



Culford

Emergency & Medical Handbook and Policies

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Emergency Procedures

A situation counts as an emergency when pupils and/or colleagues are or have been in danger. Throughout this section, the Headmaster refers, in his absence, to the Deputy Head, or the person appointed by the Headmaster to stand-in when both he and his Deputy are away.

All comments to the press are to be handled by the Headmaster. No one else is to comment.

If the emergency occurs on site the Headmaster must be informed as soon as possible and the appropriate emergency services called. Ideally, as someone telephones the services, another person will go to find or telephone the Headmaster. If in doubt, call the emergency service first. Also, use common sense about informing the Medical Centre.

A meeting will be called by the Headmaster as soon as possible to disseminate information. The Headmaster will contact Housemasters/mistresses. The Deputy Head will contact Academic Heads of Department who will contact department members. The Heads of the Preparatory School and the Pre-Preparatory School must refer all press to the Headmaster of the Senior School. The Finance and Operations Director will advise the Headmaster on which non-teaching staff should be called to a separate meeting. The Headmaster will address this meeting so that the same information is given to all. No one may talk to the press.

The Headmaster will personally contact all parents whose children may have been injured. He will consult the police and others as necessary. When the parents of those not injured or killed must be informed as soon as possible the Headmaster will delegate responsibility

All Housemasters/mistresses must keep the Deputy Head informed of parental changes of address and phone numbers. His office will ensure that information on ISAMS is updated immediately. Culford must always be able to email the whole school within two hours of needing to do so.

The Headmaster will arrange to address the school as soon as possible. If the emergency occurs during the working day pupils will be called to Centenary Hall via their classes, the teachers having been informed by the Deputy Head and such colleagues as are available, visiting each classroom as quickly as possible. If the emergency occurs overnight registration will be used to contact pupils. If an emergency occurs in the evening the Headmaster may or may not have a meeting with boarders.

If a teacher is injured in an accident or dies a colleague will take over his or her lessons. Once the initial crisis is over the Headmaster will decide on how best to cope with the school as a whole. The School Counsellor will also play an important role.

Trips away from School

It is essential that all those who are responsible for taking teams and parties of pupils away from school during term time or holidays complete the required trip admin forms and pass to the appropriate trip coordinator for authorisation. The usual notices should be put up in the Common Room. This applies for both trips in this country and abroad. In addition, any special circumstances about the trip should also be noted. The forms will be used as the basis for contacting parents and others should an accident happen. The Schools trips policy along with the relevant administration forms can be found in the Trips Pack.

Accidents, Incidents or Near Misses

Any accident, incident or near miss that occurs within school must be reported on an Accident Report Form for all pupils, staff and visitors. Staff should report accidents/injuries to themselves or accidents/incidents that they witness on an accident report form and send to the Compliance Officer. Forms should be sent to the Medical Centre with the Compliance Officer copied in. Minor accidents should be attended to by a first aider in the first instance using a first aid kit. In the event of further medical attention being required, the Medical Centre should be contacted or if the patient is able to

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walk, or can be helped to the Medical Centre, this should be allowed. The Medical Centre is normally responsible for communication with parents and is only open during term time.

Accident Report Forms are stored in each first aid kit or can be completed electronically in the T drive/ Health and Safety/ Accident Reporting.

Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)

The school has a legal obligation to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) to Health and Safety Executive HSE. This is via the Compliance Officer who will carry out an investigation of the accident, incident or near miss and determine if RIDDOR reporting is required. Your submission of the accident report will trigger this process.

Calling an ambulance

In an emergency call for an ambulance before calling the medical centre for assistance. Arrange for someone to direct the ambulance to the location of the casualty.

Missing Pupils

Staff must report missing pupils to the receptionist who will check that the pupil is not in obvious locations and will explore mobile phone contacts and contact parents of day pupils. If the pupil is still not found the Housemaster/mistress will ask friends where he or she might be. It will be stressed that it is a serious matter and an amnesty on disciplinary action declared if necessary.

If the pupil is still not found, the Deputy Head will instigate a search of the school grounds and inform the Headmaster and the Finance and Operations Director. The Housemaster/mistress will inform parents of the missing pupil. The Deputy Head will: use Common Room, non-teaching staff and responsible pupils; determine zones to be searched and time limits; ensure that searchers have mobile phones or radios for ease of contact; instruct that no one should place themselves in further danger. If the pupil is still missing the Deputy Head will inform the parents and contact the Police.

As with all Safeguarding, the advice is to act quickly and communicate effectively and assume nothing. If the pupil is unexpectedly absent from your lesson it must be followed up, do not take other pupils word as fact.

School Closure Policy

The following arrangements are designed specifically for closure owing to snow, which is the most likely cause. They equally apply in outline to all other closures, however, and will be sensibly varied given the exact circumstances faced.

If a severe weather warning has been issued by the Met Office for heavy snow overnight or the next day, the Deputy Head will call a planning meeting. It will be decided whether or not it is sensible to run school transport. A colleague will be appointed to man Senior School Reception from 08.00.

If it is decided to withdraw transport, the Transport Manager will contact bus companies and drivers. The Head of ICT will send a text message, directing parents to the website for details. He will also ensure that relevant messages for the answering machines of all schools are created. The Deputy Head will contact Radio Suffolk. All staff should come into school, if at all possible. If not, they must follow the usual absence procedures. Teachers must contact the school timetabler to confirm attendance if in school.

Pupils will be registered in houses at 08:30. Tutors should find out when and how their day tutees will travel home. 08:30 to 10:00 will be recreational time. At 10:00 there will be a roll call. From 10:30 to 12:30 there will be quiet study time. Housemasters/mistresses will draw up an activities programme for the afternoon to be communicated to pupils at 12:30. Tea will be taken in period 8. Pupils may wear non-uniform.

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If the school is to be affected by poor weather for a second or subsequent days, the school timetabler will draw up the best possible timetable, designed to start from period 2. If it is safe to run school transport, the buses may run later than normal and also leave earlier.

In the event of unexpected heavy snow during the school day, the Deputy Head may recommend that day pupils be sent home. The Transport Manager will arrange to bring bus departure times forward. Pupils not travelling on school transport should report to tutors in Houses so that tutors can ensure that the pupils can get home. All boarders should return to their Houses to be registered. A revised activities schedule will be drawn up for remaining boarders and day pupils whose departure cannot be moved forwards. The Senior Housemaster will make arrangements for day pupils who require emergency boarding accommodation and there will be no charge to parents.

In the unlikely event of the normal running of the School being severely affected for more than 24 hours, an announcement via text will direct parents towards regularly updated information posted on the School Website. All teachers and pupils will be expected to check the School Website and their email accounts at least twice a day in order to maintain a flow of information. Deputy Heads will arrange suitable work and resources for pupils via electronic means. Pupils may access work and submit it for assessment; ask for further tasks; seek further support.

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Evacuation & Lockdown Procedures

Fire Procedure for Senior School

Fire evacuation procedures are in place around all working buildings on school grounds and next to call points. All staff should read these notices carefully. When the fire alarm sounds continuously, teachers should supervise the efficient and orderly evacuation of pupils. Pupils should be instructed which route to take and where to assemble. In leaving, all doors and windows should be closed.

It is the responsibility of Heads of Department to ensure that class lists are up to date. In the case of the fire alarm sounding between lessons, pupils should report to the teacher of their next lesson at the appropriate assembly point. In the case of the fire alarm sounding outside lesson times, buildings should be evacuated. Any colleagues present should check that it has been, if it is safe to do so, and ensure that the Finance and Operations Director or the Deputy Head are informed that there has been a fire alarm, at the earliest opportunity.

At the Assembly Point class teachers should: line their class up in an orderly fashion; check for absentees; report to the senior colleague present that all are accounted for or the names of any pupils missing. If pupils are missing the building should be re-checked, if it is safe to do so. The senior colleague present will take this decision. No-one should otherwise return to a building until told to do so.

During school events such as parents evenings, productions or open days with visitors, staff will be allocated an area and will confirm to the senior colleague present that it has been evacuated.

Fire Procedure for the Boarding Houses and Ashby Dining Hall

The senior teacher present or, failing that, the Catering Manager is responsible for the safe evacuation of the Dining Room. Tutors on duty, or matrons, are responsible for evacuation of Houses and should check that all rooms are empty if it is safe to do so. The senior colleague present should ensure that this has been done.

Boarding Houses should be cleared starting from the highest level of accommodation with adults meeting at an agreed point to confirm that the building is clear of pupils and staff. Under no circumstances should pupils congregate in Ashby Courtyard. Once Houses have been safely evacuated a member of staff from each one should report to the alarm panel inside Ashby doorway to receive further instructions.

Reception should be contacted, to notify the Finance and Operations Director, Headmaster and the Deputy Head. Nobody should return to a building until told to do so.

Fire Procedure for Prep School

On hearing the fire alarm, teachers should supervise the efficient and orderly evacuation of pupils. Pupils should be instructed which route to take and where to assemble. In leaving, all doors and windows should be closed.

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Pupils should be registered in form groups by the Form Teacher. Secretarial staff will produce a file containing class registers, the High Performance sport register and music lesson timetables for the Form Teacher. A senior colleague will register any class whose Form Teacher is unavailable. A designated fire marshal should check their section of the building to ensure all visitors, pupils and staff have evacuated, and to check fire doors. If the fire marshal is absent, someone who teaches in that area should perform the duty.

Fire Procedure for Culford Hall

On hearing the fire alarm, colleagues should go to the grass beyond the North Front and stand in departmental groups. Line managers should account for colleagues and report to the designated person managing the evacuation. If the line manager is absent a senior colleague will stand in. The Receptionist should take the visitor register to confirm that all visitors are accounted for. The caretaker will liaise with the designated person managing the evacuation to confirm the building is clear. Any persons unaccounted for will be reported to the chief fire officer on their arrival.

Fire Assembly Points

Culford Hall	Grass to the north of North Front
Skinner & Bristol Myers	Grass to the North Front
William Miller	Grass in front of Hastings and Skinner
Library	Grass to the northeast of the building
Hastings Building	Grass to the east of Culford Hall south of the drive
Pringle Art & DT	Grassed area in front of Hastings Building
Sports Centre & Tennis Dome	Grass and tree area in front of main entrance
Cadogan	Grass to the north of Cadogan House
Prep School	Grass to the north of Cadogan House
Pre Prep	Field to the left of the front doors
Eastfields Nursery	Fields to the rear of the building

No-one should return to a building until told to do so by the designated person managing the fire evacuation or the chief fire officer.

Fire procedure for Boarding Houses and Dining Room

The senior teacher present or, failing that, the Catering Manager is responsible for the safe evacuation of the Dining Room. The tutor on duty, or matron, is responsible for evacuation of the Houses. They should check that all rooms are empty if it is safe to do so. It is the Housemaster's/mistress' responsibility to ensure that this has been done. Assembly points are:

Cornwallis	Grass to the west of road next to the building
Edwards	Grass to the south of the House
Fitzgerald	Grass to the west of road next to the building
Jocelyn	In front of the Medical Centre
Cadogan	Grass to the north of Cadogan House
Ashby Dinning	Grass to the north of Cadogan House

Under no circumstances should pupils congregate in Edwards Courtyard. If appropriate, one member of staff will be delegated to contact Reception which will notify the Operations Manager, Finance and Operations Director, Headmaster or the Deputy Heads. Once the Houses have been safely evacuated a member of staff from each House and the Catering Team should report to the alarm panel inside Ashby doorway to receive further instructions.

Boarding Houses should be cleared starting from the highest level of accommodation with adults meeting at an agreed point to confirm that the building is clear of pupils and staff.

Fire Drill Procedure for Culford Hall

The Fire Assembly Point is the grass area of North Front. On hearing the fire alarm, colleagues should go to the assembly point and stand in departmental groups. A staff member from each department should confirm to the designated fire evacuation lead that all their departments are accounted for or report if an individual is missing. If the designated person is not present, then the duty falls to a member of the department who is. The Receptionist should take the visitors' register and pass to the fire evacuation lead.

Calling the Fire and Rescue Service

If there is any doubt, the Fire and Rescue Service must be called to any fires or fire alarms which occur. However, there will be occasions when the alarm is obviously false and that judgement can be exercised by the teacher present. Where a teacher is not present, pupils are instructed to call the Fire and Rescue Service if able to do so. Dial (9)999 requesting support of the Fire Services. Inform the Fire and Rescue Service of the name of the building in which the emergency has occurred. Give your name and position yourself at an appropriate point to receive and direct the Fire Services upon arrival.

Given the spread of buildings at Culford any teacher present must assume the role of the Responsible Person when a fire occurs or an alarm is raised. Where more than one teacher is present, the senior person will do so. It is the duty of the Responsible Person to ensure the Fire and Rescue Service is called, if it is deemed necessary, either personally or by delegating the task.

Buildings or groups of buildings have been identified as units of evacuation, which correspond with the areas covered by the separate fire alarm systems. Each unit has its own assembly point. At the assembly point the senior teacher present will try to ascertain whether all persons can be accounted for, including any visitors and/or contractors. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

After being briefed by the senior teacher present a senior colleague will take charge and complete the information sheet including as much detail as possible. All information will be passed to the officer in charge of the attending Fire and Rescue Service.

Lockdown Procedures

In the case of a , the Common Room need to ensure that pupils are kept free from harm. Colleagues are to keep pupils where they are and await further instructions and information. Colleagues should log on to the nearest computer and await instructions via email. They should also switch on mobile phones and ensure that the department office telephone is manned.

First Aid Kits

First Aid kits are situated throughout the school. It is your responsibility to ensure you know the location of those kits nearest to where you work. All school mini-buses contain a first aid kit. An accident report form must be completed where first aid is given. There can be found at <T:\Health and Safety\Accident Reporting\Accident report form v2.0.docx>

School Trips

The group leader should take a first aid kit from the Medical Centre who will ensure that it is adequately stocked for the needs of the pupils attending the trip. An accompanying teacher should be responsible for first aid and ideally have a first aid qualification. All accompanying teachers should be aware of emergency procedures, including how to contact emergency services, and have a list of pupils, contact numbers and medical information. Accident report forms must be completed and reported to the Medical Centre and Compliance Officer as soon as possible.

Staff First Aid Training

The school has carried out a first aid needs assessment to ensure that adequate first aid cover is provided for all areas for the school and associated activities. It is the School's policy that all teaching staff will complete an Emergency First Aid course (and update the course every 3 years). The school employ a first aid trainer, who delivers all the HSE approved first aid courses.

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Pre Prep and Nursery staff are required to have at least one currently paediatric first aider on the premises and available at all times when children are present to be compliant with Early Years Foundation Stage (EYFS) Framework. The school policy is that all EYFS staff are trained in paediatric first aid to cover this requirement. They are required to renew this qualification every three years. Annual updates on asthma, epilepsy, diabetes and anaphylaxis are delivered via an online course for all teaching staff; support staff can also access these courses. The Medical Centre Team will, if requested, personally deliver training sessions on these conditions for groups or individuals of staff

A current list of qualified first aider is held at the Medical Centre.

Medical Policies

**Specific Individual Policies or specific conditions can be accessed through RM Staff:
T:\MEDICAL CENTRE\Policies**

Specific condition policies:

Anaphylaxis, diabetes, epilepsy, asthma, mental health, self-harm, eating disorders

Infection Control

For detailed information please refer to the infection control policy in Appendix 2. It must be assumed that all body fluids are an infection risk and universal precautions should be used when dealing with them. To reduce the risk of infection spreading it is important that body fluids are cleaned up as a matter of urgency. It is the responsibility of the first available adult to do this. Bio-hazard kits should be used to safely clean up body fluid spillages; the kits contain personal protective equipment. These kits are situated in the Senior School Reception, Prep School Reception, Pre-Prep Reception, the Nursery, the Boarding Houses, Ashby, Sports Centre and the Medical Centre

Yellow clinical waste bags are kept in all first aid kits and bio-hazard kits. These are to be used to safely dispose of all products contaminated with body fluids including gloves, aprons soiled dressings etc. The bags must not be put in the usual bins but brought to the medical centre where it will be stored before collection by clinical waste contractors employed by the school.

Pupil Problems

Any pupil with any problem can approach any member of Common Room to discuss the issue knowing that the information will be treated sympathetically. In particular all pupils should feel free to talk to the Assistant Head (pastoral), the Chaplain, the Nurse, or by appointment the School Doctor or the School Counsellor, appointments to be made via the Medical Centre.

Pupils are also welcome to call ChildLine on 08001111 or visit the website www.childline.org.uk; contact the Children's Commissioner via their website www.childrenscommissioner.gov.uk

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Pupils are also welcome to call the Independent Listener, Anne Calver, on 01728 747 561 or 0774 547 8998 or email anncalver@yahoo.co.uk. There are also peer counselling sessions and pupils can email BOB (a confidential in-house peer counselling email service) on bob@culford.co.uk.

The above contacts are displayed throughout the Boarding Houses.

Health Care Arrangements

The role of the Medical Centre is to support pupils to achieve and maintain their optimal emotional and physical well-being. In order to comply with our professional code of conduct, the nursing staff uphold a pupil's right to confidentiality and will not pass on information given by pupils to members of the Common Room or parents without the pupil's consent. Confidentiality can be legally breached at the nurse's discretion, however, if she considers it to be a safeguarding matter. All new pupils are sent a medical questionnaire, which must be returned to the Admissions Office, signed by a parent or guardian, before they join the school. During their first term, boarding pupils undergo a medical examination.

The medical centre staff can offer advice and support on all health matters, physical and emotional. If requested by pupils, staff can also access outside support agencies. The school has a counselling service for boarders. Pupils can be referred via the Medical Centre or can self-refer. If a pupil discloses self-harm, colleagues should not refer him/her directly to the School Counsellor as a GP assessment may be required for a possible referral to the Child and Adolescent Mental Health Services. A nurse is always on duty to deal with emergencies during term time.

Guidelines for referral of pupils to the Medical Centre

Self-referral by pupils is restricted to before school (from 08.00 to 08.20, 08.30 on Saturdays), break-time, lunch time or after school. During and between lessons no pupil should refer him/herself to the Medical Centre. If illness or an emergency occurs during lesson time the matron, housemaster/mistress or teacher will telephone or send the sick or injured pupil to the Medical Centre accompanied by a responsible companion. In an emergency the pupil should not be moved unless in danger. The nurses will attend them on site.

When a pupil visits the Medical Centre they will be given a slip stating the time they arrived and left; the pupil should show this to the teacher of the class to which they return. Day pupils should also give this slip to their parents on returning home. Boarders should give the slip to their matron. If necessary the Nursing Sister will make arrangements for parents to collect their child from school. Pupils should not make their own arrangements to go home if they are unwell. The nurse will inform the school reception if a pupil is sent home. Day pupils require notification from home if they are to be put off games and activities. The Medical Centre does not issue off games chits to day pupils.

The Medical Centre will be locked from 18.00hrs. After this time emergency or serious illnesses should be reported to the tutor, matron or housemaster/mistress who will inform the Medical Centre.

Guidelines for referral to the Medical Centre during on call hours (18.00hrs – 08.00hrs)

Cases that should be referred to the Medical Centre without delay include:

- Head injuries; chest pain; seizures/fits; breathing difficulties; diarrhoea and vomiting
- Temperatures over 38 degrees Celsius (each House has an electronic thermometer)
- Mild headache with any of the following: neck stiffness, aversion to light, rash.
- Abdominal pain (other than period pain)
- Headache with visual disturbances, or with a history of migraines.

However, if you have any doubts at all about a pupil's condition call the Medical Centre for advice. Call ahead to the nurse on duty and ensure the pupil is escorted to the medical centre.

Cases not usually referred to the Medical Centre:

- Pupils with colds, sore throats and period pains.
- Pupils who are over tired unless the tiredness is associated with an illness e.g. post-viral fatigue.

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- Temperatures between 37.0 – 37.9 degrees can be treated with the appropriate dose of paracetamol or ibuprofen.

Once two consecutive doses of medicine have been administered by House staff the pupil must be referred to the Medical Centre for assessment before a third dose is given. This rule applies day and night.

Supporting Pupils with Medical Conditions

It is the intention of the school to ensure that pupils with medical conditions receive appropriate care. In order to maximise opportunity for pupils with a known medical condition we consider in consultation with all parties how the condition may have an impact on a pupil's ability to learn and participate in school life the school. We then put in place arrangements and protocols to effectively support each pupil. We recognise that minimising disruption to the pupils' education, while providing excellent care, is a fine balance and is dependent on a comprehensive parental, pastoral, nursing and medical partnership. The school nurses are responsible for overseeing the health care management of pupils with medical conditions at school.

Communication

By Parents: Admission to the school is dependent on each parent completing a school medical form on which the parent is expected to disclose any diagnosed medical condition, current medication and treatment that the pupil receives. The form also details separate consent for; treatment for minor illnesses and accidents, administration of 'over the counter medicines', emergency lifesaving treatment and disclosure of medical information to appropriate staff in order to provide the best care.

Within school: Once the school nursing staff have received the completed medical form the nursing staff will make contact with the parent ahead of the pupil starting at the school. This initial communication is in order to gain more information and details of what care is required. With the consent of the parent a pupil's medical condition and relevant medical information is added to the school database by the nursing staff in order for relevant staff to access this information and therefore be able to provide suitable care, consideration and treatment to each pupil. This information should always be treated as sensitive and managed discreetly. When there is a need for more detailed communication all classroom teachers of the pupil and pastoral staff are called to a collective meeting.

Care plans

Individual care plans are written for pupils with a chronic medical condition who may require special consideration during the school day. These are updated annually or more frequently if the management of the condition changes. The care plan is co-written by parents and the school nursing staff. The purpose of an individual care plan is to accurately record the nature of the condition and agree on the appropriate routine management of the condition and emergency management while in school. The care plan will also include details of any routine medicine, emergency medicine and its safe storage and accessibility, along with emergency contact details. Care plans are always written for pupils with epilepsy, diabetes and severe allergy (Epipen carriers). Unstable asthmatic pupils may also have an individual care plan in addition to their school asthma card. Copies of the agreed care plan are sent to the parent, tutor and housemaster or mistress..

Support for newly diagnosed pupils

Coming to terms with the diagnosis of a chronic condition requires time and sensitivity. Pupils and parents of pupils who are newly diagnosed with conditions such as, but not exclusively, epilepsy, anaphylaxis or diabetes will be offered a meeting with the school nurse to discuss their condition and how it can best be managed in school. The pupil will also be offered the opportunity of an informal education session for a group of his/her friends at the medical centre. Nursing staff will liaise with appropriate outside agencies, doctors and specialist nurses in order to provide best care for the pupil. The nursing staff will inform relevant staff and offer training as appropriate.

Acute or short term medical conditions

Many pupils will at some point suffer from a short term/transient illness or condition. Management will be highly individual and flexible as the illness develops or the pupil recovers. Excellent communication between the nursing staff, school doctors, pupil, parents and teachers is essential. Confidentiality and

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the need for all round safe and appropriate care, alongside Gillick competency are continually reviewed. Nursing staff will develop a care plan and review it weekly. A welfare meeting may be held with parents and relevant colleagues to discuss management of care.

Reduced mobility

Short term reduced mobility: This is a common occurrence in schools usually due to injury. Crutches should only be used when advised by a doctor or A&E dept. The nursing staff will carry out a Personal Emergency Evacuation Plan (PEEP) before the pupil returns to lessons. This will include the allocation of buddies to assist the pupil, and a review of the pupils' school day and how this will be managed. It is sometimes necessary to consider room changes within the boarding house and classroom venues to ensure safe a passage in an emergency. The nurse will discuss and agree this with the school Health & Safety Officer and relevant HSM.

Long term reduced mobility: During the initial enquiry stage of the school admissions process parents are asked if there are any medical conditions that the school should be aware of. If a prospective pupil has long term reduced mobility this is then taken into account when arranging the visiting and subsequently in offering them a place. The school would take all reasonable steps in ensuring the pupil would be able to access all areas of the curriculum.

If a current pupil is affected by long term reduced mobility a welfare meeting would be called to discuss the short and long term needs of the pupil and how they can be met.

Services provided

For Boarders:

- Physiotherapy service
- Assessment and care of illness, accidents and injuries; management of sports injuries
- GP and immunisation service; flu vaccine; travel vaccines
- Management of hospital appointments and emergency dental appointments
- Health screening: height and weight; vision and hearing; asthma checks, pill checks.
- Emergency contraceptive advice; counselling referral
- Access to school counsellor

For Day Pupils:

- Assessment and care of illness, accidents and injuries
- Physiotherapy service
- Health screening: rising five checks for the Pre-Prep
- Emergency contraceptive advice

For the School:

- Maintenance of pupil nursing and medical records
- Maintenance and restocking of First Aid kits
- Staff medical training
- Sports Scholars - sports injury clinic

Medical Information

Medical information on pupils is recorded on the school database. It is confidential but parents have given permission for it to be disclosed as necessary to ensure the well-being of their child. Staff should ensure that they access relevant information on pupils for whom they have responsibility.

Gillick Competency

Fraser guidelines (refer specifically to contraception and sexual health) Gillick competency 1985 states that:

- Any child below the age of 16 years can give consent when they reach the necessary maturity and intelligence to understand fully the intervention proposed and the consequences (advantages and disadvantages) of their decision.

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- If a child is deemed to be Gillick competent after receiving all the appropriate information regarding the intervention then consent is valid.
- Intelligence and ability to understand will vary greatly for every child and in different types of medical intervention. So the decision of Gillick competency must always be considered very carefully.
- Doctors and nurses must always encourage the child to inform their parents.

Sun Protection Policy

Sun exposure in the first fifteen years of life contributes significantly to a lifetime risk of skin cancer. Pupils should be encouraged to stay in the shade, to cover up and wear sun protection. Sun hats should be worn as needed; sunglasses may be worn for outdoor sports events; sunscreen should be worn of at least factor 15. School events may require planning with regard to provision of shade.

Medical Treatment for Staff

If an employee becomes unwell or requires medical attention during the school day they may contact the Medical Centre. The school medical officer visits the school twice a week to hold a clinic for boarding pupils. Members of staff registered with Victoria Surgery can request to see the doctor during a visit, but boarding pupils will always be given priority.

Appendix 1 Medicine Policies and Procedures

The school aims to ensure that pupils with medical needs receive appropriate care and support, and that the school is a safe environment for all pupils through the safe storage and administration of medicines. Parents should provide full information about their child's medical needs including details of medicines they require. The school will not administer any medication without written consent from parents/guardians. For over the counter medicines this consent is given/declined on the medical form completed by parents/guardians for all pupils on admission to the school. For boarders the consent also includes medicines prescribed by the school doctor. If it is necessary for a day pupil to take a prescribed medicine during the school day the parent/guardian should complete the necessary consent form. These forms can be obtained from the Medical Centre, prep and pre-prep school office.

If a pupil is 16 or over they will be asked to sign a self-administration form, accepting responsibility for safe storage of a medicine and agreeing that it is not to be given to any other pupil. If the pupil is under 16 a member of nursing staff will assess their ability to self-administer using the Fraser competency guidelines. If deemed competent the pupil will sign the form. If the pupil is a boarder they will be given a medicine card to complete for the duration of the course of medicine. Their matron will also be notified that the pupil is self-administering. The name of the medicine remains confidential.

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Long term medicines will be reviewed regularly and all medicine cards will be recalled at the end of every half term. Completed cards will be filed in the pupils nursing notes. The nursing staff may consider it more appropriate for the medicine to be stored and administered from the medical centre or by the pupil's matron.

Over the counter medicines (OCM) administered by House staff in the Boarding Houses

- Paracetamol, ibuprofen, throat lozenges and E45 cream are stocked in the boarding Houses and can be administered by matrons/M.O.Ds and Housemasters/mistresses.
- All medicines should be kept securely in a locked cupboard.
- All medicines should be kept in the original container in which they are supplied.
- The OCMs are administered under the 'Homely remedies policy' and in accordance with the 'Guidelines for referral to the medical centre'. Copies of these documents are held in the Houses.
- A list of the OCMs/homely remedies held in the boarding houses are kept in the medicine cabinet in each House, along with indications for use, contra-indications, side effects and dosages.
- House staff involved with administration of OCMs are given annual training, covering appropriate administration, safe storage and documentation requirements.
- A copy of the signatures of those administering OCMs is held in the medical centre.
- The OCM protocol lists all the medicine held in the medical centre, this is a signed agreement between the school medical officer and the nursing staff allowing for the administration of the listed medicines

Restocking/Disposing of OCMs

- Matrons will attend the medical centre to restock OCMs. The stock replaced/disposed of is recorded with the date, quantity, dosage and is signed by the matron and nurse to allow for a complete audit trail.
- Disposal of damaged or expired OCMs must also be recorded in the same manner at the medical centre.
- The nursing sister will then arrange for transfer and disposal of the medicines at a local pharmacy.

Ordering repeat prescriptions

- Nursing staff record requests for repeat prescriptions and the date they are received.

Reporting drug errors and adverse reactions

- It is essential that drug administration errors and adverse reactions are recorded.
- There should be a supportive, non-blame culture which will encourage transparency and reflective practice.
- Incidents should be recorded in the House M.A.R (medicine administration record) and reported as soon as possible to the medical centre.
- Nursing staff will liaise with the school medical officer as to whether further action/treatment is necessary as a result of reported errors/adverse reactions.

Additional training is given to House staff when they are called upon to administer prescribed medicine to a pupil e.g. antibiotics. This will cover safe administration of medicine, correct documentation, dosages, side-effects, reporting adverse reactions, drug errors and refusal of medicine. Prescribed medicines are administered in accordance with the school 'Prescribed medicine policy'

Long term prescribed medicines

Pupils are to be supported in managing ongoing conditions with minimal disruption. Over medicalising conditions and the management of them is to be discouraged as the school aims to promote a

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positive health model which reduces the disruption to a pupils education and maintains optimum quality of life. Examples of common long term medicines:

- Asthma inhalers
- Insulin
- Epi-pens
- Contraceptive pill

Asthma Inhalers

- The medical centre holds a whole school asthma register at the medical centre, this records the treatment the pupil has been prescribed.
- Day pupils are expected to ensure they have their own 'treater' inhaler on their person throughout the school day.
- It is not acceptable for siblings or friends to share inhalers.
- Boarders are also expected to ensure they have their 'treater' inhaler on their person at all times.
- Spare inhalers for asthmatic boarders are held at the medical centre

Emergency inhalers

- From the 1st October 2014 if a diagnosed asthmatic pupil does not have access to their emergency inhaler the school nurse can supply one for their use.
- If an asthmatic pupil is going on a school trip the 1st aid kit supplied by the medical centre will include an emergency inhaler.

Insulin

- All insulin dependent diabetics keep insulin and first line foods in their locker to treat a hypoglycaemic attack. They should also keep first line foods on their person e.g. orange juice, glucose tablet, a cereal bar.
- Spare insulin, blood glucose monitors and first line foods are held in the medical centre.

Epi-pens/Anapens - for the treatment of anaphylactic shock.

- Pupils who have been prescribed Epi-pens will have an individual care plan drawn up. As part of this care plan there will be a signed agreement between the nursing staff the pupil and their parents that the pupil will carry their Epi-pen and antihistamine tablets on their person.
- Spare Epi-pens are held in the medical centre. Schools are now permitted to keep a stock Epi-pen for emergency use by those previously diagnosed with anaphylaxis
- Anaphylactic shock training is given to teachers and House staff when requested.

Controlled Drugs

The Culford school controlled drugs policy is in accordance with current guidelines from the National Prescribing Centre and the DoH.

School Trips

- Staff supervising excursions should be aware of all the pupils' medical needs and have knowledge of the medicines they are taking.
- The staff will collect a 'school trip first aid kit' from the medical centre to take on the trip. This kit will routinely contain paracetamol and may contain other medicines depending on the medical needs of the pupils on the trip e.g. antihistamines, Epi-pens, glucose tablets, emergency inhaler.
- All medicine administered must be in accordance with the school OCM policy and Prescribed medicine policy.
- Documentation of the pupils name, drug name, dosage and reason for giving should be carried out on the form provided in the 'school trip first aid kit'

Emergency lifesaving treatment

Under the school medical policy the nursing staff can administer by injection adrenaline, chlorphenamine and hydro-cortisone for the purpose of saving life.

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References

Managing Medicines in Schools and Early Years Settings Dept of Health (ref 1448-2005DCL-EN) March 2005

The Handling of Medicines in Social Care Royal Pharmaceutical Society, Oct 2007

MOSA Guidelines- Administration of Medicines in Schools Feb 2007

Guidelines for the Administration of Medicines Nursing and Midwifery Council Aug 2004

A guide to good practice in the management of controlled drugs in primary care setting (England) National Prescribing Centre, second edition, Feb 2007

Medical Protocols and Practice

Boarding Schools Association, boarding briefing paper number four

Protocol for Prescription Drugs in the Boarding Houses

1. If a pupil is prescribed medicine during the holidays the medical centre staff should be informed as soon as possible.
2. When a boarding pupil is prescribed medicine the medical centre will ensure the prescription is delivered to the school as soon as possible.
3. The nursing staff will then decide if it is appropriate for the pupil to self-administer the medicine. This assessment is carried out using the 'Fraser competency guidelines' (Appendix 4)
4. If the pupil is deemed to be Fraser competent the nurse will ask the pupil to sign a self-consent form which outlines the schools expectations with regard to safe storage of medicine and the strict understanding that the medicine is not to be given to anyone else.
5. The pupil will be asked to hold and complete a medicine record card for the duration of the treatment/course.
6. The nurse will also fill in a medical card tracker form which is kept at the medical centre.
7. This details the name of the pupil, the drug, dosage, quantity and date of review.
8. The House staff will be alerted by a small yellow card the nursing staff will place in the House medicine cabinet, this will state the pupils name and the date of review, this card will not indicate the medicine the pupil is taking.
9. On completion of the card/completion of treatment the card will be recalled to the medical centre where it will be filed in the pupils nursing notes.
10. All medicine cards are recalled at the end of each half term.

Long-term medication.

- It is the aim of the medical centre to support pupils with long term conditions by encouraging safe, personal responsibility of their condition and medicines.
- Assessment of a pupil's ability to self-administer must be carried out carefully. Support and encouragement from both the House matron and the medical centre staff is necessary.
- If able to self-administer the medical card system is put in place.

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- If the pupil is not able to self-administer the matron will hold the medical card and be responsible for the administration and documentation of the medicine.
- Nursing staff will liaise with the pupil and matron to ensure the pupil has adequate supplies of medicine for the duration of school holidays.

When administering medicine always follow the following procedure:

- Check the identity of the pupil against the label on the medicine
- Check the prescribed dose
- Check the expiry date of the medicine
- Check the written instructions provided by the prescriber on the label/container
- Document on the medicine card the following information:
 - Date, time, dosage/amount given, amount remaining
 - Medicines can only be administered from the original container.
 - Prescribed medicine must only be given to the person it has been prescribed for.

Adverse reactions and drug errors

Adverse reactions and drug errors should always be documented by House staff and reported to the medical centre immediately. An atmosphere of transparency and support is essential for reflective practice to be a reality in the environment of drug administration.

Specific staff training

House staff that administer prescribed medicines will be given specific guidance from the nursing staff for that particular medicine. The medicine card system will not be put in place for pupils who are administering the contraceptive pill. Nursing staff will support and liaise with the pupil regarding repeat prescriptions.

Controlled Drugs Policy and Procedure

Controlled Drugs

There are legal requirements for the storage, administration, records and disposal of controlled drugs set out in the **Misuse of Drugs (safe custody) Regulation 1973** and its associated regulations.

- Any member of staff may administer a controlled drug to a child for whom it has been prescribed.
- Staff training is given to all staff administering the controlled drug. This will include indications for use, contra-indications, dosage, safe storage documentation requirements, disposal of medicine, reporting of adverse reactions and drug errors.
- Staff administering the drug must do so in accordance with the prescriber's instructions.

Storage of controlled drugs

- Controlled drugs should be stored in a non-portable lockable container.
- For safe practice the locked cupboard for controlled drugs should contain nothing else and only those individuals with authorised access should hold keys.

Documentation

- C.Ds are to be recorded in a separate C.D register, the medical centre and each House that is administering a controlled drug must keep a C.D register.
- The C.D register must be a bound book, have the name of the specified drug at the top of each page, the name of the pupil, date, dosage administered, refusal of medicine and running total.
- The entries should be made in ink
- Corrections must be signed and dated

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- On receipt of a controlled drug from the pharmacy the nurse will record the delivery in the C.D register held in the medical centre including the quantity and dosage.
- The House matron will collect the controlled drug from the medical centre, the nurse will document in the C.D register the transaction of the drug and both the nurse and matron will sign the C.D register nurse.
- On return to the House the matron will document the receipt of the controlled drug in the House C.D register.
- The C.D register should be signed by two people on every occasion that the drug is administered and a running count of how many tablets are left is also documented.

Adverse Reactions, Drug Errors and Discrepancies

Adverse reactions, drug errors and discrepancies must be recorded in the C.D register, the House log book and reported to the medical centre immediately.

Disposal of Controlled drugs

The drugs should be returned to the medical centre where the nursing staff and the person returning the medicine will record the name of the medicine, dosage, quantity, date of return, reason for return and sign the medical centre C.D book and the return to pharmacy form.

A member of the nursing staff will then personally return the medicine to Victoria Surgery, Bury St Edmunds for disposal.

References

Managing Medicines in Schools and Early Years Settings, March 2005 Dept of Health (reference 1448-2005DCL-EN)

A Guide to Good practice in the Management of Controlled Drugs in Primary Care (England), National Prescribing Centre. Feb 2007, second edition

The Handling of Medicines in the Social Care Settings, Royal Pharmaceutical Society of Great Britain

MOSA Guidelines: Administration of Medicines in Schools, Feb 2007

Appendix 2 Infection Control Policy

The spread of infection is controlled by ensuring high standards of hygiene particularly hand washing, maintaining a clean environment and routine immunisation. People are one of the main sources of infection. Standard Principles help protect from acquiring or passing on infection whether or not a risk is known.

Standard Principles

HAND WASHING: Hand-washing is the most effective means of reducing the spread of infections. Its purpose is to remove or destroy any micro-organisms which may be on the hands. Micro-organisms that cause diseases are usually removed easily with thorough hand washing.

- Rub hands together with water and liquid soap, covering the hands with lather for at least 15 seconds. Rinse hands with warm water to remove the lather and then dry thoroughly with a paper towel. Cover all cuts and abrasions with a water proof dressing.
- Always wash hands after using the toilet, before eating or handling foods and after handling animals. Cover all cuts and abrasions with a water proof dressing.
- Coughing & Sneezing:

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Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after disposing of the tissue.

General Cleaning

Under normal circumstances the School's cleaners use a variety of domestic and industrial cleaning agents. These are detergents and alcohol based products, with COSHH Risk Assessments carried out and Material Safety Data Sheets available in each store. All toilets and kitchen areas are cleaned daily throughout the school, and in boarding houses. Routine cleaning will be stepped up immediately when there is an outbreak.

Outbreaks

An outbreak is defined as 2 or more persons with the same disease or symptoms at the same time, or a greater than expected rate of infection compared to the normal.

In times of an outbreak of a virus:

- Nursing staff will inform the Head cleaner and Operations Manager, bleach based products (0.1% solution of chlorine releasing agent) will then be used to clean the bathrooms, toilets, door handles throughout the school.
- Cleaners will be given disposable gloves and disposable aprons.
- Individual schools will be informed of any outbreak so the need for good hand washing can be publicly reiterated and encouraged.
- Nursing staff arrange with IT dept. for the promotion of good hand hygiene/washing advice to be displayed on the flat screens around school.
- The school medical officer will be informed and any advice followed.
- The nursing sister will inform parents of any outbreak giving advice according to public health standards.
- The nursing staff will use a disinfectant (bleach based) spray to clean surfaces and bed frames in the san rooms.
- Nursing staff will put on a disposable apron when entering the Medical Centre area and remove it when leaving the area. The use of disposable gloves should not replace thorough regular hand washing with soap and water.
- Visitors to the medical centre will be prohibited.

In cases of influenza outbreak it may be necessary for nursing staff to wear disposable masks. This decision should be considered very carefully. The real risk of cross infection should be weighed against how this could make a pupil feel e.g. isolated, alarmed, ostracised.

Further guidelines specific to the medical centre are laid out in the 'Medical Centre Infection Control Policy'

In the event of a significant outbreak:

- Public Health will be informed by the nursing sister or the S.M.O
- The Headmaster, S.M.O and Public Health England will together draft an appropriate letter for parents.
- The Headmaster and Public Health will arrange appropriate communications with the media.
- The Headmaster will communicate advice from Public Health to all staff.
- Public Health will advise on cancellation of sporting fixtures/events with other schools.
- Consider sending home boarders who are not fully vaccinated

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- Administrative support will be required to support nursing staff if whole school vaccine programme is advised by Public Health as consent from parents may be required at short notice to vaccinate pupils.
- Emergency beds may be required in Eastfields, staffed by bank nurses.
- The nursing staff will use a disinfectant spray to clean surfaces and bed frames in the rooms.
- Nursing staff will put on a disposable apron when entering the Medical Centre area and remove it when leaving the area.
- The Medical Centre will be screened off and visitors prohibited

In cases of influenza outbreak it may be necessary for nursing staff to wear disposable masks. This decision should be considered very carefully. The real risk of cross infection should be weighed against how this could make a pupil feel e.g. isolated, alarmed, ostracised.

Further guidelines specific to the medical centre are laid out in the 'Medical Centre Infection Control Policy'

Diarrhoea & Vomiting Outbreaks:

Commonly caused by a virus called norovirus. This virus can cause widespread infection via the aerosol spread of vomit and by poor hand hygiene (faecal/oral route).

Recommendations:

- The above actions should be carried out.
- Any person with the symptoms to remain absent from school until 48 hours (for the norovirus) after the last symptoms.
- Any contaminated carpets should be steam cleaned.
- Nursing staff will inform the School Medical Officer, Deputy Head, Headmaster and if deemed appropriate by the S.M.O Public health will be informed.

Influenza Outbreaks:

Most common during the winter months it is spread by coughing, sneezing and contamination of surfaces and objects from hand contact.

- Encourage good hand washing
- Encourage coughing and sneezing into tissues and ensure easy access to rubbish bins.
- Use cleaning agent 0.1% solution of chlorine to clean all communal areas, particular attention should be given to toilet facilities, flush handles, basins taps and door handles.

Meningitis:

Incidents are almost always isolated. In cases of suspected or confirmed meningitis the Nursing Sister will inform the School Medical Officer and Headmaster immediately. The School Medical Officer will inform Public Health. The Headmaster, S.M.O and Public Health will together draft an appropriate letter to parents. Public Health will advise or manage media communications.

Infection control and first aid

Standard Principles:

- It is usually not possible to know who is and who is not infected with a transmissible disease or infection such as a blood borne virus, Therefore all body fluids should be regarded as a potential source of infection.

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- Thorough hand washing is one of the most effective ways of preventing person to person transmission. Intact skin is an effective barrier; broken skin must be covered with a plaster. If possible first aiders should wash their hands before and after attending to a casualty.
- Disposable plastic gloves are present in all first aid kits located around the school site.
- In the event of an emergency where mouth to mouth resuscitation is necessary ideally a protective mask should be used and is available in all first aid kits. However if a mask is not immediately available resuscitation should not be delayed as the likelihood of transmission during this procedure is negligible and the potential benefits outweigh the risk.

Cleaning of blood and bodily fluids

This should be carried out without delay by a cleaner or the first available member of staff. If there is a delay cross infection is more likely.

Bio-hazard kits for cleaning up body fluids should be used. Please refer to the instructions for use sheet in the bio-hazard case. The bio-hazard kits are located in every teaching, boarding and dining building across the site.

- Personal protective equipment should be used when contact with body fluids is anticipated e.g. disposable gloves, disposable aprons, including when there is the risk of splashing and contamination of clothing.
- Masks can be used when clearing up vomit to reduce the risk of airborne transmission.
- Bio-hazard kits contain granules which solidify liquids
- Paper towels should be used to mop up and then discarded in a clinical waste bag, yellow disposable mop heads are available to clean up body fluids (never use day to day mops for cleaning up blood or body fluids)
- The area should be cleaned with hot water and detergent to reduce the corrosive effect of the disinfectant.
- Then clean the area with a product that combines a detergent and disinfectant, which is effective against viruses and bacteria e.g. sodium hypochlorite 1% solution (bleach).
- If carpets or upholstery become soiled then it should be mopped up with paper towels. The Head Cleaner and Operations Manager should be informed to arrange appropriate deep cleaning, e.g. bacterial wash for carpets steam cleaner or rota wash.
- Splashes of body fluids into eyes, mouth and nose should be rinsed out with copious amounts of water or saline. This should be reported to the line manager and should be logged as an accident
- Laundry - soiled linen should be washed separately at the hottest wash fabric will tolerate. Laundry workers should be informed when they are receiving linen soiled with body fluids, in order that they can use protective equipment.

Sharps in injuries and bites

Sharps include needles, razor blades, broken glass or other items that cause laceration or puncture,

- If the skin is broken encourage bleeding from the wound and wash thoroughly with running water and soap.
- Cover wound with a dressing.

Significant Exposure:

If the injury is a result of a needle stick injury/or exposure to high risk body fluids.

- Encourage bleeding and wash thoroughly for 5 minutes under running cold water.
- Cover wound with a dressing
- Report incident to line manager, the incident should be reported as an accident.

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- The injured person should be sent to a GP/A&E for a risk assessment.

Disposal of sharps and clinical waste

Yellow clinical waste bags are present in all first aid kits located around the school site. Clinical waste should be placed in clinical waste bag. This should be securely sealed, clearly labelled and taken as soon as possible to the medical centre where it will be stored in a locked clinical waste bin until collection by the clinical waste contractors employed by the school.

All sharps must be disposed of in a yellow sharps bin. When the bin is full to the indicator line it should be sealed and the lid re-checked to ensure that it is securely fastened before it is collected by the clinical waster contractor.

Animals in School

Where applicable each School/department must have a risk assessment document in place with consideration to infection control.

Visit to farms

Risk assessment must be carried out by the member of staff responsible for the trip with considering to infection control.

Immunisations

Immunisations should be encouraged as they provide collective protection in communities. On admission to the school pupils/parents must complete a medical form including a full vaccine history. Prior to admission new pupils are encouraged to complete the UK childhood vaccination schedule. Boarders that are registered with the school GP and have not completed the UK childhood vaccination schedule will be offered those particular immunisations in adherence with the schedule.

Culford Staff should consider protecting themselves by being fully up to date with Department of Health recommended routine vaccines.

Female staff – pregnancy

Line managers are responsible for carrying out a risk assessment for individuals concerned at the earliest possible time.

GUIDANCE TO INFECTION CONTROL

Illness	Recommended period to be kept away from school, nursery, or childminders	Comments
DIARRHOEA & VOMITTING ILLNESS		
Diarrhoea and/or Vomiting	48 hours from last episode of diarrhoea or vomiting (48 hr rule applies).	Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
E.coli 0157 VTEC	Exclusion is important for some children. Always consult with HPU.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Typhoid* [and Paratyphoid*] (Enteric Fever)	Exclusion is important for some children. Always consult with HPU.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Shigella (Dysentery)	Exclusion may be necessary.	Exclusion (if required) applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
RESPIRATORY INFECTIONS		
flu' (Influenza)	Until recovered.	
Tuberculosis*	Always consult with HPU.	Not usually spread from children. Requires quite prolonged, close contact for spread.
Whooping Cough* (Pertussis)	Five days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks. HPU will organise any contact tracing necessary.
RASHES/SKIN		
Athletes Foot	None.	Athletes' foot is not a serious condition. Treatment is recommended.
Chicken Pox	5 days from onset of rash	Consider immuno-suppressed and pregnant staff.
Cold Sores (Herpes Simplex)	None.	Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease.
German Measles (Rubella)	5 days from onset of rash.	Preventable by immunisation (MMR x 2 doses). Consider immuno-suppressed and pregnant staff.
Illness	Recommended period to be kept away from school, nursery, or childminders	Comments

Hand, Foot & Mouth	None.	Contact HPU if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until lesions are crusted or healed.	Antibiotic treatment by mouth may speed healing and reduce infectious period.
Measles*	5 days from onset of rash.	Preventable by vaccination (MMR x 2). Consider immuno-suppressed and pregnant staff.
Molluscum Contagiosum	None.	A self-limiting condition.
Ringworm	Until treatment commenced.	Treatment is important and is available from pharmacist. NB for ringworm of scalp treatment by GP is required. Also check and treat symptomatic pets.
Roseola (Infantum)	None.	None.
Scabies	Child can return after first treatment.	Two treatments 1 week apart for cases. Contacts should have one treatment; include the entire household and any other very close contacts. If further information is required contact your local HPU.
Scarlet Fever*	5 days after commencing antibiotics.	Antibiotic treatment recommended for the affected child.
Slapped Cheek/ Fifth Disease	None.	Consider immuno-suppressed and pregnant staff.
Shingles	Exclude only if rash is weeping and cannot be covered.	Can cause chicken pox in those who are no immune i.e. have not had chicken pox. It is spread by very close contact and touch. If further information is required contact your local HPU. Consider immuno-suppressed and pregnant staff.
Warts & Verrucae	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
OTHER		
Conjunctivitis	None.	If an outbreak/cluster occurs consult HPU.
Diphtheria*	Exclusion is important. Always consult with HPU.	Preventable by vaccination. HPU will organise any contact tracing necessary.
Glandular Fever	None.	About 50% of children get the disease before they are five and many adults also acquire the disease without being aware of it.
Head Lice	None.	Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.
Hepatitis A*	Exclusion may be necessary. Always consult with HPU.	Good personal and environmental hygiene will minimise any possible danger of spread of Hepatitis A. Use bio-hazard kit for cleaning up body fluid spills.
Hepatitis B* & C*	None.	Hepatitis B and C are not infectious through casual contact. Good hygiene will minimise any possible danger of spread of both hepatitis B and C. Use bio-hazard kit for cleaning up body fluid spills.

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HIV/AIDS	None.	HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery. Good hygiene will minimise any possible danger of spread of HIV. Use bio-hazard kit for cleaning up
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Meningococcal Meningitis*/ Septicaemia*	Until recovered.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. The HPU will give advice on any action needed and identify contacts requiring antibiotics.
Meningitis Viral*	None.	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None.	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required contact your local HPU.
Mumps*	Five days from onset of swollen glands.	Preventable by vaccination. (MMR x 2 doses).
Threadworms	None.	Treatment is recommended for the child and household contacts.
Tonsillitis	None.	Treatment is recommended for the child and household contacts.

* **denotes a notifiable disease.** It is a statutory requirement that Doctors report a notifiable disease to the proper officer of the Local Authority.

In addition organisations may be required via locally agreed arrangements to inform their local HPU. Regulating bodies (e.g. Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI) may wish to be informed — please refer to local policy.

Appendix 3 First Aid Management Policy

Culford School accept the duties placed on them by health and safety legislation. Employers must provide adequate and appropriate equipment, facilities and qualified first-aid personnel. All injuries, disease, damage and/or near-miss resulting from incidents related to Culford Schools operations, however minor, will be reported.

The school will provide adequate first aid provision in accordance with the Department for Education and Skills Guidance on First Aid for Schools and the Health and Safety (First Aid) Regulations. Regardless of whether the injury or illness is caused by a school activity or not, it is important that appropriate first aid is given promptly. This policy will outline how the school will implement the first aid arrangements. First aid can save lives and prevent minor injuries becoming major ones.

Provision of first aid in Culford School

The main duties of a first aider are ***to give immediate help to casualties with common injuries or illnesses and when necessary ensure that an ambulance or other professional medical help is called.***

There are qualified first aiders on site when the school site is operations both during term time and in holiday periods.

The School Nurses are on call 24 hours a day 7 days a week during term time. It is the aim of the school that each department within the school should have a trained first aider (Either Emergency First Aid HSE or First aid at Work HSE).

Qualifications and Training

The school has carried out a first aid needs assessment to ensure that adequate first aid cover is provided for all areas for the school and associated activities. It is the School's policy that all teaching staff will complete an Emergency First Aid course (and update the course every 3 years). The school employ a first aid trainer, who delivers all the HSE approved first aid courses.

Pre Prep and Nursery staff are required to have at least one currently paediatric first aider on the premises and available at all times when children are present to be compliant with Early Years Foundation Stage (EYFS) Framework. The school policy is that all EYFS staff are trained in paediatric first aid to cover this requirement. They are required to renew this qualification every three years. Annual updates on asthma, epilepsy, diabetes and anaphylaxis are delivered via an online course for all teaching staff; support staff can also access these courses. The Medical Centre Team will, if requested, personally deliver training sessions on these conditions for groups or individuals of staff

A current list of qualified first aider is held at the Medical Centre.

First Aid Equipment, Materials and First Aid Facilities

First Aid kits are situated in the following areas:

No	Location	Where Kept
1	Eastfield Nursery + biohazard disposal kit	Kitchen
2	Pre-Prep + biohazard disposal kit	Reception/Kitchen
3	Prep School – extra-large kit + biohazard disposal kit	Reception
4	Cadogan + 2 biohazard disposal kit + Trip Kit	Matron's office
5	Jocelyn + biohazard disposal kit	Matron's office
6	Cornwallis + biohazard disposal kit	Matron's office
7	Edwards + biohazard disposal kit	Matron's office
8	Fitzgerald + biohazard disposal kit	Matron's office
9	Main School Reception – extra-large + biohazard disposal kit	Bottom shelf to right of desk
10	Senior Common Room	Computer area

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11	Kitchenette, main school	Top shelf
12	Laundry	Next to telephone
13	Art x 2	See HOD
15	DT Workshop	See HOD
16	Modern Languages	See HOD
17	Maths	See HOD
18	English	See HOD
19	History	See HOD
20	Geography	See HOD
21	Economics	See HOD
22	Religious Studies	See HOD
23	Chemistry	Bracket on wall
24	Physics	Bracket on wall
25	Biology x 3	Bracket on wall
28	Sports Centre x 2 + 2 biohazard disposal kit	Reception/First Aid Room
30	PE & Games x 4 rugby, x 4 hockey, x 3 cricket	See teachers
41	Tennis Office	James Yates
42	Tennis Bubble	James Yates
43	Caretakers x 2	Lodge/Van
45	Gardeners x 3	Vehicle, JCB, shed
44	Groundsmen/Tractors x 2, Gators x 3, Mowers x 4	Tractors/Hut
53	Maintenance - extra-large kit	Tea Room
54	Workshop x 2	Peter Harrold
56	Maintenance Vehicles x 10	In vehicles
66	Minibuses x 10	On buses
76	People Carriers x 4	In vehicles
80	Kitchen + biohazard disposal kit	Office
81	Cleaners x 3	See Carla
82	Golf	Lawrence Dodd
83	Finance Office	Team stand
84	Foundation Office	Samantha Salisbury
85	Bee Club	Mark Barber
86	DofE/CCF x 4	HOD
90	Library	Kitchen
All school passenger vehicles contain a first aid kit.		

First Aid Kits contain:

Disposable gloves x 4	Assorted plasters
Unmedicated dressing x 2	Eye pads x 2
Ambulance dressing x 2	Foil blanket
Crepe bandage	Yellow bags x 2
Vent aid	Sling
Slinky bandage x 2	Gauze swabs x 2
Safety pins x 1 packet	Alcohol swabs x 10
Mepore tape	
Rugby bags should contain all of the above plus:	
Extra gauze	Extra eye pads
Extra ambulance dressing	Scissors
Vaseline	Disposable ice packs x 2
Ice spray x 2	White tape 2.5cm x 2
Pink tape 2.5cm x 2	Pink tape 4.5cm x 2
Hockey and Netball bags should contain the same as a normal first aid kit plus:	
Ice spray x 2	Disposable ice packs x 2

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Accident report forms	
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Each first aid kit is green with a white cross. The Medical Centre will recall emergency first aid kits every summer term for checking. It is the responsibility of the Heads/Managers of the areas listed above to respond to the recall. Staff should notify the Medical Centre of any items in needs to replacement.

Sports Fixtures

The teacher in charge of the fixture must ensure that a first aid kit is kept on the touchline and that its whereabouts is known to others in the vicinity. An assessment of first aid requirements must be made ahead of fixtures to ensure that adequate provision is made.

Rugby - The active prevention of spinal injuries

At Culford all competitive matches are played under the direction of the RFU Schools & Youth Regulations. In addition the coaching and supervision is in line with the RFU rugby continuum which identifies when and how the physical contact aspect of the game is introduced. The game is taught and coached by experienced and qualified teachers and coaches. All children are introduced the area of the tackle on an individual basis to ensure that skills are developed in an appropriate manner. Only children who have received specific instruction on how to scrummage safely, and who have had the experience in a controlled environment during training, will be allowed to take part in a scrummage during a competitive match. In the event of no specialist player, with experience of the front row, being on the field scrums will move to an uncontested re-start. Children will not be allowed to take part in competitive rugby fixtures without using an appropriate mouth guard.

First aid provision at rugby matches:

- A physiotherapist is in attendance at Senior School matches

Specific first aid for suspected spinal injury

The spine, or backbone, protects the spinal cord, which controls many body functions. Back injuries can be caused by pinching or displacement of nerves, or by spinal fracture. Suspect a spinal injury after an awkward fall or awkward injury.

Look for:

- Localised tenderness around the back or neck
- Shooting pains in casualty's limbs
- Limbs feeling heavy or tingling
- Loss of sensation in limbs below level of injury
- Breathing difficulties

First aid aims

- Prevent further injury
- Get casualty to hospital

Actions if casualty is conscious

- Call 999
- Do not attempt to move casualty
- Offer reassurance
- Steady and support casualty's head in your hands

Actions if casualty is unconscious

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- Check airway and breathing
- Place casualty in modified recovery position if you have help

Actions if casualty stops breathing

- Call 999
- [Open airway](#)
- Check for breathing again
- Give [resuscitation](#) until help arrives

First aid facilities

The Sports Centre has a designated first aid room, this is situated in the main foyer the sign on the door indicates that it is the first aid room. The Medical Centre has a fully equipped clinical room and a 6 bedded sanatorium.

Calling an ambulance

In an emergency call for an ambulance before calling the medical centre for assistance. Arrange for someone to direct the ambulance to the location of the casualty.

Accidents

Any accident, incident or near miss that occurs within school must be reported on an Accident Report Form for all pupils, staff, visitors and contractors. Staff should report accidents/injuries to themselves or accidents/incidents that they witness on an accident report form and send to the Compliance Officer. Accident forms for pupils should be sent to the Medical Centre with the Compliance Officer copied in. Minor accidents should be attended to by a first aider in the first instance using a first aid kit. In the event of further medical attention being required, the Medical Centre should be contacted or if the patient is able to walk, or can be helped to the Medical Centre, this should be allowed. The Medical Centre is only open during term time.

Accident Report Forms are stored in each first aid kit or can be completed electronically and found in the T drive/ Health and Safety/ Accident Reporting.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 2013 (RIDDOR)

The school has a legal obligation to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) to Health and Safety Executive (HSE) within prescribe timeframes.

This is via the Compliance Officer who will carry out an investigation of the accident, incident or near miss and determine if RIDDOR reporting is required. Your submission of the accident report will trigger this process. For further information on RIDDOR please go to www.hse.gov.uk.

Pupil accidents that occur in school

- Tend to minor injuries, complete an accident form and return pupils to lessons or activities.
- Keep pupils in the Medical Centre under observation if appropriate.
- Send pupil to the school doctor/own GP to assess the injury.
- Send the pupil to hospital if the injury is an accident or emergency.

The medical centre staff will record the incident in the pupil's nursing notes. If the pupil requires further medical attention/assessment the nursing staff will complete a serious illness/accident report, copies of which are sent to the Headmaster, Compliance Officer, Deputy Heads and Housemaster/mistress.

The Medical Centre is normally responsible for communication with parents.

Sending Pupils to Hospital for Accident and Emergency

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All pupils who are referred to hospital must normally be accompanied by a member of Common Room, a matron or their parents. Other pupils should not accompany their friends. For hospital trips that occur during the school day parents or members of Common Room will be asked to accompany the pupil. For Boarders in the evening it is the responsibility of the House to provide an adult to accompany pupils to hospital, usually the Housemaster/Housemistress, Matron or a tutor.

Infection Control

When attending an accident or when providing first aid, it must be assumed that all body fluids are an infection risk and appropriate precautions should be used when dealing with them. To reduce the risk of infection spreading it is important that body fluids are cleaned up as a matter of urgency. It is the responsibility of the first available adult to do this. Bio-hazard kits should be used to safely clean up body fluid spillages; the kits contain personal protective equipment such as plastic gloves, face masks and disposable aprons.

Yellow clinical waste bags are kept in all first aid kits and bio-hazard kits. These bags are to be used to safely dispose of all products contaminated with body fluids including gloves, aprons soiled dressings etc. The bags must not be put in the usual bins but brought to the medical centre where it can be stored before collection by the clinical waste contractors employed by the school.

School trips

Staff that lead a school trip which takes place away from the school campus will carry out a risk assessment, considering the likelihood of harm occurring to determine the level of first aid provision that will be required.

Staff supervising excursions should be aware of all the pupils' medical needs and have knowledge of the medicines they are taking. The staff will order and collect a 'school trip first aid kit' from the Medical Centre to take on the trip. This kit will routinely contain paracetamol and may contain other medicines depending on the medical needs of the pupils on the trip e.g. antihistamines, Epi-pens, glucose tablets. All medicine administered must be in accordance with the school OCM policy and Prescribed Medicine Policy. Documentation of the pupils name, drug name, dosage and reason for giving should be detailed on the form provided in the school trip first aid kit.

References:

Health and Safety of Pupils on Educational Visits, A good practice guide - Department for Education and Employment.

First Aid Advice

EMERGENCY TREATMENT OF SEVERE ALLERGIC REACTIONS

(For more detailed information please refer to the anaphylaxis policy)

Mild Reactions

- Symptoms: Itching of the skin, rash, swelling of face or other areas
- Treatment: Provide an antihistamine, for example Piriton, immediately
- Contact the Medical Centre

Moderate Reactions

- Symptoms: Mild difficulty breathing or slight tightness in throat
- Treatment: Provide an antihistamine, for example Piriton, immediately
- Contact the Medical Centre

Severe Reactions

- Symptoms: Severe difficulty breathing, choking, floppy, collapse, unconsciousness
- Treatment: Call 999 saying emergency case of anaphylactic shock
- Contact the medical centre

If there is collapse or the difficulty in breathing, encourage the patient to administer their Epi-Pen (if they have one) injecting into the outside of the thigh through clothes if necessary. Call an ambulance.

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Anaphylactic emergency training is available on request from the medical centre.

DIABETIC PUPILS for more detailed information please refer to the diabetic policy

Hypoglycaemia

Blood sugar is lower than normal. Sufferers feel weak and faint, sweating with cold clammy skin, double vision and strong rapid pulse. They may get irritable and distressed. If untreated they may lose consciousness and possibly fit. All diabetics carry some form of sugar to be used immediately. If they are unconscious give First Aid treatment as for an unconscious person and dial 999. **Call the medical centre urgently as appropriate.**

Hyperglycaemia

Blood sugar is higher than normal. Sufferers experience the onset of gradual drowsiness usually due to poorly controlled diabetes or infection. Advise them to seek medical advice/call the Medical Centre.

Asthmatics For more detailed information please refer to the asthma policy.

If a pupil is having difficulty with breathing or is wheezing, reassure them and sit them in an upright position. All pupils should carry an inhaler; if they have one use one puff. Contact the Medical Centre. Continue to use inhaler once every five minutes or until their symptoms improve. Call 999 immediately if: the child is too breathless to talk, the child is unconscious, or the child's lips are blue.

Epilepsy For more detailed information please refer to the epilepsy policy.

In the event of a fit or seizure clear the area of other pupils. Lie or sit them down and create space around them to prevent injury. Do not restrain them but guard against possible injury. Check airway once fit is over and place in recovery position. If this is the first known seizure call 999 for an ambulance, before calling the medical centre if the person is a known epileptic contact the Medical Centre. Known epileptics should never swim unsupervised.

General Medical Advice

Bleeding from cuts or nosebleed

Cover with clean cloth and apply pressure; if a nosebleed, apply pressure to the soft part of the nose over the nostrils. If the nose bleed is severe or lasts longer than thirty minutes send casualty to hospital. If it is a minor cut, contact the Medical Centre or send the pupil accompanied. Wear gloves when dealing with blood or other body fluids. Every First Aid kit has gloves.

Hyper-ventilation

Over breathing, specifically expiration, may occur as result of acute anxiety, hysteria or panic

- Ensure privacy, try to relieve any anxiety, get the pupil to breath into a paper bag
- Contact the Medical Centre