CARDIFF SIXTH FORM COLLEGE CAMBRIDGE

Dukes EDUCATION

First Aid and Medical Care Policy

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Document Quality Control

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Contents

1. Introduction and rationale

Cardiff Sixth Form College Cambridge is committed to safeguarding and promoting the health, safety and wellbeing of all students. The College will make appropriate arrangements to:

- respond to illness, injury and medical emergencies;
- support students with physical and mental health conditions;
- manage medicines safely;
- provide appropriate first aid;
- reduce avoidable barriers to education;
- support students to participate as fully as possible in College life; and
- protect the health and safety of the wider College community.

This policy applies to:

- boarding and day students;
- students who are over and under the age of 18;
- College staff involved in supporting students' health or administering medicines;
- College premises and boarding accommodation;
- educational visits, sporting activities and other College-organised activities; and
- medical care provided or arranged on behalf of students.

This policy should be read alongside the College's:

- Safeguarding and Child Protection Policy;
- First Aid Policy and procedures;
- Allergy Safety arrangements;
- Special Educational Needs and Disability Policy;
- Equality, Diversity and Inclusion Policy;
- Attendance Policy;
- Educational Visits Policy;
- Data Protection Policy;
- Substance Misuse Policy;
- Mental Health and Wellbeing procedures;
- PSHE and RSE Policies;
- Health and Safety Policy;
- Conducting a Search, Screening and Confiscation Policy;
- Use of Physical Intervention Policy; and
- Boarding policies and procedures.

The College has regard, where applicable and appropriate to its status as an independent sixth-form college, to current legislation and national guidance, including:

- the Education (Independent School Standards) Regulations 2014;
- the National Minimum Standards for Boarding Schools;
- the Children and Families Act 2014;
- the Equality Act 2010;
- the Human Medicines Regulations 2012, as amended;

- the Misuse of Drugs Act 1971 and associated regulations;
- UK GDPR and the Data Protection Act 2018;
- Department for Education guidance on supporting pupils with medical conditions;
- Department for Education allergy-safety guidance;
- Department of Health and Social Care guidance on emergency salbutamol inhalers and adrenaline auto-injectors in schools;
- current UK Health Security Agency health-protection guidance; and
- current safeguarding guidance.

The College recognises that many students are capable of managing aspects of their own health and medication. Students will be encouraged to take appropriate responsibility, according to their age, maturity, understanding, medical needs and assessed level of competence.

No student will be denied admission, excluded from routine College activities or otherwise treated unfavourably solely because of a medical condition. Decisions will be made individually, lawfully and proportionately, with reasonable adjustments considered where the condition amounts to a disability.

Nothing in this policy requires an individual member of staff to undertake a healthcare procedure or administer medication for which they have not received appropriate information, instruction and, where necessary, training.

2. Aims

The aims of this policy are to ensure that:

- students receive appropriate support for their medical needs;
- medical conditions are identified and assessed promptly;
- students can access education safely and with minimal unnecessary interruption;
- responsibilities are clearly understood;
- medicines are obtained, stored, administered, recorded and disposed of safely;
- students' dignity, privacy and confidentiality are respected;
- arrangements are in place for emergencies, educational visits and boarding;
- staff receive appropriate information and training;
- parents, guardians, agents, healthcare professionals and students work in partnership with the College;
- allergy and anaphylaxis risks are managed proactively;
- medical incidents and near misses are recorded and reviewed; and
- safeguarding concerns arising through medical care are recognised and reported.

The College's procedures may be supported by the following documents:

- Individual Healthcare Plan template;
- allergy and anaphylaxis plan;
- asthma plan;
- emergency medical information or "grab sheet";
- parental consent forms;

- self-administration risk assessment;
- medication administration records;
- controlled-drug records;
- medication disposal records;
- homely-remedy protocol;
- infection-control guidance;
- medical emergency procedures; and
- educational-visit medical information.

3. Roles and responsibilities

3.1 The Principal

The Principal has overall responsibility for ensuring that appropriate health and medical arrangements are in place and implemented effectively.

3.2 Senior leadership

The senior leadership team will:

- provide appropriate oversight of the policy;
- ensure sufficient staffing, resources and training;
- consider reasonable adjustments;
- oversee complex cases where a student's needs may be difficult to meet safely;
- ensure that decisions are lawful, evidence-based and properly documented; and
- ensure that medical provision is appropriately integrated with safeguarding, boarding, attendance, SEND and pastoral arrangements.

3.3 The College medical team

The College nurses, matron and any other appropriately qualified healthcare staff will, within their professional competence:

- assess students who report illness or injury;
- provide or arrange appropriate care;
- maintain medical records;
- prepare or contribute to Individual Healthcare Plans;
- liaise with parents, guardians, students and healthcare professionals;
- oversee medicines-management arrangements;
- provide advice and training to staff;
- maintain appropriate supplies;
- support emergency planning;
- advise on health protection and infection control;
- escalate safeguarding concerns; and
- review medical incidents and near misses.

3.4 Boarding staff

Boarding staff will:

- follow students' Individual Healthcare Plans and medication arrangements;
- respond appropriately when students report illness;
- administer or supervise medicines only where authorised and competent to do so;
- maintain accurate records;
- ensure medicines are stored securely;
- contact the medical team, NHS services or emergency services where appropriate;
- report safeguarding concerns; and
- support students' dignity, privacy and independence.

3.5 All staff

All staff are expected to:

- know how to summon first aid and emergency assistance;
- follow relevant emergency plans;
- be alert to signs of illness, injury, allergy, anaphylaxis, asthma attacks and mental-health emergencies;
- take reasonable action in an emergency;
- share relevant concerns promptly;
- respect confidentiality;
- avoid acting outside their competence; and
- undertake required training.

Staff are not expected to diagnose medical conditions.

3.6 Parents, guardians and agents

Parents, guardians and agents must, where applicable:

- provide complete and accurate information about a student's health;
- disclose prescribed and non-prescribed medication;
- provide medicines in their original labelled packaging;
- provide current emergency contacts;
- notify the College promptly of any change;
- provide replacement medication before existing supplies expire or run out;
- contribute to healthcare planning;
- attend meetings where reasonably requested; and
- cooperate with arrangements required to protect the student and others.

3.7 Students

Students are expected, according to their age and understanding, to:

- provide accurate health information;
- tell staff if they feel unwell or require assistance;

- follow their healthcare plan;
- take medicines only as prescribed or authorised;
- not share, trade, conceal or misuse medication;
- store medication safely where self-administration has been authorised;
- notify staff of changes to medication;
- carry emergency medication where required;
- attend medical appointments arranged for them; and
- cooperate with reasonable health and safety arrangements.

4. Admission and disclosure of medical information

4.1

Before admission, students and, where appropriate, their parents or guardians must complete the College's medical questionnaire and provide relevant information about:

- physical and mental health conditions;
- allergies and previous allergic reactions;
- prescribed and non-prescribed medication;
- controlled drugs;
- previous hospital treatment or surgery;
- current healthcare professionals;
- dietary or accessibility requirements;
- immunisation history, where known;
- emergency medication;
- relevant risk factors; and
- any support likely to be required.

4.2

Medical information is requested so that the College can assess needs, make reasonable adjustments and provide safe care. Information will be considered fairly and will not be used to discriminate unlawfully.

4.3

A failure to provide material medical information may prevent the College from supporting the student safely. Where significant information has not been disclosed, the College will assess the circumstances, associated risk and appropriate response. This may include requiring further medical evidence or reviewing whether the College can continue to meet the student's needs safely.

4.4

Students and parents or guardians must notify the College promptly of:

- a new diagnosis;
- a change in symptoms;
- a new allergy;
- a change to medication or dosage;
- an admission to hospital;
- a significant mental-health concern;
- new treatment or therapy; or
- any other material change.

5. Consent, capacity and student involvement

5.1

Consent to examination, treatment and the administration of medicines will be managed in accordance with the student's age, capacity and competence.

5.2

A student aged 18 or over is presumed to have capacity to make their own medical decisions unless there is evidence to the contrary.

5.3

A student under 16 may consent to medical advice or treatment where they have sufficient understanding and intelligence to understand fully what is proposed. This is commonly referred to as Gillick competence.

5.4

Students aged 16 and 17 are generally presumed capable of consenting to their own medical treatment. Staff will seek professional advice where there is uncertainty about consent, capacity or refusal of essential treatment.

5.5

Parental consent will normally be obtained in advance for:

- first aid;
- administration of approved non-prescription medicines or homely remedies;
- support with prescribed medicines;
- seeking medical, dental or optical care; and
- emergency treatment.

However, advance parental consent does not override the legal rights of a competent student to consent to or refuse treatment, or to seek confidential medical advice.

5.6

No student will be compelled by College staff to take medication, except where emergency action is lawfully required to prevent serious harm and is undertaken by an appropriately qualified professional or emergency responder.

5.7

Where a student refuses medication, staff will:

- not force the student to take it;
- explain any immediate implications where appropriate;
- record the refusal;
- inform the medical team;
- follow the student's Individual Healthcare Plan;
- contact parents or healthcare professionals where appropriate; and
- call emergency services if the refusal creates an immediate risk of serious harm.

6. Confidentiality and information sharing

6.1

Medical information is confidential personal data and, in many cases, special-category personal data. It will be processed in accordance with UK GDPR, the Data Protection Act 2018 and the College's Data Protection Policy.

6.2

Medical information will normally be shared only:

- with the student's consent;
- with parents or guardians where appropriate;
- with staff who need the information to protect the student or others;
- with healthcare professionals involved in care;
- where necessary to meet a legal obligation;
- where necessary to protect vital interests;
- where required for safeguarding; or
- where there is another lawful basis for disclosure.

6.3

The College recognises that some students may lawfully seek confidential medical advice or treatment. Confidentiality will be respected unless there is a lawful and proportionate reason to disclose information.

6.4

Confidentiality may be overridden where:

- there is a safeguarding concern;
- the student or another person is at risk of significant harm;
- there is an immediate risk to life;
- disclosure is required by law;
- disclosure is required to protect public health; or
- the student lacks capacity and disclosure is in their best interests.

6.5

Where possible and safe, the student will be informed before confidential information is shared.

6.6

Information about significant conditions, allergies or emergency medication will be made available to relevant staff on a need-to-know basis through the College's management information system, healthcare plans, emergency information sheets or direct communication.

6.7

Trip leaders will receive the medical information required to manage the visit safely. They must protect that information from unauthorised access or disclosure.

7. Medical records and documentation

7.1

The College will maintain accurate and appropriately detailed records of medical care and medicines management.

7.2

Records may include:

- medical questionnaires;
- consultation notes;
- communications with students, staff and parents;
- Individual Healthcare Plans;
- consent forms;
- medication administration records;
- self-administration assessments;
- allergy and asthma plans;
- controlled-drug registers;
- accident and incident reports;
- hospital attendance records;
- records of refusals, errors and near misses;
- staff training records; and
- medication disposal records.

7.3

Records must be factual, dated, attributable to the person making the entry and completed as soon as reasonably possible.

7.4

Medical records will be stored securely with access restricted to authorised personnel. Paper records will be kept in locked storage and electronic records will be protected by appropriate access controls.

7.5

Emergency medical information may be held in secure but readily accessible locations so that authorised staff can obtain it promptly during an emergency.

7.6

Records will be retained and disposed of in accordance with the College's retention schedule, legal obligations and insurance requirements.

7.7

Any medicine error, omitted dose, incorrect dose, loss of medication, unauthorised access, adverse reaction or near miss must be reported immediately to the medical team and recorded. The student must be assessed and medical advice obtained where necessary.

8. Working with parents, guardians and healthcare professionals

8.1

The College will work collaboratively with students, parents, guardians, agents and healthcare professionals.

8.2

Parents or guardians may be asked to provide:

- medical reports;
- prescription information;
- written instructions;
- emergency action plans;
- details of side effects;
- evidence that medication has been prescribed;
- specialist advice;
- confirmation of fitness to return; or
- other information reasonably required to support the student safely.

8.3

Cultural and religious beliefs will be respected. They cannot, however, prevent the College from taking reasonable action required by law or necessary to protect life, health or safety.

8.4

Parents or guardians will normally be informed when:

- a student is admitted to hospital;
- emergency treatment is required;
- there is a significant deterioration in health;
- the student is unable to remain safely at College or in boarding;
- there is a significant medication error;
- a healthcare professional recommends parental involvement;
- there is an ongoing pattern of illness or absence; or
- the student's healthcare needs require review.

This is subject to the student's legal rights to confidentiality and consent.

8.5

Where a student is temporarily unable to remain in College or boarding, the College may require a parent, guardian or other authorised adult to collect and care for them.

8.6

Where medical needs are substantial, complex or prolonged, the College will consider:

- reasonable adjustments;
- an Individual Healthcare Plan;
- support from external professionals;
- temporary amendments to attendance or educational provision;
- a short period of authorised medical leave;
- remote access to work where appropriate;
- arrangements with parents or guardians; and
- whether the College can continue to meet the student's needs safely.

8.7

Any decision that the College may be unable to meet a student's needs will be made individually and will take account of:

- professional medical evidence;
- the student's views;
- the views of parents or guardians where appropriate;
- equality and disability duties;
- safeguarding;
- the safety and welfare of the student and others;
- reasonable adjustments;
- the College's staffing and facilities; and

- whether additional support can reasonably be secured.

The decision and reasons will be documented and communicated clearly.

8.8

Where reasonably requested by a parent or guardian, the College will help arrange access to a GP or other appropriate healthcare service. The urgency and nature of the appointment will be determined on clinical need and service availability.

9. College medical provision

9.1

The College provides access to qualified nurses and matron services according to its published arrangements. Qualified first-aiders are available across the College and boarding provision.

9.2

Students may be registered with or directed to an appropriate local GP practice. Students retain the right to access other NHS or private healthcare services where appropriate.

9.3

The medical team may:

- assess illness or injury;
- provide first aid;
- administer authorised medicines;
- arrange GP, pharmacy, dental, optical or other healthcare appointments;
- advise on self-care;
- refer or signpost to external services;
- contribute to mental-health referrals;
- communicate with parents or guardians where appropriate; and
- recommend emergency assessment.

9.4

Referrals to Children and Young People's Mental Health Services, adult mental-health services or other specialist provision will normally be made through the appropriate healthcare pathway. The Designated Safeguarding Lead will be informed where the concern also constitutes a safeguarding matter.

9.5

A student presenting with a mental-health crisis, serious self-harm risk, suicidal thoughts, psychosis, severe eating-disorder symptoms or another acute concern will be managed under the College's safeguarding and emergency procedures.

10. Reporting illness during boarding time

10.1

A boarding student who becomes unwell must report promptly to the member of boarding staff on duty.

10.2

Boarding staff will assess the immediate situation within the limits of their training and will:

- contact the medical team;
- provide approved first aid or medicines where authorised;
- arrange supervision;
- contact NHS 111, the GP, urgent treatment services or 999 as appropriate;
- record the concern and action taken; and
- inform relevant senior staff and parents or guardians where appropriate.

10.3

A student must not remain alone in their room where their condition requires observation, treatment or regular review.

10.4

Boarding staff must ensure that students who are ill can summon assistance and receive appropriate food, drink, medication and monitoring.

11. Reporting absence due to illness

11.1

Day students who will be absent because of illness must follow the absence-reporting procedures in the College Attendance Policy. Notification should normally be provided before the student's first timetabled lesson.

11.2

Boarding students must not report themselves absent from lessons without first notifying boarding or medical staff and following the College's attendance procedures.

11.3

Medical absence will be authorised only where the College has received satisfactory notification or evidence in accordance with the Attendance Policy.

12. Becoming unwell during the College day

12.1

A student who becomes unwell during the College day must report to reception, the medical room or another designated member of staff.

12.2

Students should not leave the College site or return to boarding because they are unwell without informing and receiving permission from an appropriate member of staff.

12.3

The student will be assessed and may:

- return to lessons;
- rest under supervision;
- receive approved treatment;
- return to boarding;
- be collected by a parent, guardian or authorised adult;
- attend a GP, pharmacy or urgent treatment service; or
- be transferred to hospital.

12.4

A compulsory-school-age student who is unwell will be supervised and will not be permitted to leave the site or travel to accommodation without appropriate arrangements.

12.5

Transport will be arranged according to the student's condition. A student experiencing a medical emergency must not be transported in a private vehicle where an ambulance is clinically required.

13. Ongoing or prolonged illness

13.1

The College may request medical evidence where:

- absence is prolonged or recurrent;
- the student's fitness to study or reside in boarding is uncertain;
- reasonable adjustments need to be determined;
- the student's condition may present a risk to themselves or others;
- a return-to-College plan is required; or
- there is a significant difference between the reported condition and the student's apparent needs.

13.2

Requests for medical evidence will be reasonable and proportionate. The College will not automatically require a GP appointment solely to prove every short-term illness.

13.3

Where a student has been absent for a significant period or has experienced a serious illness, the College may arrange a return-to-study or return-to-boarding meeting and update the Individual Healthcare Plan.

14. General principles for medicines

14.1

Medicines will be managed in a way that promotes safety, dignity and student independence.

14.2

Medicines should normally be administered only where it would be detrimental to the student's health or College attendance not to do so during the College or boarding day.

14.3

The College will normally accept prescribed medicine only where it is:

- in the original container supplied by a pharmacy;
- clearly labelled with the student's name;
- accompanied by clear instructions;
- within its expiry date;
- prescribed for the student; and
- supplied in a quantity appropriate to the agreed arrangements.

14.4

Medicines must never be shared between students.

14.5

Staff must not alter a prescribed dose or administration schedule without written confirmation from an authorised prescriber or other appropriate healthcare professional.

14.6

Medication obtained outside the United Kingdom must be disclosed to the medical team. The College may require confirmation from a UK-registered prescriber or pharmacist before agreeing to store, administer or supervise it.

14.7

The College may refuse to administer or store any product where:

- its contents cannot be verified;
- it is not appropriately labelled;
- it has expired;
- instructions are unclear;
- it has been decanted;
- it has not been lawfully obtained;
- it presents an unacceptable risk; or
- staff have not received necessary information or training.

15. Non-prescription medicines and homely remedies

15.1

The medical room and boarding houses may hold a limited stock of approved non-prescription medicines or homely remedies in accordance with the College's written protocol.

15.2

The protocol will identify:

- the medicines that may be held;
- permitted indications;
- age restrictions;
- contraindications;
- maximum doses;
- minimum intervals;
- circumstances requiring medical advice;
- consent requirements;
- storage arrangements; and
- recording requirements.

15.3

Only staff who have been authorised and appropriately instructed may administer a homely remedy.

15.4

Before administering a non-prescription medicine, staff must check:

- the student's identity;
- the reason for administration;
- allergies and contraindications;
- what medication the student has already taken;

- the time and dose of any previous medication;
- possible duplication of active ingredients;
- interactions with prescribed medication;
- the expiry date;
- the correct dose and route; and
- that the administration is consistent with the College protocol.

15.5

Every administration must be recorded promptly, including:

- date and time;
- student's name;
- medicine;
- dose;
- reason;
- name and signature or electronic identification of the person administering it; and
- any adverse reaction or follow-up action.

15.6

Parents or guardians will normally provide advance consent for students under 18 to receive approved homely remedies. The student's own competence, wishes and legal rights will also be taken into account.

15.7

A student will not routinely be supplied with repeated doses of a homely remedy where symptoms are persistent, worsening, unexplained or require medical assessment.

15.8

Students must not routinely keep non-prescription medicines in boarding rooms unless this has been specifically authorised following an assessment.

15.9

The College may prohibit or restrict products that present a health, misuse or safeguarding risk, including:

- unapproved weight-loss products;
- stimulant products;
- unregulated supplements;
- high-caffeine or concentrated energy products;
- products containing unknown ingredients;
- medication supplied for another person;
- medication obtained from an unverified source; and
- products prohibited under the Substance Misuse Policy.

15.10

Ordinary toiletries, first-aid items, vitamins or supplements may be retained where authorised and safely stored. The medical team may impose reasonable restrictions on type, quantity or storage.

16. Prescribed medicines

16.1

All prescribed medication taken by a boarding student must be disclosed to the medical team.

16.2

Day students must inform the College of prescribed medication where:

- it may need to be taken during College hours;
- emergency support may be required;
- it may materially affect the student's behaviour, alertness or ability to participate;
- it is a controlled drug;
- it requires refrigeration or secure storage; or
- the College may need to respond to side effects.

16.3

Prescribed medicines may be:

- carried and self-administered by the student;
- stored by the College and self-administered under supervision;
- administered by an authorised member of staff; or
- managed under an Individual Healthcare Plan.

16.4

The arrangement will be based on an individual assessment and, where necessary, consultation with the student, parents or guardians and healthcare professionals.

16.5

No member of staff may enter into an informal or private arrangement to administer medication outside the College's approved procedures.

16.6

Before administering prescribed medication, staff must:

- confirm the student's identity;
- check the pharmacy label;
- check the medicine, dose, route and time;

- check the expiry date;
- check that the medicine has not already been administered;
- follow the healthcare plan or written instructions;
- obtain the student's agreement;
- administer or supervise the medication safely; and
- record the administration immediately.

16.7

A second checker will be used where required by the student's healthcare plan, the College's risk assessment or the nature of the medicine. A second checker is not automatically required for every prescribed medicine.

16.8

Where a dose is refused, omitted, vomited, lost or administered incorrectly, the medical team must be contacted and appropriate medical advice obtained.

16.9

Parents or guardians are responsible for ensuring that adequate supplies are provided. Repeat prescriptions should normally be requested sufficiently early to avoid interruption, preferably at least seven days before the medicine is expected to run out.

17. Self-administration of medicines

17.1

Students should be enabled to manage their own medication where it is safe and appropriate.

17.2

The decision will take account of:

- the student's age and maturity;
- understanding of the medicine;
- ability to follow instructions;
- ability to recognise and report side effects;
- likelihood of misuse, loss or sharing;
- the nature of the medicine;
- storage requirements;
- safeguarding considerations;
- risk to other students;
- advice from parents or healthcare professionals; and
- the boarding environment.

17.3

Where self-administration is authorised, the arrangements will be recorded and reviewed.

17.4

Medication kept in a boarding bedroom must be stored in an approved locked container where required. Authorised College staff must be able to gain access in an emergency or for an agreed safety check.

17.5

The quantity retained in the student's room may be restricted. Any remaining supply will be held securely by boarding or medical staff.

17.6

Emergency medication, including reliever inhalers and prescribed adrenaline auto-injectors, should normally remain readily accessible to the student and must not be locked away in a manner that prevents prompt access.

17.7

Authorisation to self-administer may be reviewed or withdrawn where there is:

- unsafe use;
- missed doses;
- misuse;
- sharing;
- stock discrepancies;
- deterioration in the student's health;
- a safeguarding concern; or
- another material change in risk.

18. Controlled drugs

18.1

Controlled drugs will be managed in accordance with applicable legislation, pharmacy instructions and safe-practice guidance.

18.2

A student prescribed a controlled drug will normally have an Individual Healthcare Plan or documented medicines-management arrangement.

18.3

Controlled drugs held by the College will be:

- stored securely with access limited to authorised staff;
- retained in their original pharmacy-labelled container;
- recorded on receipt;
- checked against the expected quantity;
- administered or supervised by authorised staff;
- recorded immediately after administration;
- subject to regular stock checks; and
- returned to the dispensing pharmacy or otherwise disposed of through an authorised route.

18.4

The controlled-drug record will include:

- date and time;
- student's name;
- medicine and strength;
- dose administered;
- quantity received or disposed of;
- running balance where appropriate;
- name and signature of the person administering or supervising; and
- signature of a second checker where required.

18.5

The College may require two authorised staff to check the administration of a controlled drug where this is identified in the risk assessment or College procedure.

18.6

A student must not ordinarily act as the second checker for the administration of their own controlled drug.

18.7

A competent student may carry a prescribed controlled drug where this is agreed and risk assessed. Any controlled drug carried by a student must be kept securely and used only by the person for whom it was prescribed.

18.8

Any discrepancy, loss, suspected theft or misuse of a controlled drug must be reported immediately to the medical team and senior leadership. The College will obtain professional advice and notify the police, safeguarding agencies or other authorities where appropriate.

19. Storage of medicines

19.1

Medicines held by the College will be stored securely and in accordance with the manufacturer's or pharmacist's instructions.

19.2

Medication cupboards must:

- be locked;
- be accessible only to authorised staff;
- be used only for medicines and associated equipment;
- be kept clean and organised; and
- permit prompt access in an emergency.

19.3

Medicines requiring refrigeration will be stored in a secure, appropriately monitored medicines refrigerator or in a locked container within a refrigerator, according to pharmacy advice.

19.4

Refrigerated medicines must be clearly labelled. Refrigerator temperatures will be monitored and recorded at an appropriate frequency, and action taken if temperatures fall outside the required range.

19.5

Emergency medication must be stored securely but must remain rapidly accessible to the student and authorised staff.

19.6

Medication awaiting collection or disposal must be stored separately from medication in active use.

19.7

Students and parents or guardians are responsible for ensuring that medicines are supplied before their expiry date.

20. Disposal and return of medicines

20.1

Medicines will not be disposed of in ordinary waste, sinks or toilets unless specific authorised instructions permit this.

20.2

Unused, discontinued or expired medication should normally be returned to the student's parent or guardian or taken to a community pharmacy for safe disposal. These can be passed to the college nursing team for safe disposal.

20.3

Medication disposal will be recorded where the medicine has been held by the College. The record will include:

- date;
- student's name;
- medicine;
- strength and quantity;
- reason for disposal;
- disposal route;
- name of the person completing the disposal; and
- a witness where required.

20.4

Sharps must be placed immediately in an approved sharps container. Sharps containers will be stored and collected through an authorised clinical-waste service.

21. Allergy safety and anaphylaxis

Refer to the Allergy Safety Policy.

22. Asthma and emergency inhalers

22.1

Students with asthma should have prompt access to their prescribed reliever inhaler and spacer where required.

22.2

Students assessed as competent should normally carry their own inhaler. A clearly labelled spare prescribed inhaler may be stored in an agreed accessible location.

22.3

The College may hold emergency salbutamol inhalers supplied without prescription. These will be managed under a written protocol consistent with current national guidance.

22.4

A College emergency inhaler may be used only for a student:

- who has been diagnosed with asthma and prescribed a reliever inhaler, or whose healthcare professional has otherwise confirmed the relevant need;
- whose own inhaler is unavailable, empty or not working; and
- where the required consent and records are in place, except where emergency treatment is necessary to protect life.

22.5

After an emergency inhaler is used:

- the student will be monitored;
- emergency services will be called where symptoms are severe or do not respond;
- the use will be recorded;
- parents or guardians will be informed where appropriate; and
- the inhaler and spacer will be cleaned, replaced or disposed of in accordance with the protocol.

23. Individual Healthcare Plans

23.1

An Individual Healthcare Plan will be considered where a student's medical condition:

- is long-term or complex;
- may fluctuate or deteriorate;
- may result in an emergency;
- requires medication or treatment during College activities;
- requires staff training;
- significantly affects attendance or participation;
- requires reasonable adjustments;
- involves allergy, anaphylaxis, asthma, diabetes, epilepsy or another significant risk; or
- requires coordinated support across College and boarding.

23.2

Not every medical condition will require a formal plan. The decision will be based on the individual student's needs and risk.

23.3

The plan may include:

- diagnosis and symptoms;
- the student's usual presentation;
- triggers;

- medication and treatment;
- emergency procedures;
- signs that urgent help is required;
- arrangements for self-administration;
- storage and access to medication;
- reasonable adjustments;
- dietary or environmental controls;
- arrangements for lessons, examinations, sport and visits;
- staff training;
- confidentiality and information sharing;
- contact details;
- hospital or ambulance information;
- actions following an incident; and
- review arrangements.

23.4

Plans will be prepared in consultation with the student and, where appropriate:

- parents or guardians;
- the medical team;
- boarding staff;
- the Head of House;
- the SEND team;
- relevant teaching staff;
- external healthcare professionals; and
- other staff required to implement the plan.

23.5

Plans will be reviewed:

- at least annually where the condition is ongoing;
- after a significant incident or near miss;
- after a change in diagnosis, medication or treatment;
- where the student's needs change;
- before a significant educational visit where necessary; and
- whenever the existing arrangements appear ineffective.

23.6

An appropriate risk assessment will accompany the plan where the student's needs create a material risk that requires additional controls.

24. Educational visits, sport and off-site activities

24.1

Students with medical conditions will be supported to participate in visits and activities wherever it is reasonably safe to do so.

24.2

Risk assessments will consider:

- the student's condition;
- medication and emergency equipment;
- access to healthcare;
- travel;
- accommodation;
- food and allergy risks;
- environmental triggers;
- activity-specific risks;
- staff competence;
- supervision;
- insurance;
- communications; and
- emergency evacuation or repatriation.

24.3

The trip leader must ensure that:

- necessary medication is available and in date;
- medication is accessible;
- relevant staff understand the healthcare plan;
- emergency contacts and medical information are available;
- medication administration can be recorded;
- appropriate arrangements are made for storage; and
- a contingency plan is in place.

24.4

Medication must not be placed solely in checked luggage or otherwise made inaccessible during travel.

24.5

Where a student cannot safely participate despite reasonable adjustments, the decision and reasons will be documented and an appropriate alternative considered.

25. Medical emergencies

25.1

All staff must know how to call the emergency services and how to summon a first-aider or member of the medical team.

25.2

In a life-threatening or potentially life-threatening emergency, staff must call 999 immediately. Staff must not delay an emergency call while attempting to contact a parent, senior leader or member of the medical team.

25.3

Examples requiring urgent emergency assistance may include:

- unconsciousness or altered consciousness;
- severe breathing difficulty;
- suspected anaphylaxis;
- a severe asthma attack;
- seizure lasting longer than stated in the healthcare plan or repeated seizures;
- severe bleeding;
- suspected heart attack or cardiac arrest;
- suspected stroke;
- serious head, neck or spinal injury;
- poisoning or serious overdose;
- severe burns;
- acute mental-health emergency;
- suspected sepsis;
- serious diabetic emergency; or
- any situation where staff believe there is an immediate risk to life.

25.4

Staff will:

- follow the 999 call handler's instructions;
- provide first aid within their competence;
- obtain the student's emergency medication;
- send someone to direct emergency services;
- provide relevant medical information;
- maintain privacy and supervision;
- inform the medical team and senior leadership as soon as practicable; and
- record the incident.

25.5

A student transferred to hospital will normally be accompanied by an appropriate member of staff unless:

- a parent or guardian is already present;
- ambulance staff advise otherwise;
- doing so would leave other students inadequately supervised; or
- another safe arrangement has been agreed.

25.6

The accompanying member of staff should take, where available:

- the emergency information sheet;
- relevant medication;
- the Individual Healthcare Plan;
- parent or guardian contact information;
- passport or identification details where necessary; and
- any other information requested by emergency services.

25.7

The College will make every reasonable effort to inform parents or guardians promptly. Treatment will not be delayed because a parent or guardian cannot be contacted.

25.8

Where a student has capacity or is competent to consent, their consent governs medical treatment. Where they cannot consent and urgent treatment is required, healthcare professionals will act in accordance with the law and the student's best interests.

25.9

Following a serious emergency, the College will consider:

- safeguarding action;
- accident reporting;
- notification to the Health and Safety Executive where legally required;
- notification to insurers;
- staff and student support;
- review of the healthcare plan;
- review of training and equipment; and
- lessons learned.

26. Infection prevention and health protection

26.1

The College will follow current UK Health Security Agency guidance on health protection in children and young people's settings, including current exclusion periods and outbreak-management advice.

26.2

The College will promote:

- effective hand hygiene;
- respiratory hygiene;
- appropriate cleaning;
- safe management of bodily fluids;
- appropriate personal protective equipment;
- safe waste disposal;
- ventilation where appropriate;
- immunisation awareness;
- safe food handling; and
- prompt reporting of suspected infectious disease.

26.3

Staff must use appropriate precautions when dealing with blood, vomit, urine, faeces or other bodily fluids.

26.4

Students and staff may be required to remain away from College or boarding for the period advised by current health-protection guidance or a healthcare professional.

26.5

The College will contact the local UK Health Security Agency Health Protection Team where required or advised, including in relation to:

- suspected outbreaks;
- certain notifiable diseases;
- meningococcal disease;
- significant clusters of illness;
- food poisoning;
- serious infection-control concerns; or
- other public-health incidents.

26.6

Medical information will not be used to diagnose an infectious disease. Diagnosis and treatment remain matters for qualified healthcare professionals.

26.7

During an outbreak, the College may implement additional proportionate controls, including enhanced cleaning, changes to activities, isolation arrangements, temporary restrictions or requests for students to remain away from the setting.

27. Accidents and incidents in boarding

27.1

Accidents occurring in boarding accommodation will be:

- assessed and treated appropriately;
- recorded on the relevant system;
- reported to the medical team and boarding leadership;
- reported under health and safety procedures where required; and
- reviewed for any required remedial action.

27.2

Significant accidents, patterns of accidents and relevant near misses will be considered through the College's health and safety governance arrangements.

28. Staff training

28.1

The College will provide training proportionate to staff roles and students' needs.

28.2

Training may include:

- first aid;
- emergency response;
- medicines administration;
- controlled drugs;
- asthma and inhaler use;
- allergy awareness and anaphylaxis;
- adrenaline auto-injector use;
- diabetes;
- epilepsy and seizures;
- infection prevention;
- mental-health emergencies;
- record keeping;
- confidentiality and safeguarding; and

- individual medical procedures.

28.3

All staff will receive basic information about:

- how to summon medical assistance;
- emergency-service procedures;
- recognising anaphylaxis and severe asthma;
- relevant safeguarding duties; and
- where emergency equipment is located.

28.4

Staff must not undertake a specialist medical procedure unless they have received suitable training and have been assessed as competent where required.

28.5

Training records will include:

- the staff member's name;
- date;
- subject;
- trainer;
- expiry or review date where applicable; and
- any competency assessment.

28.6

Training will be refreshed in accordance with the provider's recommendations, following changes in a student's needs or where an incident identifies a need for further training.

29. First aid

29.1

First aid will be provided by appropriately trained staff in accordance with the College's First Aid Policy and procedures.

29.2

The names or locations of first-aiders and first-aid equipment will be made known to staff and students.

29.3

First-aid supplies and emergency equipment will be checked regularly and replaced before expiry.

29.4

Records will be maintained of first-aid treatment, accidents and referrals for further medical care.

29.5

Staff providing first aid must remain alert to safeguarding concerns, including unexplained, repeated or inconsistent injuries.

30. PSHE, RSE and health education

30.1

The College will support students to develop the knowledge and skills required to make informed decisions about health and wellbeing.

30.2

Provision may include:

- physical health and healthy lifestyles;
- sleep;
- nutrition;
- exercise;
- personal hygiene;
- first aid;
- sexual and reproductive health;
- consent and healthy relationships;
- mental health;
- substance misuse;
- self-care;
- accessing healthcare;
- medication safety;
- allergy awareness;
- vaccination;
- infection prevention; and
- transition to independent adult healthcare.

30.3

The medical team may contribute to PSHE and RSE, staff training, workshops and external-speaker arrangements.

30.4

Teaching will be age appropriate, inclusive, evidence informed and consistent with statutory and College safeguarding requirements.

31. Complaints and concerns

31.1

A student or parent who has concerns about medical support should raise them promptly with the medical team, Head of House, boarding leadership or Vice Principal Pastoral.

31.2

Formal complaints will be considered under the College's Complaints Policy.

31.3

A concern involving professional healthcare practice may also be referred to the relevant employer, regulator or healthcare provider.

31.4

Safeguarding concerns must be reported immediately in accordance with the Safeguarding and Child Protection Policy and must not be delayed while a complaint is considered.

32. Monitoring and review

32.1

The College will monitor implementation through:

- reviews of medication records;
- audits of medicine storage;
- checks of emergency medication and expiry dates;
- staff-training records;
- review of accidents and medical emergencies;
- analysis of allergy incidents and near misses;
- review of Individual Healthcare Plans;
- health and safety meetings;
- boarding monitoring; and
- feedback from students, parents and staff.

32.2

The policy will be reviewed at least annually and sooner where there is:

- a change in legislation or national guidance;
- a serious incident or near miss;
- a change in College provision;
- an identified weakness in practice; or

- a recommendation from an inspector, regulator, healthcare professional or safeguarding partner.

32.3

Operational details, names, telephone numbers, locations and local healthcare arrangements may be maintained in supporting procedures so that they can be updated promptly without requiring the entire policy to be rewritten.

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 their part in bringing this about. This policy 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 is 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.

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 employment.

4.4. The principal is responsible for putting the policy into practice and for developing detailed procedures. They 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.

5. Appointed Person/s

5.1. Reception staff, Appointed College Staff, nurses, boarding staff.

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 Vice Principal 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 Vice Principal Pastoral and the Housemaster 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 a list of trained First Aiders is on display in each college building and signs indicate where 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 'Educational Visits 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 'Educational Visits 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 Housemaster 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 Housemaster and Operations Manager should be informed if the incident is at all serious or particularly sensitive. Nurses 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.

13.4. To assist with identification and treatment of students with particular medical conditions 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 Vice Principal Pastoral, Heads of House, the Housemaster and the college nurses are aware of these learners on a strict need to know basis.

13.5. The Vice Principal 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 Vice Principal 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 Vice Principal Pastoral.

Appendix 2 - Protocol for Home Remedies

1. Guidance

1.1. Only the nurses and boarding staff 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

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. Throat pastilles

Throat pastilles can be used to temporarily relieve throat irritation or soreness from causes like excessive talking, singing or the common cold. They are also used to soothe and clear the throat, and some pastilles help keep the voice clear.

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 to reduce the chance of cross contamination.

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 4 - Medical Emergency

Student Medical Emergency

- First Aid given by nurse/ 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,
- Housemaster informs parents/agent, updates senior staff, adds notes to MIS and Boarding Logs
- When student emergency resolved, record incident in log

Appendix 5 - 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 the 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 6 - 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 7 - 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 8 - 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 9 - 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 1520g 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.