Cothill House Policy Documents

ISSR 13 & 24 Medical Policy & First Aid

Care of boarders who are unwell, paediatric first aid, administration of medicines

NMS for Boarding: 7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7

Date: September 2023
Next review: September 2024

Prepared with regard to DfE Guidance on First Aid for Schools

Aim

To promote the physical health, mental health and emotional 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 and promoting the health and wellbeing of each child;
- Being available for advice, support and education;
- Recognising and respecting that each child is an individual with his own needs and aspirations;
- Providing links between child, parents/guardians, members of staff and other health professionals.

The 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

School Surgery/Medical Centre Contact Details

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.

Phone: 01865 390800
Postcode: OX13 6JL
E-mail: *nurse@cothillpst.org*
Please refer to Annex A for a list of staff training and qualifications.

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.

There is always at least one qualified person on the school site when children are present, who has access to appropriate resources and pupils' medical records.

First Aid 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. Staff first aid training is updated every three years.

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.

First Aid Kits are kept in the following locations:

- Surgery
- Staff room
- Kitchen
- Swimming pool
- Sports centre
- Art room
- Woodwork room
- Science lab
- Pottery classroom
- Groundsman's shed
- 1st XI scorebox, Blackhorse Field scorebox, Colts pavilion (*including rugs & space blankets if required*)
- Laundry

First aid kits are also supplied to all staff for away matches and off-site excursions. All first aid kits are regularly checked by a member of the medical team.

There is no mandatory list of items for a first aid-container, but HSE recommend that where there is no specific risk identified, a minimum provision would be:

1. a leaflet giving general advice on first aid
2. 20 individually wrapped sterile adhesive dressings of assorted sizes
3. two sterile eye pads
4. four individually wrapped triangular bandages
5. six safety pins
6. six medium sized individually wrapped unmedicated wound dressings
7. two large individually wrapped unmedicated wound dressings
8. three pairs of disposable gloves

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 incident 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 using the school's recording and monitoring system.
- 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 that 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 all staff e.g. asthma, allergy and dietary lists.
- Ensure that a child with any minor injury is accompanied to the medical centre to be attended to by a nurse.
- Ensure that a casualty will not be moved until assessed by a qualified first aider, unless the casualty is in immediate danger.

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.
- Details regarding the accident will be recorded. An investigation into any accident may be undertaken to minimise the risk of a similar incident occurring.
- Records will be kept for a minimum of seven years. They are to be monitored termly by the Health and Safety Committee.
- The Head 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
- 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 medical centre

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 using the school's recording system

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

- During sporting fixtures, home or away, first aid kits are made available. This enables staff to administer basic first aid. Staff will also need to carry the epipens of any boy in their team. These will be put in their First Aid bag for collection, and must be returned after the team returns from the away match.
- Staff must report all incidents to the nurse on return to school.

First Aid for Pupils on Approved School Trips

For further information, please refer to the Risk Assessment Policy and Guidelines.

- 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. Please note that the use of mobile phones must be in line with the Staff Code of Conduct and Safeguarding Policy.
- Documentation of any accidents will be recorded as per the school's procedures.

Suspected Serious Injury

Examples: 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.
- 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 receive immediate medical attention. 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.

Reporting and Recording of Accidents

All schools are required to maintain detailed records of illnesses, accidents and injuries, together with an account of any first aid treatment, non-prescription medication or treatment given to a pupil or employee. The senior nurse is responsible for keeping the accident recording book.

- We have a duty to report incidents that involve the:
  - Health and Safety at Work Act 1974
  - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

Reporting Accidents involving employees/non-employees

All accidents involving members of staff, contractors on site etc. are to be recorded by the School. It is a requirement under the Social Security (Claims & Payment) Regulations 1997, that all minor, major and reportable accidents of persons at work are recorded irrespective of whether first aid treatment is given or not. The form of the Accident Report Book used is compliant with all current regulations including Data Protection Regulations.

Arrangements for Pupils with Particular Medical Conditions

Asthma
Asthma is the result of inflammation of the linings of the bronchioles and an increase in the production of mucous, 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 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 <u>ASTHMA ATTACK – CHILD</u> and follow the instructions given by the operator.

Diabetes
Parents of children with diabetes are responsible for providing diabetes equipment for their children in school and also providing a detailed healthcare plan which has been drawn up for the child by a paediatric diabetes specialist nurse.

What is diabetes?
Diabetes is a long-term medical condition where the body cannot produce enough insulin. Sometimes those who have diabetes may have a diabetic emergency, where their blood sugar level becomes too high or too low. Both conditions could be serious and may need treatment in hospital. Insulin is a chemical produced by the pancreas (that lies behind the stomach). It regulates the blood sugar (glucose) levels in the body. When someone has diabetes, their body cannot keep the blood sugar level within the normal range. Their level can be higher or lower than normal blood sugar.
There are two types of diabetes:

- Type 1, known as insulin dependent diabetes.
- Type 2, non-insulin dependent diabetes.

Hyperglycaemia
This is where the blood sugar level is higher than normal. It may be caused by a person with diabetes who has not had the correct dose of medication. They may have eaten too much sugary or starchy food or, they may be unwell with an infection.

Signs and symptoms - Look for:

- Warm, dry skin
- Rapid pulse and breathing
- Fruity, sweet breath
- Excessive thirst
- Drowsiness, leading them to become unresponsive if not treated (also known as a diabetic coma)
- Medical warning jewellery or medication.

What to do:

- If you suspect hyperglycaemia (high blood sugar), they need urgent treatment. Call 999 or 112 for emergency help and say that you suspect hyperglycaemia.
- They may be wearing a medical bracelet or medallion, or have a card on them which can alert you to their condition.
- While you wait for help to arrive, keep checking their breathing, pulse and whether they respond to you.
- If they become unresponsive at any point, open their airway, check their breathing and prepare to start CPR.

Hypoglycaemia
This is where the blood sugar level is lower than normal. It can be caused by an imbalance between the level of insulin and the level of glucose in the blood. Someone with diabetes may recognise the onset of a hypoglycaemic episode.

Signs and symptoms - Look for:

- Weakness, faintness or hunger
- Confusion and irrational behaviour
- Sweating with cold, clammy skin
- Rapid pulse
- Palpitations
- Trembling or shaking
- Deteriorating level of response
- Medical warning jewellery or medication.

What to do:

- If you suspect hypoglycaemia (low blood sugar), help the person to sit down. If they have their own glucose gel or glucose tablets, help them take it. If not, you need to give them something sugary, such as a 150ml glass of fruit juice or non-diet fizzy drink; three teaspoons of sugar or sugar lumps; or three sweets such as jelly babies.
- If they improve quickly, give them more of the sugary food or drink and let them rest. If they have their blood glucose testing kit with them, help them use it to check their blood sugar level. Stay with them until they feel completely better.
- If they do not improve quickly, look for any other reason why they could be unwell and call 999 or 112 for emergency help.
- Keep monitoring their breathing and level of response while waiting for help to arrive.
- If they are not fully alert, don't try to give them something to eat or drink as they may choke.
- If they become unresponsive at any point, open their airway, check their breathing and prepare to give CPR.

Seizures including Epilepsy

A seizure can also be known as a convulsion or fit. In young children, seizures are usually caused by a raised body temperature, often following an infection. This type of seizure, known as a febrile seizure, occurs because the brain is not mature enough to cope with the body's high temperature.

Signs and symptoms - Look for:

- Loss of or lack of a response
- Vigorous shaking, with clenched fists and an arched back
- Signs of a fever, with hot, flushed skin and sweating
- Twitching of the face
- Squinting, fixed or rolled back eyes
- Breath holding with a red face and neck
- Drooling at the mouth
- Vomiting
- Loss of bladder or bowel control.

What to do:

- Clear any objects away from around the child that could be dangerous. Then place pillows or soft padding, such as rolled up towels, around the child. This will help to protect them from injuring themselves while having the seizure.
- Do not restrain the child or move them unless they are in immediate danger.
- Do not put anything in their mouth.

- Try to cool the child down. Take off any bedding and clothes such as a t-shirt to help cool them. You might need to wait for the seizure to stop to do this. Make sure there is fresh air circulating but be careful not to overcool the child.
- When the seizure has stopped, place them in the recovery position to keep the airway open. Call 999 or 112 for emergency help.
- While you wait for help to arrive, reassure the child and parent. Monitor the child's level of response.

Anaphylaxis

Our aim is to ensure children with serious allergies are safe, to educate pupils, staff and parents and to raise awareness of anaphylaxis within the school environment. Cothill House will take every reasonable precaution to protect children from their allergens. Anaphylaxis is a severe reaction that can occur when exposed to a 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.

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.
- Piriton is effective if the reaction is localised and 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 or 112 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.

Please see Annex B for guidelines on how to use an Epipen.

Hygiene Procedures including Dealing with the Spillage of Body Fluids

Body fluids are a source of infectious micro-organisms (bacteria, viruses and fungi). The main risk is infection following hand to mouth/nose/eye contact. There is also a risk of infection via broken skin (cuts or scratches).

The school will follow guidance from the HSE on Cleaning Up Body Fluids
- Erect barriers and notices
- Provide dedicated cleaning equipment. Chlorine-releasing disinfectant is suitable, e.g. hypochlorite solution
- Provide closeable containers and bags, labelled 'Clinical waste'
- Provide buckets with disinfectant and long-handled brushes for personal decontamination at the exit point

Control procedures
- Ensure a good standard of general ventilation
- Scrape up residues into the closeable container, for safe disposal
- Bag up contaminated material that needs laundry or disposal, eg bedding, clothing
- Wash surfaces clean with detergent before disinfecting
- Heavily fouled soft furnishings may need bagging for disposal as clinical waste.

Personal protective equipment (PPE)
Respiratory protective equipment (RPE) is not needed.
Other protective equipment
- Provide eye protection – a full-face visor.
- Provide disposable coveralls with a hood.
- Provide a disposable plastic apron.
- Provide wellingtons or waterproof disposable overshoes.
- Provide waterproof, abrasion-resistant gloves, eg nitrile.
- Ensure that all cuts and abrasions are covered with a waterproof dressing before work begins.

Cleaning and housekeeping
Assume that everything that might be contacted by body fluids is contaminated.
- Clean and disinfect the area after the task.
- Change out of work clothing before exiting the area.
- Provide bags labelled 'Clinical waste – Biohazard' for all contaminated PPE.
- Disinfect or sterilise reusable work equipment.
- Ensure that waste from the cleaning of body fluids is disposed of safely according to local rules and regulations.
- Caution: If soiled, bag up work clothes for laundry as a separate load.

Personal decontamination and skin care
- Wash before eating or drinking, and after touching any surface or object that might be contaminated.
- Provide warm water, mild skin cleansers, nailbrushes, and soft paper, fabric towels or hot air for drying. Avoid abrasive cleansers.

Clinical Waste
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.

Documentation and Record-Keeping

The school will keep a record of any first aid treatment given by first aiders and appointed persons. This is done on iSAMS and will include:

- the date, time and place of incident
- the name (and class) of the injured or ill person
- details of the injury/illness and what first aid was given
- what happened to the person immediately afterwards (for example, went back to class, went to hospital, went to Sick Bay)
- name of the first aider or person dealing with the incident

This information can help the school identify accident trends and possible areas for improvement in the control of health and safety risks. It can also be used for reference in future first-aid needs assessments. Please note, in an emergency, the school will contact the child's parent/guardian/named contact as soon as possible. It is also best practice to report all serious or significant incidents to the parents.

Gillick Competency

In line with Lord Scarman's comments in his judgement 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 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.

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 are kept securely with restricted access. Nursing staff work in line with the Nursing and Midwifery Code of Professional Standards.

Staff taking Medicines

Staff must seek medical advice if they are taking medication which may affect their ability to care for children. Staff are responsible for their own medication must be securely stored at all times. The school cannot be held responsible for staff medication and supplies of non-prescription medication are not held for staff usage. Children must not be able to reach or touch any medication and all non-prescription medication, stored in handbags or other,

should be kept locked away and secure. All staff are contractually required to update their medical information should it change at any point during the academic year.

Annex A - List of staff with first aid training

The following staff have completed training in paediatric first aid, the treatment of sports injuries and the administration of medication:

April Bailey	*(School Nurse)*
Ruth Hogg	*(Head Matron)*
Adam Pearson	*(Head of Boarding)*
Elaine Harris	*(Senior Matron)*
Gill Smith	*(Senior Matron)*
Sergio Perello Vasquez	*(Assistant Houseparent)*
Trina Pearson	*(Houseparent)*

Training is updated every three years and there is always at least one qualified person on the school site when children are present.

A number of staff have completed The STA Level 2 Certificate as NaRS Pool Attendant. This qualification includes an element of first aid training in dealing with unconscious casualties and CPR. These qualifications are renewed every two years.

January 2022
Chris Ashton
Adam Ferry
Peter Hill
Alex Kidd
Zak Long

January 2023
Rory Griffiths
Adam Pearson
Billy Richards
Hugh Freese
Ralf Arneil
Tom Aubrey-Fletcher
Steve Johnson
Liz Sutton
Amelia Baker

Additional training and updates are led by the school nursing team and take place at least annually during INSET sessions and staff meetings. Records of the training completed and attendees are kept by the school nurse.

Annex B - Guidelines for using an Epipen

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 or 112, stating that the child is suffering from anaphylactic shock.
3. Sit the child upright, observe and reassure. If necessary a further Epipen may be administered.
4. If unconscious, lay child in the recovery position. Monitor closely and be prepared to resuscitate.
5. Used epipens need to accompany the child to hospital.

Storage

- Each child should have two epipens.
- 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**.

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 the 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 and take to hospital with child.
9. Record what has been given, when and by whom.

Annex C - 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.
- Recording prescribed medication, time and dosage.
- Use of controlled drug log.
- 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. 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.

- Ensuring that emergency and routine medical appointments for boarders are arranged as necessary with local services such as the doctor, optician, dentist and orthodontist. A school doctor visits twice a week and all boys are registered with a local practice.
- Organising vaccinations/immunisations in line with public health recommendations.
- Following procedures for the safe disposal of drugs and clinical waste.
- Checking first aid kits.
- Maintaining surgery stock, hygiene and tidiness.
- Medication audit – surgery stock and children's prescribed medication.
- 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.

Annex D - Storage and Administration of Medication

- All medicines including prescribed and non-prescribed medications must be stored in locked cupboards or fridges, with the exception of ventolin and epipens. All vitamins are also stored in the school surgery in a separate cupboard.
- 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 by someone who has the appropriate qualification and training to administer medication (see Annex A). The administration of vitamins is also overseen by the school nurse or by someone who has the appropriate qualification and training to administer medication (see Annex A).
- The school nurse is responsible for ensuring that out-of-date medication is disposed of safely.

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

Prescribed Medications

- Prescribed medications should be in-date, clearly labelled and in their original packaging. Administration, dosage and storage instructions should be provided in English and consent must be obtained from the parents for the medication to be administered.
- Any child who takes regular medication will have this recorded and medication will be administered by an appropriately trained member of staff.
- Prescribed medication, including controlled drugs, will only be administered to the child for whom it is prescribed.
- 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 at regular intervals as required.
- Parents and caregivers will be promptly informed by the school nurse if the school doctor or another healthcare professional prescribes any new medication for their child.
- There is a list of any boarders who self medicate, together with an appropriate risk assessment and control measures.

Non-Prescription Medication

- Written consent for the administration of non-prescription medications (e.g. pain relief) will be obtained from the parents when the pupil enrols at the school.
- Any child who requires non-prescription medication will have this recorded and medication will only be administered by an appropriately trained member of staff.
- Medication should never be administered without first checking the maximum dosage and when the last dose was taken.

Annex E - Access to Medical Services for Boarders

The school ensures that all boarders have access to a range of local medical services such as the GP, dentist, orthodontist or optician as necessary. Emergency and routine appointments are arranged by the school nurse or head matron, in consultation with the pupil's parent or guardian when necessary, and pupils are accompanied to appointments by either a member of school staff or their parent. Parents may also organise appointments themselves with medical services or request that the school nurse arrange an appointment. Permission to be absent from school for a medical appointment can be granted by the school office.

Boarding pupils are registered with the local GP surgery (The Abingdon Surgery, 65 Stert Street, Abingdon) and staff from the practice hold clinics at the school twice a week. A summary of recommendations from all appointments is shared with the parent or guardian, including details of any new prescriptions or follow-up care.

Appointments for pupils who may require an assessment for learning support needs e.g ADHD, dyslexia etc. can be arranged by the school through the learning support department or the school nurse. These appointments are organised with the consent of the pupil's parent or guardian.

Pupils also have access to local mental health services such as CAMHS and specialist counselling services if required, though the first point of call for mental health support is the school counsellor. Appointments with the school counsellor are arranged by the DSL or DDSLs, with the agreement of the pupil's parent or guardian.

Day pupils are not required to register with the school GP and medical appointments for day pupils are arranged by their parent or guardian though the school nurse will assist when appropriate.

Annex F - Medical accommodation

The school provides good quality accommodation in order to cater for the medical and therapy needs of pupils, including:

- Accommodation for the medical examination and treatment of pupils;
- Accommodation for the short-term care of sick and injured pupils, which includes separate toilet and washing facilities;
- Accommodation for the care of pupils who may be required to isolate or quarantine, which includes separate toilet and washing facilities;
- Where there are pupils with complex needs, additional medical accommodation is provided for these needs.

Pupils who are required to stay in medical accommodation so that they can be properly cared for or to protect other pupils (for example from contagious ailments) are supervised and looked after by the nursing and matron team.

COVID-19 Protocol

Updated September 2022

The main symptoms are:

A high temperature

A new, continuous cough

A loss or change to sense of smell or taste

Testing Protocol for Covid-19

The NHS and the DfE no longer require schools to participate in asymptomatic testing for pupils or staff. If a member of staff develops symptoms they are however encouraged to take a test in order to prevent passing on the virus to other members of the school community and the school can provide LFD devices if necessary. It is advised that pupils should not be tested for Covid-19 unless directed to do so by a healthcare professional.

Positive Covid-19 Case

Positive Covid-19 (Pupils)	Positive Covid-19 (Staff)
• The parents of the affected child should be informed. • The affected child will be looked after in a designated quarantine area for the duration of the isolation period (3 days). • Online learning provisions must be put in place so that the affected pupil can continue to access lessons if he is well enough to do so. • The pupil can return to normal activities after 3 days as long as he feels well and does not have a high temperature. • Close contacts of the affected pupil can continue to attend school as normal.	• Inform the school as soon as possible if a test has come back positive. • The affected member of staff should be encouraged to work from home if possible for the duration of the recommended isolation period (5 days). • The member of staff can return to work as normal after 5 days if they feel well and do not have a high temperature. • Close contacts of the affected member of staff can continue to attend work as normal.

The school will follow all advice provided by the NHS and the DfE for it's covid-19 protocols and will continue to encoourage pupils and staff to follow hygiene advice in order to control the spread of the infection. Hand sanitiser is availble around the school including in the dining room, classrooms and boarding house.

Concussion protocol

Head Injuries: Introduction
If a boy suffers a blow to the head and subsequently loses consciousness (for however short a period of time), appears dazed or confused or suffers any disturbance of vision, he should not resume any game or activity in which he might have been engaged and must be taken to the surgery as soon as possible, accompanied by someone who saw the incident and can give an account of it to the school nurse, or the Head Matron.

- Boys who receive a blow to the head and show symptoms of concussion should not be left unattended.
- Boys who receive a blow to the head and show symptoms of concussion must be assessed by a nurse or other healthcare professional.
- An ambulance will be summoned if necessary and details will be passed to the School doctor.

It is worth noting that a player does not need to be knocked out (or lose consciousness) to have a concussion.

Boys may experience a number of problems after a blow to the head, and if you notice any of the signs below, ***you must get him checked out immediately.*** A boy can be concussed ***without*** receiving a blow to the head, for example, in a heavy contact, like a rugby tackle, when his head is shaken.

Some signs and symptoms of concussion:
Loss of consciousness
Dizziness
Confused
Headache
'Don't feel right'
Glassy eyed
Disorientation
Feeling dazed or stunned
Difficulty in concentration
Pressure in head
Drowsiness
Not retaining information
Not behaving / playing as expected
Loss of memory
Emotionally labile
Feels slowed down
Feeling generally unwell
Blurred vision/visual disturbances
Sensitive to light
Poor coordination
Nausea and vomiting

Pupil must go to A & E immediately if he has any of the following symptoms:

Loss of consciousness, however brief
One pupil larger than the other or unusual eye movements
Cannot be awakened
Weakness, numbness or decreased coordination
Seizures
Increasing confusion, restlessness or agitation
Blood or clear fluid leaking from the nose or ear
Severe or worsening headache
Vomiting or slurred speech
Difficulty recognising people or places
Unusual breathing patterns

Current thinking is the majority (80-90%) of concussion symptoms resolve in around 7-10 days, with some estimates that around 1/3 the symptoms resolve within 1 - 2 days. Children can take longer to recover. There is now good evidence that during this recovery period the brain is more vulnerable to further injury, and if a player returns too early before they have fully recovered and have repeated concussions this may result in:

- Prolonged concussion symptoms
- Increased risk of developing Post-Concussion Syndrome (PCS) with symptoms lasting over 3 months
- Possible increased risk of long term health consequences
- Further concussive events before recovery in adolescents while very rare and poorly understood, can be fatal

Recovery
There is no specific treatment but there are things that can be done to avoid further injury and to aid recovery:

• Rest and moderating activity are key to making a full recovery from concussion. The RFU says that 'After a concussion the brain needs to rest, so initially the player should have complete rest from all physical and brain activities such as exercise, reading, television, computers, video games and smartphones.
• Sleep is good for recovery. There is however a balance needed and too much complete rest is thought to delay recovery, so returning to light activities of daily living as soon as the symptoms have started to reduce is advised. No more than 24hrs complete rest is all that is needed in most cases.
Once symptoms have resolved they can gradually re-introduce normal activities but during this time they should NOT return to sport or activities with a predictable risk of further head injury. *See details below.*

Prevention, Precautions & Control in Sport
Cothill aims to minimise the impact of concussions by minimising the risk factors involved in rugby and other organised sports in the following ways:

- Games staff are first aid trained
- Medical support is available at all home fixtures
- Ensure that fixtures and training is well matched to ensure safety

- Referring boys to doctors, nurses or other health professionals as necessary
- Liaising with other schools over the strength and size of players to avoid mismatches where possible
- Boys placed on ‘off games’ , ‘active off games’ , ‘no contact’ lists once assessed, and in consultation with parents if necessary
- Boys who receive a blow to the head will not be allowed to continue playing if they show any symptoms of concussion. *See above.*
- The School does have a stretcher available, however, further medical attention should always be sought when serious injury is suspected, and the casualty should not be moved without professional assistance if spinal injury is suspected.
- Parents will always be informed if a child has been taken to hospital as the result of an injury or accident.
- *The ‘Minibus, Travel and Matches’ Policy has further guidance.*

Matches away from Cothill
If an accident happens at another school or away from Cothill House, procedures similar to those outlined above must always be followed: an ambulance should, if necessary, be summoned, and full details of any accident should be reported to the school nurse, Head Matron and DMB as soon as is practicable.

Graduated Return to Play
There is a strict, RFU designed, graduated return to play scheme. This means that if a boy has suffered from concussion he will be assessed by a doctor and, in consultation with parents, will not return to training or playing (non contact) for a minimum of two weeks.

It must be stressed that two weeks is the minimum return to play times, and for boys who do not recover fully within these timelines, it will be longer. Full contact return to play is a minimum of 23 days.

The designated First Aid coordinator is Miss Sami Parsons (School Nurse)