



First Aid and Medical Care Policy

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Version 1	Tracy Coslett / Lisa Morton	May 2022	Gareth Collier	May 2022

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1. Introduction and Rationale

- 1.1. The College Health and Medical Policy aims to ensure that every student, member of staff and visitor to the college and/or the boarding facilities, receives appropriate first aid (and if a student, Medical Care) in the event of illness or an accident.
- 1.2. This policy should be read in conjunction with the college Safeguarding and Child Protection Policy, Conducting a Search and Use of Physical Intervention Policy, the Substance Misuse Policy, Child on Child Abuse Policy, Prevent Policy, the PSE and RSE Policies and the Staff and Student Wellbeing Policies.
- 1.3. First aid within college is administered by qualified first-aiders, Matron or the Nurse. In the event of an accident all members of the college community should be aware of the support available and the procedures available to activate this.
- 1.4. All Accommodation Staff, Graduate Residential Assistants working within the boarding houses, who act 'in loco parentis', are trained in first aid and the college's medical procedures. In addition, the college nurses provide training in how to administer use of Epi-pens and asthma pumps to all house staff, reception staff and key admin staff; Heads of Houses, Careers and frontline student support staff.
- 1.5. All college staff should have at least a simple knowledge of basic first aid, so that they are able to recognise a situation where medical advice and expert attention is required. All staff are expected to act in a way that a responsible parent might when an accident occurs, but this does not require them to have any special medical knowledge or training, any more than would be expected of a reasonable parent. The nurses provide some basic training for dealing with simple health care needs and those that are the most common amongst the student body. All staff also have access to on-line basic first aid training via the college web based training package supplied by EduCare. Full lists of all those who have undertaken this training are held with the College Secretary and the Operations Manager.
- 1.6. Students may need medical care during their stay at college. This policy ensures that there are clear guidelines and boundaries in the following areas:
 - Medical Care offered by the College including Mental Health
 - Confidentiality
 - Documentation
 - Working with parents and guardians
 - Procedures for Students reporting sickness
 - Administration of/ Record Keeping of Medicines/Disposal of Medicines
 - Health Care Plans
 - PSE and RSE Provision

2. Aim

- 2.1. The aim of the College's Medical Team is to work in partnership with parents/guardians, students and fellow professionals to ensure that pupils who require medical treatment are able to undertake treatment in a safe and secure environment, which allows the student to continue to make progress with their education. All pupils prior to their arrival at college must complete a pre-arrival medical questionnaire. All known health and medical conditions, along with medications prescribed and taken must be disclosed. Failure to disclose serious medical and health conditions, along with not providing information about medications, including those classified as controlled medications means that a breach of college policy and admissions entry criteria has occurred.
- 2.2. This policy contains the following appendices:
- Health plan template
 - Homely Guidance and contra-indications
 - Good Hygiene Advice
 - Helpful organisation contacts
 - Medical Emergency Flow Chart

3. Confidentiality

- 3.1. In accordance with the nurse's professional obligations, medical information about college students, regardless of their age, will remain confidential, unless there is a safeguarding concern, in which case the nurse would follow the college safeguarding policy and inform the Designated Safeguarding Person and Designated Safeguarding Officers. All staff need to be aware of certain medical conditions such as asthma, allergies and anaphylaxis. These are made known to college staff via the College's information system and also by direct contact through the college nursing team.
- 3.2. In providing medical care for a student, it is recognised that on occasions the nurses may liaise with senior staff (in particular the student's Head of House, the Deputy Head, Pastoral and the Head of Boarding), other staff and parents/guardians/agents, as deemed appropriate and that information, ideally with the student's prior consent, will be passed on as necessary. With all medical and nursing matters, the nurses will respect confidentiality except on the very rare occasions when, having failed to persuade that student, or his or her authorised representative, to give consent to divulgence, the nurses consider that it is in the student's better interests, wellbeing, or necessary for the protection of the wider college community, to breach confidence and pass information to a relevant person or body.
- 3.3. In line with good practice and in keeping with the procedures outlined in the college's 'Safety on Trips Policy', all trip leaders are informed of any serious ailments and/or, substantial mental health concerns on a strict 'need to know' basis in order to safeguard learners effectively.

4. Documentation

- 4.1. Each contact and communication with a student/or member of staff regarding a student will be documented by the nurses. In addition, House Parents and College staff will also document health concerns using the college management information systems when the nurses are not on-site. Students' medical files and any other relevant medical documentation will be kept in a locked filing cabinet in the Medical Room. Access to these records is limited to the medical team only and records are kept and maintained in line with GDPR guidance, including grab sheet storage.
- 4.2. When students join the college they complete a College medical questionnaire including significant past and current medical problems, medications, any on-going treatment, allergies and the dates and details of all immunisations, if known. This information is also included on the NHS GP registration form. Students and parents are asked to keep the nurses up-to-date with any new health diagnoses, notifying them in a timely manner should any changes to health and medical needs occur.

5. Working with Parents and Guardians

- 5.1. The college and parents/guardians/agents should work together to ensure that all relevant information with regard to a medical condition which may affect a student, is passed on to all concerned. Information will only be requested from parents when it is necessary to ensure the health and safety of the individual student and/or his/her peers at college. The confidentiality of a student's medical records will be respected.
- 5.2. Parents/agents/guardians should provide the college with adequate information about the student's medical condition, treatment, or any special care needed at college. Failure to do so places students at risk, for which the college is not and will not be held liable. Parents/agents and guardians should, in partnership with the Nurses/Pastoral Team, reach an agreement on the college's role in helping to address the student's medical needs.
- 5.3. The cultural and religious views of families will always be respected. Parents/agents/guardians will be asked for the following information about medication:
 - name of medicine
 - dosage
 - method of administration
 - time and frequency of administration
 - other treatment which may involve College staff or affect the student's performance during the College day
 - side effects which may have a bearing on the student's behaviour or performance at College

- 5.4. Parents should advise the college of any changes in the medication administered to their son/daughter at the earliest opportunity. Likewise, if a student is aware of any changes then this must be reported to the college nurses or their respective Head of House. If a student at the College is unwell, or needs hospitalisation, parents and guardians will be kept up-to-date with this situation and if a student has two days off consecutively, parents and guardians will be notified. In light of students' needing to recuperate from an illness, or in the event of a communicable outbreak, the college reserves the right to ask guardians to collect and care for the learner in question until they are well enough to return to college.
- 5.5. If physical illness is ongoing and/or the student's behaviour is impacted upon due to ongoing or the sudden onset of wellbeing issues and it is felt that after making reasonable adjustments that the student's support needs are beyond the resources of the college then SMT will convene to discuss the student's case in full. The student's parents and the student will be asked to attend a meeting and recommendations for the student will be communicated. The duty of care to students with any health issue will be balanced against the duty of care to other students and therefore the most appropriate course of action may in some instances be a leave of absence. If this occurs, the college will require the student to produce appropriate confirmation of their health from a suitable and recognised medical professional before the student returns to study.
- 5.6. In the event that students need to remain offsite in order to recuperate from illness, and or pupils need additional supervision that staff at the college cannot provide, parents will be notified in full and wherever possible and if health permits, pupils will be able to continue to contact teachers for academic work.
- 5.7. If a parent requests that a student sees a doctor then this should be arranged.

6. The College Medical Service

- 6.1. The college uses a local GP surgery for its medical needs along with the college nurse. Students studying with the college are registered with the local GP surgery when they arrive.
- 6.2. The college supports students with medical conditions. Those who come into contact with a student with a going medical condition be apprised of the nature of the condition, and any actions with regard to medical care, when appropriate. The student's parents/guardians/agents and health professionals will be asked to provide support and information. All staff members, who have contact with such students, will be informed of the possibility of an emergency arising and the action to take if one occurs. If in doubt about any of the procedures, the member of staff should check with the Nurse/Pastoral Team who may in turn contact the parents or a health care professional before deciding on a course of action.
- 6.3. The college nurse will also make referrals for a student to see CAMHS (Child and Adolescent Mental Health Service) via the local GP, in agreement with the student that they need access to external and ongoing support. Parents and guardians will always be made aware of this, as will the Designated Safeguarding Person. Referrals

to adult mental health services when needed will also be requested, depending on the child's age.

7. Procedures for Students to Report sickness in Accommodation time

- 7.1. The College Nurse is based within Tripos Court and is available to staff via a dedicated mobile phone number. The College works with one matron. Students are asked to report firstly to a member of the house staff when they are sick. All House Parents are trained in First Aid to varying degrees. In order for any student absences to be authorised, boarding students are asked to report 45 minutes before their first timetabled lesson.
- 7.2. In order for any student absences to be authorised, day students are asked to report 60 minutes before their first timetabled lesson.

8. Procedures for Students to Report in Sick in College time

- 8.1. If boarding students feel unwell during the College day when they are already at the main site then they must report to reception of the College. If deemed unwell the student will be told to visit the nurse or matron for examination.
- 8.2. Sick compulsory school age (CSA) students will need to see a member of the boarding team, as above and if unwell will be escorted to the accommodation by college staff/House Parent/Head of House depending on who is available. The college reception staff can arrange transport for a student to the accommodation and/or local medical services if needed who will then be supervised by the Nurses, matrons or any other suitable members of staff.

9. General Procedures for Students Reporting Unwell

- 9.1. The Nurse will assess the student's medical condition and arrange appropriate medical care for the student. The student will be assessed and either:
 - Will return to class – if considered well enough.
 - Will return to the boarding house. Will be made a GP appointment or other further care – arranged by the Nurse/matron/houseparent
 - 9.1.1. Boarding students should be accompanied to medical appointments by their house parent or, where necessary, by the nurse or matron, wherever possible.
- 9.2. The College reserves the right to insist that students attend an NHS Doctor to enable proof of sickness if their condition is such that they may be absent for longer than three days.
- 9.3. A student who is too unwell to attend school should not be left in the boarding houses with no adult supervision except for short period

10. Non-Prescribed Medicines in the Medical Room and Boarding Houses

- 10.1. All medicines in the Medical room and Boarding houses are kept within a secure, locked cupboard. No students can have any non prescribed medication stored within their rooms. In addition, no protein or weight loss supplements, supplements containing green tea, stimulants, alcohol, energy drinks or medication not obtained in the UK should be kept by students in their rooms. This list is not exhaustive.
 - 10.1.1. Some medical items are permitted in the students rooms. These include multivitamins (but only one pot), cod liver oil, prescribed creams (when authorised by the nurse), nasal spray, eye drops and plasters. This list is not exhaustive.
 - 10.1.1.1. Houseparents may keep a supply of paracetamol and strepsils to give to students when needed. When these are given to students, this should be documented by the houseparent on the appropriate medication administration record
 - 10.1.2. All other non-prescription medication may be obtained by a student either from the College Nurse, Matron or from a Pharmacist. This then needs to be handed in to the houseparent to keep in the locked cupboard. The student can then take this when needed, which should be documented by the houseparent on the appropriate medication administration record.
 - 10.1.3. Before giving non-prescribed medication to any student, members of staff must ask if the student has taken a previous dose or any other medications, whether the student is allergic to any drug, or whether the medication may react with another medication being taken.
- 10.2. For students who are under 18, the College will apply the Gillick law and assess if the student is competent to decide to take the medication. Medication records will be kept with the medication. The records are not to be removed at any point. The college nurses are responsible for overseeing this process and providing training for House Parents' who are the only member of the boarding team able to administer medication.
- 10.3. The nurses keep a list of non-prescription medication that is stocked in the Medical room and Boarding houses. Any administration of non prescription medication will be recorded. Details will include - date, medication being administered, name of student and dosage. Medical logs are kept in boarding houses and are checked by the nurse regularly.
- 10.4. No student under 18 should be given medication without his/her parent's written consent or the consent of the Nurses/Head of Boarding. Written parental permission is obtained in advance for the administration of first aid and appropriate non-prescription medication to boarders, and to seek medical, dental or optical treatment when required. This requirement is without prejudice to the right of a 'Gillick-competent' boarder to give or withhold consent to medical treatment or to seek medical advice or treatment in confidence.

11. Administration of Prescribed Medicines

- 11.1. No students are allowed to have any prescribed medications in their rooms unless previously authorised as described in 11.2. It is important that students who need to take medication at College are involved as closely as possible in the arrangements made for them. When making arrangements for medical care at College the following is taken into consideration: • Independent management of needs • Staff administration of medication
- 11.2. Staff will assist students with their medical needs after consultation with the Nurses and the House Parents; if a boarding student. The Nurse/House Parents will agree to the administration of medication and undertake a risk assessment as to whether a boarding student is competent to self-medicate after adequate consultation with parents/guardian/agent and student. The Head of Boarding will supervise these arrangements with house staff.
 - 11.2.1. All prescribed medication kept in students rooms are to be kept in the locked box, and the college nurses and house parents should have access to this as requested.
 - 11.2.2. When a student has been authorised to keep their prescribed medication in their locked box in their room, they may have a maximum of 1 weeks supply at a time. The rest shall be kept by the houseparent in the locked drug cupboard.
- 11.3. For home students, all prescribed medication must be made known to the College nurse.
- 11.4. No staff member should enter into individual agreements with parent/guardian or student.
- 11.5. Information about an individual student's medical condition and related needs will only be disseminated to those staff required on a need to know basis in order to ensure the student's wellbeing. For emergencies, grab sheets are available for each student. These are held securely in college, the boarding house and the medical centre.
- 11.6. Key emergency only information can also be found on the college's management information system and this information is used for all trip risk assessments. Trip leaders are given access to additional information on a strict 'need to know' basis.
- 11.7. College staff will only assist in administering prescribed medication if, after the student has seen the college nurses and clear instruction has been given by external medical professionals such as a doctor, or psychiatrist.
- 11.8. Any member of staff giving prescribed medicines to a student should observe the following procedure in cooperation with a colleague:
 - confirm the student's name agrees with that on the medication
 - check the written instructions provided by the parents or doctor

- confirm the prescribed dose
 - check the expiry date
 - complete records and copy the Nurse
- 11.9. Boarding staff record medication given in the prescribed medication record, which is checked monthly by the Nurses.
- 11.10. If the student requires a repeat prescription, the houseparent should request this at least 7 days prior to the student's medication running out.

12. Disposal of Medicines

- 12.1. Any medicines requiring disposal need to be disposed of at the local pharmacy. All medicine disposals need to be recorded in the Disposal of Medication Record kept by the Nurses. The log needs to state the following:
- Date
 - Name of medicine
 - Amount of medicine being disposed of
 - Name of chemist where medicine has been disposed
 - Signature of Disposer
- 12.2. Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained through the contracted hygiene services of the College and need to be disposed of through this service. Empty medication bottles and packets may be disposed of at the local pharmacy.

13. Controlled Medications

- 13.1. A risk assessment and health plan will be implemented for students who receive 'controlled' medications. This plan will include the following information:
- Name of medication/s
 - Details of dosage and times for administration
 - Side effects of medication/s
 - Staff involved in administration or supervision of medication
 - Safe storage/control of control medications
- 13.2. There are strict regulations regarding the management of controlled medications and the following procedures will be put in place.
- 13.3. Staff handling controlled medication will be trained and managed by the Nurses in the safe handling and management of this medication
- 13.4. Two staff members must administer controlled medications. If this is not possible, then the student may act as a second checker if Gillick competent.

- 13.5. Controlled medications administration will be recorded in a bound controlled drug book under the supervision of the Nurses
- 13.6. Medication will be kept in a locked medication cupboard which is accessed by authorised staff only.

14. Medication Storage

- 14.1. Advice on the storage of medicines will be sought from a qualified pharmacist when required. A secure location will be available in the accommodation/College as well as refrigeration when required. Medicines may be potentially harmful to anyone for whom they are not prescribed. The college acknowledges that it has a duty to ensure that risks to the health of others are properly controlled.
 - 14.1.1. The locked medicine cupboard in the boarding houses should be used for students' medicines only
- 14.2. When a medicine requires refrigeration it can be kept in the refrigerator in the Medical Room. To avoid confusion medicines should be kept in a container that is clearly labelled with the student's name, date of birth and name of the medicine. Members of staff who use the refrigerator must be made aware of the importance of keeping the medicine safe and secure.
- 14.3. Epi-pens/Inhalers
 - 14.3.1. Students will carry their own inhalers/ Epi-pens with them. However, a spare inhaler/Epi-pens should be kept in case of emergency in both the college reception, medical centre and each boarding house in a secure but accessible location. In all areas, lists of those students who use inhalers and epi-pens are clearly marked, along with how to administer such emergency medical devices. Spare inhalers/Epi-pens will be clearly labelled with the student's name and must not be used for any other student. The College nurse is responsible for ensuring that all key staff who have access to inhalers and Epi-pens are aware of how to administer these in an emergency situation. Lists of students who use such devices are kept up-to-date by the college nurses and students are responsible for ensuring that the College has been given spare devices. In line with new guidance Epi-pens can now be kept for up to one month after their set expiry for use as spares in Colleges.
- 14.4. Emergency Medical Procedures
 - 14.4.1. The Nurses and the Head of Boarding will ensure that all staff know how to call the Emergency Services. Names of staff qualified to administer First Aid will be posted in all departments of the College.
 - 14.4.2. In an emergency, students should have prompt access to their medicine. This should be done in consultation with the house parent on duty. The emergency will be recorded and emailed to the Nurses, Deputy Head,

Pastoral, Head of Boarding and house parents. The Nurses will action as appropriate.

- 14.4.3. All staff should be familiar with the normal procedures for avoiding infection (such as handwashing) and will follow the basic hygiene procedures detailed in the Infection Control Guidelines issued in January 1997. In addition to this, the College nurse regularly follows guidance and updates from Public Health England and the Boarding Schools Association based on managing infectious outbreaks. Guidance will be taken as and when needed in order to ensure that the welfare of the students is promoted at all times.
- 14.4.4. If there is a medical emergency or emergency accident the member of staff should phone 999 immediately, giving as much detail as possible.
- 14.4.5. A student who is taken to hospital by ambulance will be accompanied by a member of staff who will act in loco parentis.
- 14.4.6. If a student is taken to hospital during College hours: • Immediately inform the Nurses/Head of Boarding (if boarding student)/Deputy Head, Pastoral. • The College will then undertake to inform the parents/guardian/agent and keep the parents/guardian/agent updated. • Each student will have a "Grab sheet" which will be kept in College/Boarding House, in a locked area, accessible to staff only. This will contain essential information which may be used to communicate with the Emergency Medical Services in the event of an emergency (in accordance with The Data Protection Act 1998).
- 14.4.7. If a student is taken to hospital during accommodation hours then staff should call and inform the Head of Boarding and House Parents on duty before parents/agents are contacted.
- 14.4.8. When a boarding student is taken to hospital by a member of staff, they should also take with them all medication the student is currently taking. The College will call the emergency services if required and inform the parents. **STAFF MUST NOT COMPEL A STUDENT TO TAKE MEDICATION.**
- 14.4.9. Medication should be taken to College only when it is needed. Often medication can be prescribed in dose frequencies, which enable it to be taken outside College hours.
- 14.5. In accepting a place at the College, parents are required to authorise the principal to consent to their child receiving emergency medical treatment under the NHS, on the advice of an appropriately qualified medical specialist. Every effort will be made to contact parents prior to any treatment being given, and this measure will only be taken if there is insufficient time available to contact parents / guardians beforehand , or where parents are uncontactable in an emergency situation.

- 14.5.1. In accepting a place at the College, parents are also required to authorise the college nurse (and houseparents, where appropriate) to treat the student with homely remedies and refer the student on for further appropriate treatment on the NHS.

15. Health Care Plans

- 15.1. The main purpose of an individual health care plan for a student with medical needs is to identify the level of support that is needed. Not all students who have medical needs will require an individual plan. An individual health care plan clarifies for staff, parents and the student the help that can be provided. It is important for staff to be guided by the health care professional involved. The Nurses and the Head of Boarding should agree with parents or the student how often they should jointly review the health care plan. Staff should judge each student's needs individually as young people vary in their ability to cope with poor health or a particular medical condition. Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual student. A detailed risk assessment will always be completed as part of the care plan.
- 15.2. In addition to input from the school health service, the students' GP or other health care professionals (depending on the level of support the student needs), those who may need to contribute to a health care plan include:
- The Principal / Head / Nurses / Head of Boarding, Deputy Head, Pastoral and House Parent's
 - The Parent / Carer / Guardian / Agent / Student (if appropriate)
 - Head of House
 - Staff who are trained to administer medicines (such as House Parents' and key admin staff)
 - Staff who are trained in emergency procedures
 - External professionals

16. Accidents in Residential Areas

- 16.1. If the nurse deals with any accidents in the boarding houses, this will be logged with the House Parents and the appropriate form will be completed. These will then be discussed in the Health and Safety Committee by the Head of Boarding.

17. PSE & RSE

- 17.1. In addition to the care provided by the college nurses, the college is committed to educating students on a range of different health related topics such as healthy lifestyles and sexual health. The college nurse will liaise actively with the Deputy Head, Pastoral to develop suitable resources for RSE to be delivered. The college nurses will also provide details of any health related guest speaker that she believes to be suitable in order to enhance student self-care and awareness. The college

nurses are C-Card trained and also provide workshops on healthy living and key issues, such as sleep, hygiene and self-care.

Appendix 1 - First Aid Guidance

1. Rationale

- 1.1. The College is keen to promote best practice in all areas of health and safety. We regard this as a priority since we aim to put the welfare of our students and staff at the centre of all we do; the safety of parents, visitors, contractors and others with whom we deal is also of great importance to us.

- 1.2. Every employee, whether involved in teaching, administration, maintenance or another role, can play his or her part in bringing this about. Please read carefully the whole of this Policy, which outlines the College's responsibility to provide adequate and appropriate first aid to students, staff, parents and visitors and the procedures in place to meet that responsibility. The policy will be reviewed annually.

2. Aim

- to ensure that first aid provision is available at all times while students and staff are on College premises, and also off the College premises whilst on College visits;
- ensure that the first aid arrangements are based on a risk assessment of the College.

3. Objectives

- to appoint the appropriate number of suitably trained people as Appointed Person/s and First Aiders to meet the needs of the College;
- to provide relevant training and ensure monitoring of the training needs;
- to provide sufficient and appropriate resources and facilities;
- to make the College's first aid arrangements available for staff and parents on request;
- to keep accident records and to report to the Health and Safety Officer as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

4. Responsibilities

- 4.1. The proprietors (Dukes Education) are responsible for the health and safety of their employees and anyone else on the premises. This includes the Principal, teaching staff, non-teaching staff, students and visitors.
- 4.2. The proprietors must ensure that a risk assessment of the College is undertaken and that the appropriate training and resources for first aid arrangements are appropriate and in place.
- 4.3. The proprietors should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ.
- 4.4. The Principal is responsible for putting the policy into practice and for developing detailed procedures. He should ensure that the policy and information on first aid is available for parents on request.

- 4.5. Teachers and other staff are expected to do all they can to secure the welfare and safety of the students and must be fully aware of and familiar with the College's medical care & first aid policy and basic first aid.

5. Appointed Person/s

- 5.1. Reception staff, Appointed College Staff, the Nurses, House Parents' and Graduate Residential Assistants
- 5.2. The appointed person/s need not be a First Aider, but should have undertaken emergency first aid training.
- 5.3. She/he will be responsible for:
- taking charge when someone is injured or becomes ill;
 - ensuring that an ambulance or other professional medical help is summoned is appropriate.

6. First Aiders

- 6.1. A list of First Aiders is displayed around college and in the boarding accommodation. This list is also held by the Deputy Head, Pastoral and by the College nurses
- 6.2. The first aiders are responsible for:
- Giving immediate help to casualties with common injuries or illness and those arising from specific hazards at College whilst keeping everyone involved safe;
 - Where necessary, ensuring that an ambulance or other professional medical help is called.
 - First aiders must complete a training course approved by the Health and Safety Officer. Refresher training is required every three years.

7. Re-assessment of First Aid Provision

- 7.1. As part of the College's monitoring and evaluation procedures:
- The Nurses, the Deputy Head, Pastoral and the Head of Boarding shall review the College's first aid needs following any changes to staff, building/site, activities, off-site facilities, etc.;
 - The Operations Manager and the Nurses monitor the number of trained first aiders, alerting them to the need for refresher courses and organises their training sessions;
 - The Operations Manager and the Nurses also monitor the emergency first aid training received by other staff and organise appropriate training;

- The Operations Manager and the Nurses check the contents of the first aid boxes monthly;
 - The Operations Manager and the Nurses ensure that first aid notices are located in every room in the College detailing where the first aiders and appointed persons are located and where first the first aid boxes are located.
- 7.2. Arrangements should be made to ensure that the required level of cover of both first aiders and appointed persons is available at all times when people are on College premises and also for offsite trips. This is detailed within the College's 'Safety on Trips Policy'.

8. First Aid Materials, Equipment and Facilities

- 8.1. The Nurses must ensure that there are an appropriate number of first aid containers available according to the risk assessment of the site.
- 8.2. All first aid containers must be marked with a white cross on a green background.
- 8.3. Responsibility for checking and re-stocking the first-aid containers is that of the college nurses.

9. Infection and Hygiene control

- 9.1. The first aider should take the following precautions to avoid risk of infection:
- cover any cuts and grazes on their own skin with a waterproof dressing;
 - wear suitable disposable gloves when dealing with blood or other bodily fluids;
 - use suitable eye protection and a disposable apron where splashing may occur;
 - use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
 - dispose of all waste safely in a biohazard bag;
 - wash hands thoroughly with hot water and hand wash after every procedure.
- 9.2. In addition, first aiders should not breathe, cough or sneeze over a wound when they are treating it.
- 9.3. If the first aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:
- wash splashes off skin with soap and running water;
 - wash splashes out of eyes with tap water or an eye wash bottle;

- wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
- record details of the contamination;
- report the incident to the College nurse and the Health and Safety Officer and take medical advice if appropriate.

10. Visits and Events Off-site

- 10.1. Before undertaking any off-site events, the member of staff in charge of the trip will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the event and persons involved including checking the allergies list. A portable first aid kit will be carried which may include an emergency generic inhaler or epi-pen. These are only to be used in the instance of the student who is a known asthmatic or epi-pen user. The college nurse is contacted prior to all educational offsite trips in order to give the most up-to-date medical advice and information to the trip leader; as outlined in the College 'Safety on Trips Policy'.

11. Reporting and record keeping

- 11.1. All members of the College community should report any accident or incident to the College Operations Manager if the incident occurred in College time or the Head of Boarding in boarding time, however minor, as soon as possible after it has occurred. When an injured person is unable to complete their own details of the accident, then the appointed person/first aider should complete this on their behalf.
- 11.2. Reports must contain:
- the date, time and place of the event;
 - details of those involved;
 - a brief description of the accident/illness and any first aid treatment given; • details of what happened to the casualty immediately afterwards – for example: 'went to hospital, went home, resumed normal activities, returned to class';
 - quote the student and, if possible, ask the student to sign to show we have given the appropriate care/advice.
- 11.3. The Head of Boarding and Operations Manager should be informed if the incident is at all serious or particularly sensitive. The Nurse must be notified of all accidents.
- 11.4. The appointed person must inform the parent/guardian if the student requires hospital treatment.
- 11.5. Statutory requirements, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), dictates that some accidents must be reported to the HSE (Health and Safety Executive).

- 11.6. The proprietors must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting, the date, time and place of the event, personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

12. Accidents Which Must Be Reported to HSE

- 12.1. Involving employees or self-employed people working on the premises:
- accidents resulting in death or major injury (including as a result of physical violence);
 - accidents which prevent the injured person from doing their normal work for more than three days.
- 12.2. (For definitions, see HSC/E guidance on RIDDOR 1995, and information on Reporting College Accidents.)
- 12.3. Involving students and visitors:
- 12.3.1. Accidents resulting in the person being killed or being taken from the site of the accident to hospital, and the accident arises out of or in connection with work, for example if it relates to:
- Any College activity, both on or off the premises;
 - The way the College activity has been organised and managed;
 - Equipment, machinery or substances;
 - The design or condition of the premises.
- 12.4. HSE must be notified of fatal and major injuries and dangerous occurrences without delay by telephone and be followed up in writing within 10 days on HSE form 2508.
- 12.5. The Principal is responsible for ensuring this happens.
- 12.6. The Principal must ensure the RIDDOR Form on-line is completed: <http://www.hse.gov.uk/riddor/index.htm>.
- 12.7. Accidents and incidents can also be reported over the telephone on 0845 300 99 23 (Monday to Friday 8.30am to 5.00pm).

13. Record Keeping

- 13.1. Statutory accident records: The proprietors must ensure that readily accessible accident records, written or electronic, are kept for a minimum of three years.
- 13.2. College's central record: This can be combined with the RIDDOR record and the Accident Book, providing all legislation requirements are met.
- 13.3. Identification and Treatment of students with particular medical conditions

- 13.4. Parents complete a medical form during pre-arrival. The original is kept in the student's file and a central list of all students' medical conditions and any particular requirements are kept by the college nurses. Medical conditions will also be recorded on the College management information system, if they involve serious physical concerns. Any disclosures concerning anxiety, depression or mental health are not made available due to confidentiality on the College management information system but the Deputy Head, Pastoral, Heads of House, the Head of Boarding and the College Nurses are aware of these learners on a strict need to know basis.
- 13.5. The Deputy Head, Pastoral and the Nurses will make all relevant College and boarding staff aware of any student with serious or life threatening medical conditions.
- 13.6. The information held by the College will include a record of students who need to have access to asthma inhalers, epi-pens, injections or similar, and information regarding relevant parental consent, as well as a record of dispensation of medication (name of student, name of medicine, date, time, dosage, signature of person who supervised).
- 13.7. This will be reviewed on a regular basis.
- 13.8. The College/boarding will retain an inhaler or Epi-pen for each student named as needing them for use in emergencies.

14. Reviewing and monitoring

- 14.1. On a monthly basis the Nurses compile a formal report for the Deputy Head, Pastoral who reports to the Governing body on all student welfare and safeguarding concerns and needs.
- 14.2. Reviews on the first aid procedure are required to be carried out at least annually. Recommendations on measures needed to prevent or control identified risks should be reviewed by the Nurses and are forwarded to the Deputy Head, Pastoral.

Appendix 2 - Protocol for Home Remedies

1. Guidance

- 1.1. Only the Nurses and houseparents will have access to the homely remedies listed below and full training on how to administer and record is to be given by the nurse. This is a list of medications that can be administered to students that have not been prescribed by a doctor. The aim of these guidelines is to provide safe treatments for commonly presented conditions. This policy does not supersede the need to contact a doctor by any member of staff if they are unsure or there is any doubt about the condition being treated. Administration of these remedies should be given in accordance with the existing student medical information, taking into account that there are no contraindications or previous allergies to the medication. Any medication administered must be clearly recorded in the medication administration logs.

2. Homely Remedies Minor cuts and grazes Plasters

2.1. Paracetamol

When it can be used: Pain relief for mild to moderate pain, pyrexia (fever)

- Do not give In conjunction with other medicines containing Paracetamol

Dose 500mg-1g (1-2 tablets of 500mg tablets)

Route Oral

Frequency Six hours between doses

Max dose in 24 hrs 4g (8 500 mg tablets)

Follow up Inform Nurse/GP if symptoms persist

Warning/Adverse reactions Side effects rare – rash, blood disorders, liver damage in overdose

2.2. Strepsils

When it can be used:

Appendix 3 - Good Hygiene Practice

1. Good Hygiene

- 1.1. For more advice, contact your local Public Health Unit or the college nurses.
- 1.2. Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. The recommended method is the use of liquid soap, water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with water proof dressings.
- 1.3. Coughing and sneezing easily spread infections. Students and staff should be encouraged to cover their mouth and nose with a tissue. Wash your hands after using or disposing of tissues. Spitting should be discouraged.
- 1.4. The use of antibacterial gel is encouraged and dispensers are placed at strategic places around College and the accommodation.
- 1.5. Cleaning of the environment, including tools and equipment should be frequent, thorough, and follow national guidance e.g. use colour coded equipment, COSHH, correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to Personal Protective Equipment PPE (see below).
- 1.6. Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal, and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product which combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses, and suitable for use on the affected surface. NEVER USE mops for cleaning up blood and body fluid spillages, use disposable

paper towels and discard clinical waste as described below. A spillage kit is available for all bodily spills.

- 1.7. Personal Protective Clothing (PPC). Disposable non powdered vinyl or latex free CE marked gloves and disposable plastic aprons, must be worn where there is a risk of splashing or contamination with blood/body fluids. Goggles should also be available for use if there is a risk of splashing to the face. Correct PPC should be used when handling cleaning chemicals.
- 1.8. Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash fabric will tolerate. Wear PPE when handling soiled linen. Soiled children's clothing should be bagged to go home, never rinse by hand.
- 1.9. Clinical waste. Always segregate domestic and clinical waste in accordance with local policy. Used sanitary products, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than 2/3rds full and stored in a dedicated, secure area whilst awaiting collection.

2. Sharps Injuries and Bites

- 2.1. If skin is broken, make the wound bleed/wash thoroughly using soap and water. Contact GP or go to Accident and Emergency immediately. Complete an Accident/Incident form.

Appendix 5 - Medical Emergency

Student Medical Emergency

- First Aid given by Nurse/ HP/ College Staff
- Call 999
- Collect medical details of Student
- If student under 18 and sent to hospital, staff should accompany
- If student over 18 and sent to hospital, staff to ensure an adult (over 18) escort is offered
- Phone / Inform senior staff, Nurse,
- Head of Boarding Informs Parents/Agent, updates Senior Staff, adds notes to MIS and Boarding Logs
- When student emergency resolved, record incident in log

Appendix 6 - Basic First Aid

1. Introduction

- 1.1. Knowing what to do in an emergency is vitally important. Consider undertaking first aid training and familiarise yourself with how to deal with some of the more

common situations. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- 1.1.1. • keep calm;
- 1.1.2. • if people are seriously injured call 999 immediately; contact the appointed person and first aider;
- 1.1.3. • make sure you and the injured person are not in danger;
- 1.1.4. • assess the injured person carefully and act on your findings using the basic first aid steps below;
- 1.1.5. • continue to monitor the injured person's condition until emergency services arrive.
- 1.1.6. • complete an accident form where necessary and log all accidents/incidents on MIS/ boarding logs

2. Unconsciousness

- 2.1. If the person is unconscious with no obvious signs of life, call 999 and ask for an ambulance. Alert the appointed person and/or first aider. If you or any bystander has the necessary skills, give them cardio-pulmonary resuscitation while you wait for the emergency services.
- 2.2. Tilt their head to open the airways and check the casualty is breathing normally if they are breathing normally, put into the recovery position. Check their circulation and monitor breathing.

3. Bleeding

- 3.1. To control severe bleeding by applying firm pressure to the wound using a clean, dry dressing and raise it above the level of the heart. Lay the person down and reassure them, examine the wound, look for foreign objects, DO NOT REMOVE, elevate the wound above the level of the heart, using gravity to reduce the blood flow, apply direct pressure over the wound, pressure should be continuously applied for 10 minutes. Keep them warm and loosen tight clothing. Alert the appointed person and first aider who will then call 999 if necessary.

4. Burns

- 4.1. For all burns, cool immediately with preferably running water for at least 10 minutes, or until the pain has eased. If possible remove any constricting items, rings, watches as the area may start to swell. Any clothing which is not stuck to the burn. Only apply a nonstick dressing or cling film. Keep patient warm and alert the appointed person and first aider who will then call 999 if necessary.

5. Broken bones

- 5.1. Try to avoid as much movement as possible and alert the appointed person and first aider. Call 999 for an ambulance, if there is a suspected head, neck or spinal

injury, if the casualty has difficulty breathing, there is a deformity, irregularity or unnatural movement of the limb, a bone has come through the skin.

Appendix 7 - Asthma Advice

1. Introduction

- 1.1. Asthma is caused by the narrowing of the airways, the bronchi, in the lungs, making it difficult to breathe. An asthmatic attack is the sudden narrowing of the bronchi.
- 1.2. Symptoms include attacks of breathlessness, coughing and tightness in the chest and difficulty in breathing.
- 1.3. Individuals with asthma have airways which may be continually inflamed. They are often sensitive to a number of common irritants, including grass pollen, tobacco fumes, smoke, glue, paint and fumes from science experiments. Animals, such as guinea pigs, hamsters, rabbits or birds can also trigger attacks.

2. What to Do in the Event of Asthma Attack

- keep calm – it is treatable;
- let the person sit down: do not make him lie down; loosen any tight clothing around the neck
- let the person take his usual treatment – normally a blue inhaler, 2 x puffs;
- alert a first aider;
- wait 5 to 10 minutes;
- if the symptoms are relived, the person can go back to what s/he was doing;
- if the symptoms have improved but not completely disappeared, summon a parent or guardian and give another 2 x puffs of the inhaler while waiting for them to arrive.

3. Severe Asthma Attack

- 3.1. A severe asthma attack is when normal medication does not work at all.
- 3.2. The person is breathless enough to have difficulty in talking normally, there may be discoloration of the skin (blue/grey) around the mouth. Therefore:
 - call 999 immediately;
 - the appointed person or first aider will inform a parent or guardian;
 - keep trying with the usual reliever inhaler, 1 puff every 1 minute and do not worry about possible overdosing;
 - Fill in an accident form (as an ambulance has been called) and record on boarding logs and MIS.
- 3.3. IF IN DOUBT TREAT AS A SEVERE ATTACK

Appendix 8 - Epilepsy/Seizure Advice

1. Introduction

- 1.1. There are many things that can cause a seizure, such as epilepsy, a lack of oxygen to the brain, head injury or the body temperature becoming too high.
- 1.2. Epilepsy is a tendency to have seizures (convulsions or fits). There are many different types of seizures; however, a person's first seizure is not always diagnostic of epilepsy.

2. What to do if a Person Has a Seizure

- Keep calm. Ensure the person is not in any danger from hot or sharp objects, or electrical appliances.
- Protect the head with a folded coat or your hands, loosen any tight clothing around the neck to aid breathing
- Let the seizure run its course. Make a note of when the seizure began;
- Do not try to restrain convulsive movements;
- Do not put anything in the person's mouth, especially your fingers;
- Do not give anything to eat or drink;
- Do not leave the person alone;
- Remove everyone from the area and send a responsible student to the College office for assistance;
- If the person is not a known epileptic, if the seizure is longer than 5 minutes or there is apparent injury, an ambulance should be called immediately;
- If the person requires medication to be given whilst having the seizure, then a first aider or the appointed person must administer this, if possible always refer to medical care plan.

3.0 After the Seizure

- Check airway and breathing, if breathing normally, put the person in the recovery position. Continue to monitor until the emergency services arrive or the casualty has recovered fully;
- the person caring for the person during the seizure should inform the parents or guardian as they may need to go home and if not a known epileptic they must be advised to seek medical advice;
- fill in an accident form, record on MIS/boarding logs.

Appendix 9 - Anaphylactic Shock Advice

1. Introduction

- Anaphylaxis is an acute, severe reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods

(peanuts, nuts, cow's milk, kiwi fruit and shellfish) certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps and hornets). In its most severe form the condition is life threatening.

2. Symptoms:

- Itching or a strange metallic taste in the mouth;
- Hives/skin rash anywhere on the body, causing intense itching;
- Angioedema – swelling of lips/eyes/face. IN THIS CASE CALL FOR AN AMBULANCE
- Swelling of throat and tongue- causing breathing difficulties/coughing/choking. IN THIS CASE CALL FOR AN AMBULANCE
- Abdominal cramps and vomiting;
- Low blood pressure – person will become pale/floppy. IN THIS CASE CALL FOR AN AMBULANCE
- Collapse and unconsciousness. IN THIS CASE CALL FOR AN AMBULANCE
- Difficulty breathing. IN THIS CASE CALL FOR AN AMBULANCE
- Not all of these symptoms need to be present at the same time.

3. First Aid Treatment

- Oral Antihistamines;
- Injectable Adrenalin (Epipen).

4. What to do in the Event of an Anaphylactic Reaction

- DO NOT PANIC;
- Call 999
- Sit/lay the casualty down, they may feel light headed or faint
- Stay with the person at all times and send someone to the College office to alert the appointed person or a first aider;
- Treat the person according to their own protocol which will be found with their allergy kit. If they are not able to administer their medication themselves, those who are trained can give it to them;
- Contact the parent or guardian;
- Continue to monitor the airway and breathing. If the casualty becomes unconscious and not breathing, commence CP
- The dose of adrenaline can be repeated at 5 minute intervals if there is no improvement or symptoms return

- If you have summoned an ambulance fill in the allergic reaction report and give it to the ambulance crew with the used Epipen;
- Fill in an accident form, record on MIS and boarding logs.

Appendix 10 - Diabetes Advice

1. Introduction

- 1.1. Diabetes is a condition suffered by a person who does not produce enough of a hormone called insulin.
- 1.2. Low blood sugar is dangerous because brain cells, unlike other cells in the body, can only use glucose (sugar) as their energy supply, so the brain is starved.

2. What to do in the Event of a Hypoglycaemic Attack (low blood sugar)

- DO NOT PANIC;
- Notify the Nurse or first aider;
- Help the casualty sit down. If s/he has an emergency sugar supply such as a glucose gel, help him/her to take it. If not give him/her the equivalent of 15-20g of glucose – for example, a 150ml glass of non-diet fizzy drink or fruit juice, three teaspoons of sugar (or sugar lumps) or three sweets such as jelly babies
- If the casualty responds quickly, give him/her more sugary food or drink and let him/her rest until he/she feels better. Help the student find their glucose testing kit so that glucose levels can be checked by the nurse. Monitor the student until they have recovered.
- If the student's condition does not improve, look for other possible causes. Call 999/112 for emergency help and monitor and record vital signs – breathing, pulse and level of response whilst waiting for help to arrive.
- Notify the parent or guardian;
- Fill in an accident form, boarding logs and MIS

3. What to do in the Event of a Hyperglycaemic Attack (too much sugar)

- 3.1. This condition takes a while to build up and you are less likely to see it in the emergency situation at College. If not;
 - call 999 for emergency help; tell the ambulance that you suspect hyperglycaemia.
 - monitor and record airway and breathing, pulse and level of response, continue to monitor until Emergency Services arrive, record vital signs.