

# Perrott Hill School



## First Aid Policy & Medical Protocols and Procedures

Written by: M Manley

Ratified by: Dr. Horne - Crewkerne Health Centre (see attached e-mail)

Annual Review to be held September 2017      by:  
Marie Manley (School Nurse)  
Neil Mapletoft (Bursar)

Written with reference to the following:

Medical Conditions at School: A Policy Resource Pack  
The Handling of Medicines in Social Care (Royal Pharmaceutical Society)  
Managing Medicines in Schools and Early Years Settings (Department of Health)  
BSA Medical Protocols and Practice  
Boarding Schools National Minimum Standards  
Health Protection Agency guidelines  
Independent Schools Bursars Association

*Updated Sept 2017– To be reviewed by MM & NM Sept 5<sup>th</sup> 2018*

Drs. Horne, Field, Balian, Merrifield, Hewson, Stanley, Kersten & Fenlon

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**Dr. J.J. Horne. BA, MB, BChir, FRCP, MRCP**

23<sup>rd</sup> December 2016

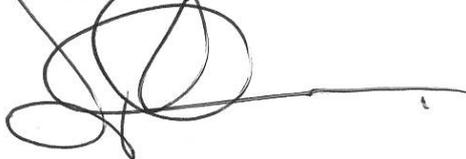
Mrs Marie Manley  
School Nurse  
Perrott Hill School  
North Perrott  
Crewkerne  
Somerset  
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Dear Marie

I am writing to confirm that I have reviewed the school's first aid policy and medical protocols and procedures document, as sent to me on the 3<sup>rd</sup> October 2016. I am happy with all the contents of that policy from a medical perspective and I am sure that these policies will continue to support the high standard of care which is already given to students at the school.

If there are any further specific queries or which arise as a consequence of any inspection, I will happily respond to and advise on these.

Yours Sincerely

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Dr J J Horne

## Table of Contents

<b><u>Medical Policy</u></b>	5-11
Aims	5
Confidentiality	5
Surgery Staff	5
Boarders	6
Day Pupils	7
Off Games	8
Isolation Room	8
Personal Medication	8
Records	9
Medicals and Vaccinations	9
Head Lice	9
Teachers' Responsibilities	9
Games Cover	10
Injury and Illness at School	10
Emergency Procedures	11
Infection Control	11
<b>Protocol for Storage and Administration of Medicines</b>	12-13
<b>Disposal of Medicines Policy and Procedure</b>	14
<b>Asthma Policy and Procedure</b>	15-16
<b>Allergies/Anaphylaxis Policy and Procedure</b>	17-19
<b>Injuries Policy and Procedure</b>	20
<b>Injury on the Games Field</b>	21
<b>Guidelines for the Care of Sports Injuries</b>	22
<b>Head Injury Policy</b>	23-24
<b>Protocol for Staff Leaving School with Children</b>	25

*Updated Sept 2017– To be reviewed by MM & NM Sept 5<sup>th</sup> 2018*

<b>Self-Administration of Prescribed Medicines Policy and Procedure</b>	26
<b>Diabetes Policy and Procedure</b>	27-28
<b>Epilepsy Policy and Procedure</b>	29
<b>Controlled Drugs Policy and Procedure</b>	30
<b>First Aid Policy</b>	31-35
Aims and Objectives	31
Responsibilities	31
Risk Assessment	32
Facilities	32
First Aid Kit Locations	33
Information	33
Responding to a Medical Incident	33
Emergency Procedure	34
Reporting an Accident	35
RIDDOR	35
<b>Accident Reporting Policy</b>	36
<b>Emergency Transfer of Pupils to Hospital Policy and Procedure</b>	39
<b>Policy on Bed Wetting and Soiling</b>	40
<b>Protocol for Dealing with Splinters</b>	41
<b>Policy on Spilled Bodily Fluids</b>	42

## **Medical Policy**

**This policy is written with the inclusion of the Early Years Foundation Stage and boarding.**

### **Aims**

Perrott Hill surgery staff aim to promote the safety, health and welfare of all pupils so that they are in the best position to achieve their potential and participate fully in school life. We promote these three aims through the following practices:

**Safety:** Clear policies and protocols in place for all staff to follow

Keeping accurate, up to date records

School Nurse on the Safeguarding, Health and Safety and Pastoral Development Committees

Communicating specific safety concerns promptly

**Health:** Access to surgery and medical care at all times.

Use of two way radios to ensure prompt response during times when surgery staff are absent.

Discussing general health conditions with all children to educate. Input to PHSE.

Promoting safety through knowledge and respect of health issues and medicines.

**Welfare:** Recognizing common issues and their impact holistically on children.

Commitment to welcoming all children regardless of whether they require medical treatment or not.

Commitment to actively observing and listening to what children have to say.

### **Confidentiality**

To promote the safety, health and welfare of all our pupils, it is essential that parents, staff and pupils work together. Both parents and children should be reassured that they may discuss issues in confidence with surgery staff and that these confidences will be respected. Exceptions will only be made if surgery staff feel another pupil will be at risk or if they feel it is in the best interests of a specific child to share the information with others. Health information is passed onto other staff members on a need to know basis.

### **Surgery Staff**

Perrott Hill School employ a nurse and a matron who look after the safety, health and welfare of all pupils.

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The staff are as follows:

Marie Manley. School Nurse. RSCN.  
Sharon Tarrant. Matron.

There are also various boarding house staff with a specific responsibility towards boarding pupils.

### **House Staff**

Rebecca White, Head of boarding, Houseparent -girls  
Simon Sheldon, Houseparent - girls  
Nick & Karen Hodgkin - Houseparent's - boys  
Bev Cox, Assistant Houseparent - girls  
Ruth Myott, Assistant Houseparent - boys

All staff who work in the school surgery are required to work to standards stated in school policies and protocols. The school surgery operates during regular slots throughout the busiest times of the day. In between these times the surgery is equipped with two way radios which may be used to contact the member of surgery staff who is on duty at any time. Within the two boarding areas there is a doorbell which children may use to summon the members of staff on duty overnight if they are ill.

Both members of surgery staff have Paediatric First Aid training, along with most of pre-prep staff and most other staff have basic First Aid training. The Basic First Aid training course covers the handling of asthma, epilepsy, diabetes and anaphylaxis. Additional training and information sessions have been held in management of diabetes, asthma and the use of epi-pens. First Aid kits are available around the school site and their locations are listed on the cupboard in the school surgery and around main areas of the school.

### **Boarders**

All full time boarders are registered with the local GP surgery - Crewkerne Health Centre, Middle Path, Crewkerne, TA18 8BX Telephone: 01460 72435 (general enquiries) 01460 74797 (appointments). Weekly boarders are also generally registered with the school doctor unless parents live close by or they would prefer to maintain their own family GP.

The nominated medical officer is Dr. John Horne M.B., B.Chir., F.R.C.P., M.R.C.G.P. Dr. Horne has a regular slot to visit the school on a Wednesday morning at 08:30 if we require it. If registered children need to be seen in between they are taken up to the Health Centre in Crewkerne to see either Dr. Horne or one of the other doctors within the practice.

Dr. Horne meets all new pupils who register to introduce himself, review any past or

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ongoing medical problems and then discuss their management with the student and the school nurse.

The school surgery staff determine when to accompany children to the school doctor. Generally, the staff member on duty is present but the children may request to see the doctor in private. Staff may also use their own discretion and decide of their own accord that a private appointment between the child and the GP is more appropriate. Children may request to see a female doctor if they wish and this will be arranged through the Health Centre in Crewkerne. The Crewkerne Health Centre is open Monday – Friday from 08.00 to 18.30. Out of hours' contact is through NHS 111. Minor injuries can be dealt with at Crewkerne Health Centre (noting opening hours) or at Chard Minor Injuries Unit. Accident and Emergency treatment will be sought at Yeovil Hospital.

The school surgery staff oversee all pupils' health and medical matters when they are at school. On defined occasions house parents are responsible but both members of surgery staff and the headmaster may be contacted at home for advice. NHS Direct also provides a direct avenue for professional medical advice. All contact phone numbers are displayed in the school surgery next to the phone. House staff have policies and procedures available for them to follow.

Hearing tests, regular optical tests and regular dental checks, treatment and orthodontics should be carried out during the school holidays by parental arrangement with their own family optician/dentist. In the case of any dental or optical trauma, the member of surgery staff on duty will follow emergency procedures. The medical questionnaire filled in by parents addresses parental consent with regards to emergency medical, dental and optical treatment. The school will also contact parents in the event of any such emergency. Any regular dental, medical or optical treatment received during term time will be arranged by parents who will notify surgery staff with relevant appointment times for attendance records. Full boarders will be able to receive emergency treatment by a local dental practice and their parents will be notified. In the case of any emergency dental or optical treatment for full boarders, the child may see the dentist/optician by themselves if they so wish.

Surgery staff will liaise with parents on all medical matters. Following a visit from the school doctor, parents will be informed of treatment recommended for their child and their verbal or written consent obtained.

### **Day Pupils**

The member of surgery staff on duty will also provide care and treatment for day pupils who become unwell or injured during the school day. This may include taking them to A & E. Parents will always be contacted in these circumstances and will accompany their own child to A & E wherever possible. Parents will be informed of minor illness and injury. The school will liaise with appropriate departments to enable routine health screening to take place, currently hearing and vision checks.

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## **Off Games**

The general rule is that parents wishing their child to be off games through sickness or injury should either inform surgery staff in the morning or write a note in their child's contact book which can be shown to surgery staff during form tutor period. The child must come and see the surgery staff before 11:30am as whenever possible the member of surgery staff have an obligation to facilitate the work of the games staff who need to know who to expect at their games sessions for safety and welfare reasons. Clearly the member of surgery staff will make exceptions to this but only in the case of sudden high temperatures or injuries resulting in swelling and obvious discomfort between 11:30 and the afternoon games session.

The children who are officially off games should report to the school surgery at the beginning of their games lesson for instructions. The member of surgery staff will use her discretion which will be dependent on the reason for being off games as to whether the children report to duty staff, rest in surgery or whether they are able to go and watch their peers from the sidelines.

## **Isolation Room**

There are two isolation rooms in the school surgery, which will be used for boarders and day pupils to limit the spread of infection. Wherever possible, children who are ill will be sent home with parents including boarding children. Alternatively, boarding children may go to guardians if appropriate.

Any boarders can be placed in the isolation rooms in the surgery overnight. However, if a boy and a girl boarder have to spend the night in surgery. The girl will be isolated in the girl's common room and the boy will remain in surgery. There is a bell in surgery and on the dorms that rings in the Head of Boarding's flat. The pupil/s are also given a walkie-talkie and the houseparent in charge also has one. Parents will be notified of any overnight sickness in the morning and asked to collect wherever possible.

Children can always get hold of the member of staff on duty in the daytime by using a two-way radio. Overnight, children have the option of using a doorbell system located on each boarding landing, using the doorbell in the surgery (if in isolation) or telephoning the Head of Boarding, Houseparent's or Headmaster.

## **Personal Medication**

All prescribed medication should be left with a member of school surgery staff and a relevant form filled in by the parent/carer with information about the medication, its purpose and the dosage for that child. Forms will either be available from the school nurse directly or via the school office. All prescribed medication should be in its original packaging with its information leaflet enclosed and clearly labeled with the pupil's name and the dosage prescribed by the GP. The school stocks general over the counter/ homely

remedies so these do not need to be sent into school unless there is a specific remedy required which is not listed on our school medical card. If a parent/carer chooses to supply their own homely remedy, these should be brought into school as described above in their original packaging, labeled with the child's name and a form filled in specifying dosage details and length of treatment.

All medicines at school are kept in the surgery in a locked cupboard. The exceptions to this are: asthma inhalers which are kept in clearly labelled cubbies and epi-pens (a one off intramuscular injection for severe allergies) which are stored in a clearly labelled cupboard. Both of the above need to be accessible at all times in case emergency treatment is required.

### **Records**

All medical records for children registered with the school doctor are kept in Crewkerne at the Health Centre. Medical questionnaires filled in by parents are kept in the school surgery in a locked cupboard. These are confidential. Records are kept of any medication or treatment given to the children. Each child has their own personal record which details any treatment, advice or action taken on isams. The records allow staff to spot emerging patterns and to give continuity of care. In addition to these there is also a diary which details any concerns from parents and information on children treated that day. A separate daily medication sheet is kept which details any named tablets/antibiotics etc. which need to be administered on a day to day basis. Records are kept of all accidents in the school in an accident book. The records and accident recording sheets are all kept in a locked cupboard in the school surgery.

### **Medicals and Vaccinations**

On enrolling at Perrott Hill all parents are asked to complete a medical questionnaire about their child's medical history, including past problems, current ones and present treatments. Details and dates of all vaccinations should also be listed. Parents are asked to agree to their child being treated by school surgery staff and house staff with specific homely remedies if deemed appropriate. They are also asked to supply a second signature with regards to the school acting in loco parentis should the need arise for emergency medical, dental or optical treatment.

Separate consent forms are sent out to parents concerning routine vaccination programs. The school follows the advice of the Somerset School Nursing team with which the school has close links.

### **Head Lice**

All parents are asked to check their children regularly at the weekends for head lice. In the case of weekly boarders, parents should notify boarding staff if any are found so that they may continue a conditioner and combing regime during the school week. Houseparent's

will check the full time boarders in school once a week (Sunday) and treat accordingly. Parents will be informed that cases of head lice have been found in school. Full time boarders may be given chemical treatment if the infection persists with parents' consent unless contraindicated. The school nurse will be notified.

### **Teachers' Responsibilities**

Teachers should be aware of pupils with known health concerns such as asthma, diabetes, epilepsy and serious allergies so the children are not placed at risk. There are pictures of the children with serious allergies or diabetes so that they will be easily recognized by all staff in case they become ill or are found collapsed within the school's grounds, which are displayed in key areas. Parents are made aware that details from the medical questionnaire may be passed on to appropriate staff on a need to know basis in the interests of the safety of their child. Teachers are aware that there will be policies and protocols available which are to be followed by all staff.

Teachers taking pupils off school grounds whether for matches or excursions should supply the school nurse with a list of the children they are taking a day before they go so that she can discuss with them any relevant medical problems and supply them with any medication that they need to take with them. No child should be taken off the school grounds without medication such as epi-pens, asthma inhalers or emergency diabetic injections where appropriate.

### **Games Cover**

On Wednesdays and Saturdays for home fixtures there are always two members of surgery staff on duty. Both members of surgery staff will be based on top field during rugby season to provide First Aid cover. For all other matches the member of staff has a two way radio to contact surgery staff, both will have a two way radio and can be called away when needed for emergencies. Any serious accidents involving pupils from away schools will be logged in the accident book and the relevant schools rung if parents are not in attendance.

Almost all staff taking pupils away for fixtures have First Aid training and take a First Aid bag with them. Most schools we play locally also have either nursing staff on their premises or matrons acting in a First Aid role. When injury or illness occur at away fixtures the member of staff accompanying them is responsible for their care and completion of accident forms for offsite injuries. Any illness or injury should be reported to a member of surgery staff on return to Perrott Hill.

### **Injury and Illness at School**

If a child is injured or unwell at school, a member of surgery staff will assess their condition and decide on treatment. This will all be recorded on the child's individual record on isams, in the diary and in the case of serious injury in the accident book. Parents

will be notified of any injuries or illness either by phone, email or at pick up time at the end of the day. Any medicines given will be recorded on a note for parents describing what they were, what dosage was given, what time they were given and the reason for it. These sheets will be either emailed to parents or handed out when the child ticks off to go home. In the case of more serious incidents of illness or injury, whoever is on duty in the school surgery or is delegated to do so will contact the child's parents.

### **Emergency Procedures**

In the case of a serious injury the member of surgery staff on duty should be called to the scene to assess the situation. If need be, she will delegate another member of staff to go to the school office to ring for an ambulance and arrange for someone to meet the ambulance before returning to the scene to offer assistance. The child's parents, a member of surgery staff or another member of staff will accompany the child to hospital. Parents not present will be rung from the school and expected to relieve the school staff as soon as possible at the hospital. Children from visiting schools will be accompanied by their own staff.

### **Infection Control**

All staff will be made aware of issues surrounding the spread of infection and how to counteract these through quick and effective action to clean up any spillages. The school surgery has a stock of disposable gloves and all First Aid bags contain gloves and waste bags. Anti-bacterial soap and hand sanitiser gel are available throughout the school.

### **Protocol for Storage and Administration of Medicines**

#### **Aim:**

To ensure that all drugs/medicines are stored safely and securely and that all medicines are in date and correctly administered to the right child at the right time.

#### **Methods:**

All medicines apart from asthma inhalers and epi-pens will be stored in a locked cupboard in the surgery.

Controlled drugs will be stored in a separate locked cabinet away from everyday medicines and have their own log sheets.

All drugs/medicines must be handed in to the member of surgery staff by parents with

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pharmacy prescription labels intact. These must be accompanied by a form completed by parents stating dosage and duration of treatment. Administration of medicines will be recorded on the child's individual nursing record.

All drugs/medicines which have passed their expiry date will be taken to the local pharmacist for safe disposal.

All allergies and any medicines not permitted will be listed on each child's nursing record.

Medication will be administered by teaching staff when the child is off site either on a school trip or at an away match. They will be given the necessary information and advice by the member of surgery staff to support them in this and will be made aware of any personal responsibility they have with regard to safe storage of these medicines. All surgery and boarding staff will complete online Opus training for the safe administration of medicines.

**Procedure:**

Prescribed medicines should be given only to children for whom they are prescribed.

Over the counter medicines should be given only if parents have given permission for these on their medical questionnaire, recorded on the child's individual nursing record.

Any over the counter medicines given must be recorded on the child's individual nursing record. Parents will be informed of medication given at school at the end of each school day on a form completed by the member of staff who has administered the medicine.

All medicines or drugs administered must be recorded with the date and time given, the name of the medicine and dosage, the reason for administration and the signature of the person who has administered the medicine. Pupils in EYFS follow the same procedure according to the dosage for the relevant age of the pupil.

Medicines administered off site by teaching staff should be recorded at the time and this written information should be given to the school nurse who will keep the record.

**Disposal of Medicines Policy**

**Aim:**

To ensure the safe disposal of prescribed medicines and over the counter remedies which have passed their expiry date or are no longer required.

**Method:**

All medicines, prescribed or over the counter remedies, will be taken to the local chemist

by surgery staff for safe disposal.

**Procedure:**

1. The school nurse will fill in the Disposal of Medication book as appropriate for each medication.
2. The Disposal of Medication book will include the following details:

Date of Disposal/Return to Pharmacy

Name and Strength of the Medicine

Quantity

Person for Whom the Medication was prescribed

Signature of the Staff Member Returning the Medication

Signature/Stamp spot for the Pharmacist to acknowledge receipt

Medication which is packaged with a needle will be disposed of into a yellow sharps bin which will be collected for disposal.

**Asthma Policy**

**Aims:**

To welcome, encourage and help children with asthma participate fully in school life.

To educate children about managing their own asthma and to educate their peers about asthma.

To ensure all staff are aware of children who suffer from asthma, their personal likely triggers and the severity of asthma.

To ensure children have access to their asthma medication at all times.

To administer treatment to a child having an asthma attack.

Recognize that anyone can develop asthma at any time and that it can be a life threatening condition.

**Methods:**

Information on children who suffer from asthma is provided to any staff involved in their care.

Any children who board and take preventer inhalers will be seen on a daily basis by the

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member of surgery staff on duty.

Provide teaching staff taking excursions or away matches with the relevant inhalers for the children in their care. Medication must be returned to the surgery on arrival back at school.

There is an information pack about asthma available in the surgery for all staff to peruse. The school nurse will provide some in house training.

### **Procedure:**

Managing an asthma attack:

1. Keep the child calm, and sit them down leaning slightly forward if possible.
2. Assess the severity of the asthma attack i.e. is the child too breathless to talk?
3. When a child is having an asthma attack a spacer should always be used, in keeping with the asthma guidelines and no more than 10 puffs of inhaler should be given at any one time.
4. Keep others from crowding around and loosen any tight clothing.
5. Stay with the child and assess whether the condition has improved or deteriorated.
6. If symptoms persist, give up to 5 separate puffs of the reliever inhaler.
7. Seek medical help by calling 999: if the reliever inhaler has had no effect after 5-10 minutes, the child is either distressed or unable to talk, the child is getting exhausted or if you have any doubts at all about the child's condition.
8. The child's parents will be informed as soon as possible.

### **Allergies/Anaphylaxis Policy**

#### **Aims:**

To welcome, encourage and help children with allergies to participate fully in school life.

To educate all children about allergies, the likely triggers and the severity of different allergies for different individuals.

To liaise with parents about the welfare of their child in school and provision of medication for use in school.

To ensure that where ever possible serious triggers of children suffering from anaphylaxis will be minimized.

To ensure that all staff have access to adrenaline injections, prescribed for specific children,

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at all times.

To ensure staff receive the appropriate training and this is regularly updated.

To administer treatment for anaphylaxis quickly and calmly.

### **Methods:**

Information on any child with a serious allergy who suffers from anaphylaxis will be provided to all staff involved in their care.

All allergies will be listed on the pupil's record. All staff will be made aware of the signs/symptoms of anaphylaxis.

The school catering team will be notified of any child with specific dietary needs.

Epi-pens will be kept in a safe but accessible place in the school surgery, that is well labelled.

All pupils who have an epi-pen will have details of their triggers and a photograph of themselves displayed in the staffroom, the surgery, and in the school kitchen area (including the dining room and pantry) alongside details of what to do in case of an anaphylactic attack.

Ensure teaching staff taking excursions or away matches take with them the epi-pens for the children in their care. These are provided in clearly labelled boxes and include the epi-pen, details on how to use them, the likely trigger, pen and paper for recording time of injection etc. and relevant contact and medical details. Medication must be returned to the Surgery on arrival back at school.

Schools hosting away matches are informed about a child visiting with an epi-pen. Information is provided before the child arrives and includes the child's name, team and allergy trigger. Match tea and individual water bottles are sent from home or school in the case of children with a food allergy, or on discussion with parents, can be provided by the hosting school.

### **Procedure:**

Always stay with any child who shows signs of having an allergic reaction until their condition has sufficiently improved or professional medical help has arrived.

Note: the administration of adrenalin is safe for the child and even if given through misdiagnosis will do no harm.

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Some signs that an attack is serious:

- 1) Feeling faint
- 2) Raised itchy rash/ generalized flushing of the skin
- 3) Swelling of face, mouth, throat, tongue
- 4) Difficulty breathing, swallowing or speaking
- 5) Stomach cramps, nausea and vomiting
- 6) Collapse and unconsciousness

What to do:

- 1) Remove epi-pen from container. Remove safety cap. Place the tip on the outside of the thigh midway between the knee and hip. There is no need to remove clothing as the epi-pen can be given straight through it.
- 2) Press hard until the pen activates - you will hear a click. Speak calmly to the child and reassure them of what you are doing. Whenever an epi-pen is administered an ambulance should be called.
- 3) Hold the pen in place for 10 seconds and then remove. After the pen has been removed continue to massage the area for a further 10 seconds. Return the pen to a container, taking care to avoid a stick injury, however, the pen should resheath itself. Write the time administered on the epi-pen.

Call for help if you are alone. Either ring the ambulance yourself or have your helper ring the ambulance service and state that a child is suffering from anaphylaxis and that the epi-pen has been administered. Give the time if you can.

- 4) Your helper can be sent to find someone to meet the ambulance and then to come back to assist you or if it is only the two of you they must meet the ambulance.
- 5) Sit the child upright, observe and reassure. If necessary and the child has two epi-pens, a further dose can be administered after five minutes if symptoms have not been relieved.
- 6) If the child is unconscious, lay them in the recovery position. Monitor closely and be prepared to resuscitate.
- 7) Used epi-pens must accompany the child to hospital in the named storage container to inform ambulance and hospital staff of the time and amount of adrenalin given.
- 8) Parents must be notified as soon as possible.

## Injuries Policy

### **Aim:**

To give each individual child or adult the best possible first aid care, prevent further injury and if necessary obtain medical attention to ensure their well-being.

### **Methods:**

The member of surgery staff on duty always carries a two-way radio which she may be contacted on at all times during the school day. The other radio remains in the Surgery for any staff or child to contact her immediately. The office provides back up. If the school nurse and matron are away from school, a competent person will be delegated to provide cover.

Assess each individual injury and provide treatment which will prevent worsening for minor injuries. (Cuts, bruises, sprains)

Seek medical attention for major injuries from either the paramedics, the hospital in Yeovil, or Crewkerne Health Centre.

### **Procedure:**

1. Should a **minor injury** occur and it is safe to do so, the injured person should be accompanied to the school surgery to be seen by a member of surgery staff.
2. Should a **major injury** occur, the child/adult should not be moved and a member of school surgery staff should be called to see them where the injury occurred. It is important that the attending adult stays with the child, providing shelter if possible as well as warmth and reassurance until the school nurse or matron arrives.

- If in any doubt always send for a member of school surgery staff.
- In the case of minor injuries all children/adults should be accompanied to the school surgery by a staff member or parent who has witnessed the incident.
- All injured persons should be seen by a member of school surgery staff who will assess the injury, contact parents and refer on to medical professionals if necessary.
- Any accident requiring medical attention by a doctor or hospital should be reported to the headmaster. An accident form will be completed by the adult who first gave first aid treatment or witnessed the injury, which is submitted to the bursar.

## IN THE CASE OF A SERIOUS ACCIDENT

If the casualty is in need of emergency treatment i.e.: Suffering from shock

Is unconscious

Has a head, neck or back injury

Has significant bleeding

Has a suspected fracture

Make the injured person and their environment safe, assess and administer first aid, calling for help and an ambulance as soon as possible.

The Headmaster and the child's parents will be contacted and informed of the accident. If treatment in hospital is required a member of school surgery staff will accompany the child if parents are not present.

An accident form will be completed and submitted to the bursar.

### Injury on the Games Field

During games lessons a member of surgery staff is either on the games field or in the surgery. Surgery staff on duty always carry a two-way radio by which they may be contacted. **Minor injuries**, such as cuts, bruises and sprains may be dealt with on the touchline with the first aid bags provided by the member of surgery staff or a competent adult. Alternatively, the child can be sent up to the surgery with an adult or responsible child. Treatment given will be recorded in the child's treatment record on isams.

During matches both members of surgery staff are on duty covering the games fields , they can be contacted to attend any match pitch by two-way radio. Office staff are in contact with them by radio and may be delegated to call emergency services and inform the Headmaster of the injury. All staff hosting matches carry a two-way radio.

### Suspected Serious Injury

If a serious injury occurs on the games pitch the injured child will be attended and assessed by a member of school surgery staff and moved into school if safe to do so.

If moving a child is not possible an ambulance will be called to assess the child by a member of school surgery staff or a delegated person. A member of surgery staff and another competent first aider will remain with the child to monitor the injury, ensure the child's safety and comfort and give any further treatment needed until the ambulance arrives. The Headmaster will be informed and parents contacted as soon as possible.

## Guidelines for the Care of Sports Injuries

### **Aim:**

To provide a general First Aid guideline with regards to possible sports injuries.

To prevent the injury worsening.

### **Method:**

The child should stop all activity at the first sign of pain.

Look for swelling around site of injury.

Regard the child's general demeanour. Are they protective of the site of injury? Are they in pain?

Record and treat as needed.

### **Procedure:**

R- Rest

I- Ice

C- Comfortable Bandage (if appropriate)

E- Elevation

Note: If the child is unable to weight bear, overly protective of the area or in obvious pain the child will need an x-ray of the injured area.

### Repair and Healing Times

Skin	2-3 weeks
Muscle	4-6 weeks
Tendon	6-8 weeks
Ligaments	6-8 weeks
Bone	12-16 weeks
Hernia	12-18 months

*Updated Sept 2017– To be reviewed by MM & NM Sept 5<sup>th</sup> 2018*

## Head Injury Policy

### Head Injury – Immediate Management

#### **[A] Category**

If a child sustains a blow to the head either from a fall, a flying object or has been hit but appears alert and orientated they should be checked by the surgery staff for:

1. Levels of consciousness
2. Alertness/level of orientation
3. Visual disturbances
4. Site and type of wound
5. Headache
6. Nausea and vomiting

All the above observations should be recorded on the child's treatment record and in the surgery diary.

If the child's observations are normal they may return back to school routine. The child or the accompanying adult should be cautioned that if the child develops any of the following symptoms, headache, impaired vision, nausea, vomiting or do not feel well, they must be accompanied back to the school surgery immediately. A bumped head sticker or bracelet will be given to nursery and pre prep children. A daily bulletin will be put on isams to make all staff aware. Wherever possible, surgery staff will also e-mail out to the relevant staff, so that they are aware of the injury.

Parents should be notified of the injury either by email through isams or in person when collecting their child. A head injury advice slip is either emailed to the parents or sent home with the child.

If the assessment shows abnormalities the child's parents should be contacted to have a medical assessment by the child's Doctor or in hospital.

Boarders and children whose parents cannot attend will be taken to hospital by a member of school surgery staff.

All children who are unable to remember events before or after the injury or report unconsciousness of any duration must be assessed by a medical practitioner.

## Head Injury Notification and Advice Slip

Dear Parent

.....bumped his/her head today at ..... He/she was seen in the Surgery but seemed fine. If your child experiences any of the following symptoms or if you are concerned contact your GP or seek other medical advice immediately.

1. Headache, which does not respond to Paracetamol.
2. Nausea or vomiting.
3. Drowsiness
4. Dizziness

Signed:

.....

## **Protocol for Staff Leaving School with Children**

### **Aim:**

To ensure that all staff leaving the school with children in their care take a first aid bag and are aware of any relevant medical conditions. This is to ensure the child's health, safety and welfare are protected at all times. Each bag should have any relevant medical information and medication needed in it. Staff will feel competent to administer first aid having undergone basic training and feel competent administering prescribed medication under instruction. Each minibus has a First Aid kit and instructions for when to call 999. Staff going on day/weekly trips should collect a more comprehensive First Aid kit from the school surgery.

### **Method:**

1. Staff will inform the school surgery of pupils they are taking 'off site', by way of risk assessment.
2. Once informed, the surgery staff will provide staff with prescribed medication including epi-pens and asthma inhalers.

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3. Staff should collect a first aid bag from the school surgery themselves to take on any school trip. Information about administering and recording medication provided will be given.
4. Any first aid treatment must be recorded with date, time, action taken and a staff signature. These details must then be passed on to the member of school surgery staff on duty at the time of return to school.
5. Any items used from the First Aid bag must be reported to the school surgery staff on duty so that they may be replaced.
6. All first aid bags should be returned along with any prescribed medication taken to the school surgery on return to school.

### **Policy for Self Administration of Prescribed Medication**

#### **Aim:**

To ensure the health of individual pupils and their safety as well as the safety of others.

To teach children about their medical conditions and how to be responsible for their medication.

#### **Method:**

The school nurse will assess the child's ability to be responsible for their own prescribed medicine such as inhalers, insulin and epi-pens on an individual basis.

The school nurse will liaise with staff taking children off the school premises so that they are aware of which children self-medicate.

The school nurse will discuss issues surrounding responsibility and safety with each individual child who self-medicates.

Buddy systems will be arranged with children who suffer from diabetes and all staff will be made aware that no child who appears ill due to their diabetes or an allergic reaction must be sent to the school surgery unaccompanied.

An appropriate location will be decided between the school surgery staff and each child with diabetes as to where insulin injections will take place.

#### **Procedure:**

Prescribed medicines should only be given to children for whom they are prescribed.

The school nurse will regularly monitor children who are self-medicating for diabetes or

epilepsy and on a daily basis for those who have asthma.

### **Protocol for the Treatment of Diabetes**

#### **Aim:**

To ensure that all staff are aware of children who have diabetes.

To educate children who have diabetes about their condition and the importance of diet, exercise and their medication.

To make sure that emergency treatment is available for children experiencing hypoglycemia. (very low blood sugar levels)

To administer emergency medication and take appropriate action in contacting emergency services in the case of extreme hyper or hypoglycaemia.

To encourage all children to participate fully in all aspects of school life.

#### **Method:**

Information about children who suffer from diabetes will be displayed on the board in the staff common room and in the kitchen, accompanied by a photograph.

All children who suffer from diabetes will take regular medication in the school Surgery and will be able to discuss any concerns they have. The school surgery staff will stress the importance of proper diet and exercise.

All children who suffer from diabetes will have a buddy who will accompany them to the school Surgery if need be.

Each child who suffers from diabetes will carry their own insulin and testing kit at all times. They will also carry a stock of Dextrose tablets. They will also carry with their insulin, medical guidelines concerning appropriate action if they are suffering from a hypo or a hyper.

Prescribed emergency medication will be kept in the school Surgery in the pharmacy fridge in case of an extreme hypo. The two members of school surgery staff will have keys to this fridge.

In the event of either an extreme hypo or hyper, staff will follow the procedure for treatment and will call for emergency help if needed.

#### **Procedure:**

The following is meant as a general guideline and has been provided by the local school

*Updated Sept 2017– To be reviewed by MM & NM Sept 5<sup>th</sup> 2018*

diabetic nursing team.

## Diabetes Management

If a child displays symptoms (as listed accordingly below for a hypo/hyper) or has marked changes in their behaviour, their blood sugar levels should be checked immediately.

### Hypo Management

Symptoms: pale/shaky/glazed/difficult/silly may indicate blood sugar level is Below 4. (A normal blood sugar level is between 4-6)

- 1) The child needs to test their own blood sugar level if they are conscious. If they are unconscious, you may need to do this for them.
- 2) **IF THEY ARE CONSCIOUS** - treat them with oral glucose (apple/orange juice approx 100 mls or 3 Dextrose tablets). Stay with the child. The oral glucose may need to be repeated if there is no improvement. Recheck levels after 5-10 minutes. If their sugar level has raised above 4 they need to follow on with a carbohydrate such as a meal or biscuit.
- 3) **IF THEY ARE UNCONSCIOUS** - call an ambulance by dialing 999 and have someone go to meet the ambulance. You must stay with the child. You may be asked to check their sugar level to determine if it is high or low. If it is low and an emergency hypogel kit is available, you may be asked to administer it while you wait for an ambulance.

### Hyper Management

Symptoms: thirsty/lethargic/passing urine a lot. Blood sugar level is higher than 16.

The child needs to test their blood sugar levels. If their blood sugar is higher than 16 there are two possible courses of action to follow.

If the child is not ill and there are no symptoms evident continue as normal but monitor them. Give the child water to reduce the blood sugar level. Inform their parents.

If they appear ill call their parents, their diabetic nurse or the NHS advice line for guidance. If they collapse, an ambulance must be called immediately.

## Epilepsy Policy and Procedure

### **Aim:**

To welcome and encourage children with epilepsy to join in with school life.

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To provide a safe and supported environment in which to do this.

To support the child in learning about epilepsy and the importance of medication.

To maintain the dignity and safety of the child in the event of a seizure.

**Method:**

- 1) Meeting and discussing with parents the child's condition, any special arrangements needed and any medication requirements such as emergency medication.
- 2) Providing information to staff on epilepsy and the school's procedures for dealing with it.
- 3) Providing information on children with epilepsy on the staffroom board along with a photo of each child who has the condition.
- 4) Educating staff on the importance of clearing bystanders to maintain the child's dignity.
- 5) Keeping accurate records of medication taken and any experienced seizures.
- 6) Discussing epilepsy with the child and addressing any concerns that they may have.

**Procedure:**

1. Stay calm
2. If another staff member is present, ask them to clear away any bystanders.
3. If the child is convulsing and it is possible to put something soft under their head, then do so.
4. Try to protect the child from injury by removing any nearby objects which could cause them harm.
5. Do not try and put anything in the child's mouth. (for example between their teeth)
6. Try and time how long the seizure lasts. If it is longer than is usual for that child or continues for more than 5 minutes, an ambulance must be called.
7. When the seizure is over, stay with the child and keep them calm by reassuring them. A blanket or coat may be required to cover the child after the seizure as some children become incontinent during it. You may put the child in the recovery position now.
8. Parents should be notified of any seizures, and of any medications given.

**Controlled Drugs Procedure**

**Aim:**

To ensure the health and safety of all pupils and staff.

*Updated Sept 2017– To be reviewed by MM & NM Sept 5<sup>th</sup> 2018*

To ensure a proper audit trail between pharmacist, home and school.

**Method:**

- 1) Controlled drugs will be kept in a separate lockable unit within a locked cupboard to which named staff have access. Any information should be kept with the controlled drug in this cabinet.
- 2) Medication will be received in its original package, with the pharmacy label on it which includes the child's name and dosage details and the patient information leaflet should be inside.
- 3) All medication will be counted by school staff and signed for when it comes into school.
- 4) This information will then be logged onto a controlled drugs register
- 5) Each child will have an individual support plan listing their name, what the medication is for, the dosage to be taken, when it is to be taken, and any adverse side effects which may be experienced.
- 6) As with all medications, controlled drugs should be seen to be taken by the authorized staff member. To ensure this, the staff member should offer a glass of water following the medication or just have a brief chat to the pupil.
- 7) Should a child refuse to take his medicine this should be logged and parents informed.
- 8) In the light of any school excursions off site a suitable plan will be put in place for the administration of the controlled drug while the child is off site.
- 9) Medication being returned home must be counted and signed for by parents to say that they have received it into their possession.

**First Aid Policy**

**Aims:**

To provide adequate and appropriate First Aid provision at all times during term time when there are people on the school premises and for staff and pupils during off site activities and visits.

**Objectives:**

To have sufficient numbers of trained personnel as Appointed Persons and First Aiders to meet the needs of the school.

To provide sufficient and appropriate resources and facilities.

*Updated Sept 2017– To be reviewed by MM & NM Sept 5<sup>th</sup> 2018*

To meet HSE regulations on the reporting of accidents, diseases and occurrences.

Please note: Basic first aid qualification is a requirement of employment at Perrott Hill.

### **Responsibilities**

The school surgery staff who have First Aid training are the first point of contact for all First Aid matters.

#### **They will:**

Take charge when someone is injured or becomes ill.

Ensure supplies of first aid material are available at various locations throughout the school and that materials are checked regularly and any deficiencies made good without delay. School surgery staff should be notified when items have been used so that they can be replaced.

Attend and discuss First Aid issues at Health and Safety meetings.

Maintain records of First Aid treatment and accidents.

#### **They will in conjunction with the school bursar:**

Ensure that First Aid needs are assessed and addressed.

Maintain records of first aid training undertaken by staff and identify training needs.

If the surgery staff are off site for any reason, appropriate cover will be supplied. There is signage in the school surgery explaining who is on duty at any given time. The person on duty carries a two way radio throughout the day and both surgery staff members' mobile phone numbers are available to all staff in the school surgery along with that of the headmaster.

#### **Qualified First Aiders will:**

Respond promptly for calls for assistance.

Provide First Aid support within their level of competence.

Summon medical help when necessary.

Record details of treatment given and inform the school surgery staff.

#### **All staff will:**

Ensure that they are aware and follow the first aid procedures of the school.

*Updated Sept 2017– To be reviewed by MM & NM Sept 5<sup>th</sup> 2018*

Record and report any accident which happens under their care.

If in charge of a trip carry out risk assessments and ensure adequate first aid provisions are taken in consultation with the school matron. This should be done at least 24 hours in advance of any excursion off of school grounds with pupils.

Teachers and other staff in charge of pupils are expected to use their best endeavors at all times, particularly in emergencies, to secure the welfare of the pupils at school. On trips and visits staff must ensure that they are carrying appropriate medical equipment for the children in their care at all times.

### **Risk assessment**

A formal review of the school's First Aid policy is done annually. However, risk is assessed regularly by the school bursar and the school nurse. The school bursar has a risk assessment for every room in the school. In addition to this departments which are classed as "high risk" e.g. Science, DT and PE have their own subject risk assessments which are listed in both their subject handbooks and also in the school's risk assessment folder on the computer.

### **Facilities**

The school surgery is open in school hours during term time and is staffed by qualified First Aiders. School hours are 08:20-18:00. There is further cover between 18:00-21:00 for school boarders and an on duty call rota for overnight.

### **First Aid kit locations**

First aid boxes are clearly labelled with a white cross on a green background. First Aid boxes are located in the following areas:

Surgery - in a labeled cupboard,	Art room
Kitchen	Music room
Pantry	Science lab
Reception	Nursery
Coates building (4C)	Sports hall
Top field pavilion	Swimming pool
Maintenance workshop	All minibuses.

### **Information**

Staff are informed of any significant illnesses/conditions of pupils for risk assessment purposes and staff should ensure that individual pupils' First Aid needs are detailed in their risk assessment. Details are provided on the staff resources file under the folder

surgery and also within the pupils records on isams.

All staff on site have some level of first aid training and additional epi-pen training. An appointed persons First Aid course and epi-pen training is offered to all staff in house every three years. Staff with higher levels of First Aid training such as FAW and Paediatric First Aid will re-train every three years.

With regards to Early Years, in addition to the school surgery staff holding a Paediatric First Aid qualification, most of pre-prep staff have Paediatric First Aid training. This means they are able to provide age appropriate first aid both on the premises and off of the school premises. There must be at least one Paediatric First Aid trained member of staff on every pre-prep school excursion.

The Paediatric First Aid qualification involves a minimum of twelve hours of training as required.

All staff should know how to contact a first aider whether in school or in a remote setting and should be familiar with all of the policies in this section.

A list of all the First Aid qualified staff is kept with the bursar.

### **Responding to a Medical Incident**

If a member of staff finds a pupil in need of First Aid, or an accident or event happens in a lesson requiring First Aid the member of staff should try and assess the risk; this will depend on the pupil and the injury.

Minor injury/illness - Should a **minor injury** occur and the child/adult is able, they should be accompanied to the school Surgery to be seen and treated if need be by the school surgery staff.

Major injury/illness - Should a **major injury** occur, the child/adult should not be moved and the school surgery staff should be called to see them where they are. It is important that the attending adult provide shelter as necessary, as well as warmth and reassurance until the member of school surgery staff arrives.

- If in any doubt always send for a member of school surgery staff.
- All children/adults should be accompanied to the school surgery by a staff member or parent who has witnessed the incident.
- All injured persons should be seen by the school surgery staff who will assess the situation and refer on to medical professionals if need be.
- Any accident requiring medical attention by a **doctor** or **hospital** should be reported to the headmaster. Relevant accident forms will also need to be filled in by any adult witnessing the incident.

## **IN THE CASE OF A SERIOUS ACCIDENT**

If the casualty is in need of emergency treatment i.e.: Suffering from shock

Is unconscious

Has a head injury

Has significant bleeding

Has a suspected fracture

**PLEASE CALL EMERGENCY SERVICES- DIAL 999.  
CONTACT THE SCHOOL NURSE WHEREVER POSSIBLE.**

Note: In the event of a serious accident parents/guardians should be informed as soon as possible.

### **Emergency Procedure**

1. Summon a member of school surgery staff to your location.
2. Contact 999 speaking clearly and slowly provide the following details:
  - school phone number: 0146072051
  - school address: Perrott Hill School  
North Perrott, Somerset  
TA18 7SL
  - Give your name
  - Name of casualty and symptoms/any known medical condition
  - Inform ambulance control of the best entrance
3. If an ambulance is called the school reception and the headmaster should be informed. Another adult should go to the front of the school to accompany the ambulance crew to the casualty's location.
4. A responsible adult should accompany the casualty to hospital.
5. A member of the school's SMT should notify the parents of the casualty and arrange for the parent to meet their child at the hospital.

### **Reporting an Accident**

Any first aid treatment given on the school premises or as part of a school related activity should be reported to, and recorded by, a member of school surgery staff.

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First aid treatment given by first aiders should be recorded to include:

- Date, time and place of incident
- Full details of the injury/illness and what first aid was given
- If the child went home or to hospital
- Name and signature of the person dealing with the incident

Any accident occurring on the school premises or as part of a school related activity must be reported by the member of staff attending the accident and an accident form should be filled in if the child requires further medical intervention. Forms are available from the school surgery and should be filled in per their listed instructions.

These forms should then be given to the school bursar who will act on them accordingly and keep a file of them. Liaise with the school bursar if a RIDDOR report or if a HSE form should be completed without delay.

### **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)**

Please refer to the Accident Reporting Policy for more details

**These procedures should be followed both during and outside of term time.**

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should use disposable gloves, and take care when dealing with blood or other bodily fluids.

## **ACCIDENT REPORTING POLICY**

### **General Statement**

It is school policy that when an accident, or indeed a near miss, occurs the Head of department or Head of school activity must be informed immediately.

#### *Staff Accidents*

Every accident involving personal injury must be recorded in the school accident book. The school accident book will be kept in surgery and recorded on the SMT liaison form, the bursar will be informed of any immediate dangers. Heads of department or Heads of school activity, as appropriate, must ensure that the school accident book is completed within 24 hours of an accident occurring.

Apart from being a legal requirement, prompt completion of the school accident book

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enables the school to investigate the more serious accidents to prevent recurrence. Therefore, staff are expected to abide by the procedures detailed in this policy.

The surgery and bursar will keep the enforcing authorities informed as appropriate, together with the school Health & Safety Officer.

### *Pupil Accidents*

The teacher-in-charge of a class, sport, activity or outing must complete an accident report form if the injury occurs during curriculum time. The Houseparent is required to complete an accident report form for accidents that occur at all other times. Accident report forms are available from the surgery.

### *Visitor and Contractor Accidents*

Details of all accidents involving visitors to the school (including contractors and suppliers), must be entered in the school accident book. It is the duty of the member of staff receiving the visitor/supplier/contractor to ensure the school accident book is completed.

## **Legal Position**

The law on accident reporting is covered by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). These regulations set down requirements for reporting certain types of accidents to the enforcement authorities and how this is to be done. Further details can be obtained from the bursar.

## **Reporting of Accidents**

### *Staff*

All accidents will be recorded as soon after the event as possible. This may be done by the injured employee or a colleague. If a visitor has an accident, then the employee whom they are visiting is responsible for ensuring that it is recorded, unless a first-aider or appointed person is providing treatment. If this is the situation, they are responsible for making the report. Due to data protection requirements, the completion of personal details will need to be made by the surgery or bursar as appropriate. Should the accident need to be reported to the enforcement authorities, the relevant form F2508 will be completed by the bursar.

### *Pupils*

The Head of activity or teacher-in-charge is responsible for completing a pupil accident report form on behalf of the injured pupil.

## *Reporting Accidents to the Health & Safety Executive (HSE)*

- Serious accidents as described in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) must be reported online immediately, but within 10 days, online to the HSE.
- An accident is to be reported if it results in an injury type which is reportable under the RIDDOR 2013 list of types of reportable injuries.
- The bursar is responsible for the reporting of accidents to the HSE.

### **Offsite Accidents**

#### *Staff*

If a member of the school's staff is working/present at third party premises, details of any accident should be reported in the third party's accident book as well as the Perrott Hill School accident book. This is because the third party has duties under RIDDOR to report any reportable accidents involving visitors to premises which they are responsible for.

School staff should not use the accident book/form to report an accident which occurred in their own home or on an activity which is not work-related.

#### *Pupils*

If pupils visit another school or premises and are involved in an accident, details must be reported to the host school/organisation by the Perrott Hill school head of activity or teacher-in-charge. A Perrott Hill School pupil accident report form must also be completed in the prescribed manner.

### **Near-Misses**

In order to prevent a serious accident occurring, it is imperative that near-misses are reported to the bursar without delay. There is no formal reporting method, so contact should be made via email or in writing. Near-miss details will be presented and recorded at the Health & Safety Committee meeting and presented to the governors via the bursar's report. Appropriate actions will be carried out as necessary.

It is vital that lessons are learned from near misses if the school is to be made a safer place.

### **Employee Duties**

The school expects all employees to assist in complying with legal duties under RIDDOR. This means that employees are duty bound to have due regard for their health and safety and that of their colleagues. If safe systems of work have been introduced, staff are expected

to follow them, along with any instructions. All employees are expected to report accidents in a timely manner. In the event that an employee fabricates or exaggerates an accident, the school reserves the right to initiate disciplinary proceedings which could result in dismissal.

### **Accident Investigation and Analysis**

Unless the accident is trivial, it will be investigated by the bursar. This will help guard against a similar accident occurring in the future. Where necessary, remedial measures will be introduced and monitored. Details of such accidents will be discussed at the Health & Safety committee meeting and reported to the SMT and governors.

The bursar will analyse accident trends and details will be reported to the Health & Safety committee on a weekly basis. If a serious accident occurs the school health & safety officer may call for a special meeting of the Health & Safety committee.

### **Policy for the Emergency Transfer of Pupils to Hospital**

#### **Aim:**

To ensure the safe arrival of a pupil requiring urgent hospital treatment.

#### **Procedure:**

If a pupil is taken to hospital by ambulance, they must be accompanied by a responsible adult.

The child's medical consent card should be taken to the hospital as a point of reference with regards to permission given by parents concerning emergency treatment.

A member of the SMT should be informed so that they may notify parents and ask them to proceed to the relevant hospital where they will meet the member of staff. They may give the staff member's mobile phone number so that they can be contacted.

For parents overseas, a member of the SMT should inform the guardian and relay all information to them in case of language barriers with the parents.

Surgery staff will document every treatment and action taken on the pupil's treatment record on isams.

If the emergency occurs overnight and is deemed serious, the headmaster must be informed.

**For all non-emergency hospital visits not requiring an ambulance, the member of**

**school surgery staff on duty MUST:**

Notify parents to see if they would like to accompany their child to hospital, take the child themselves to hospital or arrange for another responsible staff member to accompany the child.

Parents should be kept up to date if they are not present.

**Policy on Bed Wetting and Soiling****Aim:**

To fully support children in an appropriate and dignified manner within the boarding house.

**Method:**

The school matron will provide appropriate bedding as needed.

Boarding staff will be made aware of any bed wetting or soiling issues and are asked to keep this confidential, respecting the child's rights.

Boarding staff will be provided with guidelines as detailed below to support children with any bed wetting or soiling issues.

**Procedure:**

1. Reassure the child that this is a perfectly natural occurrence and that it can be dealt with in a quiet and confidential manner.
2. Send the child for a quick shower and wash.
3. If it is an appropriately quiet time, bedding and p.j.'s can be bagged up and taken to the school laundry by the member of staff on duty. The bag containing the soiled items should be placed under the sink so that domestic staff are sufficiently aware that this is what the bag contains.
4. If there is not an appropriate moment, the staff member on duty should notify the school matron at breakfast and she will strip the bed and deal with any soiled bedding after breakfast when the boarding house is empty. The matron will also re-make the bed with fresh linens.
5. School surgery staff will inform parents.

6. Report any further intervention required.

### **Protocol for Dealing with Splinters**

#### **Aim:**

To deal appropriately without causing the spread of infection or any undue stress.

To be aware of limitations surrounding removal of splinters and to not cause worsening through infection or insufficient removal.

#### **Method:**

Each member of staff should use their common sense and assess each situation independently.

Each member of staff should be aware of the limitations of the child they are dealing with such as age, pain tolerance, ability to remain calm and still.

#### **Procedure:**

1. If the splinter is sticking out of the skin and the member of staff is easily able to grab hold of it with sterile tweezers to remove it, they may decide to do this. They will then apply antiseptic and a plaster to the spot if the child is allowed these and not allergic to them.

2. If the splinter is firmly embedded under the skin, it is advisable to apply Magnesium Sulphate paste to the area and cover it with a plaster. The Magnesium Sulphate paste acts as a drawing agent and should remove the splinter without the need for lots of digging about. The position of the splinter should be reassessed at a later time.

### **Policy on Spilled Bodily Fluids**

#### **Aim:**

To ensure that spilled bodily fluids are dealt with in a quick, effective and responsible way to counteract the spread of infection.

#### **Method:**

The school surgery staff will ensure that there are appropriate supplies to hand for cleaning up spillages of bodily fluids.

All surgery staff, boarding house staff and cleaning staff will be aware of where these are stored.

*Updated Sept 2017– To be reviewed by MM & NM Sept 5<sup>th</sup> 2018*

All surgery staff, boarding house staff and cleaning staff will be aware of the necessity of dealing with spillages as soon as they are found to counteract the spread of infection.

**Procedure:**

1. Settle and deal with any child or adult who has been sick, lost blood, or soiled themselves. They are your first priority.
2. Once this has been achieved, the spilled bodily fluids must be dealt with accordingly.
3. The school surgery keeps a stock of Sani-Dry which may be used to clean up any spilled body fluids. Disposable gloves and apron must be worn when dealing with spilled bodily fluids. Once the Sani-Dry has been applied to and effectively absorbed the bodily fluids, it must be swept up with a designated dustpan and brush. The gloves, apron and contents of the dustpan and brush must be put into a bio-hazard bag, sealed and disposed of into an orange waste disposal bag and the yellow locked waste disposal bin. Surgery have a body fluid clean up kit which can also be used and it is kept on top of the fridge in surgery.
4. Any bedding or clothing which have bodily fluids upon them must also be sealed within a red plastic bag and taken to the laundry and placed under the sink so that domestic staff are sufficiently aware that this is what the bag contains. The contents of the bag will then be washed separately at sixty degrees in the school laundry. Disposable gloves must be worn at all times.

The yellow waste bin for body fluid disposal will be emptied each month unless the companies are contacted for extra collections.