



ASHDOWN HOUSE MEDICAL POLICY (to include boarding and day pupils)



Ashdown House School Medical Policy

This policy is for the whole school.

Aim

To promote the health and wellbeing of all pupils in order that they are best able to reach their potential and participate fully in school life. This is achieved by:

- Monitoring the wellbeing of each child
- Being available for advice and support
- Recognising and respecting that each child is an individual with his or her own needs and aspirations
- Providing links between child, parents/guardians, members of staff and other health professionals.

Ashdown House School Surgery is there for everyone and is based on a philosophy of:

- Listening
- Healthy living
- Understanding
- Respect
- Trust
- Providing a safe and caring environment

Ashdown House School Surgery

Phone: 01342 820504

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The trained nurse is: Julie Corbin, mobile: 07776 291834

The two First Aid at Work matrons are: Bella Duarte, mob: 07581 270869 and Claudia Kingsley, mob: 07775 335980

Julie Corbin, Bella Duarte, Claudia Kingsley and Chris Clarke have completed the Opus Pharmacy Online - Administration of Medicines training course.

Julie Corbin, Chris Clarke, Louise D'Albertanson and Sarah Brignall have a current paediatric first aid certificate



The **Surgery** is where first aid/nursing/medical treatment is prescribed and administered. It is also a port of call for children feeling unsure, homesick or needing to chat.

It is the intention of the surgery staff to make every child feel welcome, however big or small the problem, and to see them back into school life feeling confident that, whether they have needed medical treatment or not, they have been listened to and understood.

When the nurse is off duty, a senior matron covers surgery and the school nurse is available by phone. Senior matrons are first aid trained to an advanced level, have access to nursing records and are kept informed of pupils' medical status.

Communication

Confidentiality is adhered to within the department. Information is shared with other members of staff on a 'need to know' basis.

There is a surgery handover period when relevant information is passed onto the member of staff who is coming on duty. There is also a **message book** for any extra information that should be specifically communicated to the nurse.

If the nurse or matron is not in the surgery, the children use a **walkie talkie** to contact the staff member on duty. There is also a **whiteboard** on the surgery door indicating the member of staff who is covering surgery at that point in time.

Mr & Mrs Davies are kept up to date with the status of pupils' health and wellbeing several times each day.

Mrs Davies is informed as soon as possible if:

- A day child needs to be sent home
- A child is admitted to sick bay
- A child needs to see the doctor or visit hospital

Mr Davies is immediately informed if a child needs to go to hospital due to accident or emergency.

Parents are informed of all of the above, as and when applicable.



Working in the surgery

All surgery staff are given an introductory training before working in the surgery and are given copies of policy documents. Once they have read and understood the policies, they are asked to sign a declaration. All staff are encouraged to ask questions and seek further training when necessary.

The most important consideration is **safety**. To this end there are procedures in place, which, when adhered to, will encourage good practice and ensure the safety of children and staff.

The Surgery door is never locked during term time as the emergency medicines – **epipens** and **inhalers (always blue in colour)** - are kept in there. All other medicines are locked away. There are five lockable cupboards in the surgery and one in the Boys' Sick Bay. The member of staff on duty must ensure that these cupboards remain locked whenever not in use. Staff members are responsible for the safe guarding of their own keys.

Local doctors

If parents/guardians wish us to do so, we will register children as NHS patients at Ashdown Forest Health Centre. Pupils have the option of seeing either a female or male doctor.

Mental and Emotional Well Being The school has an on-site registered counsellor and art therapist, Kerri Wyatt, who is experienced with children. A child will be referred after consultation with the child, school doctor and parents.

In Year 8, the school nurse delivers sex and relationship education as part of the PSHEE curriculum.

Other topics include:

- Eating disorders (anorexia, bulimia) www.nationaleatingdisorders.org/find-help-support
- self harm
- sexual orientation www.stonewall.org.uk

The School Nurse is responsible for:

- Providing day to day medical, nursing, first aid, emergency and pastoral care to all children.
- Maintaining accurate and confidential medical records (see attached Documentation & Confidentiality Policy).
- Recording prescribed medication, time and dosage
- Use of Controlled Drug Book



- Care of pupils admitted to boys or girls sick bay (see Sick Bay Policy).
- Care plans for children with chronic illness or allergy
- Competency assessments for children who carry their own emergency inhalers or epipens
- Filling out accident forms
 - At the end of every term these will be accumulated and audited by the school nurse and passed onto the headmaster and bursar.
 - Accident forms will be kept for a minimum of 7 years.
- Writing and updating school policies and disseminating information to relevant members of staff on a need to know basis
- Liaising with staff and parents
- Recording and maintaining the off games sheet. This is published every morning with a copy kept in the surgery and one in the staff room. It is e-mailed to the relevant staff and is updated as needed.
- Organising weekly doctor's surgeries and ensuring that any child who needs to see a doctor outside of this time is taken to the local surgery
- Organising vaccinations/immunisations in line with public health department
- Following procedures for the safe disposal of drugs and clinical waste.
- Checking First Aid Kits (see First Aid Policy).
- Maintaining surgery stock, hygiene and tidiness
- Medication audit – surgery stock and children's prescribed medication. Record of expiry dates.
- Implementing current health promotion initiatives
- Ensuring that the children eat a balanced diet and liaising with other staff members and the kitchens to facilitate this.
- Fulfilling revalidation requirements to maintain NMC registration

Documentation

Please see the Documentation and Medication Policies for information on the following:

- Day book
- Nursing index cards
- School medical card
- First Aid, Prescribed and Non-prescribed medication form
- Emergency Treatment Form
- Care plans for children with on ongoing medical conditions
- Accident book
- Sick bay book
- Medication Record Sheet



Medication

See Medication Policy

Emergency Situations

See First Aid, Anaphylaxis and Asthma Policies

Off Games

The general rule is that, barring sudden illness or injury, a child will only be off games if he/she comes to make their case before the end of morning break. (This is in liaison with the games teachers.) The Deputy Headmaster timetables staff members to supervise the children off games. This staff member should liaise with the nurse with regards to what activities the children are able to take part in.

Sick Bay

See Sick Bay Policy

Overnight

If a child is unwell, can't sleep, or needs a staff member's attention for any reason, they contact their houseparent or gap student who lives on their landing. The gap student immediately wakes the houseparent on call if she feels the child needs medical attention or she feels unable to deal with the child's request. Each landing has its own houseparent and they are contactable by ringing their doorbell. The houseparent/gap student must be in his/her flat from 22.15 onwards, when the evening duty staff leaves their shift. If the houseparent requires more advice, he/she can telephone the school nurse.

Dentist

Routine dental treatment should be scheduled for holiday times. If a child requires treatment during term time, this can be arranged with a local dentist.

Immunisations

In the UK, with the exception of HPV and flu vaccines, routine immunisations are not scheduled for prep school age children. Children from overseas, however, may be due vaccinations. If they cannot be administered at home, arrangements can be made with the local surgery. **It is the parent's/guardian's responsibility to ensure that the information given on the medical card is accurate.**



Countering Major Risks to Health

In the unlikely event that pupils are caught smoking, drinking alcohol or using illegal or dangerous substances, the priority is to safeguard the welfare of the pupil. This will most likely require immediate health assessment by the school nurse and, if required, referral onto the school doctor or hospital services.

The incident will be reported directly to the Headmaster, who will take disciplinary action where appropriate.

Detailed notes will be recorded and parents' informed.

Ashdown House School Documentation & Confidentiality Policy

Confidentiality

All information provided to the school nurse, by the child or the parents, is confidential and will only be passed on to staff members or health professionals on a need to know basis.

All medical and nursing notes will be kept in a locked cupboard with access limited to the nursing staff, matrons and Mr and Mrs Davies.

Nursing staff will work in line with the Nursing and Midwifery Code of Professional Standards.

Documentation

Good record keeping is an integral part of professional practice and the mark of a skilled and safe practitioner. Nursing staff and matrons at Ashdown House School are expected to keep up to date and accurate records of care in order that the correct treatment can be given and allied health professionals have an accurate history.

Medical or nursing notes serve many purposes. The most important is the contemporaneous record of events and evaluations, which build a picture (or not) thus aiding diagnosis and treatment. These notes must contain all necessary information about the child so that any member of staff consulting the notes can continue the child's care.

Parents complete three separate medical forms for their children:

- The **School Medical Card** is completed by parents/guardian and kept for reference.



- The **First Aid, Prescribed and Non-prescribed Medicine Authorisation Form** allows staff to administer treatment and give medication
- The **Emergency Treatment Form** is taken to the hospital should the child need to visit Accident and Emergency.

Step 1: Day Book

- Record the time and name of every child who comes into the surgery for a medical reason. If the child is given either paracetamol, ibuprofen or an anti-histamine, record this next to their name and add your own initials. e.g. 10.00 John Smith –paracetamol, JC

(N.B. Read and understand the Medication Policy and follow the guidelines before administering any medicines)

- Write the child's name and put an asterisk next to it if you specifically want to draw attention to the child's treatment and require subsequent members of staff to read what has been recorded on the child's nursing card.
- The day book indicates who has been seen in the surgery for a medical reason and (possibly) what medication they have been given that day.
- The day book is not locked away as it does not contain confidential information.
- Used day books are kept for a minimum of 7 years.
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Step 2: The nursing card

- **If a child receives medication or treatment, details must be recorded on his/her nursing card.**
- The date and time is to be clearly written.
- The treatment should be written in detail.
- Abbreviations should be kept to a minimum.
- If a child has injured him/herself, details should be written on their nursing card.
- If a child is given medication and then leaves the premises, e.g. for a match, the staff member responsible for the child is informed.
- If a day child is given treatment/medication, when the child is collected at the end of the day, the parent, guardian is informed.
- If a child has injured him/herself, and this requires a trip to the hospital, the **Emergency Treatment Form** should accompany the child and staff member Details should be recorded in the **Eureka accident book** as soon as possible on their return. (This is in addition to the nursing card.)
 - The accident book (A5 size and green in colour) is kept in a locked cupboard in the surgery.
 - If matrons do not feel comfortable writing in the accident book then it must be written on the child's nursing card and a detailed report must be given to the nurse who will write it up.
 - At the end of each term, accident forms are audited by the school nurse and copies are given to the headmaster and the bursar.
 - These records are kept for a minimum of 7 years.



- Every entry should be initialled.
- Every line on the nursing card should be written on.
- The child's name, DOB and any allergies or medical conditions should be written on the top line.
- No documentation should ever be deleted or altered. If something is written incorrectly, please cross it out with a single line and initial.
- All writing should be in black ink and legible.
- **Remember: if it isn't written down, it didn't happen.**

All documentation containing children or parents' information should be kept locked up (e.g. parents' addresses, doctor's book, sickbay book, health care plans, medication records, consent forms, etc.)

Ashdown House School Medication Policy

Administration

Medication should be only be given after paying due attention to:

First Aid, Prescribed and Non-prescribed Authorisation Form.

Does the child have one of these forms signed by the parent/guardian?

If the answer is YES and the child needs medication, pay attention to:

- **dosage as per age and instructions on the bottle or packet**
- **administration method**
- **expiry date**
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The child's nursing card should be checked for:

- allergy
- possible previous administration, i.e. has the child already received the medication within the four/six hourly time frame?

Gillick Competency

In line with Lord Scarman's comments in his judgment of the Gillick case - "parental right yields to the child's right to make his own decisions when he/she reaches a sufficient understanding and intelligence to be capable of making up his/her own mind on the matter requiring decision."

Should a child in our school decide she/he does or does not require the care that has been prescribed and/or requested by parents, Gillick Competency shall be assessed by the school doctor.



Storage and Administration

All medicines including prescribed, non-prescribed and vitamins must be stored in locked cupboards with the exception of ventolin and epipens

All controlled drugs must be locked in a container inside a locked cupboard. They are only to be administered by, or in consultation with, a registered nurse. The capsules must be counted after each dose and details recorded in the CD Recording Book.

Medicines should only be administered by the school nurse or a matron who has been trained by the school nurse, signed a declaration saying she will abide by the school policy, procedure and protocol and has a First Aid at Work qualification.

GAP students do not give medication.

However, in an emergency, any member of staff may administer an epipen or ventolin (blue) inhaler.

Any child who takes regular medication will have this recorded on a **medication record sheet**. This folder should be kept in a locked cupboard.

Some children who take regular medication will also have a **Care Plan**. This care plan will be updated when the child is seen by the doctor, and the care plan will be reviewed every six months/one year.

If a child returns with medication not prescribed by the school doctor, the administration instructions must be supplied in full, and in English, and consent must be obtained from the parents.

Unless given permission by the school nurse, children should not keep their medicines or vitamins in their dorms/personal belongings.

For a school overnight trip, the staff member in charge will have complete instructions and information provided by the school nurse on any child who requires, or may require, medicines.

Epipens have their own policy and procedure.

Two are to be kept for each child with a serious allergy - one in the dining room and one in an unlocked cupboard in the surgery, out of reach for most children.

Two epipens should be sent with each child on any school trip. This becomes the responsibility of the staff member in charge.



Ventolin Inhalers

See Asthma Policy

Every child with asthma has his/her own inhaler and a spare one kept in the surgery. Before the child is allowed to carry the inhaler, he/she is shown the correct way to use the inhaler and his/her competency is assured.

Ventolin inhalers are accessible to the children 24 hours a day.

A child with asthma takes his/her ventolin inhaler on any school trip and the inhaler becomes the responsibility of the staff member in charge. (**A ventolin inhaler is blue in colour – no other inhalers will relieve the symptoms of an asthma attack**)

If staff are in any doubt as to how to handle/administer medicines, advice should be sought from the school nurse.

Ashdown House School Sick Bay Policy

A child will be excluded from classes and school activities and be kept in sick bay if the nurse or matron in charge decides this is necessary.

Boys and girls will be cared for in common areas with separate sleeping accommodation.

The **Sick Bay Book** is used to record:

- Temperature – this will be taken four-hourly unless the child has a temperature over 38.5°C in which case the temperature should be taken two hourly, along with appropriate action to lower the child's temperature.
- Symptoms and treatment, including all medication.
- Parents/guardians must be notified if the child spends more than 24 hours in sickbay.

White Board – This is situated outside the boys' sick bay and is used to record the names of the children in sick bay, both boys and girls.

When a child is in sick bay, the member of staff on duty will remain in the vicinity i.e. in the surgery or junior girls common room.

Children will eat all meals in sick bay/linen room not the dining room.



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Children will need to be isolated, if possible, from their school friends for 12 hours following their highest temperature. After that, if they feel well enough, they may return to classes. They will normally remain off games for 48 hours.

Vomiting

A child should be given only water for 6 hours after they have vomited. If no further vomiting, they can be given a small, dry meal.

Children should be excluded from classes and school activities until they have sustained 24 hours without vomiting. They will usually be kept off games for at least 24 hours.

When the child returns to school, the sheet, duvet cover, pillow case and pyjamas will be washed by the duty matron, and the cubby and bed area wiped down with antiseptic spray. (Antiseptic spray and kitchen towels can be collected from the cleaning staff or from under the sink in the surgery.)

A child feeling unwell

If a child is feeling unwell or tired, they are not vomiting and do not have a temperature, he/she may lie down in sick bay or on their own bed if given permission by a school nurse or houseparent.

Where possible they will be encouraged to have all their meals in the dining room.

Ashdown House School Clinical Waste Policy

Sharps

Sharps are placed in the sharps container, kept in a locked cupboard.

When full, they are disposed of as per the council's collection scheme.

Clinical Waste

Clinical Waste is placed in a yellow bag and collected by the council.

General waste is placed in the surgery bins, either for recycling or for standard disposal.



Ashdown House School Infection Control Policy

Body Fluids – e.g. Blood/Vomit

Gloves are worn when dealing with body fluids. There are gloves in every first aid kit and in a box on the counter in the surgery.

Plastic aprons, masks and goggles are in an unlocked cupboard, as are large, water-soluble red bags that can be filled with soiled bedding/clothes, sealed and placed in the washing machine.

Ashdown House School Asthma Policy

Asthma

Asthma is the result of inflammation of the linings of the bronchioles and an increase in the production of mucus, causing a dry cough and tightness in the chest. Classic symptoms of asthma include: wheeze, cough, shortness of breath and tightness in the chest.

The common triggers for asthma are: exercise, cold air, upper respiratory tract infection, grass pollen, emotional stress, exposure to pets, smoke, house dust mites and medicines such as aspirin and non-steroidal anti-inflammatory drugs.

There are two main types of inhalers for the treatment of asthma – relievers and preventers.

Relievers – Bronchodilators (Blue, ventolin)

These relax smooth muscle, dilating the bronchi and opening the airway.

Relievers are essential in treating an asthma attack.

Relievers are a safe and effective medicine and have very few side effects. However, some children may feel shaky if they take several puffs.

Children cannot overdose on reliever medicines and these effects pass quickly.

Preventers – Steroids and non-steroidal anti-inflammatory agents (usually brown, orange, purple)

These reduce and prevent inflammation of the airways and prevent muscle spasm and swelling, thus protecting the lining of the airways. Taking preventer medicines means that a child with asthma is less likely to react badly when he/she comes into contact with an asthma trigger.



Common signs and symptoms of an asthma attack:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Difficulty speaking in full sentences

How to help:

- Keep calm
- Encourage the child to sit and lean slightly forward
- Make sure the child takes two (2) puffs of reliever (**blue**) inhaler immediately (preferably through a spacer)
- Reassure and encourage the child to breathe slowly and deeply
- Loosen tight clothing

The child may require another 2 or more puffs of reliever inhaler through the spacer (spacers give a more accurate delivery of dosage of medication).

If there is no improvement and:

- The reliever has no effect after 5 to 10 minutes
- There is an audible wheeze
- The child is too breathless to talk
- The child's lips are blue
- Or if you are in any doubt

CALL 999 OR 112 FOR AN AMBULANCE STATING ASTHMA ATTACK – CHILD.

Storage

Immediate access to reliever medications, blue inhalers, is essential. **Blue inhalers are kept in named pigeon-holes in the surgery.** The children have access to these 24 hours a day, hence the surgery door is never locked during term time.

School staff are not required to administer asthma medicines to pupils except in an emergency.

Every child with asthma needs to have immediate access to their reliever inhaler during matches and on school trips. The school nurse/matron will ensure that reliever medication goes into the first aid bag to accompany each team to their match. On



school trips, the reliever medication will be given to the teacher in charge and it becomes their responsibility.

Record Keeping

When a child joins Ashdown House, parents are asked to document if their child has any medical conditions, including asthma, on their medical card.

Every child with asthma will have a seasonal review with the school doctor.

*Names of asthma sufferers are listed in the staff room and surgery and are updated at the start of each term.

Asthma Attack flow chart

Child is having difficulty breathing



Coughing

Shortness of breath

Wheezing

Feeling tight in the chest

Difficulty speaking in full sentences



Keep calm

Encourage child to sit up, slightly forward

Take two puffs of reliever medication (blue inhaler) through spacer

Loosen tight clothing

Reassure child

Repeat two puffs of reliever medication if required



If there is no improvement and:

There is an audible wheeze



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The child is too breathless or exhausted to talk

The child's lips are blue

Or if you are in any doubt



CALL 999 FOR AN AMBULANCE
STATING "ASTHMA ATTACK – CHILD"



Ashdown House School First Aid & Injury Policy

First Aid is the initial treatment given to a casualty for any injury or sudden illness before the arrival of an ambulance, doctor or other qualified person. First aid is provided promptly and efficiently.

This first aid policy outlines first aid facilities for pupils, staff and visitors.

The term 'first aiders' refers to the staff members who hold a valid first aid certificate.

Ten members of teaching and games staff completed a 4 hour First Aid certificate in September 2017: Louise Pugh, Philippa McCarthy, William Koops, Joshua Duarte, Tom Gloster, Ashleigh Gloster, George de Moraville, Paddy Mason, James Steel and James Tosh.

Staff First Aid training is updated every three years.

The school nurse and matrons hold First Aid at Work certificates.

Aim

- To provide effective first aid cover for pupils, staff and visitors.
- To ensure that all staff and pupils are aware of the systems in place.
- To provide awareness of Health and Safety issues within the school and on school trips, to prevent, where possible, potential dangers or accidents.

This will be achieved by:

- Providing adequate first aid cover as outlined in the Health and Safety Regulations.
- Monitoring and responding to all matters relating to the health and safety of all persons within the school.
- Ensuring that all new members of staff are made aware of first aid procedures throughout the school.
- Ensuring that first aid training is kept up to date.
- Ensuring that first aid kits are adequately stocked and readily available within the school.
- WANTS medical services are paramedics or first aiders trained to a high standard and are present at all matches.

First Aid Kits are kept:

- In the swimming pool
- Science labs in the Jungle Block
- Art Room



- DT Room
- Staff Room
- The Surgery has ten first aid bags for use during matches and outings.

First Aid Kits are stocked with:

- 3 icepacks
- 3 vomit Bags
- Tissues
- Safety pins
- Gloves (3 pairs)
- Emergency blanket
- Triangular bandage
- Alcohol free cleansing wipes
- 2 bandages
- Plasters of assorted size

First Aid kits in Surgery are to be sent with each team, to each match. They contain:

- 3 icepacks
 - 3 vomit bags
 - Ventolin Inhaler
 - Tissues
 - Scissors
 - Safety pins
 - Tape
 - 3 pairs of gloves
 - Emergency blanket
 - 2 triangular bandages
 - Alcohol free wipes
 - 1 large and medium dressing
 - 2 eye dressings
 - Assorted plasters
 - 2 eye wash pods
 - Deep heat and freeze cream or spray
 - Sunscreen in the summer term
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- Match First Aid kits are checked weekly by Julie Corbin – see tick off list inside surgery cupboard.
 - First Aid Kits around the school are checked twice each term – staff are asked to report to surgery if they treat a child. The treatment will be recorded and the kit restocked.



We aim to -

- Ensure that a first aider attends the casualty and treats him/her safely and effectively. This includes wearing protective clothing, i.e. disposable gloves, and seeking assistance from other first aiders if required.
- Ensure that any child who has sustained a significant head injury is taken to hospital and assessed professionally.
- Ensure that if a child goes to hospital by ambulance, they are accompanied by a relative or staff member. The staff member will act 'in loco parentis' if required. (**The Emergency Treatment Form** should be taken to the hospital as this details the information required by hospital staff)
- Ensure that a record is kept of injury sustained and treatment received. This is documented on the pupils' cards which are kept in the surgery. If an accident has occurred, details will be recorded in the Accident Book, which is also kept in the surgery.
- Ensure adequate infection control measures are adhered to by the cleaning and clearing of equipment and the correct disposal of used items, e.g. gloves and dressings, to prevent contamination.
- Ensure effective assessment of a child feeling unwell or who is injured.
- Ensure staff, who do not possess a valid first aid certificate, refer an injured child to a first aider. However, if emergency aid is required, it may be necessary for the staff member to initiate simple lifesaving measures.
- Ensure that at the beginning of each term, a list of children with medical requirements is made available to staff via e-mail and a copy put up in the staff room e.g. asthma, allergy and dietary lists.
- Ensure that a casualty will not be moved until assessed by a qualified first aider, unless the casualty is in immediate danger.
- Ensure that a child with any minor injury is accompanied to the surgery to be attended to by a nurse.

Visiting Pupil Accident/Incident Form will be completed for children who sustain injury when visiting for matches etc. The form will be given to their teacher/parent and, if necessary, their school nurse will be informed.

Reporting and Recording of Accidents

We have a duty to report incidents that involve the:

- Health and Safety at Work Act 1974
- Social and Security Regulations 1979
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 www.hse.gov.uk/riddor

Ofsted must be notified of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. Failing to comply to this requirement, without reasonable excuse, is to commit an offence.



Every effort is made to minimise the risk of accidents but we recognise that accidents may still occur.

- Any accidents to pupils, staff and visitors will be reported to the senior nurse and to the head teacher.
- Details regarding the accident will be recorded on the pupil's card and in the accident book. An investigation into any accident will be undertaken to minimise the risk of a similar incident occurring.
- Accident books are kept in the surgery. Records will be kept for a minimum of seven years. They are to be checked termly by the Headmaster, Bursar and the school nurse.
- The Bursar will ensure that accidents reportable to the Health and Safety Executive are reported on the appropriate form.
- A regular review and analysis of the accident records will be undertaken to identify any trends and areas for improvement.

First Aid Within the School

Action to be taken:

- Keep calm
- Be aware of danger
- Assess the injured person
- Summon help if required – send runner to surgery
- Use first aid kit in location to give immediate assistance
- Carry out first aid to the level trained
- If minor injury, accompany casualty to the surgery.
-

AND/OR

- If the casualty requires further emergency medical assistance an ambulance will be called and a member of staff will accompany the casualty to hospital.
- Parents will be notified immediately.
- Record details of incident in accident book

First Aid Outside the School (during sporting fixtures/events)

- During sporting fixtures, home or away, first aid bags are made available. This enables staff to administer basic first aid.
- Staff carry mobile telephones to home and away fixtures so that contact with the school nurse can be made quickly and efficiently.
- Staff must report incident to the nurse on return to school.



First Aid for pupils on approved school trips

- First aid arrangements are detailed in the risk assessment.
- Any medical conditions/information is conveyed by the nurse to the designated teacher in charge of pupils.
- A medical bag is always taken.
- Medication is carried in the medical bag if required, e.g. asthma inhalers (ALWAYS blue in colour) and epipens, and is the responsibility of the teacher in charge
- Staff carry mobile telephones to enable communication within the school at any time should an emergency occur
- Documentation of any accidents will be recorded in the accident book

Suspected Serious Injury

- E.g. Fracture, back or neck injury, head injury, level of consciousness impaired.
- The staff member in charge will assess the injury and if necessary will immediately call for an ambulance.
- He will send a responsible child or adult to the surgery to alert the nurse.
- The casualty should not be moved until assessment has been made.

Making your assessment

- Danger – check that there is no danger to yourself or others close by
- Response – does the child respond to your voice or tapping on the shoulders?
- Check A – Airway
B – Breathing
C - Circulation
- Give emergency first aid as appropriate

Depending on your assessment you will then either:

- Move the child
- Leave the child in the same position and observe
- Call an ambulance. Move him/her into the recovery position and observe
- Call an ambulance. Begin mouth to mouth ventilation or CPR

Spinal Injury

If a neck injury is suspected DO NOT put the child in the recovery position unless immediate loss of life is at risk. An ambulance must be called.



Head Injury

If a child loses consciousness, for however short a period of time, appears dazed or confused, or suffers disturbances of vision, the child should be sent to surgery immediately with an adult or the school nurse should be called down to the playing field. Any child with a suspected head injury must go to hospital. Advice will be given by medical staff as to how long the child should remain off games. This time frame will be adhered to.

Guidance on when to call an ambulance

Please see each section for guidance on when to call an ambulance.

Ashdown House School Anaphylaxis Policy

Aim:

To ensure children with serious allergy are safe.

To educate staff and parents.

To raise awareness within the school environment.

Ashdown House School will take every reasonable precaution to protect children from their allergens.

Anaphylaxis is a severe reaction that can occur when exposed to particular trigger e.g. nuts, insect bites or medicines.

During anaphylaxis, cells release histamine in large quantities. The blood vessels become leaky resulting in swelling in the surrounding tissues. It is characterised by the following features:

Mild Reaction

- *Tingling, itchiness or metallic taste in the mouth*
- *Watering of eyes and nose, sneezing*

Breathing is NOT compromised - Send the child accompanied by an adult to nurse/matron for treatment with PIRITON (an antihistamine) and observation. (NB Piriton is effective if the reaction is localised the airway is not impaired)

Severe Reaction

- *Hives, redness, generalised flushing, rash, itching*



- *Swelling-eyes, ears, lips, tongue, face and skin-hands and feet or local area if stung*
- *Itchiness or tightness in throat, choking, tightness in chest*
- *Wheezing, hoarseness, hacking cough*
- *Nausea, vomiting, stomach pain and /or diarrhoea*
- *Dizziness, unsteadiness, drowsiness, feeling of impending doom*
- *Fall in blood pressure*
- *Loss of consciousness*
- *Coma and death*

Breathing IS compromised - Emergency Protocol

- Administer ADRENALINE via Epipen (Automatic Intramuscular Injection) as soon as possible.
- Call 999 and state ANAPHYLAXIS
- Stay with child and monitor airway
- If conscious, keep child sitting down, observe and reassure
- If unconscious, place child in recovery position and monitor airway
- Monitor child's progress – breathing should ease, colour improve and consciousness return
- A second Epipen may be administered after 10 minutes
- Be prepared to resuscitate if necessary
- Send the Epipen with the child to hospital
- Record the incident on the child's nursing card and complete an accident form.
- Inform parents/guardian as soon as possible

Ashdown House School Epipen Instruction Policy

Children with Severe Allergies

After contact with the allergen the child may have minor symptoms – itchy mouth, runny eyes – and should, in the first instance, be given 5 mls of piriton syrup.

If the child's condition deteriorates – widespread skin reaction, swollen tongue and lips, noisy/laboured breathing – the following procedure should be followed.

Procedure if the attack is serious

1. Administer Epipen.
2. Send someone to call 999, stating that the child is suffering from anaphylactic shock. The person should inform the Headmaster and meet the ambulance.
3. Sit the child upright, observe and reassure. If necessary a further Epipen may be administered.
4. If unconscious, lay in the recovery position. Monitor closely and be prepared to resuscitate.
5. Used epipens need to accompany the child to hospital.



Storage

Each child has two epipens stored in a marked cupboard in the surgery and in the Dining Room.

All children must have access to an Epipen when **off the premises**. Games teachers and expedition takers must ensure that this life saving treatment is to hand. Please collect two epipens for each child and return them when you arrive back in school.

*Epipen – one off intramuscular dose of adrenaline. Instructions on how to use it are included in the boxes. **Whenever an Epipen is administered an ambulance should be called.**

For inclusion in Epipen box

DIRECTIONS FOR USING EPI-PEN

1. Pull off the safety cap.
(Never put fingers over black tip, when safety cap has been removed).
2. Place black tip on thigh, at right angle to leg.
3. Always apply to thigh, never to buttock.
The Epipen may be administered through clothing in an emergency situation.
4. Press hard into thigh until Epipen mechanism functions.
This will consist of a positive click and the feel of the force as the needle is released.

(This force may take you by surprise as it can seem very severe. The leg will have to be held still as this is done.)
5. Hold the Epipen there for 10 seconds to allow the unit to empty.
6. Rub the injection area for 10 seconds post delivery.
7. If no improvement after 10 minutes, the dose may be repeated.
One would expect colour to improve with easier breathing and return to consciousness.



8. Replace used Epipen in plastic box (push tip back on its self using a shelf) and take to hospital with child.

9. Record what has been give, when and by whom.

Ashdown House School Head Lice Policy

Facts

Head lice are parasitic insects, the size of a sesame seed, that live in clean or dirty human hair. They have a lifespan of thirty days. They feed by piercing the skin and sucking blood. They cannot jump, swim or fly and are mostly passed by head to head contact. They can live for up to two hours off the head.

A ten day old female louse will lay up to eight eggs a night. These eggs take 7-10 days to hatch. The empty egg casing is called a nit and nits can be present in the hair long after the lice have been effectively removed.

Procedure

All boarding children will be checked regularly (once a week) for head lice by a matron, houseparent or school nurse as per the method below.

If a child is found to have head lice infestations check to see whether their parent/guardian has completed a **First Aid, Prescribed and Non-prescribed Authorisation Form**. The child can be treated with hedrin or full marks, as per the instructions on the bottle, if he/she has a returned, signed consent form.

In between treatments, or if consent is not given, the child will have their hair regularly conditioned and nit combed by their matron/houseparent.

Tea tree oil shampoo and conditioner will be used on some children where parents have given consent.

Parents will be informed by the houseparent if their child has an ongoing head lice infestation.

Boarding staff should keep a record for each child. This should include weekly detection results and methods of treatments.

Weekly detection combing



1. Wash and towel dry the hair
2. Use a nit comb to comb through the hair, starting at the scalp and working to the ends
3. Wipe the comb on a white tissues to check for the presence of lice.
4. It will take 5 minutes to effectively check short hair and 10 minutes to check longer hair.



Ashdown House School Surgery Declaration

I have read and understood the following Ashdown House School policies:

- Medical Policy
- Documentation and Confidentiality Policy
- Medication Policy
- Sick Bay Policy
- Asthma Policy
- First Aid and Injury Policy
- Anaphylaxis Policy
- Epipen Instruction Policy
- Head lice Policy

I feel confident to work in the surgery, administer medicines and first aid, and write accurate records in line with the aforementioned policies, procedures and protocols.

Name:

Signature:

Initials:

Date:



Ashdown House School Health Care Plan

Name:

Date of Birth:

Medical diagnosis:

Date:

Review date:

Family Contact Information

Name:

Phone numbers work:

home:

mobile:

G.P.

Phone no.:

Description of symptoms and medical needs

Daily care requirements (e.g. before sport/lunchtime)

What constitutes an emergency and the action to be taken



ASHDOWN HOUSE SCHOOL

First Aid, Prescribed & Non-prescribed Medicine Authorisation Form

Child's Name

I hereby authorise designated staff members* to administer first aid and medicines prescribed by the school GP to my child.

Parent's Signature

I hereby authorise designated staff members* to administer, in accordance with dosage instructions, any of the following non-prescribed/over the counter medicines to my child:

<p><u>Pain Relief</u> Paracetamol suspension or tablets Ibuprofen gel, suspension or tablets (<i>Ibuprofen not to be given to a child with asthma</i>) Arnica tablets or cream</p> <p><u>Allergy</u> Anthisan cream Piriton suspension or tablets Desloratadine suspension</p> <p><u>Gastro-intestinal</u> Milk of Magnesia Ovex</p> <p><u>Coughs & Colds</u> Buttercup syrup Benylin (or similar) cough syrup Strepsils Olbas Oil Vicks VapoRub</p>	<p><u>Travel Sickness</u> Stugeron (or similar)</p> <p><u>Creams, Lotions & Miscellaneous</u> Optrex eye wash Alcohol free cleansing wipes Aciclovir cream for cold sores Bazuka gel Deep Heat/Deep Freeze HC45 for mild eczema & skin irritation Cargel for ulcers Itch Relief cream Savlon (cleansing spray, antiseptic spray, spray on plaster & cream) Vaseline Stop & Grow Lavender gel Rescue Remedy Soltan Sunscreen</p>
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Parents Signature

I hereby authorise designated staff members* to administer, in accordance with dosage instructions, Hedrin or Full Marks – head lice eradication lotion – or tea tree oil, to my child in the treatment or prevention of head lice.

Parents Signature

*Designated staff members are nurses, matrons, houseparents and teachers who are first aid trained.



Occasionally an injury necessitates a trip to Accident & Emergency. Please fill out this form for each child and return it to me either by post or email (sister@ashdownhouse.com)

Ashdown House School Emergency Treatment Form

Child's Name

Date of Birth

Parent/Guardian's Address

.....
.....

Parent/Guardian's Telephone Numbers

.....
.....

G.P. Name and Address

.....
.....

(If your child is fully boarding, he/she will be registered with the school G.P. unless you request otherwise.)

European Health Card Number.....

Relevant Past Medical History *e.g. previous hospital admissions and/or on going medical conditions such as diabetes or asthma*

Allergies:

Current Medication:

Vaccinations: When was your child's last Tetanus booster?

'In the event of accident or emergency, I hereby give consent to the Headmaster or his representative, in loco parentis, giving permission to the medical authorities on their advice, for the administration of treatment, and if need be, an anaesthetic and operation.'

Signature of Parent/Guardian **Date**
.....

(We will of course make effort to notify parents first, but failing this, parents will be notified as soon as practicable.)



ASHDOWN HOUSE SCHOOL MEDICAL RECORD		A
SURNAME:		DATE OF BIRTH:
CHRISTIAN NAMES:		
NAME & ADDRESS OF PREVIOUS DOCTOR:		
IMMUNISATION RECORD		
	Year of Primary	Year of Boosters
Diphtheria		
Whooping Cough		
Tetanus		
Polio/myelitis		
B.C.G.		
Typhoid		
Cholera/Yellow Fever		
M.M.R.		
Meningitis C		
<i>(Please complete with approximate dates)</i>		
PREVIOUS ILLNESSES AND PRESENT DISABILITIES		
<i>Please complete with approximate dates where possible</i>		
	Year	Does he/she suffer from any of the following? Yes or No
Measles		Regular/Seasonal medication
Mumps		
Chicken Pox	Middle Ear Disease	
Whooping Cough	Asthma	
German Measles	Eczema and other skin complaints	
Allergies (please specify)	Hayfever	
Illnesses/Operations		
Does he/she suffer from Bedwetting?		

B	Name
SCHOOL MEDICAL OFFICER'S RECORD	
Examination on Entry: Date:	
Remarks	
Vision	Rt Lt Colour
E.N.T.	
C.V.S.	
R.S.	
Abdomen	
Skeletal	
Urine	
Height	
Weight	

To monitor growth and development, it helps to have a record of the parents' heights

Mother's height Father's height

Do you agree that relevant information regarding your child's health can be passed on to the appropriate school staff? YES / NO (*delete as appropriate*)

Signature of Parent/Guardian Date

"In the event of accident or emergency, I hereby give consent to the Headmaster or his representative, in loco parentis, giving permission to the medical authorities on their advice, for the administration of an anaesthetic, or operation, or both."

(We will of course try to notify parents first, but failing this, parents will be notified of any such accident or emergency as soon as practicable).

Signature of Parent/Guardian Date



MEDICAL FORM
for
VISITING CHILDREN

Name.....

Date of Stay.....

Parents' contact numbers.....

Contact number in case of emergency.....

Allergies.....

Any conditions (medical, social, dietary) of which we should be aware:

.....
.....

I understand that, in the event of an emergency, the Headmaster would act in loco parentis as with all pupils in the school.

Parent's
signature.....



Visiting Pupil Accident/Incident Form

Date:

Name:

Place:

Incident:

Treatment:

Member of staff/parent Informed?



Appendix A

REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURENCES REGULATIONS 1995 – “RIDDDOR”

Certain types of injuries, diseases and dangerous occurrences must be reported to the Health and Safety Executive (HSE). As an employer we are responsible for doing this.

The headmaster, or his named deputy, on behalf of the employer, must notify the HSE immediately by the quickest practicable means e.g. telephone or fax. The HSE information line is 08701 545500. Forms F2508 must be completed for ‘injury’; Form F2508A for ‘disease’. The forms can be completed on their website www.riddor.gov.uk

The areas of concern are:

- An injury resulting in absence from work for more than three days.
- Death or major injury i.e. if there is an accident connected with work.
- An injury requiring hospital admittance for more than 24 hours.
- Road traffic accident related to a work activity e.g. away matches.
- The definition of ‘accident’ includes an act of violence sustained by an employee
- Gas incidents.

Reportable major injuries are:

- Fracture, other than to fingers and toes.
- Amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight, either temporary or permanent.
- Chemical or hot metal burns to the eye, or any penetrating injury to the eye.
- Electric shock or electrical burn causing unconsciousness, resuscitation or hospital admittance for more than 24 hours.
- Any other injury leading to hypothermia, heat-induced illness or unconsciousness, or requiring resuscitation, or requiring admittance to hospital for more than 24 hours.
- Unconsciousness caused by asphyxia or exposure to harmful substance or biological agent.
- Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin.
- Acute illness requiring medical treatment where there is reason to believe that this has resulted from exposure to a biological agent or its toxins or infected material.



Cothill Educational Trust

Ashdown House Medical Policy

Updated by JC – September 2015 (HJSM)

Reviewed August 2016

Reviewed by JC – September 2017

Reviewed by JC – April 2018

Reviewed by JC – September 2018

Reviewed by JC – January 2019