Other professionals involved in your child:

.....

Is there any relevant family medical history we should be aware of? Please give details

.....

Has your child been affected by any of the problems/conditions below? Please give details and treatment if still ongoing:

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- Epilepsy.....
- Anaphylaxis / Allergies.....
- Asthma.....
- Eczema / Skin Problems.....
- Ear, Nose and Throat.....
- Headaches / Migraine.....
- Digestion / Bowel
- Bedwetting / Urine infections.....
- Eating / Dietary.....

Weight / Growth.....
 Emotional / Anxiety concerns.....
 Co-ordination.....
 Bone / Joint disorders
 Chest / Heart problem.....
 Eating disorders.....
 Mental Health Issues.....
 Other.....

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Mother's/Father's Signature

Print name **Date**

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I consent to the College administering any prescription medication which has been prescribed by a medical professional for my child.

Students Name.....

Signature..... **Print name**

Relationship to Student..... **Date**

APPENDIX 5

Swans Nest Interventions

