



First Aid Policy

ISI Regulatory Code – A7

Policy written by: A Reid

Policy Date: November 2015

Approved by Compliance team: January 2016

This Policy is for Mount St. Mary's College

Linked Policies: Risk Assessment, Health and Safety, Care of unwell Boarders

Review date: November 2016

Mount St Mary's College

Educating Men and Women for Others since 1842

Telephone: 01246 433 388

Email: headmaster@msmcollege.com

Address: College Road, Spinkhill, Derbyshire S21 3YL

FIRST AID POLICY

The first aid policy is for use at Mount St. Mary's College. It covers practical arrangements at the point of need, the names of the qualified first aiders at both sites, accident recording, access to first aid equipment, arrangements for pupils with medical needs, hygiene procedures, referral to RIDDOR and how to summon emergency services.

This policy should be read in conjunction with the Health and Safety Policy.

Any other policies referred to will be included in the appendices of this policy.

First Aid Personnel

The Health Centre at Mount St. Mary's College (MSM) is staffed by qualified nurses from 0800 – 1900 Monday to Friday and from 1000 – 1800 on a Saturday. At all other times the nurse is on-call and can be contacted in an emergency.

There is a number of staff on site qualified in First Aid. The residential nurse is a first aid trainer and courses will be arranged when possible to ensure there are adequate numbers of qualified staff.

It is the responsibility of the Governors as the employers to ensure that enough first aiders are available in the college at any time and that training is made available as required.

It is acknowledged that undertaking a first aid course and acting as a first aider is entirely voluntary. No member of staff may be forced into this role and no member of staff will be penalised for not participating in a first aid course.

Current Staff qualified in First Aid:

John Oliver	CCF	FAW	Dec 2016
Sharon Clark	Catering	FAW	Dec 2016
Dawn Wright	Catering	FAW	Dec 2016
Jonathan Mugridge	Music	FAW	Dec 2016
Matthew Powell	Boarding	FAW	Dec 2016
Simon Orme	DT	FAW	Oct 2018
Mark Wilson	Maths	FAW	Oct 2018
Paul Foster	Maintenance	FAW	Oct 2018
Wayne Dodsworth	Grounds	FAW	Oct 2018
Andrew Robinson	Maintenance	FAW	Oct 2018
Ruth Powell	Games	FAW	Oct 2018
Dan Storey	Games	FAW	Oct 2018
Siphamandla Sibisi	Games	Activity First Aid	Oct 2019
Halen Chapman	Games	Activity First Aid	Oct 2019
Taegan O'Hara	Games	Activity First Aid	Oct 2019
Rachel Craggs	Games	Activity First Aid	Oct 2019
Mark Burnett	Games/ HOL 8 & 9	Activity First Aid	Oct 2019
Oliver McKeag	Games	Activity First Aid	Oct 2019
Masibulele Maxwell Bokoyi	Games	Activity First Aid	Oct 2019

First Aid Equipment.

The Health Centre at Mount St. Mary's College consists of a surgery, two 2 bedded rooms, an isolation room with separate toilet, a surgery and a patient's toilet and shower.

First Aid boxes are also available throughout the College and can be found in: the swimming pool; the gym; Main school Office; Games department; Library; Headmasters office; Staff Common room; Kitchen; Science block; chaplaincy; 6th form area; All boarding houses; Pavilion; music department and Maintenance. All school buses have first aid kits in them.

It is the responsibility of the school nurse to ensure these boxes are checked yearly. The school nurse will advise what is needed in the boxes but it is the responsibility of each department to purchase the necessary supplies. If requested the school nurse will order the supplies and charge them to each department. Catering, CCF and Games self-monitor their own 1st aid kits.

AN AED is available in the College. The AED is located outside the health centre. In an emergency any member of staff is able to make use of the AED. The AED is registered with the emergency services as a community asset and may be called upon by members of the local community in the event of need.

When the AED is used it should be logged with the school nurse who can ensure that it is checked and recharged ready for the next incident.

The school nurse checks the AED at MSM weekly.

Staff are advised to make use of the gloves in the first aid boxes when dealing with any body fluids.

Medical Forms.

All parents/guardians of pupils attending Mount St. Mary's College are required to complete a medical form giving details of any medical conditions that their child may have. This ensures that their child can be properly cared for in case of emergency. Not completing a medical form may have serious consequences in the event of an emergency.

Information from the medical form will be used to prepare an Individual Health Care Plan should this be required.

Completed medical forms will be stored securely within the Health Centre and kept for a minimum of 7 years after the student has left the school. Parents/Guardians will be asked to complete an annual consent form giving staff permission to administer first aid and ensuring that the staff are aware of any new or evolving medical conditions.

Medical Cover

Mount St. Mary's is covered by the Barlborough Medical Practice. The doctors only provide a service to boarders. It is recommended that all boarders are registered with this practice although students are able to choose another GP if they prefer. We have set clinic times for boarders on a Wednesday afternoon from 1400. Appointments can be made at other times should the need arise. Appointments are made via the Health Centre. Students may choose to see a male or female doctor. A chaperone will be provided for younger students or if requested.

A physiotherapist is available to MSM students during term time. Appointments are made via the Health Centre. There is a charge for this service so parents will be contacted before appointments are made. Charges will be added to the end of term bill. A chaperone is always available for these appointments.

Medical appointments

Transport to see the doctor, dentist, optician etc. will be arranged by the health centre for any boarders requiring this. Usually transport will be provided by a member of staff in a school vehicle. 6th form students who are able to drive may be able to take themselves to appointments. No students should drive another student to a medical appointment.

The cost for any transport will be added to the end of term bill. The nurses will try to contact parents/guardians beforehand to inform them of any costs incurred, however this may not always be possible.

Parents of non-boarding students are asked to make all routine appointment during the school holidays. If any appointments are made during school time it is the responsibility of the parents/carers to organise transport for these appointment.

For non-boarding students who are taken ill or are injured while on a school activity outside normal school hours the procedure outlined in the activity risk assessment should be followed. If this is not possible the member of staff in charge of that student should contact the school nurse at MSM who will contact the students' parents to discuss how best to proceed. In an emergency the member of staff should call an ambulance if necessary. This call should not be delayed by waiting for the school nurse.

In all cases staff should take a copy of the student's individual Health Care Plan if applicable. They should also have the contact details of the school nurse and details of any treatment already given.

For boarding students who need to attend hospital outside normal school hours the nurse will contact the house parent to inform them of this need. The house parent will then decide if any boarding staff on duty are able to go to the hospital without compromising the care of the other students. If not, residential staff will be contacted to see if they are available to accompany the student. Only in exceptional cases will the school nurse go to hospital with a student as this would leave the school with no cover.

A hand held paper record of all boarders basic details are kept in each of the houses which can be taken to hospital. This provides details of name; DOB; PMH; GP details; school contact details; and NHS number.

A float is kept in the health centre to pay for the costs of hospital parking. Receipts will be provided and costs incurred will be added to the student's end of term bill.

Health Screening

All new boarders will have a medical screening examination within 2 weeks of starting at Mount St. Mary's College. These will not take place during lesson times.

The screening involves checking the height, weight and blood pressure of the students. There will also be a discussion of past medical history and current medication. Depending on clinical need the nurse is able to perform Urinalysis and Peak flow readings. If students require further assessment or regular medication an appointment will be made for them at the GP surgery.

There is no formal assessment of the day students.

Medication

Any medication brought into the school either by boarding students or day pupils should be fully pharmacy labelled in English. Any medication that cannot be identified will be removed and sent to the pharmacy to be destroyed.

Day pupils at Mount St. Mary's College requiring medication during the day should bring it to the health centre in the morning with a note from parents outlining when the medication is required. There is a supply of over-the-counter medications in the health centre so students should not need to carry medication with them unless agreed previously with the school nurse.

Chronic Conditions

The staff at the College encourage independence and self-management for students with chronic conditions such as asthma, diabetes, epilepsy, cystic fibrosis etc. The level of self-management will be dependent on the condition and the age of the pupil.

If a student has a chronic condition which may affect his/her participation in school activities an Individual Health Care Plan will be drawn up. This will include details of the condition, medication, emergency procedures and emergency contacts. If consent is given by the student and his/her family, this will be made available for the relevant staff members. If consent is withheld this information will not be disclosed, however the parents or the student will be asked to sign a letter stating that the school will not be held accountable for any illness or injury resulting from such non-disclosure.

The school nurse will oversee the development of health care plans. When these plans are written, parents will be sent a copy to ensure they are aware of the treatment being given to their child.

Students in the College with asthma and severe allergies will be permitted to carry their inhalers or adrenaline injectors with them. It is the responsibility of the parent to ensure that their child has the appropriate, in date medication with them while at school.

Other emergency medication can be carried by students requiring it after discussion with the school nurse.

Confidentiality, Information and Consent

The professional code of practice of doctors, nurses and other health professionals places a duty on them not to disclose information about individual patients (students) without their consent except in exceptional circumstances. The duty of confidentiality owed to a person less than 16 years of age is the same as that owed to any other person. However, where the professional believes that the health, safety or welfare of the patient (student) or others is at risk, there is a duty to share information between professionals as laid down in the Child Protection legislation.

Consent for medical procedures will be sought from parents/guardians. However it is recognised that students over the age of 16 or those deemed Fraser competent will be able to consent on their own behalf. Decisions regarding competence will be made by the school nurses with reference to the school GP if necessary.

Students of all ages are entitled to information regarding their condition and treatment. This information should be presented in a way that the student understands. Where a student's first language is not English information may be sought in their own language.

Accidents

In the event of an accident at Mount St. Mary's College the school nurse should be summoned. The nurse will assess the situation and summon an ambulance should one be required. If the accident is serious, calling an ambulance should not be delayed while waiting for the nurse to attend.

If a student is involved in an accident and requires emergency care, a member of staff will contact parents and inform them of the situation and inform them of which hospital the student has been taken to. A member of staff will accompany the students and remain with them until such time as

parents are able to attend. For boarding students, a member of staff will remain with them until their return to school. Should boarding students be admitted to hospital boarding staff will inform parents/guardians at the earliest opportunity and ensure that the student has any personal items that are required.

When emergency services are called they will be given the school post code (MSM - S21 3YH). This will allow them access to the main school. A runner should be sent to meet the ambulance and direct them to the scene of the accident. Any barriers should be lifted allowing the ambulance access to the site. It is the responsibility of the SLT to ensure that this is done in a timely manner.

All accidents MUST be reported on a school accident form. Copies of the accident forms for MSM are included in the appendices of this policy. Accident forms can be found at MSM online, in the health centre, the school office, the games department and the staff room. Copies of the completed accident form should be passed to the school nurse, the headmaster, the deputy headmaster and the head of facilities at MSM. It is the responsibility of the member of staff in whose activity the accident occurred to complete the form. Accidents involving staff and visitors should be reported in a similar manner. Accident forms should be completed as soon as possible after the accident. Any RIDDOR reportable incident involving a student will be reported by the deputy head and any such incident involving staff or visitors will be reported by the head of facilities in a timely manner.

Off games procedures

Any day student with a medical condition that will affect their ability to participate in games or PE must bring a signed and dated letter from home. This letter should include details of the condition and how long they may not participate. Students should bring their PE kit to school with them.

Students should bring their parental letter to the Health Centre either at the start of the school day or during morning break. Students with a valid parental letter will be issued with a blue bill outlining to the games staff what the student is able to do. Students should not present to the Health Centre and request a blue bill at the time they should be in the games lesson. The Health Centre will only provide blue bills to day students without parental letters if they are injured or take ill ON THAT DAY.

The Health Centre will assess boarders that may need to be off games and advise the games department appropriately. Again, boarders will need to present themselves to the lesson in appropriate games kit and take part in alternative activities.

Only in exceptional circumstances and following discussion with the school nurse and head of sport, will a student be allowed to miss sports and not go to the lesson. Students should not go to the library during the games lessons without first seeing the games staff and having their blue bill signed by them.

Procedure for Infectious Diseases

Any student attending the College with a suspected infectious condition will be kept away from other students and isolated in the Health Centre. For day students at both schools parents will be contacted and asked to collect their child as soon as possible.

Any advice from Health Protection England in terms of exclusion times will be adhered to.

Boarders whose parents/guardians are unable to collect them will be kept isolated from other students. In certain cases they may be able to return to the boarding house in a single en-suite room and cared for by boarding staff. If this is not possible the student will remain in the Health Centre and be cared for by the nurse.

In case of an epidemic outbreak within the college whereby students are unable to be collected by guardians and where the Health Centre is unable to accommodate all ill students, Arrowsmith will be used temporarily as a quarantined area. This is separate from the main school building and has a

number of rooms with washing facilities. This will be staffed by the school nurses with support from agency staff as required. At all times advice from Health Protection England will be followed. Meals will be brought to Arrowsmith for the quarantined students by catering staff as necessary.

Universal precautions are advised when dealing with suspected infectious cases. Gloves and aprons are available in the Health Centre. Hand sanitiser is available throughout the College. Advice will be given about hand washing to students and staff as required.

Bedding and towels used by a student with a suspected infectious complaint will be bagged separately and given directly to the laundry where it will be washed at high temperatures.

Rooms used by students with suspected infectious complaints will be deep cleaned by housekeeping staff according to housekeeping policy. The Health Centre will be deep cleaned in holiday periods irrespective of use.

Body Fluids

Any spilt body fluids will be cleaned by a member of the cleaning staff or by the school nurse using a single use body fluid spill kit. All waste will be disposed of in the clinical waste bins. Body Spill kits are kept in the health centre.

Procedure for Deep Cleaning

Rooms used by students with suspected infectious complaints should not be used by other students until they have been thoroughly cleaned.

Rooms should be cleaned as soon as possible after the student has vacated it.

It is the responsibility of the nurse at MSM to inform housekeeping staff when this happens.

Protective clothing should be worn i.e. gloves and disposable aprons.

All bedding to be changed and washed at high temperatures. If bedding is soiled it should be bagged separately to reduce handling of infected materials.

All surfaces and hard furnishings to be wiped down with a sanitising solution and allowed to dry.

Floor to be mopped with a sanitising solution.

All toilet areas used to be thoroughly cleaned as per usual procedures.

Cleaning cloths used for deep cleaning should be disposed of.

Emergency Situations

In emergency situations it is imperative that students receive the care they need. It is possible that they will not be accompanied by a first aid trained member of staff at all times.

If a student becomes unwell and staff are unsure what to do they should contact the school nurse for advice. In an emergency situation staff are advised to contact emergency services as soon as possible. The call for emergency services should not be delayed by calling for the school nurse or first aid lead.

Protocols for emergency situations can be found at the end of this policy.

Covering the Health Centre in Emergencies.

There is normally only one nurse on duty at any time. There will be occasions when she is called to an emergency in another part of the school while there are students in the Health Centre. In this case the following procedure should be followed.

On receiving an emergency call the nurse should assess the age and condition of the students resting in the Health Centre.

If it is deemed necessary for the student to have supervision, the nurse will phone the reception to inform them of the situation. The reception will obtain an appropriate adult to go to the Health Centre to supervise the students there. Attendance at a call out should not be delayed while waiting for a member of staff to arrive. All care and treatment given to a student in the nurse absence should be recorded and given to the nurse on her return.

If the students in the Health Centre are able to be left for a short period (usually if they are in Grammar and above depending on their condition) the nurse will ensure they have the number of the school nurse with them and a functioning phone within reach.

School visits.

Throughout their time at school students take part in off site visits and activities.

For all off site visits including games fixtures there will be a risk assessment outlining emergency procedures.

All trips will have staff: student ratios as required.

Before taking a trip away the teacher in charge of the visit should contact the school nurse at MSM. They should provide the names of the students, what that they will be doing and the duration of the trip.

The school nurse will check through all documentation for medical conditions that are likely to apply. They will then provide the trip leader with the relevant health care plans and any emergency medication that may be required.

It is the responsibility of the trip leader to ensure the medications and the health care plans are kept safe and any necessary medication is administered as required. It is also their responsibility to ensure that all documentation and unused medication is returned to the school nurse. Any care or treatment given must also be documented on the trip risk assessment.

Overseas visits.

The same procedures will apply whether the trip is within the UK or abroad. It is the responsibility of the person in charge of the trip to ensure adequate first aid cover for the visit.

For visits overseas requiring immunisations it is important that the school nurse is given as much notice of the trip as possible to allow for immunisations to be given. Normally immunisations are only given to boarders registered with the school GP. However there may be situations whereby immunisations can be given to other students as temporary residents.

Advice relating to required immunisations will be taken from the National Travel Health Network and Centre (NaTHNaC) website.

The decision of whether to have the advised immunisations rests with the students and the students' parents/guardians.

Medical Cover at Sports Fixtures.

On match days the Games and Transport department will organise for the school 4x4 vehicle and a driver to be available for use.

The driver will collect the nurse and any necessary equipment from the Health Centre 15 mins prior to the first match kick off. The nurse and the vehicle and driver will be stationed near the sports pavilion, the exact location being dependent upon the pitches in use.

It is the responsibility of the Games Staff to ensure all referees and coaches have a walkie talkie with them to be able to contact the school nurse (Channel 3)

If an injury occurs the nurse will attend and assess the student and a decision made about how to proceed.

If the injury is severe and the nurse deems it necessary an ambulance will be called and given the correct school post code (S21 3YH). A runner will be sent to the school entrance to guide the emergency vehicle in. In this case the student MUST NOT be moved and the match should be moved or abandoned.

Although a stretcher is available it is advised that it should be used only in cases where not moving the student could lead to harm. This is due to moving and handling guidelines. There are no means for full spinal immobilisation within the College and any suspected neck or spinal injury MUST NOT be moved.

If the injury requires hospitalisation but not an ambulance the nurse will assess how this is to be achieved. If parents are present they may be able to take the student to hospital. The nearest Emergency Department is Chesterfield and North Derbyshire Royal Hospital. If parents are not available a member of staff will accompany the student in the school vehicle and remain with them until parents are able to attend.

If the injury occurs to a member of the opposition team the school vehicle and driver will be able to take the student, accompanied by a member of their school staff to the Emergency Department. If necessary they will remain with the student and bring them back to Mount St. Mary's College at the end of any treatment. It is the responsibility of the visiting school to contact the student's parents and arrange for their transport back home.

In all cases a record will be made of any treatment given, accident forms will be completed by Games staff as per school policy and RIDDOR reports will be completed as necessary.

While the nurse is at the Sports pavilion it is acknowledged that hockey or netball fixtures may be taking place at the astro court. It is the responsibility of the Games staff to ensure they have a walkie talkie in order to be able to contact the school nurse who will be driven to the astro in the school vehicle.

Concussion.

Concussion is a disturbance in the normal working of the brain without any underlying structural damage. It can be caused directly by a blow to the head or indirectly if the head is shaken when the body is struck. Concussions can occur in many situations in the school environment but the potential is probably greatest during sports. Students may get concussion out of school but come into school with the signs and symptoms. It is important that this is recognised as concussion can affect academic performance and /or behaviour as well as putting them at risk of more serious consequences if they receive another concussion before recovery.

Within sport it is important that concussion is recognised early and taken seriously to protect the safety and long term health of the students.

Players suspected of having concussion MUST be removed from play and must not return to play unless they have been seen and cleared by a health care professional. Students suspected of having concussion or diagnosed concussion must go through a Graduated Return To Play protocol as outlined

by the RFU. Extra care must be taken with young people and concussion due to the fact their brains are still developing and are therefore more susceptible to damage.

Returning to play before complete resolution of the concussion exposes the student to the risk of recurrent concussions with ever decreasing forces.

All sports coaches have access to the pocket Concussion Recognition Tool as recommended by the RFU. This will assist in the early recognition of concussion. If there is any doubt about concussion it is important that the student sits out of the rest of the game. At all times the welfare of the student will be the most important consideration.

Out of Term Procedures.

It is the responsibility of the employer to ensure there is adequate first aid cover for all members of staff employed. Within a school some staff will still be working during the holiday period.

It is the responsibility of the Bursar to ensure that there are adequate numbers of first aid trained personnel available at all times when staff are working. The school nurse is only employed during the term time.

In an emergency all members of staff should know who the designated first aid member of staff is and have the means to contact them. Any accidents or illnesses should be reported on an incident report form and copies of this should be given to the head of facilities as soon as possible after the accident.

Anyone working away from the main school building should have the means to summon help should the need arise. The most convenient method is by use of the walkie talkies.

Any groups using the facilities during the holidays should have their own first aid equipment and procedures. They will be given information outlining how to summon emergency services, the location of the nearest GP/ Hospital and the barrier codes for the site. The schools will only provide first aid cover for external lets if this is negotiated in advance and it is practicable to do so.

If the College runs their own activities (ie the sports and musical theatre groups at MSM) it is the Colleges' responsibility to ensure there are suitably qualified personnel available to deal with any situation that may arise. Any incident occurring during an internal let should be reported using the same documentation and procedures as during term time.

APPENDICES

Appendix 1 – Mount St. Mary’s Incident reporting form.

Appendix 2 – Anaphylaxis protocol

Appendix 3 - Asthma protocol

Appendix 4 - Self Harm Policy

Appendix 5 – Human Pandemic Flu Policy

Appendix 6 – Medication Policy (MSM)

Appendix 7- Epilepsy protocol

Appendix 8 - Diabetes Protocol

INCIDENT REPORT

INCIDENT TYPE	
Sport – Rugby	
Sport – Other	
Slip/Trip/Fall	
Malicious	
Other	
Reportable under RIDOR	

Name of person reporting	
Date and time of incident	
Place of incident	
Name of person(s) involved	
Witnessed by	
Apparent cause of incident	
Report of apparent injuries	
Treatment given/action taken	

Has/was the person (please answer Y / N):	Unconscious for any period of time?	<input type="checkbox"/>
	If yes, for how long?
	Sent to hospital?	<input type="checkbox"/>
	Kept overnight in hospital?	<input type="checkbox"/>
Review of treatment/condition		
Date and time parents were informed and by whom		
Reported to (include date/time)	Headmaster:	
	Deputy Headmaster:	
	Mr M Lucas:	
Was hospital/medical treatment required?		
Signature		

Appendix 2

Anaphylaxis protocol

This protocol is for the use of all staff dealing with a student with a severe allergy.

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.

Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat. Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

Common triggers of anaphylaxis include:

- + Peanuts and tree nuts
- + other foods (e.g. dairy products, egg, fish, shellfish and soya)
- + Insect stings
- + Latex
- + Drugs.

Allergies are increasingly common. There will be pupils in school with allergies and some may be at risk of anaphylaxis.

Signs and Symptoms

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

- + generalised flushing of the skin anywhere on the body
- + nettle rash (hives) anywhere on the body
- + difficulty in swallowing or speaking
- + swelling of throat and mouth
- + alterations in heart rate
- + severe asthma symptoms
- + abdominal pain, nausea and vomiting
- + collapse and unconsciousness.

Treatment of anaphylaxis requires intramuscular adrenaline – an injection of adrenaline into the muscle.

When to administer adrenaline

Follow directions in health care plan or from school nurse/ first aid lead as to when adrenaline should be given.

However, if the pupil is having any of the following symptoms then these are signs of a serious allergic reaction and adrenaline should be given **without delay**:

- + difficulty in breathing or swallowing
- + weakness or floppiness
- + steady deterioration
- + collapse or unconsciousness.

How to administer intra-muscular adrenaline

Adrenaline should be administered into the upper outer aspect of the thigh. Adrenaline injectors should only be administered by members of staff or those who have received training from a healthcare professional (e.g. the school nurse). Injectors are pre-measured and contain a single dose. After use the injector should be made safe by placing in a rigid container and then handed to the school nurse or ambulance crew to be taken with the pupil to the hospital, both for their information and safe disposal.

Appendix 3

Asthma Protocol.

This protocol is for use by any member of staff dealing with a student having an asthma attack.

Asthma is a long-term medical condition that affects the airways – the small tubes that carry air in and out of the lungs. Children and young people with asthma have airways that are almost always red and sensitive (inflamed). Asthma triggers then irritate these airways, causing them to react.

When a child or young person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. These reactions lead to the symptoms of asthma.

The usual symptoms of asthma are:

Coughing;

Shortness of breath;

Wheezing;

Tightness in the chest;

being unusually quiet;

Difficulty speaking in full sentences;

Blue tinge around lips and finger nails;

Sometimes younger children will express feeling tight in the chest as a tummy ache.

Children and young people can usually control their asthma effectively by avoiding their known triggers where possible and by taking the appropriate medication with the correct technique.

A register of all pupils with asthma will be kept by the school nurse or the first aid lead. Ensure systematic call and recall of pupils. An individual Healthcare Plan will be written for all pupils with asthma.

Emergency procedures

Do:

+ keep calm and do not leave the student alone.

+ encourage the pupil to sit up and slightly forward – do not hug them or lie them down

+ make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately – preferably through a spacer

+ ensure tight clothing is loosened

+ reassure the pupil.

If there is no immediate improvement

+ Continue to make sure the pupil takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call an ambulance urgently if any of the following:

+ the pupil's symptoms do not improve in 5–10 minutes

+ the pupil is too breathless or exhausted to talk

+ the pupil's lips are blue

+ you are in any doubt.

Ensure the pupil takes one puff of their reliever inhaler every minute until the ambulance arrives.

Appendix 4

SELF HARM POLICY

Introduction.

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including young people with special educational needs. School staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

Aims

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with students who self-harm
- To provide support to students who self-harm and their peers and parents/carers

Definition of Self-Harm.

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Risk Factors.

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- Depression / anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

Social Factors

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the School Nurse.

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. student may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. becoming a "Goth"

Action to be taken in case of self-harm.

A student may disclose self-harm at any time to any member of staff and for this reason a policy has been put in place.

If the self-harm act has occurred within the last 48 hours and involved ingestion, serious lacerations or excessive dose/ omission of medication the student should be taken to the emergency department.

When an overdose is revealed the student will need to be looked after in hospital.

It is important to get as much information about what has been taken and when to pass onto the hospital.

Do not give the student anything to try and make them sick.

If the self-harm act occurred over 48 hours ago and involved ingestion, serious lacerations or excessive dose/ omission of medication, Urgent medical attention should be sought from the school nurse who will contact either the students GP, NHS Direct or the ED.

Medical management of the situation may be needed so advice should be sought.

When a student discloses self-harm or the intention to self-harm it is important that they are taken seriously.

Remember that self-harm is not automatically an indicator of mental illness.

Any incident of self-harm MUST be disclosed to the member of staff in charge of self-harm issues in line with the College's Safeguarding Policy. This member of staff will oversee the case but does not need to be directly involved.

Give the student time to talk about what has happened and any difficulties they are facing.

Listen to their worries and feelings and Take Them Seriously.

Stay calm

General advice.

1. Listen to the student and try not to show them if you are angry, frustrated or upset. Disclosures should be dealt with in a low key manner.
2. Learn the difference between self-harm and suicide.
3. If a student discloses self-harm it is because they trust that member of staff and are willing to share this very personal problem.
4. DO NOT make promises of confidentiality as incidents of self-harm MUST be disclosed as outlined above.
5. Some students just want to be heard. Try not to overwhelm them with questions.
6. Do not make assumptions about the reasons for self-harm and each episode should be treated individually.

Ongoing support for students who self-harm.

Students who self-harm often have feelings of guilt and shame. It is necessary to support students within school.

Students who self-harm should be allowed to wear long sleeves and trousers for PE.

They should not be questioned about this in front of other students.

If students become upset or agitated they may be sent to the Health centre to get them away from stressful situations. However this should only happen when other methods of support have failed. There should be as little interruption as possible to the student's lesson time.

Risk minimisation should be encouraged with the support of CAMHS or GP services.

Expectations of the student.

Students should have scars and bandages covered under school uniform.

If they become distressed, students should talk to a trusted member of staff before any self-harm acts.

Training and Education

It is the responsibility of the headmaster to ensure that staff are aware of the policy and receive any training required.

Stress management will be discussed with students as appropriate in enhanced studies or through external speakers and off curricular days. Advice will be given about ways of dealing with stress that are safe and healthy. Students will be informed of where they can go for help and support.

Boarding.

Boarding students who have self-harmed or are at risk of self-harm should be assessed on an individual basis. Assessments should be carried out as often as required and whenever there is a change in circumstances.

There is a need to keep the student safe and supported within the boarding community without compromising the safety and wellbeing of other students.

All assessments should be done in conjunction with the Supportive listener, School Nurse, GP and any external agencies involved in the students care.

If it is felt unsafe for the student to remain in boarding then parents/ guardians will be informed and called to collect the student. This is not a punishment and should not be seen as a way to penalise a student. The situation should be assessed regularly and the student may return to boarding when it is deemed safe to do so by the parents, guardians and the Head of Boarding.

Appendix 5

HUMAN FLU PANDEMIC POLICY

This policy is in place to provide guidance on how the College will deal with an outbreak of pandemic Flu. Any implementation of the policy will also be alongside advice from the World Health Organisation (WHO), Public health England (PHE) and the Local Health Authority (LHA). Based on advice received at the time of an outbreak certain actions may be changed.

Although this policy is designed to deal with an outbreak of Pandemic Flu, the principles would also be used during any outbreak of disease or illness within the College.

Responsibilities

The Headmaster and the Senior Leadership Team in conjunction with the Board of Governors, will co-ordinate the school's response to the threat.

The Deputy Head (Pastoral) and the School Nurse will monitor the regular information updates issued by the appropriate authorities and direct and monitor preventative measures within the school.

Symptoms of Flu.

Symptoms of flu include:

Tiredness;

Chills;

Aching muscles;

Limb and joint pain;

Diarrhoea or stomach upset;

Sore throat;

Runny nose;

Sneezing;

Loss of appetite.

Other symptoms may include:

Sudden Fever and;

Sudden cough.

Different strains of flu may cause different symptoms and these will be made know following information from the WHO, PHE or LHA.

Preventative Measures.

The best protection against illness is a high degree of personal hygiene and this must be constantly emphasised with all staff and students. Hand wash and hand sanitiser are available throughout the school.

Any staff or student displaying flu-like symptoms should report to the school nurse who will decide if they should be referred to the Medical Practice. These decisions will be based on advice received from the PHE, LHA etc.

Up to 5 students can be isolated in the health centre depending on the sex of the students. Should there be a requirement to provide further isolation of resident staff or students rooms in Arrowsmith will be used for this purpose.

Careful monitoring of staff, parents and students who may travel to known infected areas will take place. These individuals will be briefed to be alert to flu-like symptoms on their return. If any individual shows any symptoms s/he may be quarantined for up to 10 days. This decision will be taken by the Headmaster and the School Nurse and based upon advice received from the PHE, LHA and WHO. It may be necessary for a number of students to be isolated.

Day students will be made aware of the situation and parents instructed not to send their child to school if they are displaying any flu like symptoms.

Existing policies on illness and staff sickness apply.

School Closure.

Should a pandemic occur it is likely that the College may be directed to close. Alternatively the Governors may decide to close the school as a protective measure.

For insurance reasons, it is preferable that the school is closed only on the advice of the LHA or PHE. It is the responsibility of the Headmaster and the Chair of Governors to ensure that any advice received is acted upon in a timely manner.

Should the school close it is planned that the provision of education may continue by electronic means

Communication with the media is to be done ONLY by the Chair of Governors or the Headmaster. The Marketing Department may need to be involved in preparing any media announcements should school closure be an imminent possibility.

Contacting Parents.

It is vital that the School Office maintains an up-to-date list of contacts of parents/guardians as well as other emergency contacts. It is the responsibility of the parents to ensure that the school has these details and that they are kept up to date. Communication with parents and staff will be as outlined in the school crisis policy.

Parent Contract and Insurance

Parents are obliged to comply with the school's request to quarantine students should this be deemed necessary.

The parent's contract provides for Force Majeure, which includes Pandemic.

In these circumstances, the school will communicate with all families about the extent of the threat. The school has no liability in respect of the performance of its obligations during Force Majeure, but is committed to endeavouring to ensure the continuation of educational services. In these circumstances, the school has no liability to refund any fees.

It is the Bursar's responsibility to liaise with the school's insurers. The relevant cover will be:

Business Interruption: - includes an element of cover for loss of revenue resulting from closure of the school by a competent local authority as a consequence of an occurrence of a Notifiable Disease outbreak within a 25 mile Radius of the school

Public Liability: - the school is expected to take all reasonable precautions which means following advice from relevant bodies such as local authorities, including trips to/from affected areas. Also, students, parents and staff returning from any affected area are to be immediately cleared by the School Nurse (as much as is possible, given the flu incubation period) that they have returned in good health.

There will be no refund or waiver of fees in the event that the term is shortened, the student is released home early or quarantined at home for health (including precautionary) reasons, except at the discretion of the school and then only in exceptional circumstances.

Parents paying into the Fees Refund Scheme should contact their insurance provider direct for information in the instance.

Appendix 6

MEDICATION POLICY.

A range of non-prescription medication is kept in the Health Centre. These are supplied for boarders and for occasional use by day pupils in urgent cases only. The Health Centre nursing staff will also administer prescription medicines, subject to a valid consent, during the school day. Medication can only be administered to pupils, both day pupils and boarders if the Health Centre has received a completed medical form.

For those pupils requiring treatment or medication from a specialist consultant, a letter outlining the treatment and appropriate drug therapy may be requested by the school in addition to the medical form.

Medications.

If your son/daughter is prescribed any medication to be taken during the school day, it is advised that this medication be administered from the Health Centre. The medication should be pharmacy labelled and contain name, dosage and time to be given. Extra labels can be obtained from the dispensing pharmacy on request. Pupils should not carry any medications with them during the school day for the safety of themselves and other students (except in cases of asthma, anaphylaxis or after discussion with the Health Centre Staff)

Analgesics. (Pain killers)

Permission for the administration of analgesics and other simple medications must be given on the medical questionnaire. Please advise on the medical questionnaire if there are any medications you do not wish your son/daughter to receive.

Non-prescription medication.

Consent for the administration of non-prescription drugs must be obtained from the parent/guardians of all pupils. This consent will be in the medical questionnaire. A renewal of consent will be requested periodically. Non-prescription medicines kept in the Health Centre include:

Paracetamol, Ibuprofen, Gaviscon, Simple Linctus, Sudafed, Piriton, Antisan, Waspeeze, Calamine Lotion, TCP, Heat Rub, Petroleum jelly, Loperamide and Witch Hazel.

Hayfever.

If a child needs to take an antihistamine preparation for hay fever it should be taken before the start of the school day. If an antihistamine needs to be taken during the day it should be sent to the Health Centre in the original packaging with the pupils name on it. Appropriate consent should be sent to the health centre with the medication.

Asthma.

The staff encourages independence and self-management in students with asthma. Reliever inhalers should be carried by the student at all times. These should be labelled with the student's name and date of birth so that they can be quickly returned in case of loss. The nursing staff will store extra inhalers labelled by the pharmacy in the Health Centre on request. Health Care Plans will be established for students with asthma in conjunction with parents and other professionals.

Diabetes.

The staff encourages independence and self-management in students with diabetes. A health care plan will be established, working closely with the student, health professionals and the family. The

student should carry a sugar substitute with them at all times. Lucozade and alternative forms of carbohydrate are kept in the health centre for emergency use.

Epilepsy.

To achieve independence and self-management, a health care plan will be established. Nursing staff will work closely with the student, health professionals and the family. If required emergency medication will be kept in the health centre, labelled as previously detailed and with instructions for use by the doctor in charge of the student's care.

Prescription medicines.

Those that are needed during the day should be administered by the Health Centre for the safety of the student and other members of the school. A hand written note from the parent/guardian detailing the consent for administration should be supplied with the medication. The medication should be pharmacy labelled. Medications in the Health Centre are kept in a locked cupboard. Please inform the health centre of any changes to the medicines required by your son/daughter.

Antibiotics.

Some liquid antibiotics should be kept at low temperatures. They should be brought to the health centre for dispensing. Please ensure they are in a plastic bag and are pharmacy labelled with the student's name.

Anaphylaxis.

We encourage students with serious allergies to carry their epipen with them at all times. We request that a spare epipen, labelled as previously outlined, is brought into the health centre. Many members of staff have been trained to administer epipens should the student be unable to do so him/herself.

Record Keeping

A record will be kept of any treatment and medication (prescription or otherwise) that has been given. Day pupils will be given a record of any medication they are given.

Procedure for administration of prescription medication.

The student's name and date of birth will be checked against the medicine.

The consent form will be checked.

An allergy history will be checked.

Dose and expiry date will be checked.

A record of administration will be kept, signed and dated.

If in doubt, the parent will be contacted and verbal consent obtained.

If a student refuses, the staff have no power of enforcement.

The onus is on the student to come to the health centre.

Appendix 7

Epilepsy Protocol

This protocol is for use by any member of staff dealing with a young person having a seizure in the absence of the Individual Health Care Plan.

Epilepsy is a tendency to have seizures (sometimes called fits). A seizure is caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way that messages are passed between brain cells, so the brain's messages briefly pause or become mixed up. There are many different kinds of epilepsy and about 40 different seizure types. Epilepsy can affect anyone, at any age. It can have an identifiable cause such as a blow to the head, meningitis or a brain tumour, but for the majority of people there is no known cause. In some cases, the tendency to have seizures runs in families, but having a parent with epilepsy does not necessarily mean a child will have the condition.

Signs and symptoms

The brain is responsible for controlling the functions of our bodies. What a child or young person experiences during a seizure will depend on where in the brain the epileptic activity begins, and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each pupil with epilepsy will experience the condition in a way that is unique to them. Seizures can happen at any time and they generally only last a matter of seconds or minutes, after which the brain usually returns to norm. Seizures can be divided into two groups:

Generalised

Partial (sometimes called 'focal')

Regular medication

The majority of people with epilepsy take regular medication with the aim of controlling their seizures. Some pupils with difficult to control epilepsy may take several different types of medication. Generally, these will be taken outside school hours. Side effects can include drowsiness, poor memory and concentration, confusion, irritability, over-activity and weight gain.

Exercise

When a child or young person with epilepsy is active they are less likely to have seizures. So, for most people with epilepsy, exercise can be of real benefit. However, a very small number of people with epilepsy find that exercise increases their likelihood of having a seizure. This is usually due to over-exertion.

Pupils with epilepsy may need to speak to their doctor before taking up a new sport or leisure activity, particularly if their seizures are not fully controlled. Things to take into account are the type, severity and frequency of the seizures, and known triggers, such as stress and excitement.

Emergency procedures

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

Tonic-clonic seizures

Symptoms:

- + the person loses consciousness, the body stiffens, then falls to the ground.
- + this is followed by jerking movements.
- + a blue tinge around the mouth is likely, due to irregular breathing.
- + loss of bladder and/or bowel control may occur.
- + after a minute or two the jerking movements should stop and consciousness slowly returns

Do . . .

- + Protect the person from injury – (remove harmful objects from nearby).
- + Cushion their head.
- + Once the seizure has finished, gently place them in the recovery position to aid breathing.
- + Keep calm and reassure the person.
- + Stay with the person until recovery is complete

Don't . . .

- + Restrain the pupil.
- + Put anything in the pupil's mouth.
- + Try to move the pupil unless they are in danger.
- + Give the pupil anything to eat or drink until they are fully recovered.
- + Attempt to bring them round.

999

Call for an ambulance if . . .

- + You believe it to be the pupil's first seizure.
- + The seizure continues for more than five minutes.

- + One tonic-clonic seizure follows another without the person regaining consciousness between seizures.
- + The pupil is injured during the seizure.
- + You believe the pupil needs urgent medical attention.

Seizures involving altered consciousness or behaviour

Simple partial seizures

Symptoms:

- + twitching
- + numbness
- + sweating
- + dizziness or nausea
- + disturbances to hearing, vision, smell or taste
- + a strong sense of déjà vu.

Complex partial seizures

Symptoms: + plucking at clothes, smacking lips, swallowing repeatedly or wandering around,

The person is not aware of their surroundings or of what they are doing.

Atonic seizures

Symptoms: sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

Myoclonic seizures

Symptoms: brief forceful jerks which can affect the whole body or just part of it. The jerking could be severe enough to make the person fall.

Absence seizures

Symptoms: the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

Appendix 7

Diabetes Protocol

This protocol is for use by any member of staff dealing with a student having a diabetic incident in the absence of the individual health care plan.

There are two types of diabetes that can affect people. The majority of young people have Type 1 diabetes and this policy will deal with this type.

Type 1 diabetes is an auto immune condition that develops when the pancreas stops producing insulin. Without insulin glucose builds up in the blood stream causing the body to produce more urine, become thirsty, lack energy and lose weight. Children with Type 1 diabetes will have to monitor their food closely and inject insulin according to their own regime. In school the child or young person will need to regularly check their blood sugar and calculate their insulin accordingly. The students in school carry their own equipment with them in order to be able to do this.

The aim is to keep the blood sugar level (bm) between 4mmols and 7mmols. Sugars should be tested before meals, if child feels unwell, before any sport or activity. If the bm is less than 4mmols this is **hypoglycaemia**, if it is above 7mmols this is **hyperglycaemia**.

Hypoglycaemia.

Signs and symptoms of hypoglycaemia:

Pale

Sweaty

Shaky

Dizzy

Uncoordinated

Bad tempered

Pins and needles in extremities

Children with hypoglycaemia should be treated quickly and should never be advised to walk for assistance even if accompanied.

Hyperglycaemia.

This can be caused by too little or no insulin

Too much carbohydrate

Infection/Fever

Stress

Less activity undertaken than usual.

Symptoms include one or more of the following:

Thirst

Increased need to pass urine

Nausea

Flushed skin

Stomach ache

Headache

Laboured breathing

Children suffering from Hypoglycaemia or Hyperglycaemia should be treated according to the following protocols in the absence of their Individual Health Care Plan.

Treatment should not be delayed while going to fetch the Individual Health Care Plan.

Other Considerations:

Increased Activity.

If the child is to participate in increase activity/ sponsored walks etc blood sugars will need to be checked before and after the activity and if very active they should be checked every half an hour. If blood sugar levels are below 7 mmols a snack should be taken. Parents must be informs of this as hypoglycaemia can occur several hours after the end of the activity.

Days Out/ Residential Trips.

Children with Diabetes should be allowed to participate fully in all activities and trips.

The residential pack produced by diabetes UK will be completed for the student and staff will be talked through the plan. This will include details of when to check blood sugars and what treatemtn is necessary in case of emergency.

The parents should ensure that the child has a sufficient supply of snacks to last throughout the trip.

Meals should be at regular times and should be 50% carbohydrate

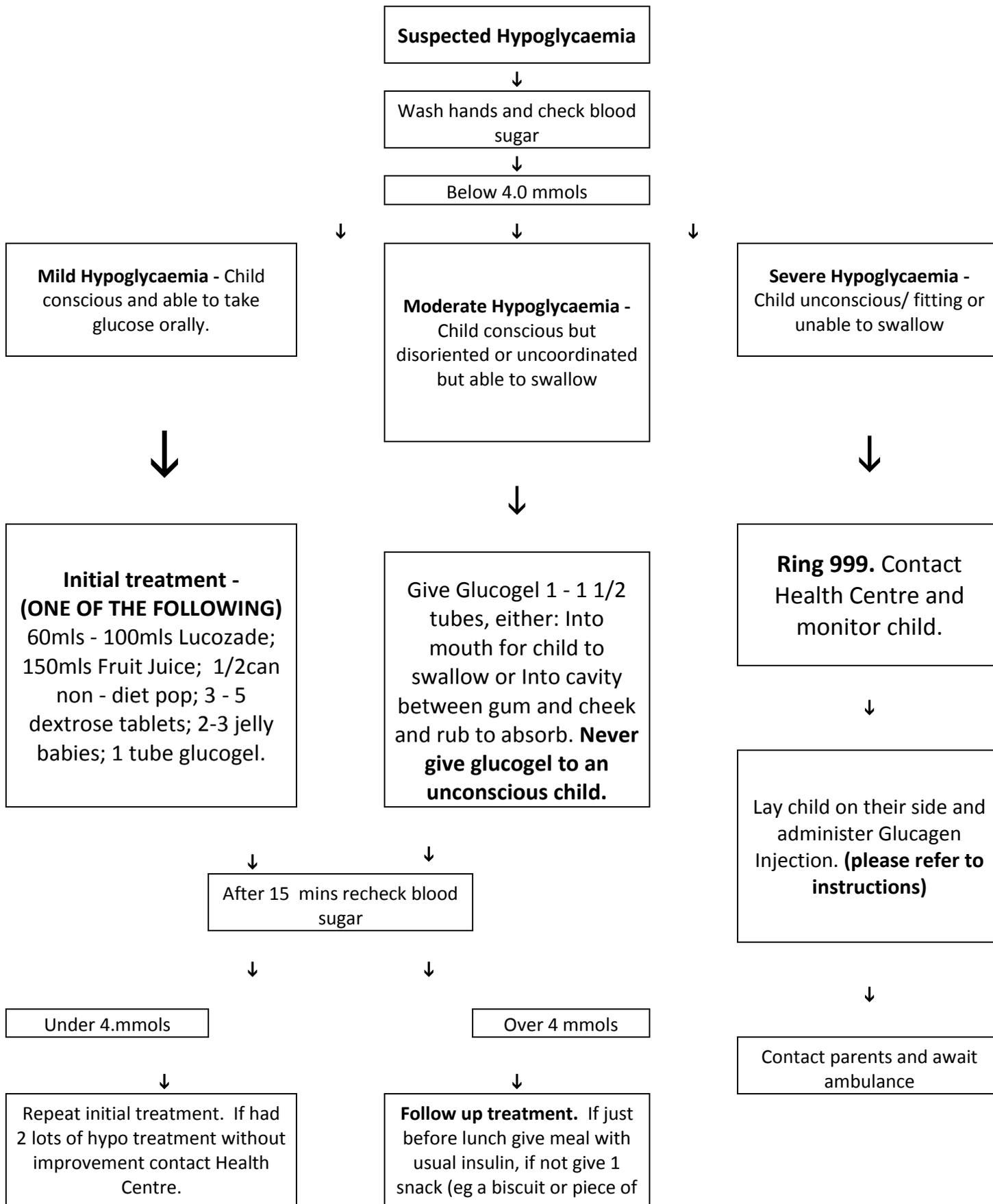
The child and the parents are responsible for ensuring that the child has sufficient diabetic supplies in terms of testing equipment and insulin. Provision should be made to keep supplies cool if the trip is to a hot country.

Exams

The exams officer at MSM has undertaken a course in diabetic care. The exam pack produced by Diabetes UK will be used as required for students undertaking exams.

Stress can affect blood glucose levels and students with diabetes should have access to drinks and snacks during an exam.

A request for special consideration in relation to the effects of high and low blood sugars should be made in writing to the exam board prior to the exams starting.





fruit) for every 1 hour until next meal.

Suspected Hyperglycaemia



Wash hands and check blood sugars



Over 15 mmols



Contact Health Centre



if the child is otherwise well give correction dose pre meal as per sliding scale and allow child toilet facilities and sugar free drinks. If between meals allow toilet facilities and sugar free drinks and retes in 1 hour

If the child is not feeling well give correction dose pre meal as per sliding scale. Allow toilet facilities and sugar free drinks. Recheck blood sugar and reassess child in 1 hour. Child should avoid exercise but can participate in normal activity

If child has any of the following contact parents to come and collect: Vomiting; Abdo pain; Headache; Laboured breathing. **The child should never be allowed home alone.**



If child is still unwell with $bm > 15$ mmols contact parents to discuss management.