



Culford

Emergency & Medical
Handbook and Policies

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1.0 Emergency Procedures

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

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

If the emergency occurs on site, the Head 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 Head. If in doubt, call the emergency service first. Also, use common sense about informing the Medical Centre.

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

In the events of a serious accident, the Head will personally contact all parents whose children may have been injured and consult the police and others as necessary.

The Head will delegate the responsibility of communicating as soon as possible with the parents of those not injured or deceased.

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 Head 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 Head 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 Head will decide on how best to support the school as a whole. The School Counsellor will also play an important role.

1.1 Trips away from School

Contingencies plans for emergencies must be part of the planning process. Trip leaders must have a school contact in place to support them in the event of an emergency. The School contact is usually a member of the Senior Leadership Team. The trip leaders must ensure they have asked the relevant member of the SMT before the trip to ensure they are able to act at the School contact.

All overseas trips should, where possible, have a member of staff or a pupil who is able to speak the language of that country and can act as an interpreter in an emergency.

In the event of an emergency, plans should ensure that all colleagues and pupils are safe from further danger and that all necessary steps have been taken to provide rescue, medical care and hospitalisation of anyone who is injured or missing. If abroad, procedures given under medical insurance must be followed. In case of a fatality or crime the police must be notified.

The emergency contact at Culford must be notified immediately. Staff should give details of their location, what exactly has happened to whom and what has been done so far. The emergency contact will contact the Head and other relevant staff. Arrangements for parents and others to be informed will commence.

Trip leaders and colleagues should follow the school emergency procedures by not engaging with the media in the event of an emergency. The school contact will notify the Head should media communication be necessary.

1.2 Accidents, Incidents or Near Misses

Any accident, incident or near miss that occurs within school should be reported on Smartlog, the schools online reporting software, for all pupils, staff, volunteers, commercial customers and visitors. Staff should report accidents/injuries/near misses about themselves or accidents/incidents/ near misses that they witness on the online reporting software or via the smart log app.

The accident reports will be reviewed and any follow up actions perused with the relevant colleagues. In the event of serious accidents or incidents, the Head, Bursar and Head of Prep and Pre Prep will be informed. The Medical Centre Team will share boarder and pupil information with Housemasters/ mistresses and Tutors.

Accidents are regularly reviewed by the Health and Safety Committee and School Governors.

Colleagues who are first aid trained should attend to an injury in the first instance. 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 normally responsible for communication with parents and is only open during term time.

Adults should be referred to A & E or to seek further medical care where applicable.

1.3 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 on Smartlog will trigger this process. The Medical Centre Team will report any reportable diseases.

1.4 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.

1.5 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 Head and the Bursar. 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.

1.6 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 person responsible for school transport will contact bus companies and drivers. The Head of IT Services 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.

Senior School Pupils will be registered in houses at 08:30. In Prep and Pre Prep registration will be in their tutors groups. Tutors should find out when and how their day tutees will travel home. If they are already in school. An alternative timetable will be put together by Senior Management. Hsm's 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.

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 Housemaster/ mistresses 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 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 for the school to run its online educational provision through Google Classrooms and revert to an online timetable.

2.0 Fire Evacuation Procedures

2.1 Fire Procedure for Senior School Buildings

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, staff 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.

Senior school buildings operate a sweep system and dedicated member of staff in each building are responsible for sweeping allocated areas of the building and confirming that the building is clear and everyone is accounted for at the designated assembly point. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999 and clear information given for the location of the building stating the location on the school site, giving the name of the building.

Class teachers should line their class up in an orderly fashion and check for absentees. If pupils and staff 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. If it is not safe to return other building the person or persons unaccounted for must be communicated to the Chief Fire Officer when the Fire Service arrives.

2.2 Fire Procedures for the Senior Boarding Houses and Ashby Dining Hall

On detection of a fire or hearing the fire alarm sound, occupants of Senior Boarding Houses should evacuate the buildings. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

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 decide further action.

Ashby Dining Hall should be evacuated following a sweep system using any staff available including Harrison's catering team.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999 and clear information given for the location of the building stating that it is the Senior Boarding House or Ashby Dining. A member of staff should contact Cadogan House and make them aware of the situation as Cadogan House may need to be evacuated in the event of a suspected or confirmed fire.

All staff and pupils should remain at their assembly point. Under no circumstances should pupils congregate in the quad. Details of any pupils or staff unaccounted for must be passed on to the

Chief Fire Officer upon the Fire Services Arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

Boarders may be moved to main school in the short term and alternative accommodation in the event that the buildings are uninhabitable.

It is the Housemaster's/mistress' responsibility to ensure that this is practiced regularly with all staff working in the houses. It is the Catering Managers responsibility to ensure there is a clear plan of evacuation from Ashby Dining that is regularly practices with the Catering Team.

2.3 Lunchtime Fire Evacuation Procedures – All Boarding Houses and Ashby Dining

Ashby Dining Hall should be evacuated following a sweep system using any staff available including Harrison's catering team. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

On detection of a fire or hearing the fire alarm sound, occupants of Senior Boarding Houses and Ashby Dining Hall should evacuate the buildings. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999

Prep pupils will be led to Prep School's evacuation point outside Cadogan House by Prep Staff on duty.

A designated Matron from senior boarding will go directly to the fire panel and identify the area of activation, prioritising the sweep of the building where the activation has occurred.

All staff and pupils should remain at their assembly point. Under no circumstances should pupils congregate in the quad. Details of any pupils or staff unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.4 Fire Evacuation Procedures for Cadogan House.

On detection of a fire or hearing the fire alarm sound, occupants of Cadogan House should evacuate the buildings and meet at the designated fire assemble point. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so. In leaving, all doors and windows should be closed. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999 and clear information given for the location of the building stating that it is the Cadogan House. A member of staff should contact Senior boarding staff and make them aware of the situation. Senior Boarding and Ashby should be evacuated.

All staff, pupils and boarders must remain at their assembly point. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

Boarders may be moved to an alternative assembly point in Prep School and moved to alternative accommodation in the event that the building is uninhabitable.

It is the Housemaster's/mistress' responsibility to ensure that this is practiced regularly with all staff working in the houses. It is the Catering Managers responsibility to ensure there is a clear plan of evacuation from Ashby Dining that is regularly practices with the Catering Team.

2.5 Fire Procedure for Prep School

On hearing the fire alarm, staff should supervise the efficient and orderly evacuation of pupils. Pupils should be instructed which route to take and where to assemble. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. In leaving, all doors and windows should be closed.

Designated fire marshals should check their section of the building to ensure all visitors, pupils and staff have evacuated. If the fire marshal is absent, someone who works in that area should perform the duty. Any residents of the Clock Tower Flat must also be accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

Science staff should ensure that the gas shut of vale is activated in each science lab.

The building is monitored and therefore on activation of the fire alarm, the Fire Service is automatically called out.

Pupils should be registered in form groups by the teacher who will raise their hand to confirm everyone is accounted for. Secretarial staff will produce a file containing a class registers, the performance sport register and music lesson timetables for the Form Teacher. A senior colleague will register any class whose Form Teacher is unavailable.

All staff and pupils should remain at their assembly point. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.6 Fire Evacuation Procedure for Culford Hall

On hearing the fire alarm, colleagues, pupils and visitors should go to the grass on the North Front and stand in departmental and class lines. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

Designated fire marshals should check their section of the building to ensure all visitors, pupils and staff have evacuated. If the fire marshal is absent, someone who works in that area should perform the duty.

Line managers and teachers should account for pupils and colleagues and report to the designated person managing the evacuation. If the line manager is absent a senior colleague will

stand in. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

The Receptionist should take the visitors' register and pass to the fire evacuation lead. The caretakers or members of the maintenance team will liaise with the designated person managing the evacuation to confirm the building is clear.

All staff and pupils should remain at their assembly point. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival.

The building is monitored and therefore in the event of a fire alarm activation, the Fire Service will automatically be called.

2.7 Fire Evacuation Procedures for Pre Prep

On detection of a fire or hearing the fire alarm sound, occupants of Pre Prep should evacuate the building. Staff will lead the pupils out of the building using the shortest fire route and line up in classes at the designated fire assembly point. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999

At the Fire Assembly Point, Staff will confirm that their pupils are accounted for by raising their hand. Reception will confirm that all staff, visitors and contractors are accounted for.

All staff and pupils should remain at their assembly point. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services Arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.8 Fire Evacuation Procedure for Culford Nursery and Eastfields

On detection of a fire or hearing the fire alarm sound, occupants of Culford Nursery should evacuate the building. Staff will lead the babies and children out of the building using the shortest fire route and line up at the designated fire assembly point. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

Babies will be carried or placed into pushchairs to get them to the fire assembly point. Children will be led to the assembly point using a walking rope.

Occupants of Eastfields should sweep each room and confirm with the member of staff managing the evacuation, that everyone is accounted for.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999.

All staff and pupils should remain at their assembly points. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival. Where

any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.9 Fire Evacuation Procedure for Medical Centre

On detection of a fire or hearing the fire alarm sound, occupants of the Medical Centre and adjoining residential property should evacuate the building using the shortest fire route.

Staff will support boarders and pupils with evacuating, taking into consideration any individual with PEEP's or who may vulnerable due to being ill or incapacitated. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so. The nurse will take from the building in priority order the following items;

1. Oxygen cylinder
2. Two way radios
3. Emergency rucksack
4. Pupil individual emergency medicines (Epipens and Diabetic boxes).

Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999 and clear information given for the location of the building stating that it is the Medical Centre.

All staff and pupils should remain at their assembly point. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.10 Fire Evacuation Procedures for the Sports Centre

On detection of a fire or hearing the fire alarm sound, occupants of the Sports Centre should evacuate the building. Any staff occupying the building will lead the pupils, customers, visitors and contractors out of the building using the shortest fire route and meet at the designated fire assembly point. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999

At the Fire Assembly Point any staff available will support the management at the assembly point and any offer assistance the Sport Centre Duty Manager as needed. Staff will confirm that their pupils are accounted for by raising their hand. Duty Managers will confirm that all staff, visitors and contractors are accounted for.

All staff and pupils should remain at their assembly point. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.11 Fire Evacuation Procedures for Estate Yard

On detection of a fire or activation of a fire alarm, occupants of the Estate Yard should evacuate the buildings and the yard via the main, gates or side gate. Any staff in the yard will lead contractors out of the building using the nearest gate and meet at the designated fire assembly point. Staff should operate a sweep system checking that all rooms are empty if it is safe to do so. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire and its location.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999

At the Fire Assembly Point any staff will confirm the location of all those on duty that day to ensure everyone is accounted for.

Details of any staff or contractors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services arrival. Where any doubt exists about the whereabouts of any person or persons they will be assumed to be missing and unaccounted for.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.12 Fire Evacuation Procedures for School Events and Commercial

During school events where parents, visitors, and contractors are in attendance, staff will follow an emergency plan to support a safe and effective fire evacuation plan shared by the event organiser as part of the emergency planning. Plans must include provision for the safe evacuation of those who are pregnant, elderly or have a disability or mobility issue. Ensure any Personal Emergency Evacuation Plans (PEEP) are followed and that those under a PEEP are accounted for. Radios should be used to communicate out to the wider school community that there is a fire alarm activation or a fire and its location.

At the assembly the designated fire lead 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. Details of any pupils, staff or visitors unaccounted for must be passed on to the Chief Fire Officer upon the Fire Services Arrival.

At the same time, in the event of a confirmed or suspected fire, the fire service should be contacted immediately by dialling 999 and clear information given for the location of the building stating the name and location of the building.

No-one should return to buildings until told to do so by the designated person managing the fire evacuation or the Chief Fire Officer from the Fire Service.

2.13 Fire Assembly Points

| | |
|-----------------------------|--|
| Culford Hall | Grass on the North Front |
| Skinner & Bristol Myers | Grass to west of the North Front |
| William Miller | Grass to West of North Front |
| Library | Grass to the northeast of the building |
| Hastings Building | Grass to the East of Culford Hall/recording studio grass |
| Pringle & Patterson Centre | Grass in front of Hastings Building |
| Sports Centre & Tennis Dome | Grass area in front of main entrance |
| Prep School | Grass to the north of Cadogan House |

| | |
|------------------------------|--|
| Pre Prep | Field to the left of the front doors |
| Culford Nursery & Eastfields | Sanfield to the rear of the building |
| Estate Yard | Grass next to the red brick post hut |
| Medical Centre | Grass opposite the Medical Centre |
| 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 the road |
| Jocelyn | In front of the Medical Centre |
| Cadogan | Grass to the north of Cadogan |
| Ashby Dinning | Grass to the north of Cadogan |

2.14 Calling the Fire Service

If there is any doubt, the Fire 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 staff present. Where a teacher is not present, pupils are instructed to call the Fire Service if able to do so. Dial (9)999 requesting support of the Fire Services. Inform the Fire 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 staff present in any building must assume that they are responsible for working with other colleagues in that building to support a safe and timely evacuation when the when a fire occurs or an alarm is raised. Where more than one member of staff is present, the senior person will do so in the absence of designated fire marshalls. It is the duty of the staff present to ensure the Fire Service is called, if it is deemed necessary, either personally or by delegating the task.

One the Fire Service arrives they will require as much detail as possible about the fire, the building and any unaccounted for persons.

3.0 Lockdown Procedures

In the event of a Lockdown, Colleagues should 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.

4.0 First Aid

4.1 First Aid Kits

First Aid Kits are situated throughout the school. Staff are responsible for knowing the location of those kits nearest to where you work. All school mini-buses contain a first aid kit. An accident report must be recorded in Smartlog where first aid is given.

4.2 Automated external defibrillators (AED's)

Automated external defibrillators (AED's) are located across the school site.

- | | |
|---------------------|--|
| ● Sports Centre | Public access |
| ● Medical Centre | Portable |
| ● Main School | Portable |
| ● Sports department | Portable - available with the first aid kit on pitch side during sport |

There is a public access AED located on the main road of the Village near to Pre Prep at the Culford Club.

4.3 Emergency Medicine Packs

There are 10 emergency medicine packs around the school site. These contain

- x 2 auto –injector adrenaline pens (Epipens)
- x 1 emergency Ventolin inhaler with spacer.

The packs are bright red and will be hanging on a peg in the following areas:

- Fieldgate Reception office
- Prep school Reception office
- Senior school Main School Reception
- Cornwallis House Matrons office
- Edwards House Matrons office
- Jocelyn House Matrons office
- Fitzgerald House Matrons office
- Cadogan House Matrons office
- Sports Centre Office
- Ashby Dining Hall

Each area has one member of staff responsible for checking the emergency medicine pack weekly.

It is very important this medication is only used in an emergency for someone previously diagnosed with severe allergy/asthma or if you are instructed to give the medicine by an ambulance operator. The pack must not be taken off site or elsewhere onsite unless required at that point in an emergency.

4.4 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 pupil facing staff will complete an Emergency First Aid course and update the course every 3 years.

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 pupils facing 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.

Staff working in higher risk areas such maintenance, grounds and DT departments will also complete catastrophic bleed first aid training.

The school employs a first aid trainer to deliver these courses and a current list of qualified first aider is held at the Medical Centre.

4.5 School Trips

The trip leader is responsible for ensuring that all staff on school trips are aware of any medical considerations of staff and pupils attending the trip. The trip leader is responsible for providing the Medical Centre with a trip list in advance.

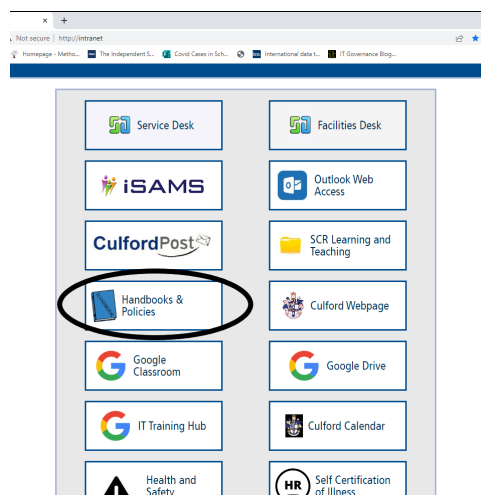
A bespoke first aid kit from the Medical Centre will be prepared and adequately stocked for the needs of the pupils attending the trip. An accompanying teacher should be responsible for first aid and ideally have a first aid qualification.

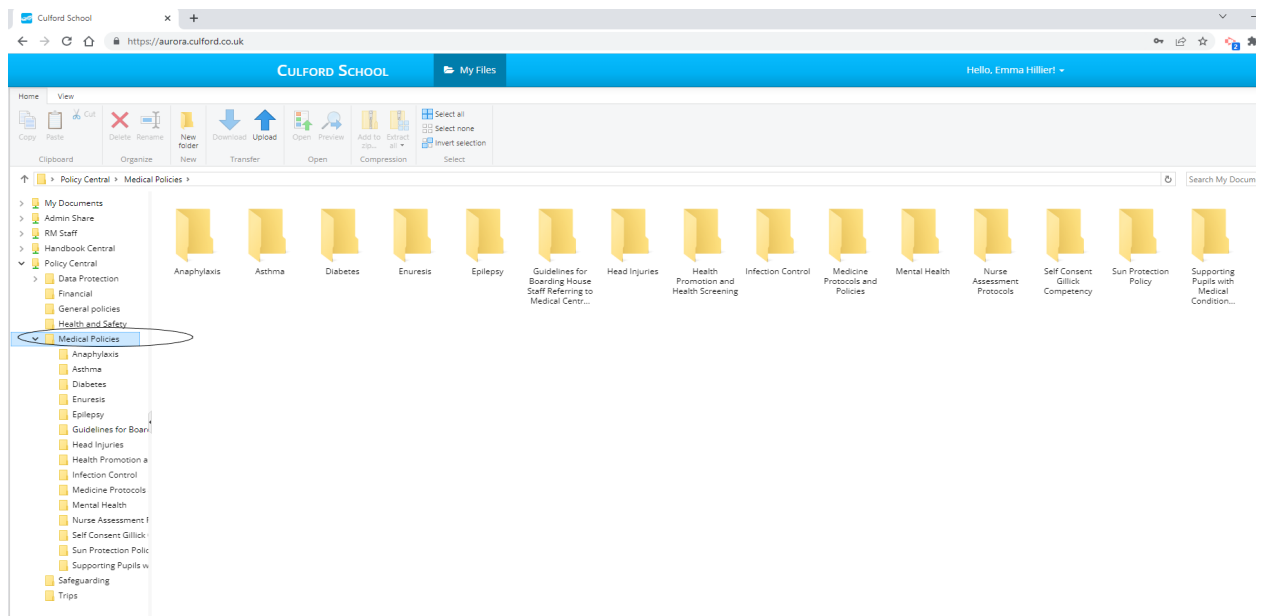
All accompanying teachers should be aware of emergency procedures, including how to contact emergency services, and have a list of pupils, contact numbers and medical information. Accident reports must be completed as soon as possible via Smartlog which report to the Medical Centre and Compliance Officer.

5.0 Medical Policies

Individual medical policies can be accessed through Policy Central by using the Handbooks and Policies link on the Culford home page.

- Anaphylaxis
- Asthma
- Diabetes
- Enuresis
- Epilepsy
- First Aid Provision
- Guidelines for Boarding Staff Referring to Medical Centre
- Head Injuries
- Health Promotion and Screening
- Homely remedy Protocol
- Infection Control
- Medicine Protocols and Policies
- Mental Health
- Sun Protection
- Supporting Pupils With Medical Conditions





5.1 Specific condition policies

Detailed policies for Anaphylaxis, diabetes, epilepsy, asthma, cystic fibrosis, mental health, self-harm, eating disorders, sun protection and enuresis can be found in Policy Central.

5.2 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 every building across the school site.

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.

5.3 Pupil Support

Any pupil or boarder with any problem can approach any member of Common Room or House Staff 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 are made for counselling and the School Doctor to be made via the Medical Centre.

Pupils and Boarders 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

Pupils and Boarders 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 and School buildings.

5.4 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.

All boarders are registered as NHS patients with the School Medical Officer. This local GP (General Practitioner) from Victoria Surgery in Bury St Edmunds. Victoria Surgery provides twice weekly GP surgeries for boarders at our Medical Centre.

Day Pupils

In case of illness during the school day the pupil will be cared for in the medical centre until collected by their parents. Day pupils unable to play sports should bring a cover note written by parents or guardian to school and hand this to their sports teacher.

Medication

Over the counter medicine such as paracetamol and ibuprofen are available from House matrons and the medical centre and it is not necessary for day pupils to bring such medicine into school.

Prescribed medicine that must be taken during the school day should be managed in the following manner:

- Pre-Prep: parents should take medication to the school office and sign the consent form giving teachers permission to administer it as directed.
- Prep School: parents should take medication to the medical centre and the nursing staff will administer it.
- Senior School: pupils are usually permitted to administer their own medication. It must be brought to school in the original packaging with the prescription label intact.

5.5 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 37.8 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.
- Temperatures between 37.0 – 37.8 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.

5.6 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.

5.51 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.

5.52 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 and stored on isams – pupil manager.

5.53 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.

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

5.55 Reduced mobility

Short term reduced mobility: This is a common occurrence in schools usually due to sports 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) for all pupils with reduced mobility and 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 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.

5.56 Services provided

For Boarders:

- Assessment and care of illness, accidents and injuries; management of sports injuries
- Support and care planning for acute conditions
- GP and immunisation services;
- 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
- Support and care planning for acute conditions
- 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
- First aid training
- Emergency Medication Management

5.57 Medical Information

Pupil and Boarder medical information is recorded on the school database iSAMS. This is managed in line with current UK Data Protection Laws. Staff should ensure that they access relevant information on pupils for whom they have responsibility. Red flag information is more widely accessible to staff accessing iSAMS.

5.58 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.
- 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.

5.58 Medical Treatment for Staff

If an employee becomes unwell or requires medical attention during the school day they may contact the Medical Centre. The GP 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

Medicine Policy and Procedures

It is the intention of the school to ensure that pupils with medical needs receive appropriate care and support in the school environment.

The school intends that the school environment is safe for all pupils one way of ensuring this is to practice 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 simple over the counter medicines this consent is given/declined on the medical form that is completed by parents/guardians for all pupils on their admission to the school and is subsequently held in the medical centre.

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 allowing the school to manage this responsibility. These forms can be obtained from the medical centre Prep and Pre-Prep school office.

The school will not administer unlicensed medicines e.g. herbal, homeopathic or Chinese medicines.

All pupils are strongly discouraged from bringing their own over the counter medicines to school. All medicine either prescribed or 'bought over the counter' should be brought to the medical centre. This includes all homeopathic, herbal or Chinese medicine.

If the pupil is 16yrs or over they will be asked to sign a self-administration form. This form details an agreement between the pupil and the school in which the pupil accepts responsibility for the safe storage of the medicine and agrees that the medicine is not to be given to any other pupil. If the pupil is under 16yrs a member of nursing staff will assess the pupils' ability to self-administer using the Gillick competency guidelines (Gillick competency act 1995). If the pupil is deemed 'Gillick competent' the pupil will sign the above mentioned self-administration form. If the pupil is a boarder they will also be given a prescribed medicine card (yellow card) to complete for the duration of the course of medicine. The relevant matron will also be given notification that the pupil is self-administering. The name of the medicine remains confidential.

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, antihistamines 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.

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' (appendix A)

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 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
- Long term acne treatment

Emergency Medicines in Schools

Schools are now permitted to have stock emergency adrenaline auto injector (AAI) and salbutamol inhalers for emergency use only. Only to be given to those who have been

prescribed that medication for emergency use or if an emergency service (ambulance operator) specifically directs you to administer the medication.

Red Emergency Medicine bags containing adrenaline auto injector pens, emergency inhalers and spacers are stored in the following places on the school site

- Receptions areas - Pre-Prep, Prep and Senior school
- Boarding houses – Fitzgerald, Jocelyn, Cornwallis, Edwards, Cadogan
- Sports centre
- Ashby Dinning Hall

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.

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.

Adrenaline Auto Injectors (Epi-pens/Anapens) - for the treatment of anaphylactic shock.

- Pupils who have been prescribed AAI 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 AAI and antihistamine tablets on their person. Individual arrangements are made for younger pupils (L2 and below) for their emergency medication to be passed between the adult responsible for them during the different times of their school day
- Spare AAI (Epi-pens) are held in the medical centre. Schools are now permitted to keep a stock AAI for emergency use by those previously diagnosed with anaphylaxis, these are strategically placed around the school
- All teachers and staff with pupil facing roles have annual anaphylaxis training
- Practical anaphylactic shock training with dummy AAI 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, Appendix B.

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 completed in book in 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.

References

Managing Medicines in Schools and Early Years Settings
Department 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
May 2005

Culford School Medical Protocol and Policy

Protocol for Prescription Drugs in the Boarding Houses

If a pupil is prescribed medicine during the holiday parents should inform the medical centre staff as soon as possible.

When a boarding pupil is prescribed medicine the medical centre will ensure the prescription is delivered to the school as soon as possible.

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 'Gillick competency criteria' (appendix 1).

If the pupil is deemed to be Gillick 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.

The pupil will be asked to hold and complete a medicine record card for the duration of the treatment/course.

The nurse will also fill in a medical card tracker form which is kept at the medical centre.

This details the name of the pupil, the drug, dosage, quantity and date of review.

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.

On completion of the card/completion of treatment the matron will collect the card and take it to the medical centre where it will be filed in the pupils nursing notes.

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 yellow medicine card system is put in place.

If the pupil is not able to self-administer the matron will hold the yellow medicine 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, confirm verbally

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 yellow 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. The incident will be logged as a significant incident and reported to the Compliance Officer

Specific staff training

House staff that administer prescribed medicines will be given specific guidance from the nursing staff for that particular medicine

The yellow medicine card system will not be put in place for pupils who are administering the contraceptive pill or long term acne treatment. Nursing staff will support and liaise with the pupil regarding repeat prescriptions.

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.
- 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.

Culford School 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
- 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:

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 records kept by the Head cleaner. All toilets and kitchen areas are cleaned daily throughout the School, and in boarding houses to a house schedule prepared by the matron. 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.

For COVID 19 cases and outbreaks follow the latest UK Health Security Agency advice for schools and residential settings

Who to inform:

- Local Health Protection unit
- Environmental health
- UKHSA (public health)
- SMO

In times of a virus outbreak:

- Nursing staff will inform the School Compliance Officer, Bursar, Head and School Medical Officer
- Nursing staff will inform the Head Cleaner and bleach based products (0.1% solution of chlorine releasing agent) will then be used to clean the bathrooms, toilets, high touch areas. Cleaning schedules will be reviewed and increased as advised by UKHSA
- Individual schools will be informed of any outbreak and the need for good hand washing can be publicly reiterated
- Nursing staff arrange with IT Services for the promotion of good hand hygiene advice to be displayed on the flat screens around school along with any other appropriate public health messages
- Cleaners will be given appropriate PPE to wear whilst completing her duties
- Nursing staff will wear appropriate disposable PPE (mask, gloves, apron, visors, gown while in the San
- The San will be screened off and visitors prohibited

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

In the event of a significant outbreak:

- UKHSA (Public Health) will be informed by the nursing sister or the S.M.O
- The Head, S.M.O and UKHSA will draft an appropriate letter for parents.
- The Head and UKHSA will arrange appropriate communications with the media.
- The Head will communicate advice from UKHSA (Public Health) to all staff.
- UKHSA (Public Health) will advise on cancellation of sporting fixtures/events with other schools.
- Consider sending home boarders who are not fully vaccinated and /or are immuno-suppressed
- Administrative support will be required to support nursing staff if whole school vaccine programme is advised by UKHSA as consent from parents may be required at short notice to vaccinate pupils.
- Emergency beds may be required in Eastfields, staffed by bank nurses.
- Whole school review of cleaning schedules and increase in cleaning as advised by UKHSA

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Gloves: Unpowdered, (single use, disposable) low protein latex gloves are preferable (providing no latex allergies)
- Aprons: single use disposable aprons, to protect clothing if likelihood of splashes with body fluids.
- Masks: can be used when clearing up vomit, use when dealing with suspected flu and COVID 19 cases.
- Visors – to protect eyes from infection
- Gowns – single use clothing protection

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, the Head, Deputy Head, and if deemed appropriate by the S.M.O, UKHSA (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.
- Nursing staff will inform the School Medical Officer, the Head, Deputy Head, and if deemed appropriate by the S.M.O, UKHSA (Public health) will be informed.

Meningitis:

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

INFECTION CONTROL & 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.
- 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 & BODY 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. These are kept in the following sites around the school:

Pre Prep Office, Boarding Houses, Prep School Office, Main School Reception, Ashby Dinning Hall, Medical Centre, Skinner, Hastings, Library, William Miller, Pringle, Sports Centre and Culford Nursery.

- 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, never use 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 they should have most of the body fluid mopped up with paper towels and then be cleaned with a steam cleaner.
- 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. It should be placed inside a red plastic bag inside the normal laundry bag in order to alert laundry workers that they are receiving soiled laundry and can use appropriate PPE.

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

DISPOSAL OF SHARPS & 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 SCHOOLS:

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

VISITS 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.

STAFF IMMUNISATIONS/HEALTH SCREENING:

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

STAFF — PREGNANCY:

The school is responsible for carrying out a risk assessment for individuals concerned once the pregnancy is made known to the school.

HPECS guidance: Exclusion Table

| Infection | Exclusion period | Comments |
|---|--|--|
| Athlete's foot | None | Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others. |
| Chickenpox | At least 5 days from onset of rash and until all blisters have crusted over. | Pregnant staff contacts should consult with their GP or midwife. |
| Cold sores (herpes simplex) | None | Avoid kissing and contact with the sores. |
| Conjunctivitis | None | If an outbreak or cluster occurs, consult your local health protection team (HPT) . |
| Respiratory infections including coronavirus (COVID-19) | <p>Children and young people should not attend if they have a high temperature and are unwell.</p> <p>Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.</p> | Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting. |
| Diarrhoea and vomiting | Staff and students can return 48 hours after diarrhoea and vomiting have stopped. | <p>If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.</p> <p>For more information, see Managing outbreaks and incidents.</p> |

| Infection | Exclusion period | Comments |
|---|--|--|
| Diphtheria* | Exclusion is essential. Always consult with your UKHSA HPT . | Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT . |
| Flu (influenza) or influenza like illness | Until recovered | Report outbreaks to your local HPT . For more information, see Managing outbreaks and incidents . |
| Glandular fever | None | |
| Hand foot and mouth | None | Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances. |
| Head lice | None | |
| Hepatitis A | Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice). | In an outbreak of hepatitis A, your local HPT will advise on control measures. |
| Hepatitis B, C, HIV | None | Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice. |
| Impetigo | Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment. | Antibiotic treatment speeds healing and reduces the infectious period. |

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|---|--|--|
| Measles | 4 days from onset of rash and well enough. | Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife. |
| Meningococcal meningitis* or septicaemia* | Until recovered | Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed. |
| Infection | Exclusion period | Comments |
| Meningitis* due to other bacteria | Until recovered | Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed. |
| Meningitis viral | None | Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded. |
| MRSA | None | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more information. |
| Mumps* | 5 days after onset of swelling | Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. |
| Ringworm | Not usually required | Treatment is needed. |

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| Rubella* (German measles) | 5 days from onset of rash | Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife. |
| Scabies | Can return after first treatment. | Household and close contacts require treatment at the same time. |
| Scarlet fever* | Exclude until 24 hours after starting antibiotic treatment. | Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your UKHSA HPT . |
| Slapped cheek/Fifth disease/Parvovirus B19 | None (once rash has developed) | Pregnant contacts of case should consult with their GP or midwife. |
| Threadworms | None | Treatment recommended for child and household. |
| Infection | Exclusion period | Comments |
| Tonsillitis | None | There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment. |
| Tuberculosis* (TB) | <p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB).</p> <p>Exclusion not required for nonpulmonary or latent TB infection.</p> <p>Always consult your local HPT before disseminating information to staff, parents and carers.</p> | <p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.</p> <p>Your local HPT will organise any contact tracing.</p> |

| | | |
|-----------------------------|--|--|
| Warts and verrucae | None | Verrucae should be covered in swimming pools, gyms and changing rooms. |
| Whooping cough (pertussis)* | 2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing. |

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. A first aid risk assessment will be regularly reviewed to ensure the school has sufficient first aid provision. 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 and those with pupil facing roles; 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:

| Location | Where Kept |
|--------------------------------------|-----------------|
| Nursery + bum bag | Kitchen |
| Pre-Prep | Reception |
| Prep School | Reception |
| Cadogan + Cadogan kitchen + Trip Kit | Matron's office |
| Jocelyn | Matron's office |

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|--|---|
| Cornwallis | Matron's office |
| Edwards | Matron's office |
| Fitzgerald | Matron's office |
| Main School Reception | On peg behind desk |
| Senior Common Room | Post room, on top of pigeon holes |
| Kitchenette, main school | Cupboard under sink |
| Laundry | Next to telephone |
| Art x 2 | See HOD |
| DT Workshop x 4 + Trauma bag | See HOD |
| Hastings | Entrance lobby |
| Hastings | Upstairs corridor, opposite Maths office |
| Skinner | Entrance lobby |
| Skinner | Upstairs corridor near Business and Economics |
| Religious Studies | See HOD |
| Chemistry x3 | See Technician/HOD |
| Physics | See Technician/HOD |
| Biology x 3 | See Technician/HOD |
| Sports Centre x 2 | Reception/First Aid Room |
| PE & Games x 4 rugby, x 4 hockey, x 3 Cricket | See teachers |
| Tennis Trips x 2 | |
| Tennis Bubble, Tennis Centre, outside tennis courts, San field | |
| Caretakers x 2 | Lodge/Van |
| Gardens and Grounds – 2 tractor, 3 Gators, 4 Mowers/Trauma bag | On Vehicles/Shed |
| Maintenance – extra-large kit + biohazard disposal kit | Tea Room |
| Workshop – 1 st aid kit + Trauma kit | |
| Maintenance vans | In vans |
| Minibuses | In vehicles |
| People Carriers | In vehicles |
| Kitchen | Office |
| Cleaners x 3 | See Carla |
| Golf + meds for trips | Lawrence Dodd |
| Finance Office | Kitchen area |
| Foundation Office | Sam Salisbury |
| Library | Kitchen |
| CCF/DofE x 4 – 3 + green duffle bag | See HOD |
| Dance | Vic Ford |
| Football | Alan Lee |

First Aid Kits contain:

| | |
|------------------------|-------------------|
| Disposable gloves x 4 | Assorted plasters |
| Assorted dressing | Eye pads x 2 |
| Ambulance dressing x 2 | Foil blanket |
| Crepe bandage | Yellow bags x 2 |
| Vent aid | Sling |
| Assorted bandages | Gauze swabs |
| Safety pins x 1 packet | Alcohol swabs |

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| 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 |
| Accident report forms | |

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 to 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 touch or contact rugby including competitive rugby fixtures without using an appropriate mouth guard.

First aid provision at rugby matches:

- Sports Therapist 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

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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

- 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 5 bedded sanatorium.

Accidents

Pupil accidents that occur in school

- Submit an accident report 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.

Any accident, incident or near miss that occurs within school must be reported via Smartlog accident reporting software as soon as possible. Staff should report accidents/injuries to themselves or accidents/incidents that they witness. Accident reports for pupils will be sent to the Medical Centre team and the Compliance Officer. 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.

The Medical Centre is normally responsible for communication with parents.

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.

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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.

Sending Pupils to Hospital for Accident and Emergency

Calling an ambulance

In an emergency call for an ambulance dialling 999 before calling the medical centre for assistance. Arrange for someone to direct the ambulance to the location of the casualty.

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.

In the case of serious illness of a pupil the nurse manager will liaise directly with the Head and senior management to coordinate care and communication.

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

Each trip is required to have a bespoke first aid kit depending on the needs of the pupils on the trip. These first aid kits are put together by the Medical Centre Team. At least two members of staff should receive specific training to assist pupils with specific medical needs whilst away from school. Staff that lead any school trip will carry out a risk assessment, and follow the Schools Trips Policy which details guidance what trip leads need to do before, during and after the trip.

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

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- 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 Adrenaline auto-injector (if they have one) injecting into the outside of the thigh through clothes if necessary. Call an ambulance.

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

Diabetics 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

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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.