



MOUNT

ST MARY'S | BARLBOROUGH HALL

Health Care Policy

ISI Regulatory Code – 13a

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Health Care Policy

The Health Care 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, accident reporting, access to first aid equipment, arrangements for pupils with medical needs, hygiene procedures, and referral to RIDDOR and how to summon emergency services. It also includes the care of boarders who are unwell.

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

Health and Wellbeing

The College takes seriously the health and well-being of all its students. There is a programme of PSHEE and RSE which ensures that the pupils know how to keep themselves healthy and who to talk to should they be unwell or feel unsafe. This also covers the use of illegal drugs, smoking and alcohol.

There is a monthly check-in, via Govox, which monitors pupils' mental health and wellbeing. This survey is monitored by the Second Master and Heads of Year and appropriate referrals are made.

Health Centre.

During term time the Health Centre is staffed by a qualified nurse. The opening hours are: Monday 08.00-16.30, Tuesday, Wednesday, Thursday 08.00-15.30 and Friday 08.00-14.00. If the nurse is away from the health centre during the day a message will be left on the door explaining how to contact them.

The nurse must hold a current registration with the NMC and ensure that they complete the necessary CPD to allow for re registration. It is the responsibility of the nurse to ensure that this is done.

In the event that the nurse is unavailable pupils should be directed to reception where the first aider on call can be contacted. There is also a list of first aiders in the staff room should you need to contact.

First Aid Personnel.

There is a number of staff on site qualified in First Aid. The Second Master will work with HR and the school nurse to ensure that sufficient staff are trained and that training courses attended reach the appropriate standard.

It is the responsibility of the Governors as 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.

See Appendix 1 for list of qualified first aid staff.

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 available throughout the college and can be found in: The swimming pool; the gym; main school office; games department; reception; CCF; staff common room; kitchen; science block; chaplaincy; all boarding houses; pavilion; DT/art department and maintenance. All school buses have 1st aid kits.

It is the responsibility of the school nurse to ensure that 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 supplies and charge them to each department. The sports staff are responsible for ensuring that any stock used is replaced as soon as possible by informing the school nurse either by email or bringing the first aid bag into the health centre to be re stocked. Catering and CCF monitor and restock their own first aid kits.

An AED (Automated External Defibrillator) 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 checked every week by the school nurse to ensure it is in working order.

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

Staff are advised to make use of the gloves in the first aid boxes when dealing with any 1st aid incident.

Medical Forms.

All parents/guardian of pupils attending Mount St. Marys' 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 accident or emergency.

At the beginning of each school year and when new pupils start, the school nurse will inform teaching/sport staff by email or teams of any pupils who may need extra vigilance especially during sporting activities i.e. asthma. This information will also be displayed in the staff room. Boarding staff will be made aware of any new boarder's medical conditions/ medications required by email on starting the college. Any dietary requirements or food allergies will be shared with catering manager and other appropriate members of staff by email and then displayed in the kitchen for catering staff to be made aware of.

Information from the medical form will be used to prepare an Individual Health Care Plan should this be required and stored in individual pupil files in the health centre. The school nurse will review annually or before if conditions changes either with parents or the pupil's specialist nurse i.e. diabetes/epilepsy nurse.

Completed medical forms will be stored securely in the health centre for a minimum of 7 years after the pupil has left the college.

Parents/carers will be asked to complete an annual consent form giving staff permission to administer first aid and ensuring that staff are aware of any new or evolving medical conditions.

Medical Cover.

Mount St. Mary's College is covered by Barlborough Medical Practice. The doctors only provide a service to boarders. It is recommended that all boarders are registered with this practice although pupils are able to choose another GP if they prefer. Some UK boarders will remain with their local registered GP. Appointments can be made via the health centre as required. Students may specify whether they see a male or female doctor. A chaperone will be provided for younger students if requested.

Medical Appointments.

Transport to see the doctor, dentist, optician etc will be arranged by the health centre for any of the boarders requiring this. During school hours house parents on call will be asked to transport them however if they are unavailable then transport may be provided by a school chaperone. Should a chaperone not be available then a taxi will be booked, if deemed necessary the school nurse will go with the boarder to the appointment if no other appropriate member of staff available. In some cases a boarders' guardian will be contacted to take them to appointments. 6th form students who are able to drive and have their own vehicle may drive themselves if well enough. No students should ever drive another student to a medical appointment.

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

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

Injuries or illness during the school day.

For any student injured or taken ill during the school day the following procedure should be followed.

If the student is able to attend the health centre this should be done. The student should not walk alone to the health centre but should be accompanied by a member of staff or another student. If the student is unable to attend the health centre then the nurse should be contacted to attend the student. In an emergency situation 999 should be called before contacting the school nurse.

The nurse will attend to the student and arrange treatment or follow up as necessary.

For non-boarding students who are taken ill or injured while on a school activity outside normal school hours the procedure outlined in the activity risk assessment should be followed. In an emergency the member of staff leading the activity should call the emergency services. This call should not be delayed by waiting for the school nurse.

In all cases the 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 are taken ill or injured outside normal school hours, the member of staff in charge of that student will assess the need contacting NHS direct (111) if necessary. The house parent will then ensure the student is taken to hospital by an appropriate adult without

compromising the care of the other boarders. Any resident member of staff may be asked to accompany a child to hospital dependent on the circumstances.

Physiotherapy.

There is a physiotherapist in school during term time who provides a service to students and staff. Appointments can be made through the health centre. The cost for this is £30.00 per session (30 mins).

Medication.

Any medication brought into school either by boarding students or day students should be fully pharmacy labelled in English. Any medication that cannot be identified will be removed and sent to pharmacy to be destroyed, the only exceptions for this will be when it is deemed that the student will be at risk for not taking their regular medication.

Day students at Mount St. Mary's College requiring medication during the day should bring it to the health centre in the morning with a signed form from parents outlining the dose and timings of the medication needed. There is a supply of over-the-counter medication in the health centre. Students should not need to carry these medications with them unless previously agreed with the school nurse.

All medication brought to the health centre will be logged and stored in a locked cupboard or in the medication fridge if necessary.

Controlled medication will be stored in the CD cupboard and entered into the CD book. Any controlled medication administered will be documented in the CD book and the entry signed by the nurse and the student to ensure an accurate record is kept of the medication. When CDs are no longer required they will be taken to the pharmacy for destruction and this will be logged in the CD book. All boarding staff are trained in the distribution of controlled medication and in the event of the absence of the nurse they will fulfil this function.

Any other medication will be logged on the student's medical notes and a record of paracetamol and ibuprofen given out during the day will be maintained.

Boarding students who require regular medication may be able to self-medicate. If the student is in year 9 or above and they are deemed responsible, they will be able to keep their medication in their room. A risk assessment form will be completed by the nurse and a copy given to the boarding staff so they are aware of the medication in the boarding house. All medication kept in the boarding house must be kept in the student's locked space. If medication is found around the room this will be removed and brought to the health centre. After this the student will have to attend the health centre in order to take their medication safely as required. The exception to this is for medication that may be needed in an emergency – e.g. inhalers, auto injector pens. These should be kept to hand at all times.

Boarding staff will be informed of any medication given to boarders during the day to ensure that they are aware, this is emailed and handed over to the relevant boarding house before the school nurse leaves.

Boarding staff who have completed the medication administration course will be able to deliver up to 2 doses of paracetamol and / or ibuprofen in the boarding house. The course is run by the school

nurse and covers the indications, side effects, contraindications and dosage for paracetamol and ibuprofen. Boarding staff will also be made aware of the storage and documentation requirements of medication administration. Boarding staff who administer medication in the boarding house must send a message to the health centre when this has been done. They should also log this on the medication record in the boarding house. This is to maintain an accurate record of medication given and to prevent an accidental overdose.

Any medication that is no longer required should be brought to the health centre for proper disposal.

Medication on school trips.

During their time at school students will take part in off-site trips and activities.

All trips will have a staff: student ratio as required and have a suitably qualified 1st aider with them. The school nurse will also ensure that the trip leader has a suitable 1st aid kit. For all off-site trips including games fixtures there will be a risk assessment outlining emergency procedure to be followed this is all done on evolve. It is the responsibility of the trip organiser to ensure that the risk assessment is completed and approved, guidance on completing risk assessments and templates can be referred to in the Risk Assessment Policy.

Any staff organising a school trip should inform the health centre of the destination, duration and participants of the trip. This should be done at the earliest opportunity to allow the health centre to organise any immunisations that may be required. The nurse will provide any medications that may be required for the trip. The nurse will also provide a copy of any student's health care plan if necessary. It is the responsibility of the lead member of staff to ensure that all documentation is kept secure and confidential and returned to the health centre as soon as practicable at the end of the trip.

The trip leaders will be provided with documentation to ensure a record is kept of and medications given.

It is the responsibility of the parents of day pupils to ensure that their son/daughter has enough "in date" medication for the duration of the trip. The trip leaders should be informed of any medication that is being taken on the trip. If the medication is a controlled medication this should be handed to the trip leaders for safe keeping and administration. Students requiring inhalers, auto-injectors or insulin may keep their medication with them at all times. Spare medication can be given to the trip leaders if necessary.

The school nurse will ensure that all boarding students requiring medication will have an adequate supply.

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 depend on condition and the age and ability of the student.

Any medical conditions are recorded on Isams and in individual pupil files in the health centre. A list of students with diabetes, asthma, epilepsy or anaphylaxis are shared with staff and displayed in key areas such as the staff room and school office. Relevant protocols are attached as appendices.

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 contact details. If consent is given by the student and his/ her parents, this will be made available to the relevant staff members. If consent is withheld this information will not be disclosed, however the parents of the students 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 with input from parents/house parents or outside specialists who have been involved in the students care.

Students in the college with asthma and severe allergies will be permitted to carry their inhalers or auto injectors with them at all times. It is the responsibility of the parents of day students to ensure that their child has the appropriate, in date medication with them at all times in school. Spare epipens/ inhalers can be stored in the health centre as a backup if required.

Confidentiality, Information and Consent.

The Professional Code of Conduct for 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 person. However, where the professional believes 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 e.g. Immunisations, 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 such a way 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 which hospital the child has been taken to. A member of staff will accompany the student 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 to Mount St. Mary's College they will be given the school postcode (Main car park – S21 3YH, Pineapple tower – S21 3YL). This will allow them to access the main school. A runner will be sent to meet the ambulance and direct them to the accident. Any barriers should be lifted allowing the ambulance to access the site in a timely manner.

All accidents **MUST** be reported on a school accident form. Copies of the accident forms are included in the appendices. Accident forms can be found on the school intranet, in the health centre, the school office, the games office and the staff room. Copies of the completed accident forms should be passed to reception. **It is the responsibility of the member of staff in whose activity the accident occurred to complete the form.** If the pupil requires treatment from the school nurse then the school nurse will complete the accident 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 and taken to reception. It is the responsibility of the facilities manager to report any RIDDOR reportable incidents in a timely manner.

PEEP. (Personal Emergency Egress Plan)

Any member of the community, whether staff or students, who may have difficulty exiting the building in an emergency will have a PEEP in place. This also applies if the difficulty is temporary, e.g., acute injury requiring crutches. Staff will inform the school nurse of anyone who may have difficulties and the nurse will complete the PEEP. A copy will be kept by the facilities manager and a copy will be held in the Health centre. All relevant staff who deal with that student will be informed of the PEEP which will outline the procedure to be taken in case of emergency. If the student is unable to manage stairs safely independently they will have to be taught on the ground floor. Changes to boarding accommodation may also need to be made if the student is unable to exit the boarding house safely. There is an evacuation chair located outside the health centre.

Off Games Procedure.

Any day student with a medical condition that will affect their ability to participate in games lessons should have an email sent into reception from their parent/guardian the morning of their games session including details of the condition, what activities they can do and what should be avoided, and for how long they may not participate. The email will then be sent forward to the games department and school nurse. A signed and dated letter from home will also be accepted. Students should still bring their PE kit into school with them.

Students should bring the letter to the health centre either in registration or in morning break. Students with a valid letter will be issued with a blue bill outlining to games staff what they can and can't do. Students should not present to the health centre at the time they should be in the games lesson. The health centre will only provide blue bills to day students without a parental email or letter if they are injured or taken ill on that day.

Students with a blue bill should still get changed for their games lesson. Games staff will be made aware of who is unable to participate games by email. The students not able to participate will be found suitable alternative activities to do. If there are no suitable alternatives available, the student may be sent to the health centre to study for the duration of the lesson. They should ensure they have work to do in this time. If a student is to be sent to study then the games staff will liaise with the nurse to inform them of who is coming.

Boarders who are unwell or feel they cannot participate in the games lesson should attend the health centre after breakfast. The school nurse will assess them and make a decision about what activities if any they can participate in. Again games staff will be made aware of this by email. The same procedure as for the day students is then followed.

Medical cover at Sports Fixtures.

Medical cover for fixtures will be provided by Derbyshire Medical Service. This is the responsibility of the Head of Games.

Where this may not be possible (e.g. due to shortage of paramedics caused by the Covid pandemic) there will be a risk assessment completed by the Head of Games which will make clear the availability of first aiders and the process to be followed in the event of an injury.

When the 1st team pitch is in use it is the responsibility of the Head of Rugby to ensure that the double gates leading to the pitch are unlocked to allow ambulance access.

It is the responsibility of the games staff to ensure that all coaches have a 1st aid kit and a mobile phone with them in order to be able to contact appropriate support.

If an injury occurs the first- aider will attend and assess the students and a decision made about how to proceed.

If the injury is severe an ambulance will be called and given the correct postcode (S21 3YH for the rugby pitches, S21 3YL for the astro). A runner will be sent to the school entrance to guide the emergency vehicle in. If the injured student cannot be moved then the match must be moved or abandoned.

Although a stretcher is available it is advised that it should only be used in cases where not moving the student could lead to harm. This is due to lifting 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 first aider will assess how this is to be achieved. If the parents are present they may be able to take the student to hospital. The nearest emergency department is at Chesterfield Royal Hospital. If the parents are not available, a member of staff will accompany the student and remain with them until parents are able to attend. If the injured student is a boarder, boarding staff will remain with the student.

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

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

If a Mount St. Mary's student is injured at an away match it is the responsibility of the games staff accompanying the team to follow the procedure outlined in the risk assessment.

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. Concussion can occur in many situations in the school environment but the potential is greatest during sports. Students may get concussions 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 the student at risk of more serious consequences

if they receive another concussion before full recovery. It is the responsibility of the parents to inform the school if their child has suffered a concussion out of school.

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 recognised and removed from play until they have been assessed. All coaches will be issued with a copy of the pocket concussion recognition tool. This supports the Recognise and Remove message and is suitable for use with all age groups of players. It is supported by the RFU and England Hockey. The tool highlights the signs and symptoms of concussion.

These include:

Dazed, blank look; lying motionless on the ground or slow to get up; unsteady on feet or balance problems; Loss of consciousness or unresponsiveness; confusion; grabbing or clutching of head; convulsions; irritability. Any one of those symptoms would suggest a possible concussion.

Students may complain of: headache; dizziness; mental confusion; visual problems; nausea and / or vomiting; fatigue; drowsiness; pressure in head; light or sound sensitivity. Any one of these symptoms may suggest a concussion.

If a player has any of the signs and symptoms of a concussion that player must be recognised and removed. If in doubt sit them out.

Following the assessment of the concussion players must follow a GRTP (Graduated return to Play) protocol as outlined by the RFU, England Hockey or the governing body for the sport they are participating in that term. These are all similar but include some sport specific exercises. In ALL cases the player must have a minimum of 2 weeks off sport / exercise after they are symptoms free. After this they will follow the programme as laid out below.

Rehabilitation Stage	Exercise Allowed	Objective
1. Rest as per the prescribed minimum rest period for the players age (For , 18 the period is 2 weeks following the end of symptoms)	Complete physical and cognitive rest without symptoms	Recovery
2. Light aerobic exercise, walking, swimming or stationary bike keeping intensity < 70% maximum predicted heart rate. No resistance training.	Symptom free during full 24 hour period	Increases heart rate
3. Sport Specific Exercises	Running drills. No head impact activities	Add movement
4. Non- contact training drills	Progression to more complex training drills. E.g. passing	Exercise, co-ordination and cognitive load

	drills. May start progressive resistance training	
5. Full contact practice	Normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play.	Player rehabilitated	Recover.

The player must be symptoms free for 24 hours from each stage before moving on. If there is any occurrence of symptoms then the process restarts with 2 weeks of no sport or exercise.

This programme of rehabilitation will be overseen by a senior member of the games staff in consultation with the school nurse. From Stage 2 onwards the student will attend sessions at lunchtimes so that the exercises can be fully assessed and monitored. During this period of recovery the students will not participate in games sessions.

Chronic Conditions in Sport.

The aim is for all students to be able to participate in sports during their time at Mount St. Mary's College/ Sport is important to the physical and mental wellbeing of young people. However some students with chronic conditions will need to take extra precautions before playing sport.

1. Diabetes:

Any student with Insulin Dependent Diabetes is able to take part in sport. The following precautions should be taken. Blood sugar levels should be checked before any training session or game. It is necessary to adjust insulin according to the length of the sports session. Students are advised to consume a good meal 2 – 3 hours before playing. A reduced dose of insulin may need to be taken (usually 10% less for a 1 hour session and 20% less for a 2 hour session). It is important that blood sugar levels are checked regularly during the games and after the game. Checking blood sugar in the evening after a match is also necessary. A good meal should be consumed after the match to prevent blood sugar levels from dropping. Snacks and high sugar drinks should be available during the match / training session. The sports coach should be familiar with the students care plan and action that may need to be taken.

2. Epilepsy:

Any student with epilepsy may still be able to participate in contact sport. However this decision should be made by the specialist in charge of their treatment. A letter outlining what the student is able to participate in should be sent to the school nurse who will share the information with the games staff as necessary. Unless the school has the relevant information then students with epilepsy will not be able to participate in contact sports. They may be able to participate in non-contact activities.

3. Cerebral Palsy:

Students with cerebral palsy may be very well able to take part in team and contact sports. Parents should send a letter to the school nurse outlining what the student is able to do and giving consent for the student to take part in contact sports.

4. Hearing Aids:

The advice from England Deaf Rugby is that rugby playing students wearing hearing aids should wear a properly fitting scrum cap if they wish to wear their hearing aid during training or matches. They are still able to take part if they choose to remove their hearing aid for training or matches. Following advice from England Hockey it is considered safer for hockey playing students to wear their hearing aids during training and matches as there is limited risk of damage and it is safer to be able to hear instructions clearly.

5. Asthma:

All students with asthma will need to have a functioning, in-date inhaler with them for any sports activities. This is for training and matches. It is the responsibility of the parents of day students to ensure that their son/ daughter has an appropriate inhaler with them. If the student does not have an inhaler available they will not be able to participate in sports sessions.

Protective Equipment in Sport.

All students playing in rugby matches must wear a gum shield. For training they should wear a gum shield for any activity that involves contact. Staff will check to ensure that boots and studs comply with regulations prior to matches and as deemed necessary during training.

For Hockey all students must wear gum shields and shin pads for training and matches. During matches the school will provide face masks for the students to wear when defending corners. Protective clothing will be provided for students playing in goal to minimise the risk of injury.

During Cricket, pads, protective gloves and helmets will be provided as required. It is required of all students to wear a helmet whilst batting, keeping wicket or fielding in an exposed position.

Students who fail to comply with the safety requirements of the sport will be unable to participate.

Students are required to purchase gum shields, guidance on this is given in the schools joining packs.

Defibrillator.

A defibrillator is available in school. It is stored in a signed box outside the health centre on the way to refectory.

In an emergency anyone is available to use this equipment.

The defibrillator is checked weekly to ensure that the battery is fully charged and the other equipment / pads are in place.

The equipment provided includes: scissors; face mask; spare pads; towel; razor and oxygen tubing.

If needed the defibrillator can be taken to where it is needed. Once opened the defibrillator provides instructions for use.

On match days the defibrillator will be taken to the rugby pitches. It will also be moved for events so that it is readily available. SLT and event organisers will be informed when the defibrillator is moved.

Following use the defibrillator must be returned to the school nurse so it can be checked and restocked for use again.

It is the responsibility of the school nurse to ensure that the defibrillator is in working order.

Infection Control.

In order to prevent the spread of infection it is important that all the students and members of staff follow basic hygiene procedures. Anyone providing medical treatment or first aid should have all cuts and grazes covered. Hands should be thoroughly washed before and after treatment. Gloves should be worn where possible. If there is any likelihood of splashing, aprons and eye protectors should also be worn. These are available in the health centre. Any contaminated waste should be sealed in a yellow bag and brought to the clinical waste bin in the health centre.

In the event of contact with blood or other bodily fluids other than their own, staff should wash splashes off their skin with soap and running water. This should be done without delay. Splashes into the eyes should be washed out with tap water or eye wash solution. Splashes to the nose or mouth should be washed with tap water taking care not to swallow the water. Advice should be sought from the health centre for further course of action.

Any spills of body fluids (blood, urine, vomit etc.) should be cleaned by a member of the school housekeeping team or by the school nurse using a single use body fluid spill kit. All waste will be disposed of in the health centre clinical waste bin. Body spill kits are kept in the cleaning stores, in the health centre and in boarding houses.

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' 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.

For boarders with infectious complaints, if parents are abroad, their guardian will be contacted and asked to come and collect the student. They will be kept isolated from other students until this can be arranged. In some cases it may be possible for the student 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 in the college whereby students are unable to be collected by guardians and where the health centre is unable to accommodate all ill students, Arrowsmith or Chichester will be used as temporary quarantine areas. These are separate from the main school and have a number of rooms with washing facilities. The exact location for isolation will depend on the nature of the outbreak and the number of students affected. The quarantine area will be staffed by the school nurse with support from agency staff as required. At all times advice from Health Protection England will be followed. Meals will be brought to the quarantine area by catering staff as required.

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 school. Advice about hand washing will be given to staff and students as required.

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

Rooms used by students with suspected infectious complaints will be deep cleaned by housekeeping staff according to the housekeeping policy. The health centre will be deep cleaned in all long holidays irrespective of use.

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 school nurse or house parents to inform housekeeping staff when this happens.

Protective clothes should be worn e.g. gloves, aprons and masks or visors.

All bedding will need to be changed and washed at high temperatures. If bedding is soiled with any body fluids it should be double bagged separately to reduce the handling of infectious materials.

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

The floor will be mopped with a sanitising solutions.

All toilet areas will be cleaned as per normal procedures.

Cleaning cloths used for deep cleaning will be disposed of.

Intimate care.

All staff responsible for the intimate care of students will undertake their duties in a professional manner at all times. The college recognises that there is a need to treat all children with respect when intimate care is given and the child's welfare and dignity is of paramount importance. The safeguarding policy should be followed at all times.

Intimate care is defined as any care that may involve washing, touching or carrying out an invasive procedure (such as cleaning up a student who may have soiled themselves) to intimate personal areas. Another example is where a member of staff is required to clean or shower a student after an incident involving alcohol.

Where intimate care is required it is recommended that another adult is present if this is possible. Another member of staff should be aware of what is happening and be nearby if they are unable to be involved. The staff involved should be the same gender as the student and where possible consent should be sought from the student for all such care. If possible the student should be brought to the health centre for washing/ showering. A record must be made of all care given and the parents / guardians informed at the earliest opportunity.

Bedwetting.

There may be some boarders with bedwetting issues. These may be regular or occur unexpectedly. Bedwetting is often an embarrassing issue for students who are worried about other students finding out. At all times maintaining the dignity of the student is important.

If a boarding student has a bedwetting problem it is helpful if the parents inform the boarding staff and the school nurse. The student will be provided with a waterproof mattress protector and the same bedding as any other student.

In the vent of a student wetting the bed they should leave the bedding in a heap over the wet area. This will alert cleaning staff to the issue. The student can shower and dress themselves and go to breakfast with the other students. Any wet clothes should also be left in a heap on the bed. When all

the students have left the boarding house the housekeeping staff can come and remove the wet bedding and wipe down the mattress. The bed can be remade before the students return to the boarding house.

This same procedure may be followed in cases of menstrual accidents.

All incidents of bedwetting should be reported to the school nurse so that they can be monitored in case medical intervention is required.

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 1st 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 the emergency services as soon as possible. The call for emergency services should not be delayed by calling for the school nurse or a 1st aider.

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 a call about an emergency the nurse should assess the age and condition of the students in the health centre.

If it is deemed necessary for the student to have supervision the nurse will phone the school office and inform them of this. The receptionist will obtain a member of staff to go to the health centre to supervise the students there. This should be done as soon as possible and take priority over routine work. 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 absence of the nurse should be recorded and given to the nurse on her return. Under no circumstances should medication be given in the absence of the nurse.

If the students in the health centre are able to be left for a short period the nurse will ensure they have her number and a working phone within reach.

In the absence of the school nurse a first aider will cover, a list of first aiders are kept in reception, staff room and school office.

Documentation.

The parents of all students attending the college are asked to complete a medical form prior to their child arriving at the school. Each year they will also be asked to complete an annual consent form to ensure the college has up to date medical information available. These forms are kept in a locked cupboard in their health centre and their contents are only shared as necessary with consent.

An electronic record is kept of every visit using the school data system iSAMS. This also has strongly controlled access to it thereby keeping information confidential.

The Nursing and Midwifery Council (NMC) states that all records of treatment should be dated, timed and signed and made as close as possible to the time of treatment. ISAMS ensures that all records are kept securely and are unable to be edited.

After a pupil leaves the college the paper records are kept for a minimum of 7 years. The paper notes are kept in a locked cupboard in the health centre. At the end of 7 years the notes are destroyed by a data handling company.

Electronic records are kept and backed up. They are archived centrally and are controlled by the IT department.

Medical Policy for Boarders

The school has appropriate procedures in place for boarders who are unwell or injured.

Students that become unwell during weekends or out of school hours are cared for by the house parents who will assess their needs, contacting NHS 111 if necessary. In an emergency the students will be taken to A&E or call 999. If a visit to A&E is required then the house parent will ensure the student is taken to hospital by an appropriate member of staff.

During school hours boarders that become unwell are assessed and cared for by the school nurse in the health centre. If infectious the student is to be isolated in room 3 of the health centre which is a single room with a toilet. If a student is perceived to be too ill to leave the boarding house then the school nurse should assess and if needed ring the GP, 111 or 999.

If it is not appropriate to be taking an infectious student through the school to the health centre then procedures should be put in place for the student to be isolated in their own boarding room with a toilet. The school Nurse will then assess how ill the student is and if needed contact the GP or 111. The school nurse is to stay with the student and leave her phone number on the health centre door to be contacted if needed. If the student is well then either the school nurse to check on the student or an appropriate first aid trained member of staff throughout the day, in some cases the house parent may be able to stay in the boarding house with the student. If parents are abroad then their guardian will be contacted to come and collect the student. Advice from Public Health England will be taken.

Appendix 1: List of First Aid Qualified Staff

Surname	First	Type	Expiry	Area
Berry	Daniel	Paediatric & EFAW	September 2027	Games
Freeman	Jessica	FAW & Paediatric	September 2027	Games
Guest	Jess	Blended Full Paediatric & EFAW	January 2026	Games
Jones	Samuel	Blended Full Paediatric & EFAW	January 2026	Games
Jones	Nicola	Blended Emergency Paediatric & EFAW	January 2026	Games
Head	Christian	Paediatric & EFAW	September 2027	Games
Hayes-Wormall	Aidan	FAW & Paediatric	September 2027	Games/boarding
Weekes	Lesroy	Blended Full Paediatric & EFAW	January 2026	Games
Allen	Taryn	Emergency paediatric & EFAW	September 2026	Games
Pettinger	Jodie	Blended Full Paediatric & EFAW	January 2026	Nurse
Millns	Kelly	Blended Full Paediatric & EFAW	January 2026	Office
Self	Nicola	Emergency paediatric & EFAW	September 2026	Office
Yorke	Sharon	Blended Full Paediatric & EFAW	January 2026	Kitchen
Marshall	Shaun	Emergency paediatric & EFAW	September 2026	Kitchen
Greveson	Mark	Emergency paediatric & EFAW	September 2026	Kitchen
Wilson	Georgina	Emergency paediatric & EFAW	September 2027	Kitchen
Thornley	Phil	Blended Full Paediatric & EFAW	January 2026	Maintenance
Baker	Steven	Emergency paediatric & EFAW	September 2027	Maintenance
Pilgrim-Ford	Emma	Emergency paediatric & EFAW	September 2026	SEN
Wood	Rachel	Emergency paediatric & EFAW	September 2026	SEN
Craggs	Rachel	Emergency paediatric & EFAW	September 2026	Teaching/games
Hayley	Maria	Emergency paediatric & EFAW	September 2026	Teaching
Augusta	Alvaro	Emergency paediatric & EFAW	September 2026	Teaching
Hunter	John	Emergency paediatric & EFAW	September 2026	Teaching
Middleton	Alexa	Emergency paediatric & EFAW	September 2026	Teaching
Gruar	Chris	Emergency paediatric & EFAW	September 2026	Teaching

Grice Smith	Kate	Emergency paediatric & EFAW	September 2026	Teaching
Stockwell	Judith	Emergency paediatric & EFAW	September 2026	Teaching
Hoggren-Johnson	Hannah	Emergency paediatric & EFAW	September 2026	Teaching
O'Neill	Seanead	Emergency paediatric & EFAW	September 2026	Teaching
Gent	Adam	Emergency paediatric & EFAW	September 2026	Teaching
Walls	Amy	Emergency paediatric & EFAW	September 2026	Teaching
Williams	Haydn	Emergency paediatric & EFAW	September 2026	Teaching
Scholes	Matthew	Activity First Aid	April 2026	Teaching
Mullins	Karen	Activity First Aid	April 2026	Teaching
Hutchinson	Joseph	Paediatric & EFAW	September 2027	Teaching/Boarding
Du Randt	Annette	Paediatric & EFAW	September 2027	Boarding
Jones	Jess	Paediatric & EFAW	September 2026	Boarding

Appendix 2 – Asthma

STUDENTS WITH ASTHMA

Many students with asthma manage themselves without any problems usually using inhalers – salbutamol, Ventolin or other prescribed inhalers.

In the event of an asthma attack, stay with the student. They may need assistance to use their inhaler.

SYMPTOMS OF ASTHMA ATTACK

Shortness of breath and wheezy cough. They may not be able to talk in full sentences. Blue tinge to lips and fingertips and may complain of tight chest.

EMERGENCY TREATMENT

1. Sit the student up straight – try to keep calm.
2. Take one puff of their reliever inhaler (usually blue) every 30-60 seconds up to 10 puffs.
3. If they feel worse at any point or don't improve after 10 puffs call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and symptoms not improving repeat step 2.
5. If symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

Appendix 3 – Auto injectors

Adrenaline auto-injectors

Adrenaline auto-injectors are used to administer adrenaline in case of an anaphylactic reaction. There are three different brands of auto-injector.

To administer an auto injector:

1. Hold the injector in your preferred hand. Remove the safety cap with the other hand.
2. Put the injector firmly into the upper outer part of the thigh and hold it there for 10 seconds. Or for Epi pen only 3 seconds.
3. Remove the auto injector.
4. You should notice improvement within a few minutes.
5. Bodies process adrenaline quite quickly, so the effect can begin to wear off

Call 999 immediately.

You can use the auto-injector through clothes (avoid seams)

Symptoms of anaphylaxis

The symptoms of anaphylaxis can come on quickly and worsen quickly as well. Anaphylaxis is an emergency.

Symptoms to look out for can include:

- difficulty breathing
- swelling of the throat, face, or lips
- wheezing or hoarseness
- feeling dizzy or light-headed
- having a rapid heart rate
- having pale or clammy skin
- fainting or collapsing
- hives and itching
- abdominal pain
- nausea or vomiting
- diarrhoea

Appendix 4 – Epilepsy

What is Epilepsy?

- 1 person in every 100 has epilepsy and 75% of people with the condition will have their first seizure before the age of 20. It is therefore likely that most teachers will come into contact with a pupil with epilepsy, at some time during their teaching career.
- If epilepsy is dealt with calmly and reassuringly, the child will benefit, and other pupils will develop a healthy and accepting attitude towards the condition.
- Epilepsy is a descriptive term and not a specific illness or disease.
- It is an altered chemical state of the brain leading to outbursts of extra electrical activity within it.
- People with epilepsy may have seizures or fits (seizure is the preferred term)

What is a seizure?

There are many types of seizures, the most common being Absence and Tonic Clonic.

Absence seizures

This type of seizure may be difficult to detect as it involves the child losing concentration and becoming unaware of their surroundings for a few seconds.

Tonic Clonic Seizure

In this type of seizure, the child will fall to the ground and be stiff (tonic), There is then a period of rhythmical jerking, shaking or a tremor (the clonic phase). After a period of time the jerking stops and there may be a period of sleep, lasting from 15 minutes to several hours.

THE CLONIC PHASE SHOULD LAST NO LONGER THAN FIVE MINUTES. IF IT CONTINUES FOR ANY LONGER, AN AMBULANCE SHOULD BE CALLED IMMEDIATELY.

Some children may have a seizure, which lasts a long time. In this case their doctor may prescribe medication to shorten the seizure. For these children an Epilepsy Management Plan should be drawn up and specialist training for staff willing to administer the medication made available.

Should a child have a seizure in school, it is helpful to record the following information for the parents/carers and the doctor who is caring for the child's condition:

- date and time
- length of seizure
- type of seizure (describe what you witnessed).
- recovery time

- any triggers
- any warnings prior to the seizure

Seizure Type

Focal Seizures (previously known as Partial seizures)

These are epilepsy seizures that start in one side of the brain. During focal seizures the pupil may be aware or unaware. Symptoms can be **motor** in nature such as, but not limited to head turning to one side, repeated swallowing, repeated pulling at clothes, rocking. Or **non-motor** in nature such as feelings of fear, changes in vision, sense of déjà vu, feeling or being sick. Some focal seizures can be mistaken for deliberate or disobedient behaviour. Focal seizures usually last up to 2 minutes. The pupil may need reassurance and a re-cap of anything they have missed. These can go on and develop into generalised tonic clonic seizures.

Tonic-clonic seizure

This is the most widely recognised seizure. The pupil loses consciousness and may fall to the ground. They may briefly stop breathing and become blue around the mouth. The limbs become rigid (tonic phase) and then rhythmically jerk (clonic phase). There may be incontinence of bladder and/ or bowel. When the pupil wakes, they may be confused and complain of headache. The pupil may need to sleep for several hours to recover, although some people recover quickly.

Absence seizure

This is a brief lapse in consciousness, usually lasting only seconds. Usually the pupil does not fall, although they are completely unconscious during the seizure and sometimes their eyes will flicker. These episodes can be difficult to recognise and are often mistaken for daydreaming or inattention, as the person will stop and stare. Absences are the most common seizure type in children and may happen many times a day. Usually the pupil will be able to continue what they were doing before the seizure, although they may need reminding. Sometimes there is brief confusion. A pupil who has absences can be helped by giving written information at the end of a lesson to enable them to catch up.

Atonic seizure

The pupil will momentarily lose all muscle tone and will collapse suddenly. Injuries can easily occur, particularly head injuries as the pupil will often fall forwards and will not be able to put out their hands for protection during the fall. Safety headgear is sometimes worn by pupils who have frequent atonic seizures.