FIRST AID POLICY & PROCEDURES

PRO PATRIA POPULOQUE

Blundell's

FOUNDED 1604

Policy Name:	First Aid Policy
Applicable to:	Senior School
Name of Sponsor:	Deputy Head (Pastoral)
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POLICY AMENDMENTS

Date of Amendment	Material Details
10th September 2025	Annual Review & Updated Introduction
13th August 2026	Annual Review

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Scope

1. This guidance is applicable to all those involved in the provision of first aid related to school activities.

Legal and Regulatory Framework

2. Blundell's School will promote the health and wellbeing of all pupils and will ensure that there is always an adequate provision of appropriate first aid for all pupils, staff and visitors.

3. Everyone will be treated with a high standard of care, compassion, courtesy and dignity.

4. In the Event of Illness or Injury: If a pupil, staff or visitor becomes unwell or is injured and requires first aid, please contact the Medical Centre, in the first instance.

5. The person will be cared for in the Medical Centre or taken to hospital, if required.

Guidance

6. The Deputy Head (Pastoral) will be responsible for the implementation of this policy, supported by the Senior Nurse.

7. The Deputy Head (Pastoral) will undertake a risk assessment to determine the first aid needs. This will include consideration of the following:

    a. Size of the school and whether it is on split sites / levels.

    b. Location of the school.

    c. Specific hazards or risks on the site.

    d. Staff or pupils with special health needs or disabilities.

    e. Previous record of accidents / incidents at the school.

    f. Provision for lunchtimes and breaks.

    g. Provision for leave / absence of first aiders.

    h. Off-site activities, including trips.

    i. Practical departments, such as science, technology and PE.

    j. Out of hours activities.

    k. Contractors on site and agreed arrangements.

Pupil Illness

8. If a day pupil becomes ill during the day the school will contact the parents or guardians, so that the child can be collected. Flexi boarders will be cared for in the Medical Centre overnight if they are boarding that night, otherwise next of kin will be contacted to collect. All full and weekly boarders with illness or injury will be directed to, or taken to, the medical centre for nurse review and ongoing care.

9. House parents and other pastoral house staff are in close communication with the Medical Centre regarding the condition of the pupils.

10. Visiting pupils will initially be cared for in the Medical Centre but then arrangements will be made with visiting school staff to provide further care and notify next of kin, if required.

11. The School Nurses are on duty in the medical centre from 0800 – 1800 Monday to Saturday and available on call between 1800 and 0800 every night and all day on Sundays, during term time. They will administer first aid and deal with accidents and emergencies or when someone is taken ill. They are resident overnight/during Sunday day if a pupil is unwell in the medical centre.

12. The School Doctor will hold surgeries three times a week; on Monday, Wednesday and Friday lunchtimes between 1230 and 1400. Doctors at the local surgery are also available for urgent problems between 0830 and 1800 Monday to Friday (contactable by the school nurse), and out of these hours Doctor support is available via the 111 service.

13. The school will notify parents as soon as possible if a pupil suffers anything more than a minor injury or becomes ill during the school day.

Specific First Aid Provision

First Aiders

14. Sufficient trained first aiders to cover day to day and other school activities will be provided.
15. A first aider will accompany pupils on visits out of school (a minimum of 1:100 pupils and staff).
16. First aiders will give immediate help to those with common injuries or illnesses and those arising from specific hazards, and where necessary ensure that an ambulance or other professional medical help is called – the Medical Centre should be informed immediately.
17. The school may also have appointed persons in addition to first aiders. Such persons will have received formal training (normally four hours) and their duties may include:
    a. take charge when someone becomes ill or is injured;
    b. look after first aid equipment, e.g. restocking of supplies; and
    c. ensure that an ambulance or other professional medical help is called when appropriate.
18. First aid and appointed person training will be refreshed every 3 years.

First Aid Boxes

19. First aid boxes are provided in all areas of the school. For a full list of locations please see **Annex A.**
20. A first aid box will also be taken when pupils leave the school on organised trips or participate in sports events.
21. First aid boxes will be checked by the department they are in termly and replenished as needed. All first aid boxes are annually checked and replenished by the medical centre staff.
22. The contents of a first aid box will be in accordance with the guidance given by the HSE "What to put in a first aid kit".
23. Alongside first aid supplies, the boxes contain a resuscitation chart, a pocket first aid guide and the box labelled as follows:

    Date BLUNDELL'S SCHOOL

    IN EMERGENCY CALL THE MEDICAL CENTRE ON:- 01884 232422/Ext 422/Mobile 07801 016570

    Please inform the Medical Centre if any contents are used
24. First aid boxes are available from the Medical Centre for trips off campus. In some circumstances, additional supplies can also be taken by staff for use in specific situations, e.g. an Adrenalin Auto Injector (AAI) such as an Epipen, or simple over the counter painkillers, antihistamines etc.
25. All buses involved in transport of pupils carry first aid supplies and decontamination kits. These are maintained by the Medical Centre although drivers are responsible for notifying the Medical Centre if any supplies need replenishing.

First Aid Notices

26. There are displays throughout the school detailing current approved first aid trained staff. Please see the 'Do You Require Medical Assistance?' poster in each department for staff details.

Access to First Aid

27. All staff will be given information on the provision of first aid at their induction.

Records

Reporting of Accidents

28. To comply with the Data Protection Act, records of accidents retained by any member of staff should not identify the individual to others. The Medical Centre will keep the patient identifiable notes.
29. For accidents occurring off school campus, or injuries that have not received medical assistance, an Injury Communication log (ICL) should be completed by a member of staff, with one copy given to the pupil and one copy sent to the Medical Centre. ICL's are available from the Medical Centre.

30. All serious accidents must be documented and reported to the Health and Safety Executive (HSE) 0845 300 9923 according to legislation set out in RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995). This will be managed by the School Bursary. It is the responsibility of the Senior Nurse in the Medical Centre, in consultation with the school Doctor, to make the decision to report an accident to the HSE online and to complete and forward the associated paperwork and inform the Health & Safety Officer (Head of Estates).

31. Details of any incident which requires treatment will be recorded using the Blundell's online Incident Form, the link to this is located on the Blundell's intranet.

Calling an Ambulance

32. The School Nurse will normally be responsible for summoning an ambulance and for escorting the pupil to hospital. If the School Nurse is unavailable, the attending member of staff will call for emergency help and always stay with a pupil in hospital until they have been admitted to a ward and their parents/guardians have been contacted.

Emergency Medical Treatment

33. In the event of a serious emergency within the school campus, the attending member of staff should call (9)999, clearly stating location, casualty's name and the nature of the medical emergency. Postcodes/what3words for various buildings are located on the inside cover of the Medical Provision Policy. The Medical Centre should then be informed.

34. All new pupils are required to complete an Entry Medical Information Form (EMIF) on acceptance of a place at Blundell's School. All parents are required to give their consent for the Head Teacher or other nominated representative to provide, on the advice of qualified medical opinion, emergency medical treatment, including general anaesthetic and surgical procedure under the NHS if the school is unable to contact a parent – this consent is contained with the EMIF.

35. Automated External Defibrillators (AED): There are two AEDs within the Senior School campus: one is situated outside the Medical Centre and the other near the Main Office rear sliding doors. Routine checks are maintained by the Medical Centre. The Prep School also has its own AED situated outside in the bus shelter. The Medical Centre has an AED trainer which can be used for demonstrations. Please contact the medical staff if you would like a demonstration on its use. The AED's are installed and maintained in accordance with the Department for Education document "Automated external defibrillators, A guide for schools".

Medical Care

36. This procedure is limited to the provision of first aid, but the school has arrangements in place for:

    a. dealing with pupils who have special educational needs or specialist medical needs, as per **Annex A** and the Accessibility Policy and Plan.

    b. provision of medical examinations and immunisations, as per **Annex A.**

    c. holding medical records under the guidance of Clare House Surgery, Amicus Health; and

    d. dealing with medicines and treatments brought to school for pupils, as per **Annex A**.

Annexes:

Annex A First Aid and Medical Procedures

ANNEX A

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POSTCODES & CONTACT NUMBERS FOR LOCATIONS WITHIN SCHOOL

Location	Postcode	What three Words	Tel Number	Ext
Main Office	EX16 4DN	///plank.warns.puzzle	01884 252543	305
Bursary	EX16 4DT	///rugs.sketch.enhancement	01884 252232	300
Medical Centre	EX16 4DR	///nation.bake.loving	01884 232422	422
Westlake	EX16 4DW	///hero.swift.elaborate	01884 232411	374
Gorton House	EX16 4DY	///scarf.chins.hugs	01884 232319	360
North Close	EX16 4DS	///tennis.prompting.fries	01884 232358	348
Francis House	EX16 4DU	///cable.bars.scale	01884 232318	361
Old House	EX16 4DX	///become.plan.gift	01884 232385	382
Petergate	EX16 4DR	///loaf.chimp.body	01884 232323	354
School House	EX16 4DW	///minus.couch.liability	01884 232370	367
Prep School	EX16 4NA	///slows.proven.lawn	01884 252393	342
Kitchen	EX16 4DT	///pillow.punch.lace	01884 232352	352

***If on a sports pitch, please take note of the nearest available postcode or use what3words to give to emergency services and position a responsible person on the road to direct the ambulance when it arrives. We would recommend you save these postcodes on your mobile phones.**

SENIOR DESIGNATED OFFICER FOR CHILD PROTECTION: N. Klinkenberg.

This policy is available on Blundell's School website.

Blundell's Medical Provision

Provision during term time: Blundell's Medical Centre is staffed during term time only by a team of nurses/health professionals led by senior nurse, Mags Keysell. All staff are registered with an appropriate professional body and maintain continuous professional development as required to maintain their registration. They adhere to a Professional Code of Conduct and undertake annual CPR training and any required updates.

The Medical Centre is staffed Monday to Saturday 08:00-18:00hrs with on-call cover outside these hours. The on-call rota is issued every Monday and distributed to all staff via the blu_staff@blundells.org email address. In addition, a hard copy is displayed in the Common Room with the nurses' contact details.

Each House is allocated a named link nurse, who is identified on the Medical Centre noticeboard in every House. The link nurse liaises with the House staff regarding medical conditions or health-related issues with pupils. The Medical Centre can be contacted via:

Email:	medical@blundells.org or seniornurse@blundells.org
Phone:	01884 232422 or ext 422 / 423
Mobile phone:	07801 016570
Address:	Blundell's Medical Centre, Blundell's Road, Tiverton, EX16 4DR
What Three Words:	///nation.bake.loving

Provision outside of term time for letting: All parties who let the school facilities are responsible for their own medical and first aid provision and supplies.

Eligibility for NHS Services

All overseas pupils should either have private health insurance, a valid GHIC card or have paid a surcharge to the NHS when applying for a visa to cover any medical costs. If they do not have valid cover, charges may be incurred for which parents/legal guardians will be responsible.

Medical Governance

The school's lead medical Doctor is Dr Frank O'Kelly from Amicus Health, Clare House Surgery, in Tiverton. The Medical Centre runs a doctor's surgery 3 times a week on Monday, Wednesday and Friday lunch time. Pupils can request to see a Dr of their preferred gender. The nursing team will see any pupils as walk-ins and where necessary, refer for further medical review. Clare House Surgery provides medical support throughout the week with out-of-hours medical services (NHS 111) covering night and weekend support.

The school provides a confidential counselling service and appointments can be made directly with counsellor Vicky Hughes on vlh@blundells.org or via the Medical Centre.

Welfare meetings in school are attended by the senior nurse and whenever possible by the lead Dr. These meetings are held on alternate weeks.

In order to promote health and wellbeing, the Medical Centre has a holistic approach to care which supports the delivery of Personal, Social, Health, Economic (PSHE) education in the school community. Details of the PSHE

programme includes education on topical issues such as drug and alcohol use, smoking/vaping, sexual health and a healthy lifestyle.

A private physiotherapy service is available, with referral from the Medical Centre. Parents/legal guardians will always be contacted and costs explained before any service is provided.

Additional medical support is from the Urgent Treatment Centre in Tiverton District Hospital (approximately 2 miles away) and the Royal Devon and Exeter Hospital or Musgrove Park Hospital in Taunton (both approximately 20 miles away).

During the autumn and spring terms, Rugby and Hockey matches and larger athletics events are attended by an outside first aid agency who provide both pitch side assistance and transportation.

In addition to the trained medical support on campus, specific members of staff have undergone first aid training in accordance with the requirements for schools. This may be Emergency First Aid at Work (EFAW), First Aid at Work (FAW) or an Outdoors First Aid course.

Medical Matters: Parents of all pupils that have accepted a place at Blundell's will be required to submit an Entry Medical Information Form detailing their medical and immunisation history and consent to the administration of homely medications and emergency treatment before the pupil starts at school. Full and weekly boarders will be registered as permanent patients at Clare House Surgery (Amicus Health). Any prevailing medical conditions are updated onto the 'Need to Know'(NTK) register on the school database system (iSAMS). These pupils will be identified with a red flag on their iSAMS record.

Any pupil with a serious condition that might require emergency treatment is displayed on a Critical Need to Know (CNTK) list which identifies the pupil with a photograph and relevant medical information. This CNTK list is distributed throughout key areas in the school. The 'Need to Know' information is accessible to all relevant staff and should be regularly reviewed by staff, particularly when accompanying pupils off campus and risk assessments are undertaken. During the risk assessment, any relevant medical condition is red-flagged. If staff require further information they should contact the Medical Centre.

It is the responsibility of parents / guardians to keep the Medical Centre updated of any changes to health and medical requirements for school. The school cannot be responsible for any shortcomings if this information is not forthcoming.

All visits to the Medical Centre are coded and recorded in a daily diary and on individual computerised medical records. These consultations and records are confidential.

Absits: Absits either exclude or restrict pupils participating in sporting/school activities. These are issued through the Medical Centre following an assessment from either the nurse or the doctor/physio. The following absit categories are used:

- **RED (OFF SPORT)**
- **YELLOW (RESTRICTED SPORT):** issued for restricted sport participation, such as a mild muscle sprain
- **ORANGE/BLUE (GRADUATED RETURN to PLAY/SPORT):** issued for those on a graduated return to play, following a head injury – depending on severity of the injury.

SAFEGUARDING

For disclosure of Child Protection issues, please report to the Senior Designated Officer, Nicky Klinkenberg. For matters relating to a member of staff, please report to the Head. Use Child Protection Online Management System (CPOMS) as needed.

Confidentiality issues: The nurse will always seek the child's consent to disclose confidential medical information to parents and in appropriate circumstances, the Head or Designated Officer for Child Protection. If consent is withheld by a child who is of an age/maturity to have capacity there is a prima facie legal duty of confidentiality that forbids disclosure, unless there are obvious child protection issues when the nurses will use their professional judgment as to what is in the best interests of the child and whether the Designated Officer should be informed. This should, where possible, be discussed with the school doctor. It is recognised that there are times that disclosure will be necessary without explicit consent.

Houses: Every house has first aid supplies and a lockable medicine cabinet. Staff must follow the set protocol for the administration and recording of medicines given in house. This can also be found in the house medication books. In some circumstances, the nurses may have assessed the pupil as competent to store and administer their own medication in which case a "self-medication form" will be signed and stored in the pupil's medical notes.

Immunisations: All pupils are offered the recommended childhood immunisations as per the current national schedule. This service is currently undertaken by Kernow Health. In addition, annual influenza vaccination is offered as a private service to pupils who are not eligible for an NHS vaccine and are organised by the medical centre team and administered by a private provider. Travel vaccinations for boarders can be arranged via the medical centre – some are available on the NHS and some require payment. All day and flexi pupils will be under the care of their own GP for travel vaccinations. Signed consent from parents/guardians will be required prior to any vaccination for pupils under 16 years old.

In the event of a serious emergency (see the protocols below) within the school campus, the attending member of staff should call (9)999, clearly stating location, casualty's name and the nature of the medical emergency. Postcodes/what3words for various buildings are located at the beginning of this annex. The Medical Centre should then be informed.

LIST OF FIRST AID BOXES WITH LOCATIONS

	Department	Position
1	Physics	Prep room left of door H1
2	Physics	P2 in window by display cabinet
3	Physics	P1 – left of door
4	Physics	P3 – right of white board
5	Chemistry	Room 5
6	Chemistry	C3
8	Chemistry	C1 – back of lab next to safety goggles
9	Chemistry (in physics building)	Sci 1 in window
10	Chemistry	C2 - by door between C1 and C2
11	Biology	Prep room shelf, left of door
12	Old Gym	Foyer to left of gym door
13	Biology	B5 – left of door
14	Gorton House	Matrons' office on wooden meds cabinet
15	Squash Court	Right hand side on shelf
16	CDT	Behind vacuum forming machine main workshop
17	CDT	Bruce Wheatly workshop by pillar drill
18	CDT	Large projects and welding area
19	Cricket Pavilion	Inside on windowsill
20	Art	On wall outside IT office
21	Art	PLASTERS ONLY
22	Ground Machinery Shed	By sink
23	Groundsman Hut	On far wall
24	Old House	common room shelving
25	Swimming Pool	Hanging inside store room door
26	Francis House	Matrons' office on window
27	Bursary	In the little kitchen-shelf to left of doorway
28	CDT	Near heat treatment area
29	Popham Centre	Adjacent to toilets/economics office
30	CDT	DT3 by door to DT1
31	North Close	In matron's kitchen, top of cabinet
32	Geography/History	On wall outside G3/G4
33	Ondaatje	Backstage corridor opposite sink in kitchen
34	Maths Department	Resources room
35	Modern Languages	In entrance hall on right side
36	Maintenance Workshop	Rest room
37	Tractor Shed	Far right-hand corner by work bench
38	Beale Centre	In kitchen on wall
39	School House	Matrons room, on top of medicine cabinet
40	Petergate	Matrons room above mantelpiece
41	Netball/Tennis store	On wall
42	Machinery Lock Up	Aluminium kit
43	Kitchen	Butter room, on wall opposite dishwasher
**	ALLERGY KIT – EpiPen, AH & inhaler	On wall in dining hall
44	Clock Tower	Under common room stairs by sliding doors

LIST OF FIRST AID BOXES WITH LOCATIONS

	Department	Position
45	Biology	Bottom of stairs
46	Biology	B2 – left of door by coat hooks
47	Biology	B1 – shelf left of sink
48	Learning Support	Just inside main door
49	Porters Lodge	Inside
50	Porters Stores (Shed)	Inside
51	English	Japes room – on windowsill
52	Westlake	Duty room on top of filing cabinet
53	CCF	Left side in office
54	CCF	Miniature range opposite front door
55	Astroturf	In old equipment shed
56	Music	Kitchen windowsill
57	Friends of Blundell's Room	On the fridge by bar
58	Classics	SH2 – shelf behind door
59	Laundry	Rest room on shelf
60	Potting shed	
61	Potting shed chainsaw kit	
62	CDT	Small workshop wall on left
63	Sports Hall	Left in foyer on wall
65	Amory Pavilion	Kitchen windowsill
**	ALLERGY KIT – EpiPen, AH & inhaler	In Amory Pavilion
66	Garden shed	In garden shed
**	ALLERGY KIT – EpiPen, AH & inhaler	On wall outside garden shed
Estates Vehicles 1 & 2	Vehicle 1 Vehicle 2	In van In van
Plus Minibuses, currently boxes 67-78 – all minibuses also carry yellow Biohazard Fluid Disposal Kit as per **Decontamination policy**		

EYE WASH STATIONS

Department	
Porter's chemical store (Westlake car park)	x 2
Porter's lodge	x1
Porter's furniture store (behind fives courts)	x1
DT Dept	x 2
Maintenance Dept	x 2
Catering Dept	x 2
SCIENCE DEPT TAKE CARE OF OWN EYE WASHES	

ADULT 18 AND OVER, CPR RESUSCITATION CHART

Check it is safe to approach casualty

↓

CHECK CASUALTY'S RESPONSE

Try to get a response by asking questions and gently shaking their shoulders.

Is there a response?

Yes → Leave the casualty in position found, and summon help if needed

↓ No

OPEN THE AIRWAY: CHECK FOR BREATHING

Tilt the head back to open airway
Check for breathing (no longer than 10 seconds)
Is the casualty breathing normaly?

Yes → Check for life-threatening injuries. Place the casualty in the recovery position and summon help

↓ No or if doubt

Dial (9) 999 FOR AN AMBULANCE
Send a helper to fetch Defib and the Responder Kit
Put phone on speaker phone
Call Medical Centre on
01884 232422 or 07801 016570

↓

COMMENCE CHEST COMPRESSIONS

Attempt 2 hands in the centre of the chest
Press down 5cm or 1/3 of chest diameter at a rate of 100-120 minute

↓

BREATHE FOR THE CASUALTY

Attempt to give the casualty 2 rescue breaths, if happy and competent. If not carry on with compressions only.

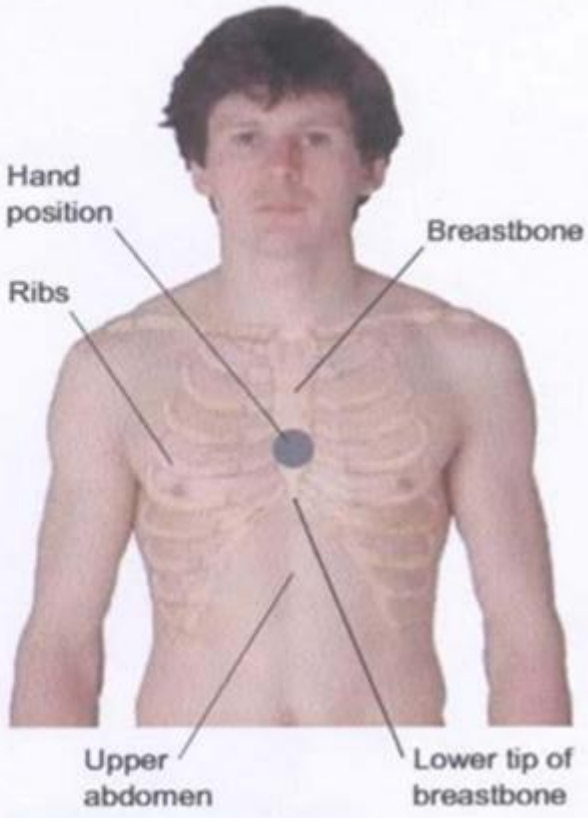
↓

CONTINUE CPR

Alternative 30 chest compressions with or without the 2 rescue breaths.
Repeat as necessary
DO NOT STOP UNLESS the defibrillator is analysing a rhythm, emergency help arrives and takes over, the casualty breathes normally, or you become too exhausted to carry on.

HAND POSITION

You should be placing your hand on the breastbone, avoiding its lower tip and the upper abdomen.



CHILD BETWEEN 1 AND 18 YEARS, CPR RESUSCITATION CHART

Check it is safe to approach casualty

↓

CHECK CASUALTY'S RESPONSE

Try to get a response by asking questions and gently shaking their shoulders.

Is there a response?

Yes → Leave the casualty in position found and summon help if needed

↓ No

OPEN THE AIRWAY: CHECK FOR BREATHING

Gently tilt the head back to open airway**
Check for breathing
Is the casualty breathing normally?

Yes → Check for life-threatening injuries
Place the casualty in the recovery position and summon help

↓ No

Dial (9) 999 FOR AN AMBULANCE
Send a helper to fetch Defib and the Responder Kit
Put phone on speaker phone
Call Medical Centre on
01884 232422 or 07801 016570

↓

GIVE 5 RESCUE BREATHS (1 second each)

↓

COMMENCE CHEST COMPRESSIONS

Place 1 or 2 hands in the centre of the chest
Press down 5cms or 1/3 diameter of the chest at a rate of 100-120/minute

↓

BREATHE FOR THE CASUALTY

Attempt to give the casualty 2 rescue breaths, if happy and competent. If not, carry on with the chest compressions only

↓

CONTINUE CPR

Alternate 30 chest compressions with or without the 2 rescue breaths
Repaet as necessary
Do Not Stop unless, the deflibulator is analysing a rhythm, emergency helps arrives and takes over, the casualty breaths normally or you are too exhausted to carry on

HAND POSITION FOR CHILD

If child is small, or under 8, use 1 hand only



**** Do not over tilt child's head**
Aim for a 'sniffing' position

PROTOCOL FOR USE OF AUTOMATED EXTERNAL DEFIBRILLATORS (AED)

General Information:

A defib is a vital link in the chain of survival: the earlier it is used after a cardiac arrest, the greater the chance of the person surviving.

Blundell's Senior School has two available AED's:

- Outside the main entrance to the **MEDICAL CENTRE** ///woods.engine.shows
- By the sliding doors near the back entrance to the **MAIN OFFICE** ///plank.warns.puzzle

In addition, the Prep school has its own AED in the main foyer. This AED is equipped with paediatric pads. Adult pads can be used on the older child by placing one pad on the chest and one on the back.

The AEDs at school are designed to be used by any person. You do NOT need training to use them. The AED will only deliver a shock if required.
It is fully automatic, and you will not have to press a shock button.

Remove the defibrillator and the first responder pack.

- Take the defibrillator and pack to the collapsed person
- KEEP CALM, you will be guided through what to do.
- Open the lid and follow the instructions
- Try to remember the 5 P's when using the defib:
  1: Pendants: remove any obvious pendants, piercings or jewellery around neck
  2: Pacemaker: do not place pads over any obvious pacemaker sites (usually below left collar bone)
  3: Perspiration: wipe away any excess sweat
  4: Puddles: if patient is in a puddle of water, move to dry area
  5: Patches: remove any visible medication patches
- If needed, shave any chest hair to achieve good contact with pads. A razor is available in the first aid pack with the defib

Maintenance:

The Medical Centre is responsible for weekly checks of the defibs and will record the checks on a spreadsheet on the Medical Centre OneDrive. If the alarm sounds at either site, please contact the Medical Centre immediately.

Please inform the Medical Centre immediately if the AED is used and complete an incident form (link on Blundell's intranet).

TO CALL AN AMBULANCE IN AN EMERGENCY

In the event of a serious emergency anywhere on campus, the attending member of staff should:

Phone (9) 999
Remember to put the phone on speaker

Remember: A – Airway
B – Breathing
C – Circulation

IF NOT BREATHING NORMALLY OR COLLAPSED, SEND SOMEONE TO FETCH AED AND CALL THE MEDICAL CENTRE

IF FITTING, THEY MAY NOT BE BREATHING

Be prepared to give the following information.

- Clear directions as to where you are.
  EX16 4DN – Clock Tower side of Blundells Road
  EX16 4DT – Big School/Bursary side of Blundells Road
  Additional postcodes and W3W locations are at the beginning of this annex
- Is the patient unconscious/unresponsive or conscious/talking?
- Simple description of condition of patient (e.g., acute pain, severe bleeding etc.)
- Any known medical history (e.g diabetic, epileptic etc)
- Follow instructions given and DO NOT ring off until told to do so.
- Ask someone to telephone the Medical Centre
  (01884 232) 422/423
  07801 016570 (On-call nurse outside school hours)
- Send a responsible person to meet the ambulance.
- Inform the School Office (during school hours) 01884 252543 – tell them exactly where you are on campus. They are often the ambulance's first port of call!

OUT OF HOURS ARRANGEMENTS FOR THE MEDICAL CENTRE

- Call the on-call nurse for minor illness/injury or for advice. The on-call rota will be sent to all staff via blu_staff email on Monday each week. In addition, a hard copy is displayed in the Common Room. If needed, the on-call nurse will come into school and assess the pupil and provide appropriate care.

- If you are unable to make contact with the on-call nurse, please phone the senior nurse, Mags Keysell.

- In **emergency call (9) 999**, clearly stating post code/what3words, the person involved and essential medical details. Inform the on-call nurse as soon as possible.

PROTOCOL FOR THE EMERGENCY TREATMENT OF ANAPHYLAXIS AND THE USE OF AN ADRENALINE AUTO-INJECTOR (AAI)

Anaphylaxis is a rapid, severe allergic response when someone is exposed to a substance to which they are allergic i.e., insect bites or stings, food or drugs. When exposed to the allergen, chemicals are released throughout the body which causes an abnormal cascade reaction. The initial reaction may occur very rapidly within minutes of exposure or may be delayed by up to an hour (secondary reaction).

Symptoms signalling the onset of an allergic reaction include:

- Itching of the skin, raised rash (like nettle rash), flushing
- Swelling of the hands and feet
- Wheezing, hoarseness, shortness of breath and coughing
- Headache
- Nausea and vomiting
- Abdominal cramps

More serious symptoms include:

- A feeling of impending doom
- Difficulty swallowing /breathing
- Swelling of lips, throat and tongue
- Severe shortness of breath
- Collapse and loss of consciousness

Action

- If you notice any symptoms above, establish from patient if they have any known allergies
- Check Critical Need to Know if available and / or check wrist for medic-alert bracelet if person unknown
- Prepare adrenaline (AAI) without delay
- Support the person in self- administering their adrenaline auto-injector (AAI)
- Administer AAI if symptoms are severe and progressing rapidly and unable to self-administer
- Call (9)999 stating clearly post code/what3words and anaphylaxis
- Lie flat or sit up slightly if having breathing difficulties. Put in recovery position if unconscious. Avoid standing or moving person.
- Contact the Medical Centre on 01884 232422/07801 016570 who will attend immediately and take the decision on necessity of (9)999 call if person conscious

Pupils are responsible for carrying their own AAI. A second prescribed AAI will be located in their House clearly labelled with their name.

Their photo ID will be on the CNTK list. Additional generic AAIs are located throughout the campus in the Dining Hall, Medical Centre, Athletics Amory Pavilion and school garden shed. The AAI contains adrenaline which is essential for the treatment of anaphylaxis. It is designed to be used easily by people without medical training.

TO ADMINISTER AN AAI (e.g., Epipen, Jext1):

- Take the AAI out of the plastic tube and follow instructions on the auto-injector
- Inject the AAI midway in the outer thigh muscle – you can inject through clothing but not thick seams
- Hold in place for the specified time (3 seconds for EpiPen, 10 seconds for Jext)
- Remove AAI and massage thigh. If possible, note time given. Stay with person.
- Dispose of AAI in a sharp's container (available with the ambulance or in the Medical Centre)
- Be prepared to administer another dose after 5 minutes if the persons condition deteriorates again

Allergy Kits are available in the Dining Hall, in Amory Pavilion and by the Garden Shed, which contain a generic AAI, a Salbutamol inhaler and Antihistamine tablets.

PROTOCOL FOR THE TREATMENT OF CHOKING (over 1 years of age)

Choking occurs when someone's airway becomes blocked, either fully or partially, so they cannot breathe effectively.

Mild choking: If the airway is partially blocked, the person will usually be able to speak, cry, cough or breathe. They will usually be able to clear the blockage themselves.

Action

- Encourage the person to cough to try and clear the blockage
- Ask the person to try to spit out the object if it's in their mouth
- Do NOT put your fingers in their mouth to help them as they may bite you or you may accidentally push the object further down their throat
- Contact the Medical Centre on 01884 232422

Severe choking: Where choking is severe, the person will not be able to speak, cry, cough or breathe. Without help, they will eventually become unconscious.

Action



- Stand behind the person and slightly to one side. Support their chest with one hand. Lean the person forward so that the object blocking their airway will come out of their mouth, rather than moving further down
- Give up to five sharp blows between the person's shoulder blades with the heel of your hand (the heel is between the palm of your hand and your wrist).
- Check **between each blow** if blockage has cleared
- If not, give up to five abdominal thrusts (see below)
- Contact the Medical Centre on 01884 232422



Important: Do NOT give abdominal thrusts to babies under one year old or to pregnant women.

- Stand behind the person who is choking
- Place your arms around their waist and bend them forward
- Clench one fist and place it just above their belly button
- Put the other hand on top of your fist and pull sharply inwards and upwards
- Repeat this movement up to five times if needed
- If the person's airway is still blocked after trying back blows and abdominal thrusts, get help immediately
- Call 999 and ask for an ambulance. Tell the 999 operator that the person is choking. Continue with the cycles of five back blows and five abdominal thrusts until help arrives
- If the person loses consciousness and they're not breathing, you should begin cardio-pulmonary resuscitation (CPR) with chest compressions

PROTOCOL FOR THE TREATMENT OF EPILEPSY (fitting)

A convulsion, or fit, consists of involuntary contractions of many of the muscles of the body, caused by a disturbance in the function of the brain.

There are different types of epilepsy which may present in different ways. Some signs and symptoms are.

- Only a brief blurring of consciousness, like daydreaming
- Slight twitching or jerking of the lips, eyelids, head or limbs
- Odd movements such as lip-smacking, chewing or making noises
- Violent seizures
- Loss of consciousness
- Incontinence
- An aura (brief warning period), e.g. a strange feeling or a special smell or taste
- Loss of consciousness sometimes accompanied with a cry
- Rigid, arching back
- Altered breathing
- Face/lips may become discoloured
- Convulsive movements with clenched jaws

Treatment

Aims

- To protect the patient from injury while the fit lasts. The floor is the safest place
- To provide care when consciousness returns
- Note the time and duration of the fit and what preceded it to notify emergency services or medical staff

Action – if known epileptic

- Contact the Medical Centre on 01884 232422/07801 016570
- If fit lasts more than 3 minutes, or is longer than is "normal" for the casualty, CALL (9) 999 stating clearly POST CODE and PERSON FITTING
- Do not move or lift patient unless he/she is in danger
- Do not use force to restrain him/her
- Do not put anything in his/her mouth
- Help to the ground if appropriate and clear the area
- Loosen clothing around the neck
- When convulsions cease check breathing
- If breathing place in the recovery position (see image)
- If NOT BREATHING, call (9)999 stating clearly POST CODE/what3words and CHILD NOT BREATHING – STARTCPR



Action – if not known

- IMMEDIATELY CALL (9) 999 stating clearly POST CODE and CHILD/ADULT FITTING
- Continue as above until ambulance/paramedics arrive

PROTOCOL FOR THE TREATMENT OF HYPOGLYCAEMIA (LOW BLOOD SUGAR) IN A KNOWN DIABETIC

Diabetics use Insulin to keep their blood sugar within an acceptable range. If they take their Insulin and either do not take enough food, are unwell, or take too much exercise their blood sugar can become too low. This is referred to as a 'HYPO'.

Hypo Warnings/Symptoms

- Pale
- Confused
- Unable to concentrate
- Glazed look in eyes
- Feeling wobbly or weak
- Headache
- Altered behaviour (out of context), including aggression
- Shaky
- Sweaty
- Increasingly sleepy
- Hungry

Treatment:

Mild Symptoms

- **Shakiness: Trembling or feeling jittery in the hands or body.**
- **Sweating: Sudden sweating, chills, or cold and clammy skin.**
- **Fast Heartbeat: A pulse that feels unusually fast or pounding.**
- **Hunger: A sudden, strong urge to eat or mild nausea.**
- **Anxiety: Feeling nervous, anxious, or irritable.**

- Give x 3 Dextrose tablets or 100ml of sugary drink (orange juice/cola)
- Contact the Medical Centre on 01884 232422/07801 016570 or on-call nurse
- If symptoms persist after 5-10 minutes repeat the above
- If symptoms subside give a meal or a snack (carbohydrate)

Moderate Symptoms

- **Confusion**: Trouble concentrating, brain fog, or mild disorientation.
- **Dizziness**: Feeling lightheaded, unsteady, or weak.
- **Vision Changes**: Blurry or double vision.
- **Behavioural Changes**: Sudden mood swings, crying, or slurred speech.
- **Headache**: A dull or throbbing ache in the head

- Give x 3 Dextrose tablets or 100ml of sugary drink (orange juice/cola)
- Contact the Medical Centre on 01884 232422/07801 016570 or on-call nurse

Severe Symptoms

- **Unconsciousness**: Passing out or becoming totally unresponsive.
- **Seizures**: Uncontrolled shaking fits or body spasms.
- **Extreme Disorientation**: Complete inability to recognize people or surroundings.
- **Inability to Swallow**: Being unable to safely eat or drink sugar by mouth

- Unconscious/unresponsive person: place in the recovery position maintaining a clear airway
- Dial (9)999, clearly stating POST CODE/what3words, KNOWN DIABETIC PERSON, UNCONSCIOUS AND UNRESPONSIVE
- Contact the Medical Centre on 01884 232422/07801 016570 or on-call nurse
- Nurse will check blood glucose level and give intramuscular Glucagon if appropriate

PROTOCOL FOR THE TREATMENT OF AN ASTHMA ATTACK

Signs of an Asthma Attack

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed
- Difficulty in breathing
- Cannot complete sentences
- May be distressed
- Persistent cough (when at rest)
- A wheezing sound may come from the chest (when at rest)
- Being unusually quiet
- The pupil complains of shortness of breath at rest, feeling tight in the chest

Immediate action

- If a pupil is having an asthma attack (even if **not severe**) call the Medical Centre on 01884 232422/07801 016570 or on-call nurse

- Call (9)999 for an ambulance – if the child has collapsed, is going blue, appears exhausted or their lips appear blue/white. State clearly the postcode/what3words and that the child is having a **SEVERE asthma attack.**

Management

- If symptoms severe call (9)999
- Keep calm and reassure the child
- Contact the Medical Centre on 01884 232422/07801 016570 or the on-call nurse
- If conscious, encourage the child to sit up but slightly forward
- Use the child's own blue (Salbutamol)/ MART/AIR inhaler – if not available, use the emergency inhaler with spacer from the Boarding House. Remain with the pupil while the inhaler and spacer are brought to you
- Help the child to take one puff of the blue inhaler ideally via the spacer or MART/AIR inhaler immediately. The inhaler should be shaken before each puff and check the mouthpiece for debris. 30-60 seconds needs to be left between each puff
- If there is no immediate improvement, continue to give one puff every one to two minutes up to a maximum of 10 puffs (Salbutamol) or maximum of 6 puffs (MART/AIR), or until their symptoms improve.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs (Salbutamol) 6 puffs (MART/AIR) call (9)999 for an ambulance
- If an ambulance does not arrive in 10 minutes and they have not improved, give another 10 puffs (Salbutamol) or 6 puffs (MART/AIR) in the same way
- If out of hours (Mon-Sat/18.00-08.00 and Sun/all day and night) and symptoms less severe, contact NHS 111 or the on-call nurse (see Medical Centre on-call rota)
- If NHS 111 are contacted, please ensure that the Medical Centre/on-call nurse is informed

PROTOCOL FOR THE TREATMENT OF BURNS

Burns are caused by contact with heat, such as fire, or exposure to a radiated heat source, e.g. the sun, certain chemicals, electricity and friction. A scald is a burn caused by a hot liquid or steam.

Aim

- To cool the skin as soon as possible.

Treatment for Minor Burns

- Hold under running cold water (tap water will suffice) for up to 20 minutes, if available
- Remove rings if burns are on hands
- Apply burn gel if available and cover with cling film if available
- Send the patient to the Medical Centre for medical attention and assessment
- When the Medical Centre is closed, call the night nurse on-call (see rota) for advice
- It is important to obtain an accurate history of how the accident occurred, and if a chemical burn establish the name of the chemical and inform the Medical Centre
- Do **NOT** apply creams or anything else on skin
- Fill in an Accident Report online and email to Bursary.
- If burn under clothing, loosen but do not remove unless clothes are burning or smouldering
- Give paracetamol for pain relief from house medication cupboard

Treatment for Major Burns >10% body area (palm of hand = 1% approximately) or across full circumference of body (e.g., arm)

- Immediately call 999 stating clearly postcode/what3words and 'child with burns'
- Follow procedure for above **do not apply burn gel**
- Contact the Medical Centre on 01884 232422/07801 016570

PROTOCOL FOR THE TREATMENT OF NOSEBLEEDS

Nosebleeds are common in children and are usually mild and easily treated. Sometimes bleeding can be more severe, but this is usually in older people or those with medical problems such as blood disorders.

Causes

- The small blood vessels inside the nose are very delicate and can rupture for no apparent reason
- The most common site is in Little's area which is just inside the entrance of the nostril on the nasal septum (the middle harder part of the nostril)

Reasons for Nosebleeds (Epistaxis)

- Picking the nose
- Colds and blocked stuffy noses i.e., hay fever
- Blowing the nose
- Minor injuries to the nose
- Spontaneous – blood vessels may need cautery

Treatment

- Sit up, with head slightly forward
- Pinch the lower fleshy end of the nose with finger and thumb, completely blocking the nostrils
- Apply pressure for 10-20 minutes
- Place an icepack at the back of the neck
- Once the nosebleed has stopped, do not pick the nose and do not blow the nose for up to 24 hours and avoid hot drinks
- If the bleeding does not stop after 10 minutes contact the Medical Centre on 01884 232422/07801 016570, the on call out of hours nurse or take to the Urgent Care Unit for further advice.
- If the condition deteriorates, if the pupil collapses or has a large haemorrhage, please ring (9) 999 for an Ambulance

PROTOCOL FOR THE MANAGEMENT OF DIARRHOEA AND VOMITING

Diarrhoea and vomiting may have numerous causes, sometimes involving an infection in the gut. These infections can easily spread to others. Food poisoning is a general term for gastrointestinal infections caused by consuming contaminated food or drink and person to person spread of these infections is unusual. Symptoms may include nausea, vomiting, diarrhoea, stomach cramps and fever. Nearly half of episodes last less than one day.

Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period (Public Health England)

Immediate action

- If diarrhoea or vomiting is reported by a pupil, isolate the pupil and contact the Medical Centre or the on-call nurse
- Check the pupil's temperature
- Until seen, only allow fluids
- If able, notify Parents/Guardians of planned admission to Med Centre
- Overnight belongings may be required as the pupil will remain in the Med Centre for a period of observation
- Do encourage pupils in House to practice good hand hygiene at all times. Washing hands with warm water and soap for 30 seconds is the most effective method of reducing person to person spread of infection
- Follow the 'Decontamination Policy' for any spillages

Management

- The pupil will be admitted to the Med Centre for observation
- If diarrhoea is confirmed (3 episodes in 24 hours) the pupil will remain in the Med Centre until 48 hours after the diarrhoea and/or vomiting have stopped
- If less than 3 episodes of diarrhoea and/or vomiting, the pupil can return to school after 24 hours if otherwise well.
- The UKHSA may be informed by the Med Centre if there are more cases than normally expected in the school
- On discharge, confirmed cases of the gastrointestinal infection Cryptosporidium will be advised to avoid swimming for 2 weeks following the last episode of diarrhoea

PROTOCOL FOR THE ADMINISTRATION OF MEDICINES TO PUPILS

- All medicines must be kept in a locked container
- Some eye drops or medications must be kept in the fridge (check labeling)
- Self-management: see Self Medication Consent Form for assessing pupil's ability to keep their own medicines.
- It is essential to keep an accurate record of the name of the pupil, the name of the medicine (either pupil's own prescribed medication or that dispensed by Matron) dose given, the time given, stock amount, signed by the person who has given it.
- Document if a pupil has refused his/her medication and inform the Medical Centre
- A record must be kept of the quantity of tablets remaining each time they are issued to pupils This must be recorded in the House Medication Book, which will be checked each half term by Medical Centre staff.
- Always check that the child is **NOT ALLERGIC** to medication before giving it (asking the pupil and checking the Need-to-Know list)
- All unused medicines must be returned to the Medical Centre for safe disposal.
- Completed Medication books to be stored in House.

Prescribed Medicines

- Prescribed medicines must only be given to those for whom they have been prescribed. They must not be given or passed to a third party
- Prescribed medicines must only be administered in accordance with the instructions displayed on the container/packaging. Asthma inhalers should be named with a permanent marker pen or labelled by the dispensing chemist
- Some pupils will require a medication care plan

Non-prescribed medicines – only the medicines listed below may be issued. (See also House Medication Books).

1. Paracetamol 500mg tablets/Paracetamol suspension (250mg/5ml)

Should be given **as first line treatment** for headaches, feverishness, 'flu' and colds, toothache, sore throat, period pains, migraine, muscular aches and pains, neuralgia and rheumatic pains, unless an allergy is noted on the Need-to-Know list.

Age 10-12 yrs: 500mg
Age 12-16 yrs: 750mg
Age 16 and over: 1000mg (1g)
To be taken 4-6 hourly with a maximum of 4 doses in a 24-hour period.

2. Ibuprofen 200mg tablets / Ibuprofen suspension (100mg / 5ml)

If required during the hours of 08.00-18.00 Monday-Saturdays – please send pupil to the Medical Centre or ring the Medical Centre for advice.
If required outside these hours, please contact the on-call nurse (see nurses on-call rota) unless the pupil has a labelled prescription from the doctor.

Age 10-12 yrs: 200mg
Age 12 and over: 400mg To be taken 6-8 hourly with a maximum of 3 doses in a 24-hour period.

3. **Simple linctus**

One or two 5ml spoonfuls or daily as required.
Be aware of high sugar content if giving to a diabetic pupil.

4. **Throat lozenges**

One lozenge to be sucked slowly every 3 hours or as needed.
Do NOT give any more than 12 lozenges in any 24-hour period.
Be aware of sugar content if giving to a diabetic pupil.

5. **Loratadine/Cetirizine (antihistamine) for 12 years and over** One 10mg tablet once daily for hay fever symptoms.

6. **Piriton (Chlorphenamine) antihistamine**

Age 6-12 years: ½ x 4mg tablet (2mg)
Age 12 and over: 1 x 4mg tablet
To be taken 4-6 hourly in the event of an allergic reaction

Please note that due to the possible link between Reye's syndrome in children and aspirin, the Medicines and Healthcare Products Regulatory Agency (MHRA) recommends that **children under 16 years old should not take aspirin unless advised to do so by a doctor.**

All medications which are out of date or are no longer required should be returned to the Medical Centre for safe disposal

Management of Controlled Drugs

Background

We have several pupils on controlled drugs (CD's) for treatment of behavioural disorders (ADD, ADHD, ASD etc). It is usually a central nervous stimulant which is prescribed after diagnosis by a specialist (in this country usually a psychiatrist). It works by increasing the levels of Dopamine in parts of the brain responsible for self-control and attention.

Some examples in school you may recognise are Equasym, Concerta ,Medikinet and Elvanse; some may have XL after the name which indicates it is a slow release medicine.

Controlled Medicines in the UK are medicines that are regulated under various Government Legislative Acts. These regulate the manufacture, supply and possession of certain drugs that have been considered to be at risk of misuse or dependence.

Methylphenidate is classified a Class B drug; misuse of this drug can result in up to 5 years in prison or an unlimited fine or both and illegally supplying this drug can result in up to 14 years in prison and an unlimited fine or both.

School Management

The protocol for the administration of medicines to pupils is in the First Aid Policy and Medical Provision Handbook. Please take a look.

There are several things we can do to protect both ourselves and pupil from harm.

- CDs should be stored in a non-portable lockable container within the House medication cabinet.
- The CD key should be stored in a secure place away from the CD Cupboard. It should not be with the other drug cupboard keys.
- The CD book in House should record all transactions i.e., receiving, supplying or removal of the drugs. It should record date, drug, identified person, stock level with two signatures.
- Every time a CD medicine is handled, 2 people must count and witness the stock and sign the book. This is recording that you have both checked the number of tablets and remaining stock and are therefore accountable if there is a subsequent discrepancy with the stock levels.
- The second checker may (only with approval from the Medical Centre) be the pupil if over the age of 16 years.
- If CDs are received from the Medical Centre or parent, the CD book must reflect this receipt or transfer (document in the IN column)
- If there is a discrepancy with the stock, steps must be taken to establish what has happened and contact the Medical Centre ASAP.

- If a tablet falls onto the floor, for example, and is not suitable for consumption, you must record this in the book to account for the stock levels and contact the Medical Centre for safe disposal.

- Please do not dispense medicines in advance for future administration.

- The Medical centre will perform weekly checks of any CDs in Houses. If necessary, this check can be done remotely. Medication checks will be recorded in the House medication file in the Medical Centre.

School Trips

- Please liaise with the Medical Centre for school trips to determine if the Controlled Drug medication is required for the trip.

- If it is required, collect the lockable box and key from the Medical Centre. The key must be held by a responsible adult.

- For any international travel, please ensure the pupil carries a Medical Centre letter detailing details of the prescribed medication – a copy should be given to the supervising member of staff. Templates are available on the Medical Centre computer

- An adult supervisor will need to be identified and be aware of their responsibilities

- While clearing the security of the airport, the pupil must be responsible for carrying their own medication

- The required medication for the trip must be recorded in the 'School Trip Controlled Drug Record' card

- On administration of the medication, two people must confirm the stock level is correct and on administration, to each sign the 'School Trip Controlled Drug Record' card

- The second checker may (only with approval from the Medical Centre) be the pupil, if over the age of 16 years

- On return to school, please return the lockable box and the Controlled Drug Record Card to the Medical Centre

PROTOCOL FOR ASSESSING A PUPIL'S ABILITY TO KEEP AND ADMINISTER THEIR OWN MEDICINES

The criteria used to assess the pupil's ability to administer and keep their own medication is as follows:

- The pupil has proved himself/herself to be reliable and has capacity to self-administer
- That the pupil understands why he/she is taking the medication, any side-effects, and that the pupil knows when and how to take the medication and has the capacity to do this
- The pupil must sign the Self Medication Consent Form in the Medical Centre; they may then take their medication away with them to be stored in a secure location, as agreed

***For all pupils not assessed competent to administer their own medication**

- All non-stock medication, including over the counter medication should be given to their Matron for administration and safe keeping
- Medication administered must be recorded in the House Medication Book
- If the pupil is unwilling to inform Matron of prescribed medication, the medication must be kept in the Medical Centre and the pupil must come to the Medical Centre for administration of the medication

***For day pupils**:

- It is the responsibility of parents to administer the morning dose of medication
- Medication required in the school day must be given to Matron for safe keeping and administration
- The required dose/time/pupil must be clearly labelled
- Medication administered must be recorded by Matron in the House Medication Book • The day pupil must collect the medication to take home at the end of the day if appropriate

***On all trips**:

- It is the responsibility of parents of day pupils to liaise with the trip organiser regarding the administration of medication and must provide their own required medications with clear instructions for use
- School staff can obtain important medical information from the 'Need to Know' list or seek advice from the Medical Centre staff

***Exceptional circumstances:**

- It is recognised that those pupils with asthma, diabetes or at risk of anaphylaxis carry relevant equipment and are aware of the procedure should administration be necessary
- AAIs (Adrenaline Auto-Injector) should be self-administered by the pupil or if necessary, by a member of staff

Blundell's School Medical Centre

Self-Medication Consent Form

To be completed in the Medical Centre

*One form to be completed for each medicine

Pupil name: _____**House**_____

Medication _____

Start date _____ **Dose** _____

Frequency _____

Duration _____

Additional instructions _____

Now please read the following conditions and sign below:

- I understand why I have been prescribed this medication and am aware of the possible side-effects
- It has also been explained how and when I should take it. I must refer to the printed label for dosage instructions and not have the medication more/or less frequently, than prescribed
- If I notice any unusual symptoms while taking the medication, I will inform the Medical Centre
- I will inform my Matron/House Parent that I am taking medication unless it is something I wish to keep confidential
- I will finish the course of treatment, especially if it is antibiotics
- If I do not finish the course, I will return the medication to the Medical Centre
- I am aware that I must keep the medications in a secure location for my own personal use and will not give to any other pupils

Pupil signature _____.

Nurse signature _____

Date _____

SHARPS MANAGEMENT AND NEEDLESTICK INJURY

All staff should be educated in the safe use and disposal of sharps and the action to be taken in the event of an injury.

Sharps containers at school should be situated in a safe and secure place. At no time should a sharps container be placed on the floor.

Sharps containers can be obtained from the medical centre.

Sharps containers should be disposed of when no more than ¾ full and when the container has been in use for 3 months, whichever is first.

Please close the sharps container securely and return it to the Medical Centre for safe disposal.

Sharps should be placed into the sharps container by the person using them.

Action to be taken following a needlestick injury.

- Bleed it – encourage bleeding of the wound by squeezing it under running water
- Wash it – the injured area or damaged skin should be washed thoroughly and dried. Blood or body fluid splashes to mucous membranes or eye should be irrigated copiously with water
- Cover it – contact the Medical Centre for care, advice and sign posting.
- Report it – inform your line manager and complete an online Incident Form

PROTOCOL FOR THE TREATMENT OF PHYSICAL INJURIES

1. **Head Injuries**
    - It is important that all sports staff are aware of the RFU's Headcase Concussion Guidelines and have completed the RFU training programme.
    - The sports staff should also keep updated with sports guidelines, such as RFU, England Hockey and FA
    - Every pupil doing contact sport, especially rugby, should watch the HEADCASE video at the start of term, as organised by the Head of Games
    - Before team selection, the OFF GAMES register must be reviewed

MANAGEMENT OF A HEAD INJURY

An immediate on-field assessment is required. **Be mindful of a possible spinal or neck injury. If in doubt, do not move the pupil.**

Red flags following a head injury include – neck pain or tenderness, double vision, seizure or convulsion, weakness or tingling in arms or legs, severe or increasing shortness of breath, loss of consciousness, deteriorating conscious state, vomiting, increased restlessness, agitated or combative behaviour

If there are any concerns, medical advice should be sought from the Medical Centre, the Pitch-Side Medics or the Emergency Services.

If a pupil is sent to the Medical Centre for an assessment, **they must be accompanied**.

- Information for the Medical Team – It is very important to provide an accurate history of incident, if the incident was witnessed' If KO'd, length of time unconscious, the mechanism of injury, any confusion, disorientation, amnesia, headaches, vomiting, visual disturbances, fitting etc. any neck or limb symptoms and any other injuries.
- Please inform the Medical Centre of any Head Injury that happened inside or outside school.
- Following a medical assessment, Parents/House Parents will be given the appropriate advice.
- ISAMS/OFF Games should be updated ASAP
- Pupils following a head injury will return to sport only under the management of the School Doctor and the Medical Centre

2. **Neck and/or Spinal Injuries**

    - If there are any signs or symptoms of possible neck or spinal injury, do not move unless danger to life and requires CPR. Use the log roll technique to get the casualty onto their back to commence CPR or to remove from danger (see image below)

Signs and symptoms of neck or spinal injury

- Pain, swelling, deformity or feeling tender at the back of the neck
- Loss of motor function (e.g. unable to move arms and legs properly)
- Loss or alteration of sensation (e.g. numbness in arms or legs)

- Obvious deformity

- To perform a safe log roll use as many helpers as you have available to enable you to turn the body with the spine kept straight with the head and neck well supported. Attempt to roll the patient in one smooth movement

LOG ROLL TECHNIQUE



Further Action

- Call (9)999 clearly stating post code and casualty's suspected injury
- Contact the Medical Centre ○ Immobilise the head to prevent further injury. If available, assign one person to position themselves at the patient's head, using their hands to keep the head and neck in one position (see below)



- If the casualty stops breathing effectively, commence CPR
- If there are concerns regarding the airway, open the airway using the jaw-thrust technique. To do this, put your fingertips at the angles of the jaw and gently lift to open the airway, **avoiding tilting the neck**
- If there is vomiting roll them onto their side, using the Log Roll technique. One person should maintain control of keeping the head and neck in line
- Stay with the casualty until help arrives and keep casualty warm

3. Suspected Fractures Obvious Fractures/Major Limb Injury



- If there is an obvious fracture to the leg or open fracture oflimb, do not move the casualty. Keep them warm
- Call (9) 999, clearly stating post code and child withfracture
- Contact the Medical Centre

Suspected Minor Fractures (eg wrist/ankle)

- If an arm injury, apply a sling for support or use the casualties clothing for support (see image)
- Accompany the pupil to the Medical Centre for assessment

- Contact the Medical Centre/Night Nurse for advice on 01884 232422/Medical Centre on-call rota.

4. Soft tissue injury/acute phase (first 48-72hrs)

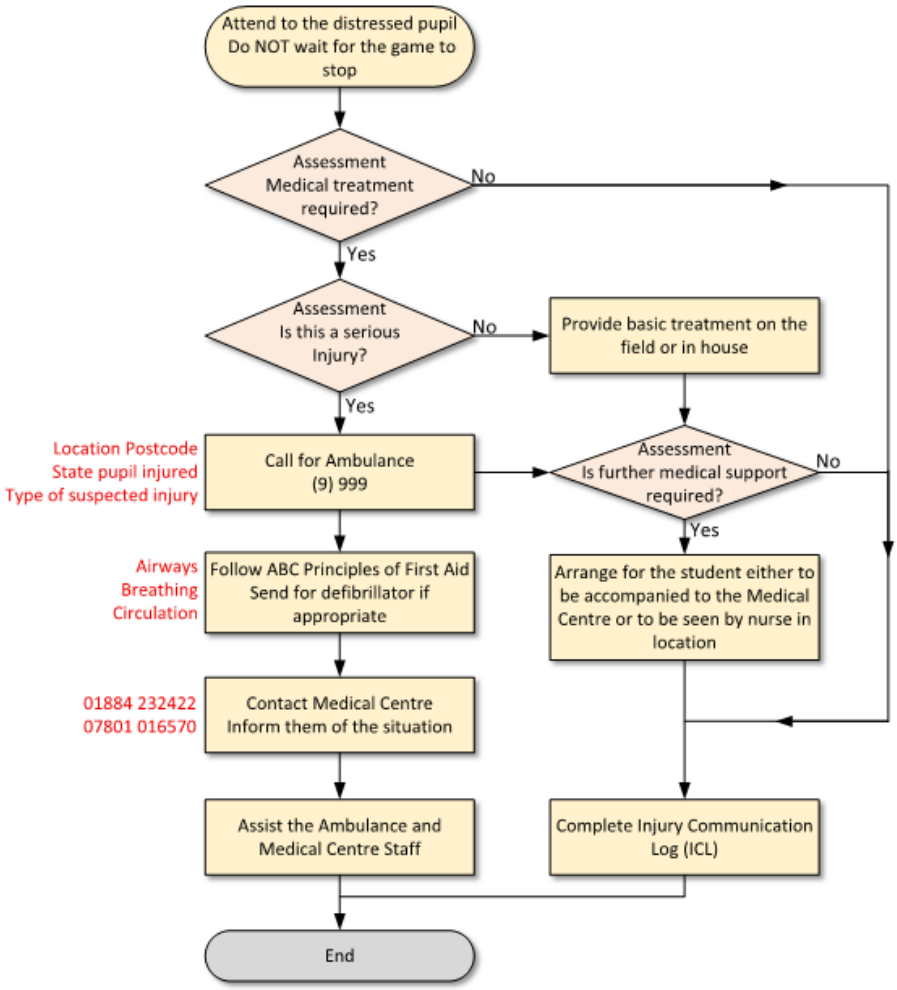
The aim

- To control bleeding and swelling, relieve pain and protect the injury from further damage

Treatment

- **P**rotect from immediate further injury
- **R**est the injury
- **I**ce: - commence as soon as possible; 10 minutes every 2 hours (do not apply ice directly to skin, wrap in towel)
- **C**ompression (may be used in the Medical Centre): - double tubigrip
- **E**levation: elevate using pillows when resting for leg injury or using sling, if arm injury • Regular analgesia e.g. use Paracetamol as first line medication. Check re: allergies/asthma. Ibuprofen to be administered by/or on advice from Medical Centre staff only
- Contact the Medical Centre/Night Nurse for advice on 01884 232422 or on-call rota or the UCC in Tiverton

PROTOCOL FOR GAMES STAFF IN THE EVENT OF INJURY TO PUPILS DURING ANY SPORTING ACTIVITY



MOBILE PHONES

It is strongly recommended that you take a mobile phone with you to the playing area and have the appropriate numbers saved in your phone.

Medical Centre land Line/Mobile: 01884 232422/232423/07801 016570

Tiverton Hospital Urgent Care Unit: 01884 235440

Emergency services: 999

***IF YOU HAVE ANY DOUBTS OVER THE EXTENT OF THE INJURY, DO NOT MOVE THE PUPIL – WAIT FOR A QUALIFIED MEMBER OF THE MEDICAL TEAM TO ARRIVE.**

MATCH DAYS

Additional support is provided by an outside agency during the Autumn/Spring terms. They provide pitch side first aid. They will designate a member of staff to each sporting area.

IF ON AN AWAY FIXTURE, ON YOUR RETURN PLEASE INFORM THE MEDICAL CENTRE OF ANY INJURIES TO PUPILS.

PROTOCOL FOR DEALING WITH INTOXICATED PUPILS

1. **MANAGEMENT**

- For unconscious pupils **CALL AN AMBULANCE – (9)999, clearly state POST CODE and PUPIL UNCONSCIOUS.** The Medical Centre or relevant On Call Nurse must be informed immediately when safe to do so

- The responsible House Staff is to contact the Night Nurse on-call. Please refer to the NURSES ON-CALL ROTA which is circulated to all Staff by email each Monday and is also posted up in the common room

- Please note that the Night Nurse should only be called out for full boarders, weekly boarders or flexi-boarders if they are staying in for the night. Although a flexi-boarder boarding constitutes a full boarder, the House Parent should try to contact the pupil's parents regardless

- The pupil must be brought to the Medical Centre by a responsible adult to meet the Night Nurse at a pre-arranged time. A responsible adult may also need to stay in the Medical Centre as a chaperone

2. **ASSESSMENT**

- Assess level of consciousness (AVPU)

  Alert (are they awake and orientated?)
  Voice (or do they respond to your voice?)
  Pain (or do they respond to pain i.e. a pinch of their ear lobe?)
  Unconscious* (or are they unrousable?)

  *Deep coma following alcohol ingestion is a medical emergency, so immediately call (9)999

- Ask witnesses for history: type and quantity of drink or other possible substances taken

- Are you aware of any other circumstances which may be involved? History of depression, attempted suicide or any known medical conditions which may be causing symptoms, such as diabetes or epilepsy?

- If the pupil is drowsy or unconscious and at risk of vomiting, please place in the recovery position (see image) to protect their airway should they vomit



- Always consider medical review if you have any concerns

DECONTAMINATION POLICY

Introduction

Decontamination is the term used to describe a range of processes, including cleaning, disinfection and/or sterilisation and disposal, which remove or destroy contamination and thereby prevent infectious agents or other contaminants reaching a susceptible site in sufficient quantities to cause infection or any other harmful response.

Management of Spillages of Bodily Fluids

There is a risk of infection to both the people clearing the spillage and to anyone in the vicinity.

Procedure

- To prevent the spread of infection, if practical, cordon off the area or lock the doors to the affected area until it is possible to clear the spillage
- Exclude from the immediate area anyone not involved in cleaning the spillage. It is especially important to exclude pupils who may not fully appreciate the risk of infection
- If in House collect the 'grab bucket' containing disposable gloves, apron, 'absorbent powder, Biohazard disposable bags, scoop and scraper
- If in an Academic Department, firstly call the porter who will clear the spillage. If a porter is unavailable collect gloves, apron, and absorbent clean-up powder from the Cleaner's cupboard.
- Wear protective disposable gloves and, where necessary, cover exposed parts of arms, mouth, nose and eyes. Remember to cover any existing open wounds
- Clear up spillage, taking care not to miss any affected areas as per instructions in the grab bucket
- If the spillage is on a carpeted area this must be cleaned using a carpet cleaner
- Curtains or loose fabric covers should be laundered or dry-cleaned
- Use sign advising of wet floor if necessary
- Refer to laminated instructions in the grab bucket
- Please contact the Porters to replenish any equipment used or add to weekly stores order form

Disposal of all contaminated materials, including all protective clothing used as follows: -

MAIN SCHOOL

- All potentially infected clothing/bedding should be washed separately at high temperature in a washing machine, dried in House, and then sent to the school laundry.
- All contaminated waste (e.g. tissues, clothes and bedding that cannot be washed) should be put into a yellow Biohazard disposal bag which can be found in the 'Grab bucket.' This must be taken to the Medical Centre by a member of staff for disposal in Clinical Waste. Replacement Biohazard bags must be obtained from the Medical Centre
- All surfaces to be cleaned with the recommended cleaner

MEDICAL CENTRE

- Place all infected material in yellow Clinical Waste bags and place in clinical waste bin for collection

FOR ALL STAFF

- Follow good personal hygiene when finished, washing hands and forearms thoroughly with soap and warm water

Important Note – if, despite above precautions, accidental contact occurs: -

- With a bleeding wound, make it bleed
- Wash under running water
- Cover the wound
- If there is eye or mouth, contact wash / rinse thoroughly
- Report incident immediately to the Medical Centre as a blood test may be advised • Complete an online accident form and email to the Bursary.

DECONTAMINATION PROCEDURE FOR ALL EQUIPMENT:

MAIN SCHOOL

All equipment such as beds, floors, washing facilities, lockers etc, should be cleaned daily with warm water using the antibacterial/anti virucidal cleaner supplied, in the concentration advised for general daily cleaning.

SCHOOL BUSES/COACHES

- The First Aid Box may contain sick bags or disposable vomit bowls
- Inside the passenger glove box is a yellow Body Fluid Disposal Kit. The Medical Centre must be informed immediately if any contents of the First Aid package have been used.
- When collecting First Aid boxes for school trips from the Medical Centre please also collect 2 sick bags

Medical Centre

- All equipment such as beds, floors, washing facilities, lockers, chairs etc. should be washed with warm water using an anti-viral/anti-bacterial cleaner, rinsed and dried thoroughly
- After any episode of diarrhoea and/or vomiting or any other potentially infectious episode or after an inpatient has been discharged wipe all surfaces with a VIRUCIDAL SPRAY
- All crockery and cutlery must be washed in the dish washer at the highest temperature
- Medical equipment should either be disposable (and disposed of after single use in clinical waste), wiped with a sterile wipe/washed with general purpose detergent

The Senior Nurse or nurse on duty at the Medical Centre will contact the Health Protection Agency for further information on infection control/decontamination should it be necessary.

Blundell's School
Injury Communication Log (ICL)

Name:		
Date of Birth		
School:		
House:		
Date, time and location of the accident/injury:		
Witnessed by:		
Details of the accident/injury:		
Advice and any treatment given:		
Advised to seek medical advice	Yes	No
Signature:	Date	

The ICL must be completed for accidents occurring off school campus, or injuries that have not received medical assistance.

Please give a copy of this form to the pupil and put the original in the Medical Centre pigeonhole in the Common Room.

GUIDANCE ON MEDICAL MATTERS FOR HOUSE STAFF

ESSENTIALS TO KNOW

- Location of first aid kits and first aid trained persons within your own department
- Location and contents of the 'First Aid and Medical Provision' Handbook
- Location of medicine cabinet key and controlled drugs key (if CDs in House)
- Location of emergency medicines i.e. adrenaline auto-injectors (AAIs) such as EpiPens and asthma inhalers. Check instructions for use
- Postcode/W3W of your House location for emergency calls
- Location of two defibrillators (AED's) in School – outside the Medical Centre and at the automatic doors by the steps to the Common Room. An additional AED is at the Prep School.
- Pupils from your House on the 'Critical need to Know' posters
- All head injuries must be accompanied to the Medical Centre.
- Training is available from the Medical Centre for ALL medical conditions and devices.
- On undertaking a risk assessment, as for a school trip for example, pupils with medical need-toknow conditions will be highlighted on ISAMS by a red flag and a medical alert. If you have any queries or concerns, please contact the Medical Centre for further details or advice on any medical conditions or medications. The IT Dept can assist with IT training. Some pupils may need to take medications with them on the trip or may require a special diet.

WHO TO CALL FOR MEDICAL ASSISTANCE?

- Contact the Medical Centre on ext **422/423 (01884 232422)** Mon – Sat 0800 – 1800hrs OR the oncall nurse outside these hours. On-call rotas are sent weekly to the House Parents. The Medical Centre mobile number is **07801 016570**
- First Aiders are located throughout the school. Please see the **Do You Need Medical Assistance** poster in your department and note the First Aiders in your Department.
- **111** is available for non-emergency advice or guidance, **999** emergency services
- Clare House Surgery (for full and weekly boarders only) **01884 252337** for duty doctor advice Mon-Fri office hours. The school Doctor holds a clinic in the Medical Centre over lunchtime on Monday, Wednesday, and Friday.

WHAT SHOULD I DO IF A CHILD IS UNWELL OR INJURED WHEN I AM ON DUTY IN THE EVENING?

(Please contact the Medical Centre or the On-Call Nurse and the Houseparent, if necessary)

Choose whichever of the services below is appropriate to the severity of the situation.

- **IN AN EMERGENCY (9) 999** for ambulance – know your HOUSE postcode/W3W*
- Royal Devon and Exeter Accident and Emergency (Minor Injuries) **01392 402312**
- Tiverton Urgent Care Centre **(01884 235400)** open until 8pm with x ray available at certain times**.** After 8pm ring 111, the NHS out of hours service, for advise.
- If you are concerned in any way, please call the on-call nurse

- Out of hours, after 6pm, it may be necessary for a member of the House staff to assist with the transportation of a pupil, if the on-call nurse is unable to leave the Medical Centre.

***Please note that all pupils must be accompanied by a member of staff. Liaise with the Medical Centre/On Call nurse and the House Parent. Ring the night nurse before departure and the nurse can meet you in the hospital to take over if appropriate.**

MEDICATIONS:

- You can dispense paracetamol, throat lozenges, antihistamines and simple linctus as recommended. If unsure, call the On Call nurse for advice. Ibuprofen can ONLY be administered with the approval of a nurse. These are kept in the locked medicine cabinet. Please sign and complete the House Medication book noting the nurse you contacted for approval to administer ibuprofen.
- Pupils' own prescribed medications are located in the medicine cabinet and doses given are recorded in the House Medication Book.
- Some pupils, may have been deemed competent to self-medicate and may store their supplied securely in their rooms. Otherwise, pupils must hand in all medication
- Adrenaline auto-injectors (AAI's): All pupils should carry their own AAIs at all times, for rapid emergency use. They are prescription only and intended only for the named pupil who is at risk of anaphylaxis. All spare AAIs are stored in the labelled box on or near the medicine cabinet in House
- Asthma inhalers and spacers: All pupils on the 'Asthma List' are eligible to use the emergency blue Ventolin inhaler in House for their asthma symptoms if they cannot access their own.
- Antihistamines: There are 2 different types of antihistamines available for use in House. Loratadine is the preferred medication for hay-fever, Chlorphenamine (Piriton) is the preferred medication for use in allergic or acute reactions and has a quicker onset of action. If Loratadine does not have the desired effect, Piriton may be used in the same 24-hour period.
- Controlled Drugs (CDs): These must be locked in the CD box, within the CD cabinet. You must check the medication with another member of staff as two signatures are required when these are administered.

Please use this blank page for any notes or record keeping:

Please contact the Medical Centre if you have any queries regarding this document.

Approved: -

School Doctor:

Date:

Governor for Health and Safety:

Date:

NB – The original signed master copies of the policy are kept in the Medical Centre

Blundell's School
Tiverton
Devon
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