RISHWORTH SCHOOL

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First Aid, Care of Boarders and Administration of Medicine Policy

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1. Aims

In keeping with the Rishworth School ethos and philosophy and our obligations as a responsible educational establishment we seek at all times to maintain the general good health of the school population at Rishworth School. This encompasses wellbeing of mind, body and spirit, tailoring effective professional practices to suit individual needs.

2. Objectives of this Policy

- To provide a high standard of medical care for all students, including boarders;
- To promote every student's emotional, mental and physical wellbeing;
- To ensure that all staff are aware of the necessary protocols and able to access all relevant emergency information when needed;
- To treat all students as individuals – students will always be fully consulted and informed about their choices and treatment;
- To respect patient confidentiality wherever possible;
- To ensure that safeguarding remains central to our approach and to ensure that we always work in the best interests of every child.

3. Consent to Medical Treatment

By law, students may have the right to consent to, or refuse, medical or dental treatment. This is based on 'competency' as defined below and not the age of the student, although in practice students over the age of 16 years will usually be assessed as 'competent' and asked to consent to their treatment in their own right. Where a student is under the age of 16 years, the practitioner proposing the treatment will assess whether or not the student is 'Gillick competent', that is to say that the student understands the nature of the treatment, as well as the consequences of refusal, and therefore whether they are competent to make their own decisions. A child will be assessed as "Gillick competent" if he or she has sufficient understanding and intelligence to comprehend fully what is proposed. Boarding students will be given the option to administer their own prescribed medication following the 'Gillick competent' guidelines and will be asked to complete Self- Administering Medication Consent Form (See Appendix 1).
Parental consent for routine medical treatment is obtained on admission. In emergencies, decisions will be taken in the best interests of the child where prior consent cannot be obtained.

4. Confidentiality

Confidentiality will usually be maintained unless there is a safeguarding issue which would put the child or another individual at greater risk of harm. However, if a student requires emergency hospital treatment, every effort will be made to obtain the prior consent of a parent and /or guardian. Should this be impossible in the time available, the attending medical practitioner will make a professional judgement and act in the best interests of the student (including decisions on anaesthetic or operation). Ongoing efforts will be made to contact the parent and /or guardian.

Any medical or welfare concern which may indicate abuse, neglect or safeguarding risk must be reported immediately to the Designated Safeguarding Lead in accordance with the school safeguarding policy and child protection procedures.

Confidentiality will not prevent the sharing of information with relevant professionals where there are safeguarding concerns, in line with statutory guidance.

5. Provision of Medical Services and Healthcare Information

5.1 Information-All students

- Rishworth School provides 24-hour first aid/medical care to support the whole School Community. A suitably trained and competent member of staff is available at all times to provide first aid and coordinate medical care for boarders.
- All staff embrace an individual's physical, mental, emotional and social care needs.

Before a student enters the school, a new starter information sheet is sent to parents/guardians requesting details of past and current medical conditions and treatment, as well as known allergies and vaccination history. The School Matron must receive a completed new starter information prior to admission. Where appropriate, a consultation regarding any specific health needs will be made.

Boarders with identified medical conditions will have an Individual Healthcare Plan, prepared in consultation with parents, the student and relevant healthcare professionals. These plans will be regularly reviewed and made available to relevant staff.

5.2 Accessing Medical Treatment

All boarders are encouraged to register with the School's Registered Medical Practitioners who are based at Brig Royd Surgery, Hirstwood, Ripponden, HX6 4BN, Telephone 01422 822209. The Registered Medical Practitioners have regular surgeries and same day appointments. Matron is responsible for arranging any medical appointments for boarders and will liaise with Brig Royd Surgery as necessary.

Boarders may see which ever Registered Medical Practitioner, they prefer. Boarders can see the Medical Registered Practitioner in private to enable any personal or confidential matters to be discussed. During the medical appointment the Registered Medical Practitioner will discuss with the boarders any necessary treatments/medication as well as the indications of use of the medication/treatment, contra-indications, dosage to be administered & any side effects. Following 'Gillick Competency' guidelines boarders will also be given the opportunity to refuse medications & treatments after consultation with the Registered Medical Practitioner.

All medical notes are kept in the Registered Medical Practitioner's Surgery. Matron and the boarding staff maintain the highest standard of medical confidentiality, consistent with the school's responsibilities for students' welfare.

5.3 Out of hours registered medical practitioner's appointments

If a Registered Medical Practitioner's appointment is required after 6pm during the week, Saturday or Sunday, a member of boarding staff will telephone the out of hour's number: **111.** The call will be answered by NHS 111 team who are trained advisers/nurses who will assess whether an appointment is necessary, with the Duty Registered Medical Practitioner at the Local Care Direct Treatment Centre at the Calderdale Royal Hospital.

5.4 Day Students

It is expected that all day students are already registered with their own Registered Medical Practitioner. Although first aid/ emergency treatment will always be provided by the school's first aider on duty during school hours, it is expected that for any other medical matters, day students must contact their own Registered Medical Practitioner.

5.5 Care of Teeth & Eyesight

All boarding students are advised to register with a dentist at home and should visit the dentist during the holidays on a regular basis. NHS routine dental treatment cannot normally be arranged by school. If requested by parents, or in an emergency, students can be treated privately by our local dentist, Shine Dental Practice,33 Oldham Road, Ripponden, HX6 4DN Telephone 01422 824875.

Eye tests appointments for boarders and repairs to glasses can be arranged at our local opticians Whitakers Opticians, 34-36 Wharf Street, Sowerby Bridge, HX6 2AE
Telephone: 01422 831030

5.6 Emotional Health & Wellbeing Support

The school aims to promote positive mental health and well-being for every member of our school community. We pursue this aim using both whole school approaches and specialised, targeted support for individuals. The school has a wide and supportive pastoral team.

During school hours – Pastoral Manager, Heads of Year & School Matron

Out of hours provision- Head of Boarding, House staff

Boarding students also have access to the Independent Listener. The Independent Listener can be contacted on: 07801 241 428

The school can also access the following external emotional & wellbeing support agencies:

Calderdale Open Minds (CAMHS - Child & Adolescent Mental Health Service)
Calderdale Open Minds provide support and treatment for children/young people up to the age of 18 years, who are experiencing a wide range of emotional health and wellbeing issues. Boarders are able to self-refer or referral can be arranged by the Matron as necessary, following the links below:

Website: https://openmindscamhs.org.uk/
Email: firstpointofcontact@openmindscamhs.org.uk
First Point of Contact: 01422 300 001
Between 8am-8pm – Contact the Crisis team on 01484 343 763
https://northpoint.org.uk/urgent-help/
Between 8pm -8am – Contact **Night OWLS;** a support service available 8pm-8am every day for children, young people, parents and carers across West Yorkshire.
Contact: 0800 148 8244, text on: 07984 376 950
Online chat function: www.wynightowls.org.uk
Open Minds(CAMHS)also offer free on-line support for young people, parents and carers.
SilverCloud: is a digital form of mental health support that is recommended by NICE-National Institute for Health and Care Excellence. Silvercloud is a digital programme which is clinically designed to help young people and parents/carers to understand and alleviate the symptoms of anxiety and low mood. Silvercloud also offers support for managing ADHD in children and young people.
Website:Silvercloud/OpenMinds(CAMHS)(openmindscamhs.org.uk)

5.7 Counselling

The school has a part time Counsellor, Liz Wood. Liz is a member of the British Association for Counselling and Psychotherapy (BACP).

- Sessions will be provided by a qualified and experienced counsellor.
- Sessions will usually be 50 minutes long, on a weekly basis in a confidential private room within school.
- The number of sessions young people require may vary according to individual need. Counselling sessions are reviewed and delivered in 6 session blocks. We encourage parents to plan for the provision of sufficient sessions (which may mean a number of blocks of sessions) to allow the young person to build the therapeutic relationship with their counsellor; get what they need from coming to their sessions and have enough sessions to work towards a good therapeutic ending with their counsellor.
- There are times where there is a waiting list for such appointments, this will be clearly communicated to parents and the student.
- All parent/guardian communications, queries, bookings etc. Will be dealt with through contacting Rishworth school's designated staff (Deputy Head Pastoral).

5.8 Calderdale School Nursing Service

The school nursing service in Calderdale is provided by Locala Community Partnerships. The service aims to promote and support the health and well-being of all school-age children. This is both in schools and in the wider community. A school nurse is available to speak to for advice on Monday-Friday (during office hours) Telephone: 0300 304 5555 or you can visit their website:

www.locala.org.uk/home

Young People: TEXT 07480 635297

Your school nursing team consists of:

- Registered nurses (some of these are specialist Public Health qualified).
- School nurse assistants.
- A school nurse team leader.

The team works alongside children and families, school staff and other professionals. Calderdale schools and other education settings have named school nurses to advise on health issues. Support available from the School Nursing Service

- Health advice and support to schools, children and young people and their parents/carers.
- Deliver the National Child Measurement Programme to all reception and year 6 students.
- Referral to specialist services.
- Support for children and families with special needs and complex medical needs.
- Safeguarding and promoting the welfare of children and young people.
- Promote healthy lifestyle options to people, families and communities.
- Support to children with long-term and short-term conditions including eczema, epilepsy, asthma and diabetes.
- Implement new and best practice in asthma care.
- Support for Self-harm, Sexual Health, Weight Management, Emotional Health, Smoking & Drugs and Alcohol.

5.9 Sexual Health Services

Students can access sexual health advice and services at the Sexual Health Clinic at Broad Street Plaza, Halifax, HX1 1YQ, which is open 6 days a week. The Sexual Health Service also has a dedicated HIV clinic. Advice and appointments can be arranged by contacting the following:

- Broad Street Clinic (Calderdale) 01422 261370

Sexual Health Services available:

- Contraception
- Emergency Contraception
- Testing and treatment for sexually transmitted infections (STIs)
- Testing and treatment for HIV
- Advice if you want to become pregnant or if you are pregnant and unsure what to do
- Hepatitis B and C screening
- Hepatitis B vaccinations
- Sexual problems
- Sexual assault, free condoms as part of the C-Card distribution scheme

Student are able to ask questions about the sexual health service by emailing **SexualHealthServices@cht.nhs.uk** or go to the **"Ask the expert"** section on the website which can be used to raise non-urgent queries and a member of the team will reply as soon as possible. Further information on service provision or changes will are posted on Facebook and Twitter.

https://sexualhealth.cht.nhs.uk/think-sexual-health
https://www.facebook.com/shscalderdale/

5.10 Online Counselling Support -Kooth

Kooth is an online counselling and emotional well-being platform for children and young people aged 11-25, accessible through mobile, tablet and desktop and free at the point of use. Students can access support from an online counsellor. Kooth also provides articles on mental health and wellbeing, the student can also access a daily journal and discussion boards for further support.

For more information visit www.kooth.com

5.11 Wellbeing drop-in session

Boarders are able to drop into the Matronic Department to access emotional and wellbeing support on a daily basis. Being away from home can be a very stressful time for boarders and they can access emotional support from Matron between 8am -4pm during school hours. Boarding house staff are available during evening and weekends to offer additional support.

5.12 Care of Unwell Boarders

From time to time, for many different medical reasons, boarders may need 24-hour medical care. If a boarder, is admitted to Matronic Department, a member of staff must be in the Matronic Department (or adjacent areas) to supervise the unwell boarder and the following procedures must be followed:

- Arrange for the Registered Medical Practitioner to visit as appropriate.
- Once the boarder is admitted to the Matronic Department the relevant members of staff must be informed: Head of Boarding, Boarding House staff, Tutors and the attendance register in iSAMS will be updated accordingly.
- All parents or guardians of boarders admitted to the Matronic Department must be informed. Parents/guardians will be informed as soon as reasonably practicable of any significant illness, injury, or hospital attendance.
- The member of staff on duty must record all medication and any other relevant information in the boarder's individual file on iSAMS (Medical Centre Module).
- No member of the staff must go off duty without firstly passing on relevant information to whoever is taking over the duty and secondly ensuring that the boarder's records on iSAMS are up to date.
- Visitors may visit a boarder in the Matronic Department only with the permission of Matron or the member of staff on duty.

5.13 Care of Unwell Day Students

It is inevitable that in a school situation day students will become unwell to the extent that they need to be sent home. If a student feels unwell in class, a member of the teaching staff will send the student to the Matronic Department for further assessment. The member of staff on duty will assess all cases of illness, record the assessment and any treatment, electronically using the school's iSAMS (Medical Centre Module)

If the member of staff on duty is concerned that the student is so unwell, they need to go home, parents will be contacted and informed, and wherever possible and practical, students should be collected and taken home.

5.14 Intimate Care

The pastoral care of our students is central to the aims and ethos at Rishworth School, and we are committed to developing positive and caring attitudes for the students in our care. All students have the right to be safe and to be always treated with dignity and respect and with due regard for privacy as appropriate. No student's medical, physical, psychological, or sensory impairment will adversely affect their opportunities to take part in day-to-day activities in school, where possible. The school is committed to ensuring that all staff responsible for the intimate care of children will always undertake their duties in a professional manner and be sensitive to the individual needs of students. This policy supports the safeguarding and welfare requirements of Keeping Children Safe in Education (current statutory guidance). The school will make reasonable adjustments to meet the medical and health needs of students with disabilities in line with the Equality Act 2010and subsequent legislation.

Intimate care may be defined as any task that involves the dressing or undressing a student, washing (including intimate parts, genitalia, buttocks, inside thighs and any other areas which a student might so identify), helping someone use the toilet, or carrying out a procedure that requires direct or indirect contact to an intimate area. Examples include care associated with continence, menstrual management, dressing and moving or handling after an accident/injury or medical procedure.

Intimate care is any care which involves one of the following:

- Assisting a student to change his/her clothes
- Changing or washing a student who has soiled him/herself
- Assisting with toileting issues
- Providing first aid assistance
- Providing comfort to an upset/distressed student
- Providing care for a student who has had a recent medical/surgical procedure

During and after any intimate care process, clear communication will be made between staff, students, and parents/carers when necessary. Student with medical needs who require personal care will have an individual healthcare plan written collaboratively with the student, parent, school and School Matron which is reviewed annually or as necessary.

All staff working with students will have the appropriate levels of safeguarding checks (e.g., DBS, Staff Suitability declarations and any other checks as may be required by the school, or by legislation). Staff should pay due regard and attention to guidelines designed to protect them from suspicions of inappropriate behaviour, such as working in pairs, where possible, and so on. All staff are trained in line with Calderdale Safeguarding Children's Board, as delivered through appropriate staff training in how to recognise the signs and symptoms of different forms of abuse. If a colleague is concerned about physical or emotional changes, such as marks, bruises, soreness, distress and so on, they must inform the Designated Safeguarding Lead (DSL) immediately.

6. Immunisation Programme

At school entry all students should be up to date with routine immunisation in accordance with schedules issued by the Department of Health. Those who are not fully immunised should be advised/receive the appropriate immunisation as soon as possible both for their own protection and for that of the wider school community.

The school works in partnership with the Calderdale Healthcare Trust, which provides an Immunisation Team, which comes into school to immunise students against the following:

- **Nasal Flu Vaccine – Reception, Year 6-11.** The flu vaccine is given as a single dose of nasal spray squirted up each nostril.
- **HPV (Human Papilloma Virus) - Year 8**.
- **Diphtheria / Tetanus / Polio/Meningitis ACWY – in Year 9**

Any students without a full immunisation history will be advised to discuss this immunisation with their own Registered Medical Practitioner.

Parents/guardians will be contacted when immunisations are due and have the right to accept or decline the immunisation. Nevertheless, where students are 16 years and over, it is ultimately the student's decision whether to receive or decline immunisations and vaccinations.
For further information, this website is helpful:

www.nhs.uk/vaccinations/nhs-vaccinations-and-when-to-have-them

7. Pandemic Arrangements

Rishworth School will always follow up to date UK Government/Public Health Guidance when managing pandemic's practices and procedures.

8. The use of Personal Protection Equipment (PPE)

The majority of staff in education, childcare and children's social care settings will not require PPE beyond what they would normally need for their work. PPE is only needed in a very small number of cases:

- children, young people whose care, routinely involves the use of PPE due to their intimate care needs.
- A facemask should be worn if a distance of 2 metres cannot be maintained from someone with airborne diseases.
- If contact is necessary, then gloves, an apron and a facemask should be worn.
- If there is a risk of fluids entering the eye from, for example, coughing, spitting or vomiting, then eye protection should also be worn.

How to work safely in specific situations, including where PPE may be required

- Grade 1 – Fluid-resistant surgical disposable masks – for staff dealing with students who require less than 2m contact for intimate care. Gloves and disposable apron should also be worn.
- Grade 2/3 – Close fitting face masks, disposable apron and face visors are available for staff dealing with students showing symptoms of airborne diseases.
- PPE should be worn, when caring for boarders with airborne disease symptoms in the Matronic Department.

Face masks must:

- cover both nose and mouth
- not be allowed to dangle around the neck
- not be touched once put on, except when carefully removed before disposal
- be changed when they become moist or damaged
- be worn once and then discarded - hands must be cleaned after disposal

To dispose of waste from people with symptoms of airborne diseases, such as disposable cleaning cloths, tissues and PPE:

a) put it in a plastic rubbish bag and tie it when full
b) place the plastic bag in a second bin bag and tie it
c) put it in a suitable and secure place marked for storage for 72 hours
d) Waste should be stored safely and securely kept away from students. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours. Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

9. Guidelines for Dealing with Biohazard Spillages

9.1 Blood/ Vomit/ Urine/Faeces Spillages

Blood and some body fluids may contain blood-borne viruses. The following standard infection control precautions are aimed at minimising the transmission of blood-borne viruses. The above body fluid spillages may pose a health risk; therefore, all spills must be cleaned up immediately:

9.2 Standard Infection Precautions for Cleaning Biohazard Spillages

a) Assess the spillage and take appropriate precautions before cleaning the spillages.
b) Always keep cuts or broken skin covered with a waterproof dressing.
c) Before starting to clean the spillage put on protective gloves and apron.
d) Use absorbent granules found in the biohazard disposal pack and sprinkle over the spill. This will solidify in 2 minutes.
e) Using the scoop provided in the biohazard pack, remove the solidified spillage and place carefully in the yellow waste bag.
f) Use the Response spray found in the biohazard pack to disinfect the area of the spill.
g) Place the used scoop/gloves/apron in yellow waste bag and tie securely with tie provided.
h) Double bag the yellow waste bag to prevent any further spillages and dispose appropriately. Human hygiene waste which is generated in places like schools is generally assumed not to be clinical waste as the risk of infection is no greater than that for domestic waste.
i) Wash and dry hands thoroughly.

9.3 Excessive Blood Spillages

Extra care must be taken for excessive blood spillage as there may be a higher risk of exposure to infection. Place disposable paper towels on blood spillage to mop up excess and then dispose of appropriately. Where storage is secure, the use of a bleach-based cleaning product will destroy any infection immediately.

10. Procedure for Administration of Medication

10.1 Administration of prescribed medication for boarders

All boarders are encouraged to register with the School's Registered Medical Practitioner. Any prescribed medication for a boarder will be selected by one of the Registered Medical Practitioner, taking into account so called indications, contra-indications, side effects and dosage. Subsequently Matron and the boarding staff will adhere to the following protocol when administering prescribed medication.

Access to all medication storage areas is restricted to authorised, trained staff only.

The following guidelines are based on guidance from the Royal Pharmaceutical Society/ Royal College of Nursing (Professional Guidance on the Administration of Medicines in Healthcare Settings 2023). This guidance is designed to reduce the risks associated with administering any prescribed medication. (See Appendix 3 -Risk assessment for Administering of Medication)

Before any medication is administered, the following safe systems of work will be adhered too, thus ensuring that all circumstances such as allergic reactions and the likelihood and impact of overdose are fully considered.

Matron is responsible for the administering of prescription drugs. She will administer the medication in accordance with guidance/information from the Doctor and / or Pharmacist. Prescribed medicines are only given to the boarder to whom they are prescribed. When deciding whether a boarder is competent enough to administer their own medication, Matron will assess the inherent risks to the student and the wider boarding community. The boarder's ability to self-administer will be based on 'Gillick Competency' and not on age. Matron will judge whether the boarder understands the nature of his/her treatment/ medication as well as the indications of use, contra-indications, dosage to be self-administered, the side effects, the dangers and impact of overdose. Any boarder administering their own medication will be asked to sign a self-administering consent form (See Appendix 1)
Using the following guidelines, all medical treatment, medication administration and health interventions must be recorded promptly and accurately in the school's medical records system oniSAMS (Medical Centre Module).

a) Firstly, check the identity of the student, with the medication to be administered.
b) Check the label of the prescribed medication for administration instructions.
c) Record the medication administered, with the dosage and time administered.
d) Immediately after administering the medication, record the administration on the boarder's medical records in the iSAMS system.
e) Ensure you record a boarder's refusal to take any medication.
f) All adverse drug reactions should be reported to Matron/ Registered Medical Practitioner immediately.

If Matron is not on duty clear instructions must be given to the member of boarding staff on medical cover with regards to the medication, the dosage and the time to be administered. She should also highlight any indications, contra-indications, side effects and any precautions regarding administration. The member of staff on duty is then responsible for the administering and recording the medication.
All prescription medication is to be kept in the locked medication cupboard and the Triage Room must be locked when not in use.

10.2. Non-UK Medication

Any medication which has been prescribed by a Registered Medical Practitioner outside of the United Kingdom and which is brought into school to be administered must have clear, written guidelines in English and **MUST** be declared to and discussed with Matron immediately.

- The medication must have the boarder's name on the medication label, clear instructions of the dosage, indications, contra-indications, side effects and the length of time to be administered.

- Written consent to administer the medication must also be obtained from the parent/guardian.
- No non-UK medication will be administered by the Matronic staff unless the agreed protocol is followed. If Matron has concerns about any non-UK medication which is brought into the school, she will consult the Registered Medical Practitioner for advice and arrange a consultation between herself, the School's Registered Medical Practitioner and the boarder concerned to discuss the medication and appropriate alternative treatment.
- Any non-UK medication which is deemed unsuitable will be logged and returned to parents/guardians at the first opportunity available.

10.3. Administration of prescribed medication to day students

If there is a situation where a student has been prescribed medication and this needs to be administered during the school day, parents/guardians should contact the school to discuss requirements with Matron at Rishworth. All prescription medication should be accompanied by clear written guidance and written consent from parents/guardians or the families Registered Medical Practitioner. This written consent should state the student's name, the medication, the dosage and the time when the medication is to be administered.

Alternatively, parents can complete a parental consent form for the administering of medication in school which is available from the Matronic Department at Rishworth (See Appendix 2). Once a parent/guardian has completed the administering of medication consent, the consent form should be scanned and saved in documents in iSAMS (Medical Centre Module).

All medication should be handed to Matron and will be kept in Matronic Department at Rishworth. The medication will be administered under Matron's supervision at Rishworth and will be recorded in each student's individual medical records on the iSAMS (Medical Centre Module).

NO PRESCRIBED MEDICATION WILL BE ADMINISTERED IN SCHOOL IF THE ABOVE CRITERIA ARE NOT FULFILLED, OR IF INSTRUCTIONS OR CONSENT ARE NOT 100% CLEAR

10.4 Guidelines for the administration of Non-Prescribed Medication e.g., Paracetamol

Non-prescribed medication such as paracetamol will be administered to students whose parents/guardians have given their consent to administer such medication on the School New Starter Information Sheet. Records of all students with parental consent is available in iSAMS (Medical Centre Module).

Before any non-prescription medication is administered, the following safe system of work will be followed (developed after consideration of inherent risk), to ensure that all circumstances such as allergic reactions and the likelihood and impact of overdose are fully considered. Rishworth students may also choose to consent to their own non-prescription medication being administered following the Gillick Competency Guidelines.

a) Check by asking the student if any other medication has been administered to them within the last 4 hours e.g., other Paracetamol, Aspirin, Ibuprofen, or any medication prescribed by the doctor. Paracetamol must not be taken more frequently than every 4 hours and not more than 4 doses in a 24-hour period. **DO NOT EXCEED THE STATED DOSE**.
b) Check the student's individual medical record on iSAMS to see if any medication including paracetamol has been administered before on that day, or the previous day.
c) Check the allergies list to ensure the student concerned is not allergic to any medication to be administered by you. The allergy list can be found on the Matronic Department Office notice board. Alternatively, information on individual students can be obtained from their medical information in iSAMS.
d) Check if the student has taken a particular medication before and if so, whether they experienced any problems.
e) Check the expiry date on the medication package or container.
f) The student should take the medication under the supervision of the person issuing it.
g) Record the details of administration in the **Medical Centre Module on iSAMS.** Record the date of issue and time, reason for the medication, the dose and the person issuing the medication MUST initial this record.
h) Record any student's refusal to take any medication.
i) Non-prescription medication may cause unwanted side effects. If the student develops a rash, wheezing, stomach discomfort or heartburn for the first time**. DO NOT ADMINISTER ANY MORE MEDICATION**. Contact Matron immediately for advice and the Registered Medical Practitioner may need to be consulted.
j) ALL medication must be stored in the locked Triage Room cupboard or in the Boarding medication cabinets . The medication cupboards should always remain locked when not in use.
k) Parents of day students will get daily notifications by Rishworth Post, of any medication administered to their children.

10.5 Guidelines for the Administration of Controlled Medication

Any controlled medication which has been prescribed by a Registered Specialist Practitioner (CAMHS), which is brought into school to be administered, **MUST** be given to Matron for assessment and safe storage. The medication must have the student's name on the medication label, clear instructions of dosage, indications, contra-indications, side effects and the length of time to be administered. Written consent to administer controlled medication must be obtained from the parents/guardian. Before any controlled medication is administered, the following safe system of work will be followed (developed after consideration of inherent risk), to ensure that all circumstances such as allergic reactions, the misuse of controlled medication and any impact of overdose are fully considered.

Matron is responsible for the storage and administering of any controlled medication. Good practice dictates that the storage of controlled medication should comply with the 'Misuse of Drugs (Safe Custody) Regulations (1973) and the (Amended Regulations of

2007)' Matron will administer the medication in accordance with the above guidance and information from the Registered Specialist Practitioner (CAMHS) who has prescribed the medication. The following guidelines are designed to reduce the risks associated with administering any controlled medication.

a) All controlled medication must be stored in a secure, lockable 'Controlled Drugs Cabinet'. Only controlled medication should be stored in this cabinet.

b) Only those with authorised access should hold the keys to the cabinet.

c) Separate records for the administration of controlled medication should be kept in an appropriate, bound record book with number pages. The book will be stored within the controlled drugs cabinet.

d) Additionally in the Controlled Drugs Record Book, a separate page is required for each strength and form of controlled drug. The name, strength and form of the drug are to be entered at the top of each page and the mandatory fields of information will be recorded under the specified headings.

e) Before administering any controlled medication, the member of staff must check the identity of the student, with the medication to be administered.

f) The member of staff must also check the label of the controlled medication for administration instructions.

g) A record should be kept of the medication administered, with dosage and time of administration in the 'Controlled Medication Record Book' and this record should be signed to confirm that the administration of the controlled medication has taken place.

h) The balance remaining should be checked after each administration and the member of staff should sign to confirm that this has been checked and recorded. Matron will check the balance remaining every 7 days and sign to confirm this record has taken place.

i) Any refusal to take the medication must be recorded in the Controlled Medication Record Book.

j) All adverse drug reaction should be reported to Matron/Registered Specialist Practitioner (CAMHS) immediately.

k) All unused controlled medication should be returned to the local pharmacy for disposal, following the disposal of prescribed medication policy and a record of the disposal should be kept in the controlled medication records.

10.6 Guidelines for the Disposal of Prescribed Medication

The school must provide a complete audit trail for all prescribed medications within the Matronic Department. A record should be kept of all the unused prescribed medication which has been returned to Surgery by any boarder which is no longer using their prescribed medication. The following guidelines must be followed, and all medicines returned must be recorded in the Disposal of Medicines Folder & the iSAMS (Medical Centre Module)

a) Record the name and date of birth of the boarder returning the medication.
b) Record the quantity of medication returned to the surgery.
c) Record the date the medication was returned.
d) Ask the boarder to confirm that they have returned the medication by signing the record sheet.
e) The member of staff receiving the medication must then sign to confirm that they have received the medication.
f) A record must also be kept of the date the medication was disposed of and the method of disposal.
g) The member of staff disposing of the medication must then sign the record to confirm that the medication has been disposed of in an appropriate manner.

11. First Aid Management

Matron manages first aid provision, including arranging first aid courses for all staff (See Appendix 4). Matron reviews all accidents and, with the Bursar/ Operation, Risk & Compliance Manager, decides whether an accident is reportable to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to comply with the legislation and regulations regarding the reporting of accidents.

11.1 First Aiders

The number of first aiders required in each area is agreed between the Bursar and Matron. In arriving at the First Aid requirements, the following are taken into account:

- Departmental working hours.
- Number of staff.
- Type of activity.
- Location.
- Potential for serious accident and accident history.
- Available and willing staff.
- All first aiders have either, a three-day first aid at work certificate, a two-day Paediatric first aid course or a two-day School's First Aid Course. Matron ensures that "refresher" courses are taken when due.

During term times there is a member of the staff on first aid cover 24 hours a day, 7 days a week. During the school day 8am-4pm, Matron is the first response to any first aid incidents on site. There are also other members of staff within the school who hold a First Aid certificate. A list of all trained first aiders and their contact details are located close to the telephone in each department.
Sports staff are first aid trained and carry first aid kits to all sports fixtures. In the event of a serious injury during a sports fixture, games staff should immediately call for ambulance assistance.
Off-site and out of hours first aid provision – In the case of off-site and out of hours provision the First Aider present on the trip or present on site, or in the boarding house, will attend to any incident as they occur and fulfil the duties assumed of a trained First Aider.

Boarding staff receive first aid training, understanding and treatment of serious medical conditions such as anaphylaxis and asthma as well as medicine management training. Outside of school term time, departments whose staff are at work, have access to First Aiders and first aid kits across the site. External group hiring the school site are responsible for provision of their own First Aiders and appropriate equipment.

11.2 Procedure for dealing with Accidents

a) The first responsible adult that is called to an accident must quickly ascertain what has happened and try to assess what are the likely severity and medical need of the casualty
b) If the injury is slight, then either Matron or a qualified first aider must be sent for. There is only one circumstance in which a casualty should be moved if serious injury is suspected: if there is an even higher risk to the casualty of leaving him/her where(s) he is than of moving him/her. Otherwise, a casualty with a suspected serious injury must not be moved.
c) With severe injuries either an ambulance will be called, or a member of staff will accompany the student to Halifax Accident and Emergency Department, or parents will be called to take their son/daughter to hospital. Matron or the first aider on duty will take the decision as to which is the most appropriate response.
d) In all accidents where injury occurs, Matron or the first aider on duty must decide between them which of them will inform the parents of the student. In many cases parents will come to school to take charge of their son/daughter injury is such that hospital treatment is required as a matter of urgency the school will arrange for the casualty to be transported to hospital. The parents will be kept informed as necessary.
e) Tutors, Senior Staff and House Staff will be informed as necessary.

11.3 First Aid Kits

First aid kits are located the following departments. Matron is responsible for re-stocking the first aid kits.

Rishworth		
Matronic Dept	Reception	ICT Technician
Accounts Office	Catering Dept	G S Lab Science Prep Room
Maintenance Dept	Cleaning Dept	Art Classroom
F & N Classroom	CDT Classroom	Sports Hall
Minibuses	School Library	Wheelwright/Redmires/ Ryburn/
Swimming Pool/Plant Room	Sports Pavilion	School Chapel
Works Dept		

11.4 Accident Reporting

Accidents / emergencies involving the following circumstances and situations **MUST** be reported to Matron so they can be recorded on the iSAMS System.

All head injuries

- Any injury requiring hospital treatment e.g., sprains, fractures, dislocations, and sutures
- Any injury which has been communicated to parents
- All staff injuries while at work
- All visitors to School, including visiting students from other schools
- Any severe medical condition requiring hospital / medical treatment e.g., asthma attack or anaphylactic shock
- Any accident involving the use of / or caused by school equipment.
- All sports injuries including minor sprains & strains.
- All playground injuries.

Once the accident has been recorded on the iSAMS System, Matron will then distribute copies of the accident report to the following:

Rishworth: Copies to the student's medical file on iSAMS (Medical Centre Module), the Head, Deputy Head & the Bursar, plus the Tutor, Head of Year & Boarding staff, as appropriate.

11.5 Guidelines for Accident & Emergency Reporting for Staff/Visitors to the School.

Any accidents / emergencies which happen to a member of staff **MUST** be recorded in writing on a Staff Accident Report. These are available from either Matron or the

Operations, Risk & Compliance Manager. Please ensure that you provide detailed information about the accident on the Staff Accident Report.

The following are examples of accidents/incidents which must also be reported and recorded on an Accident Report.

a) Any accident to visitors in the school, including parents/grandparents/contractors etc
b) Any severe medical condition requiring hospital / medical treatment e.g., asthma attack or anaphylactic shock
c) Any accident involving the use of / or caused by school equipment.

11.6 Accident Report Forms

Accident report forms can be obtained from Matron in the School Surgery Ext 247 or the Operations, Risk & Compliance Manager, during school holidays on Ext:215.

Once Matron has received the Accident Report she will report the accident to the Bursar at the earliest opportunity. A decision will then be made as to whether or not to report the accident to the HSE to comply with legislation and regulations regarding the reporting of accidents at work.

11.7 Defibrillator

Rishworth School has three defibrillators to support intervention in the case of sudden cardiac arrest. It is recognised that quick action in the form of early CPR and defibrillation can help save lives. The school's defibrillator is easy to use, staff are trained in the use of the CPR as part of first aid training. The defibrillators are located in the corridor outside the Bursar's office, the Swimming Pool Reception area and the Pavilion.

11.8 Concussion Management

Concussion is a temporary impairment of brain function usually caused by a blow that has shaken the brain within the skull. Failure to assess, evaluate and manage a player with concussion can have serious adverse consequences, particularly if a player with concussion is allowed to continue playing, or returns too early to training or playing.First aider/ coach should **assess the player** using the following guidelines, which are taken from the Concussion Recognition Tool (See Appendix 6)

- Loss of consciousness or responsiveness
- Poor balance problems
- Dizziness
- Nausea or vomiting
- Memory function / confusion / feeling 'in a fog'
- Headache / blurred vision
- Neck / head pain
- Seizure / convulsion
- Decreased performance level / fatigue / low energy
- Emotional or sadness

- Nervous / anxious / irritable

Use a variety of methods to check for signs of concussion, including:

Observation of physical state: Immediate, short- and long-term assessments including signs of bruising, swelling, eye dilation and constriction, balance, confusion

Questioning of the casualty, to include: *what venue are we at today? who scored last in the game? what team did you play last week and what was the score?*

All PE and Games staff must be familiar with the information in the following website: http://www.bing.com/search?q=scat3+concussion+tool&src=IE-TopResult&FORM=IETR02&conversationid

All PE and Games staff to have completed the RFU course: https://www.englandrugby.com/participation/playing/headcase

11.9 Immediate action for any student

a) The player must be taken out of the game immediately and assessed for concussion using the Procedures *for dealing with a student who sustains a head injury* (above)
b) If there are signs of concussion the player should not take any further part in the game.
c) The player should be continuously monitored.
d) Students with a suspected concussion should not be left alone. They should be constantly monitored throughout.
e) In the event of a loss of consciousness or responsiveness an ambulance should be called for immediately
f) If the casualty is suffering from a number of the symptoms listed in the Concussion Recognition Tool (See Appendix 6) or has any one of these symptoms to a severe extent, then an ambulance should be called for immediately.
g) If the symptoms do not require immediate hospital treatment the player should continue to be monitored and parents should be contacted at the earliest possible opportunity. The contact should be documented on the head injury accident report (See Appendix 7) form and parents should be issued with a Head Injury information sheet (See Appendix 8).
h) If symptoms deteriorate, then an ambulance should be called for immediately.
i) The player should not be permitted to drive home.

11.10 Action for any student diagnosed with suspected concussion

a) If concussion has been diagnosed by a Medical Practitioner, the student must not play any contact sports for 3 weeks. A copy of the Medical Practitioner's report should accompany a parental letter to confirm to the school that this is the advice.
b) Any player who was treated for suspected concussion during a school game will not be permitted to play any contact sport for 3 weeks. If no parental letter or medical report is received the PE department will try to contact home to acquire further information. Only if there is parental permission and only if the Director of Sport is satisfied of the reasons for the return to play will a student treated for suspected concussion be allowed to play before the 3-week exclusion period.

c) Any medical or parental guidance which stipulates a longer exclusion from contact sport will be supported by Rishworth School. Only when parental consent is received will a player be permitted to engage again in contact sport.
d) For rugby related concussion the return to full contact rugby should follow the 6 staged return to play protocol as recommended by the RFU. This policy can also be used as a guidance document for players involved in other contact sports.
e) It is not the responsibility of the school to inform activity centres/clubs outside of school that the student is undergoing concussion management.

11.11 Return to play protocol:

1) No activity
2) Light aerobic exercise
3) Sport specific exercises
4) Non-contact practice
5) Full contact practice
6) Return to play

12.Guidelines for dealing with Asthma

In an asthma attack the muscles of the air passage go into spasm, making breathing out particularly difficult. An attack may be triggered by an allergy, nervous tension or exercise. Students who suffer from asthma usually know how to cope with an attack and are likely to carry medication (blue inhalers), which dilate the air passages. Reliever inhalers (usually blue) are a very safe and effective medicine and have very few side effects.

Day students are responsible for bringing their own inhalers to school and administering them to themselves when required. It is very important that they carry their inhalers with them at all times especially during games lessons and sport fixtures at other schools. A spare inhaler may be kept by Matron in the School Surgery for use in an emergency.

All inhalers should be accompanied by written consent from parents/guardians. Alternatively, an administering of medication consent form is available from Matron for parents/guardian to complete (See Appendix 2). The written consent must state the students name, the medication, the dosage and the time when the medication is to be administered.

Parents must ensure that they inform the school immediately of any changes to this medication. (Boarding students always have spare inhalers in the Matronic Department for them to collect and use when required).

In line with the Department of Heath guidelines for managing asthma in schools (September 2014). From the 1st October 2014 the Human Medicines (Amendment) (No 2) Regulations 2014 will allow schools to keep a salbutamol inhaler and spacer (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) for use in emergencies. The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty). Emergency inhaler will not be administered unless parents have completed the 'The emergency salbutamol inhaler consent form 'which is available from Matron (See Appendix 9). Matron will provide a list of all asthmatic students

who have parental consent to use the emergency salbutamol inhaler. This information will be available either on iSAMS or on a list which will be located with the emergency inhaler of easy reference in an emergency. Emergency salbutamol inhalers will be provided in the following areas of the school.

- Rishworth – Matronic Department, Sports Hall, and Pavilion & 4 for off- site sports fixtures/trips.

Matron is responsible for maintaining the emergency inhaler kit and ensuring that all the inhalers are in full working order and in date. If the inhaler and spacer are use, the plastic spacer should not be reused (Thus avoiding possible risk to cross-infection). It can be given to the student to take home for future personal use. Matron will provide replacement inhaler & spacers as necessary.

12.1 Signs and symptoms of an asthma attack

a) Difficulty in breathing, especially breathing out.
b) Wheeziness when breathing out.
c) Blueness of the skin.
d) Distress and anxiety.
e) Difficulty in speaking.
f) Dry, tickly cough.

12.2 Procedure – asthmatic student with own inhaler or parental consent to use the emergency salbutamol inhaler

a) Help the student to take their usual dose of reliever inhaler (usually blue) immediately. Or send for the emergency salbutamol inhaler and spacer (before administering the emergency inhaler, check that we have parental consent to use the emergency salbutamol inhaler).
b) Keep the student calm; get them to take slow steady breaths.
c) Make sure the student is sat upright. Ensure any tight clothing is loosened.
d) If the symptoms have improved, continue to sit with the student until they feel well enough to return to lessons.
e) If there is **NO IMPROVEMENT**, continue to give a further 2 puffs of the reliever inhaler (1 puff at a time) every 2 minutes. (They can take up to 10 puffs of their inhaler)
f) If the student **DOES NOT** start to feel better after taking the relieve inhaler as above or if you are worried at any time call 999 for an ambulance.
g) Ask parents/guardians to attend.
h) If an ambulance does not arrive within 10 minutes continue to use the reliever inhaler (give 2 puffs and then 1 puff every 2 minutes, up to 10 puffs)
i) Record the incident and inform the relevant staff (including Matron so she can replace the inhaler/spacer as necessary).
To avoid possible risk to cross-infection, the plastic spacer should not be reused. It can be given to the student to take home for future personal use. Inform parents of the asthma attack by sending the student home with a copy of 'letter

to inform parents of emergency salbutamol inhaler use'. Copy of this letter will be located in the emergency inhaler kit.

13. Guidelines for dealing with hypoglycaemia in a diabetic student

Diabetes is a condition in which the body fails to regulate the concentration of sugar (glucose) in the blood. Diabetics must carefully balance the amount of sugar in their diet and regulate their blood sugar with insulin injections or tablets.

Hypoglycaemia is when the blood sugar levels fall below normal (4mmols) and causes a chemical change to the brain. Resulting in a "HYPO ATTACK".

13.1 Signs and symptoms of hypoglycaemia

A history of diabetes; the student will sometimes but not always, recognise the onset of a hypo attack.

a) Weakness, faintness or hunger.
b) Palpitations and muscle tremors.
c) Mood changes, lack of concentration, confused, emotional or may even be violent.
d) Sweating.
e) Cold, clammy skin.
f) A strong, bounding pulse, shallow breathing.
g) Shaking
h) A deteriorating level of response, drowsiness.

13.2 Procedure for conscious casualty

If the student is having a hypo attack (blood glucose level below 4mmols) the following procedure should be followed:

a) A student who is having a 'hypo attack' **MUST NOT** be sent out of a classroom or anywhere alone. They should be escorted immediately to Matron or the First Aider on duty.
b) Fast acting sugar should be given immediately. Examples of these are:2-4 Glucotabs, 100-180mls Lucozade Energy, sugary drinks e.g., Coke, Tango, Fanta (not diet drinks): 2-3 jelly babies or a mini chocolate bar.
c) If the student is reluctant to drink, encourage them to take Glucogel (a glucose gel) into the inside of their cheek and then massage it gently from the outside. The glucose will be absorbed through the lining of the mouth, and it will help recovery. Matron has a supply of Glucogel in the School Surgery.
d) Check the blood glucose levels after 15minutes. If the student's blood glucose level is still below 4mmols. Repeat the above guidelines and give more fast-acting sugar.
e) The student should start to feel better within 10-15minutes, once their blood glucose levels are over 4mmols. The child may feel nauseous, tired or have a headache.
f) Once the student has recovered follow up the fast-acting sugar with some slow acting starchy food such as a piece of fruit or a plain biscuit.
g) Record the incident and inform the relevant staff.

h) Parents or Guardians must be informed.

13.3 Procedure for an unconscious casualty

a) In the unlikely event of the student losing consciousness **DO NOT** give the student anything by mouth.
b) It is vital that an unconscious student is placed in the recovery position and that an ambulance is called (make sure the ambulance staff are aware that the student is diabetic). Do not leave the student alone.
c) You can be reassured that if the student does lose consciousness they will come round eventually and should not come to any immediate harm if they are kept in the recovery position and the ambulance services are attending.
d) An emergency injection of Glucagon can be administered into the thigh, by a trained member of staff, or the ambulance crew.

14. Guidelines for dealing with Epilepsy

14.1 Complex partial seizure

A convulsion, or seizure, consists of involuntary contractions of many of the muscles in the body, caused by a disturbance in the function of the brain. Convulsions usually result in loss of, or impaired, consciousness. There are many forms of epilepsy, and the level of consciousness varies for each individual.

Signs and symptoms – a minor seizure (complex partial)

a) Sudden "switching off" the casualty may be staring blankly ahead (like daydreaming)
b) Slight or localised twitching or jerking of the lips, eyelids, head, or limbs.
c) Odd "automatic" movements, such as lip-smacking, chewing, fiddling with clothing or making noises.

Procedure

a) Help the student to sit down in a quiet place. Remove any possible sources of harm, for example hot drinks or sharp objects, from the immediate vicinity.
b) Send for Matron or the person on first aid duty. Talk to the student calmly and reassuringly.
c) Stay with the student until Matron arrives. **DO NOT LEAVE THE STUDENT UNATTENDED**.
d) Once the student feels well again, they can then be escorted over to surgery to rest.

14.2 Tonic clonic seizure

This condition is characterised by recurrent, major disturbances of brain activity, resulting in violent seizures and severe impairment of consciousness. Epileptic seizures can be sudden and dramatic, but the student may have a brief warning period with, for example, a strange feeling or a special smell or taste.

Signs and symptoms – a major seizure (tonic-clonic).

An epileptic seizure usually follows this pattern.

a) The student suddenly falls unconscious, often letting out a cry.
b) The student will become rigid, arching his/her back.
c) Breathing may cease. The lips may show a grey-blue tinge and the face and neck may become congested.
d) Convulsive movements begin. The jaw may be clenched, and breathing may be noisy. Saliva may appear at the mouth, blood-stained if the lips or tongue have been bitten. There may be loss of bladder or bowel control.
e) The muscles relax and breathing becomes normal; the student will recover consciousness, usually within a few minutes.
f) The student will feel dazed or behave strangely in a state of "automatism" being unaware of his actions. A seizure may also be followed by a deep sleep.

Procedure

a) If you see the student falling, try to support them or ease their fall. Try to give them space and move away bystanders. Remove any possible source of harm from the immediate vicinity. Send for Matron or the first aider on duty.
    - **DO NOT** leave the student alone.
    - **DO NOT** lift or move the student.
    - **DO NOT** use force to restrain the student.
    - **DO NOT** put anything in the student's mouth.
    - Loosen clothing around the student's neck, if possible, protect his/her head.
b) When the seizure has stopped place the student in the recovery position. Stay with the student until fully recovered.
c) If the student in unconscious for more than ten minutes or convulsing for more than five minutes or is having repeated seizures URGENT MEDICAL ATTENTION MUST BE SENT FOR.
d) Inform parents and record the incident.

Appendix 1 – Self Administering of Medication Policy

Self-Administering of Medication Policy

When deciding whether a boarder is competent enough to administer their own medication, Matron will assess the inherent risks to the student and the wider boarding community. The student's ability to self-administer will be based on 'Gillick Competency' and not on age. Matron will judge whether the student understands the nature of his/her treatment/ medication as well as the indications of use, contra-indications, dosage to be self-administered, the side effects, the dangers and impact of overdose. If Matron agrees to the student self-administering his/her own medication, then the following guidelines must be followed. Failure to do so will result in this responsibility being withdrawn.

Self- Administration Guidelines & Student's Responsibilities

1. All medication **MUST** be discussed with Matron before being self-administered. Matron will then advise the student about the dosage, indications, contraindications, side effects and safe storage.
2. All medication self-administered **MUST** be taken following the stated dosage and timing below. **DO NOT EXCEED THE STATED DOSE. INFORM MATRON IMMEDIATELY IF DOSE HAS BEEN EXCEEDED.**
3. All medication **MUST** be stored in a locked cabinet.
4. The medication prescribed **MUST NOT** be given or taken by any other student.
5. The medication prescribed **MUST ONLY** be administered in the student's own study.
6. All unused medication **MUST** be return to Matron for safe disposal.

Name	Date
Name of Medication:	
Dosage:	
Date dispensed:	Date Expires:
Timing of administration:	
Special Precautions:	
Side Effects:	
Quantity Given:	

- I agree that I will follow all the above guidelines when self-administering the above medication and will inform Matron immediately of any problems I may be experiencing.
- I will store the medication in a locked cabinet and return any unused medication to Matron immediately.

StudentSignature_____Date_____
StaffSignature_____Date_____

Appendix 2 – Parental Agreement for Administering of Medication

PARENTAL AGREEMENT FOR RISHWORTH SCHOOL TO ADMINISTER MEDICATION

Name:
Year:
Date of Birth:

Medication to be Administered (As described on the container):

Date Dispensed:	**Expiry Date:**
Dosage & Method:	
Timing:	
Special Precautions:	
Are there any side effects we need to be aware of?	
Can your child administer the medication by themselves?	
Parental/Guardian contact details: **Name:**	**Relationship to the child:** **Telephone number:**

I consent to the above medication being administered to my child, if the designated member of staff, is prepared to do so.

I understand that I must notify the school immediately (in writing) of any changes to the above medication.

Signature: _____ Date_____

The information you provide on this consent form will be used solely for dealing with your child's needs during their time with us at Rishworth (and Heathfield) School. Rishworth School has a Privacy Statement which can be found at www.rishworth-school.co.uk. Your data will be stored and used in accordance with this Policy.

Appendix 3- Risk assessment for administering Medication

RISHWORTH SCHOOL RISK ASSESSMENT

ASSESSMENT BY: D Robinson DATE: 17.05.2026

REVIEW BASED ON WHAT: **Near miss** **Accident** **Inspection** **New Procedure** **Annual Review**

LOCATION / TASK: Risk assessment for the administering of medication

DETAILS OF POTENTIAL HAZARD: The risk of accidental overdose, allergic reaction & side effect from the medication.

Before any medication is administered, the following safe system of work will be followed (developed after consideration of inherent risk), to ensure that all circumstances such as allergic reactions, indications, contra-indications, side effects and dosage and the likelihood and impact of overdose are fully considered.

Persons at Risk:

Employee	Young person	Contractor	Public	Visitor

EXISTING CONTROLS: Matron is responsible for scription/non-prescription drugs. She will administer the medication in accordance with guidance/information r Pharmacist. (Boarders may be given prescribed medication to administer themselves at the discretio th House staff and following a full risk assessment. Any boarder self-administering their own medication will dministering consent form)

RISHWORTH SCHOOL

If Matron is not on duty clear instructions must be given to the member of staff on surgery cover with regards to the medication, the dosage and the time to be administered. She should also highlight any indications, contra-indications, side effects and any precautions regarding administration. The member of staff on duty is then responsible for the administering and recording the medication.

HAZARD RATING: (Taking account of controls)

Severity of Outcome:

Fatality	Severe	Major injury	Minor injury	Damage
4	3	2	1	0

Likelihood:

Probable	Likely	Possible	Unlikly	Remote
4	3	2	1	0

+	=	2

RISK ACCEPTABLE: **YES (0 to 4)** **NO (5 to 8)** ACTION PLAN

Where risk is rated as **not** acceptable a plan is required to remove the risk or reduce the risk to an acceptable level. This should include actions that might be needed if permanent controls cannot be implemented immediately.

ACTION	WHEN	WHO	DONE

NOTES: Using the following guidelines, all prescribed medication, which is administered by surgery staff, must be recorded in the Surgery Treatment Book.

- Firstly check the identity of the student, with the medication to be administered.
- Check the label of the prescribed medication for administration instructions.
- Record the medication administered, with the dosage and time administered. Immediately after administering the medication, record the medication administered on the Confidential Medical Centre Module on iSAMS to confirm that the administration of the prescribed medication has been administered.

FIRST AIDER LIST

First Aider	Department	Ext	Direct Dial	Work Mobile	First Aid at Work	Paediatric First Aid	AED	School's First Aid
D Robinson	**School Matron**	**247**	**820947**	**07816 985923**	✔	✔	✔	
K De Ferrier	**Head of Boarding / Deputy Head**	**226**					✔	✔

R Fyffe	**Boarding**	**291**	**820904**	**07432 088847**			✔	✔
G Littlewood	**Boarding**	**247 291**	**820923 820904**	**07816 985923 07432 088847**			✔	✔
C Joyce	**Boarding/ Head of Year 7**	**291 360**	**820904**	**07432 088847**			✔	✔
H Jones	**Boarding**	**291 247**	**820904 820923**	**07432 088847 07816 985923**		✔	✔	✔
C Stone	**Boarding/Sports**	**291 237**	**820904 820937**	**07432 088847**		✔	✔	✔
A Thomas	**Sports/ Recreation & Co-Curriculum Manager**	**237**	**820937**			✔	✔	✔
T Anderson	**Sports**	**237**	**820937**			✔	✔	✔
L Wood	**Sports /Head of 6TH Form**	**237**	**820937**			✔	✔	✔
E Archer	**Sports**	**237**	**820937**				✔	✔
Z Firth	**Geography / D of E**	**353**					✔	✔
L Donlan	**Geography/ Head of Year 10**	**353**					✔	✔
M Needham	**Art**	**257**					✔	✔
I Lewis	**Science / D of E**	**227**	**820927**				✔	✔
N Colwill	**Maths / D of E**	**249**						**Outdoor first aid**
F Wagstaff	**DT**	**295**					✔	✔
N Gregory	**F & N**	**203**					✔	✔
R Marshall	**Economics / Head of Student Progression & Data**	**250**					✔	✔
C Devney	**Learning Support**	**362**				✔	✔	✔
C Remmers	**Marketing Lead**	**246**					✔	✔
J Thompson	**EAP**	**297**				✔	✔	
H Hazeldine	**Maintenance Dept**	**224**					✔	✔
B Day	**Librarian**	**258**	**820908**				✔	✔

Appendix 5 – Concussion Recognition Tool

CONCUSSION RECOGNITION TOOL 5©

To help identify concussion in children, adolescents and adults

Supported by

FIFA

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Severe or increasing headache
- Deteriorating conscious state
- Double vision
- Seizure or convulsion
- Vomiting
- Weakness or tingling/ burning in arms or legs
- Loss of consciousness
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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872 Echemendia RJ, *et al*. *Br J Sports Med* 2017;**51**:872. doi:10.1136/bjsports-2017-097508CRT5

Appendix 6 - Head Injury Assessment Sheet

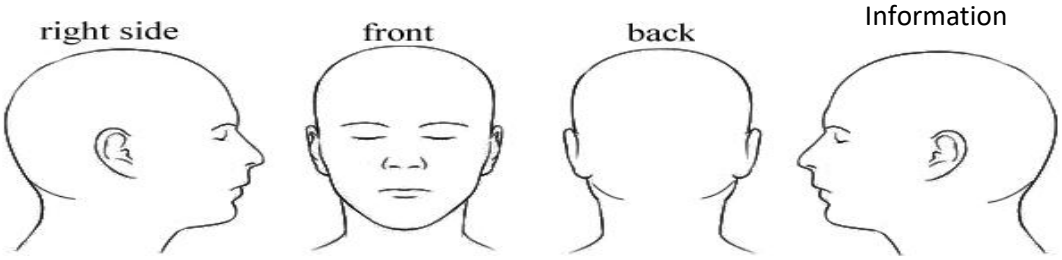
RISHWORTH
SCHOOL

Name…… Injury Date……..Time…….

Questions:

When ?
Where?
How?

<u>Indicate on diagram below site of head injury</u>



Loss of consciousness/amnesia
Headache
Nausea
Vomiting
Drowsy/unusually tired
Visual disturbance
Evidence of alcohol or drug consumption
Any previous head injury
Any other injuries

Indicate the size of the injuries in cms

Treatment given:

Refer to: A & E GP Services

Accident Report Completed: Signed

Appendix 7 - Head Injury Information Sheet

RISHWORTH
SCHOOL

RISHWORTH SCHOOL HEAD INJURY ADVICE SHEET

Date:

Dear Parent / Guardian

Your child ……. received a bump on the head today whilst playing in a match for the school.

Description of accident: ……

A First Aider assessed your child. Although no problems were seen at the time, we would advise you that you observe your child for the next 24 hours.

<u>Signs and symptoms of suspected concussion</u>

Presence of any one or more of the following signs & symptoms may suggest a concussion.

Loss of consciousness	**Headache**
Dizziness	**Seizure or convulsions**
Nausea or vomiting	**Feeling slowed down**
Drowsiness	**"Pressure in head"**
More emotional	**Blurred vision**
Irritable	**Sensitivity to light**
Sadness	**Neck Pain**
Amnesia	**Nervous or anxious**
Fatigue or low energy	**"Don't feel right"**
Sensitivity to noise	**Difficulty concentrating**
Difficulty remembering	**Repeating of phrases**

CONTACT YOUR FAMILY DOCTOR OR NEAREST A & E IF YOU NOTICE ANY OF THE ABOVE SYMPTOMS

In line with the protocols for the management of head injuries and concussion, we reserve the right to pass on information about your child's head injury (as described in this document) to any other club for which they might play

Appendix 8 – Parental Consent to us the School's Emergency AAI

RISHWORTH SCHOOL

PARENTAL CONSENT FOR THE USE OF EMERGENCY ADRENALINE AUTO-INJECTOR (AAI) DEVICE

<u>For a child showing symptoms of anaphylaxis</u>

I can confirm that my child is allergic to the following:

……

I can confirm that my child has been prescribed an Adrenaline Auto –Injector (AAI) by a Medical Practitioner. Please confirm which adrenaline auto –injector device has been prescribed:
e.g. EpiPen (Adult/Junior) or Emerade
(Adult/Junior)…….

My child has a working, in-date adrenaline auto-injector device, clearly labelled with their name, which they will bring with them to school every day.

In the event of my child displaying any symptoms of anaphylaxis, and if their adrenaline auto-injector is not available or is unusable, I consent for my child to receive an adrenaline auto-injector (EpiPen) held by the school for such emergencies.

For the purposes of the General Data Protection Regulations, I consent to the school holding and processing personal data including sensitive personal data of which you and your child are the subject, details of which are specified in the School's Data Privacy Statement. From a medical perspective, information relating to the health and welfare of your son/daughter will be shared with the School's GP Practice and any other relevant Health Care Professionals to enable us to provide the most appropriate medical care for you son/daughter as required.

Signed: ……Date:……

Name (print)……

Child's name: ……..

Form: ……

Parent's address and contact details:

……

……

Telephone: ……

E-mail: ……..

Appendix 9 - Parental consent to use the School's Emergency Salbutamol Inhaler

RISHWORTH
SCHOOL

PARENTAL CONSENT FOR THE USE OF THE SCHOOL'S EMERGENCY SALBUTAMOL INHALER

For a child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

For the purposes of the General Data Protection Regulations, I consent to the school holding and processing personal data including sensitive personal data of which you and your child are the subject, details of which are specified in the School's Data Privacy Statement. From a medical perspective, information relating to the health and welfare of your son/daughter will be shared with the School's GP Practice and any other relevant Health Care Professionals to enable us to provide the most appropriate medical care for you son/daughter as required.

Signed: ……Date:……

Name (print)……

Child's name: ……

Form: ……

Parent's address and contact details:

……

……

……

Telephone: ……

E-mail: ……