



# **First Aid and Health Care Policy**

**September 2024**

# First Aid and Health Care Policy

This policy is written with the inclusion of the Early Years Foundation Stage and the following outcomes of Helping Children Achieve More:

- Be Healthy
- Stay Safe

## **The Role of Staff**

### **The School Doctor**

All boarders are registered with Woodcote and Goring Surgery.

Any boarder needing to see a doctor is taken to either Woodcote or Goring surgery. The medical partnership includes several female doctors; if a female boarder wishes to be seen by a woman this is easily arranged.

Any boarder requiring more urgent medical attention, including emergency dental or optical treatment, will be taken directly to the Accident and Emergency Department at a local hospital.

Parents will be informed of any medical treatment or appointments.

The Doctors at Woodcote and Goring Surgery carry out periodical inspections of the school's health care arrangements. They are also Independent Listeners who can be contacted by the children should they have any problem they wish to discuss.

### **The School Nurse**

The school also employs two registered nurses (Caroline Crowe) who are responsible for the provision of health care within the school, for example, organising the dispensary and sick bay arrangements, and dealing with any injuries that take place at the school.

The school nurses are the main point of contact for parents on medical matters.

The Nurses record every visit made to the medical room by pupils on the medical database, Isams. Each pupil has their own profile which contains all of their relevant information. There is a section for recording visits, a section for recording medication

given, a section for uploading relevant documents such as Hospital clinic letters and a function whereby the Nurse can email the pupils parents directly including the clinical notes and observations made during the visit.

Only the nurses and matrons have access to the Isams medical module.

It is also a very useful tool for auditing visits, spotting trends etc.

### **School Matrons**

Miss Lorraine Coombes is responsible for carrying out the domestic and hygiene arrangements within the boarding house, and for dealing with minor medical matters under the direct supervision of the school nurses. Although she is not medically trained, she is qualified to administer First Aid.

### **First Aid Training**

The two registered nurses undertake regular courses to maintain their professional qualification as active members of the nursing register, the NMC.

The Matron is expected to have attended at least a HSE approved three-day basic first aid course and to keep this qualification up-to-date by attending regular refresher courses.

It is an Early Years Foundation stage requirement that at least one person on the premises and at least one person on outings must have a paediatric first aid certificate. The OPS more than meets this requirement with virtually all pre-prep staff being in possession of an up-to-date paediatric first aid certificate. Pre-Prep staff up-date their qualifications on a regular basis.

At least one member of the grounds and maintenance staff will have an up-to-date HSE approved 'First Aid at Work' qualification.

Teaching staff are expected to have basic first aid knowledge. Regular HSE approved courses will be conducted for the whole staff, with an emphasis on sports injuries for those who take games and on the administration of adrenaline injectors and asthma inhalers.

Our sports coaches are enrolled on the 'Sports First Aid' course every 3 years run by an RFU/F.A approved trainer.

### **Ground Staff Safety**

First Aid and Health Care Policy

Updated: HM and School Nurse – September 2024

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The Grounds staff are a high risk group in terms of the activities they undertake daily. For this reason, the nursing staff stock large dressings and remain mindful of the high probability for the potential of injuries.

### **Location of First Aid Kits**

The medical room/dispensary is open throughout the school day and is usually the first port of call for First Aid to be administered. Additional First Aid kits are located in the following places:

- Swimming Pool
- Pavilion
- Kitchen
- All minibuses
- Pre prep
- The Barn
- Little Oaks Nursery building

### **First Aid and Games Coaches**

At home matches, a school nurse is always on-site if not on the touchline and can be contacted using a mobile phone. The nurse can usually be found at the pavilion as a centre point for all of the pitches.

A First Aid Bag should be available on the touchline at all times, including practices. First Aid Bags are available for all games staff. These bags are maintained by the school nurses and are issued to staff at the beginning of each term. Each member of staff is responsible for maintaining their bag and returning it to the school nurse for restocking as needed. Games coaches should always be aware of the contents of these bags and for what injury each of the contents may be used.

### **School trips**

As part of the risk assessment for each trip, the Nursing staff provide the trip leader with a list of all medical and dietary conditions for pupils attending the trip.

The number of first aid kits taken on the trip is dependent on the size of the group going.

If there are any pupils who require medication during the trip (including AAI's, Inhalers, antibiotics etc) the trip leader is responsible for carrying the medication in an orange medication bag. In the event that any medication is dispensed during the trip, the bag contains an OPS 'Medicines given at school' form for the teacher to document time given, dosage given and their initial and signature. This is then added to the pupil's Patient Tracker profile.

All minibuses have their own first aid and 'sick kit'.

## **Medical Information**

### **Day Pupils**

On admission to the school, parents of all pupils will be required to complete a medical information form annually, giving details of any relevant medical conditions, allergies and dietary needs the child may have. It is the parents' responsibility to inform school if any changes in their child/rens' medical information develop or occur during the year. Included on the form is a section for parents/guardian's to give consent for simple medications to be dispensed to their child at school, if needed.

The information contained on the medical and dietary form is added to SIMS to enable the Nursing staff to make and distribute the lists to catering staff and teachers in charge of trips with the live information on them.

If a child has a specific dietary need or food allergy, parents are asked for permission to use a head-and-shoulders photograph of their child. Copies are held both in the staff workroom and in the school kitchen, so that staff can familiarise themselves with each child and their needs as well as the school's SIMS system.

### **Boarders**

On admission to the school, parents of boarders are required to complete a more extensive medical form, giving a full medical history as well as current medical and dietary needs.

The School Nurses are helped enormously if the Medical and Dietary Information form and Boarder's Medical Record form are completed and sent back promptly. Changes in a child's medical needs that occur after the forms have been sent in should be forwarded to the school in writing.

All medical information about children, both day and boarding pupils, is held in the dispensary. If a child has a specific problem about which all members of staff should have knowledge (e.g. diabetes, asthma, serious allergies which may result in anaphylactic shock, etc.), that information is on the relevant boards in the Staff Workroom, Reception 1 Cloakroom, Kitchens and Isams.

As far as is possible all routine dental and eye care should be dealt with in the school holidays by the parents. This helps to avoid unnecessary interruption of school or lessons.

# **Administration of Medicines**

## **Introduction**

No child, whether a day or boarding pupil, may keep medication and administer it themselves other than diabetics, asthmatics and those with known allergies for which adrenalin has been prescribed (see separate Asthma, Diabetes and Adrenalin Injector policies.) Parents must inform the school in writing of any medicines to be brought or administered at school. Appropriate forms are available from the school nurses. For children in the Early Years Foundation Stage, medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Appropriate forms are available from the school office. Pupils requiring medication during the school day will have to attend dispensary where their medication will be kept at all times. Pre-Prep teachers do, on occasion, administer medication to children and keep a record on sheets provided by the nurse.

It is occasionally necessary for staff to administer medication on a school trip whether it be on a day outing or a longer trip involving overnight stays. All staff must be familiar, therefore, with the policy for the **Administration of Medication** (see below).

A member of the staff on the trip will take responsibility for the administration of any medicines, including Adrenaline Injectors if applicable (see Adrenaline Injector policy below). That member of staff will keep all medication, other than inhaler, insulin and adrenaline injectors where a child is deemed responsible to look after his/her own. Where a child is administering his/her own medication, for example, a child with diabetes, the member of staff responsible for medical matters must monitor the child closely.

Staff will be regularly updated on the use of adrenaline injectors and other such medical equipment.

## **Policy for the Administration of Medication**

**No medicines can be administered to a pupil without parental consent.**

**All medication required by members of staff must be kept in a locked drawer or cupboard. If the member of staff cannot lock the medication away, they must bring it to the medical room to be kept in the drug cupboard. This does not include inhalers.**

The general medical form filled out on a child's admission to the school offers a section for parental consent, in the case of simple medicines such as (this is not applicable to the Early Years Foundation Stage):

- Paracetamol
- Ibuprofen (with the exception of children with asthma)
- Cough and cold remedies
- Antihistamine (oral and topical)
- Ice to relieve swelling and pain of certain injuries
- Travel sickness tablets

Please note there is no need to send such medicines to school as we keep a supply of them in the dispensary. Staff administering these medicines must check the time of the last dose the child received; this is of particular relevance before 12.00pm (midday) as the child may have received a dose before coming to school.

In the Early Years Foundation Stage general medication can only be administered if **written** permission for that particular medicine has been obtained from the child's parents and/or carer.

### **Prescribed Medication**

***All prescribed medicines must be brought up to the dispensary on the pupil's arrival at school by the parent/guardian. They will be kept in a locked cupboard. No medicines should be carried on the pupils' person, with the exception of inhalers for asthmatics, adrenaline injectors and medication prescribed for diabetics.***

### **Administration of Short-term Medication**

For **short-term medicines** a form must be completed by the parent/guardian. These forms can be collected from the school office. The only exceptions are full boarders who have been prescribed medicine by the school doctor. Without a completed form the school cannot legally administer the medication.

- The medicine should be clearly labelled with the child's name.
- The medication must be in their original packaging with the dispensary label attached showing the child's name and instructions for administration.

- Prescription medicine must have the dispensing label attached, with the child's name, dose and frequency required, as well as storage instructions, clearly marked.
- Children need to be aware of when they should take their medicine. The school cannot be responsible for missed doses.
- A record of medicines given will be kept on the consent form signed by the parent/guardian. Once the course of medication is complete the form will be kept in the pupil's personal file.

### **Administration of Controlled Drugs**

When a child is prescribed a controlled drug, such as Ritalin, a form must be completed by the parent/guardian. This will be valid for one term only. In addition, a covering letter from the prescribing doctor is required. Any change in the dose/frequency of medication must be given in writing.

- The medicine should be clearly labelled with the child's name.
- The medicine is in the original container with the dispensing label attached.
- The medicine is kept in a locked cupboard, to which the school nurse and matrons hold the only keys.
- An on going written record of the number and balance of tablets is kept for audit and safety purposes.
- If no longer required the drug will be returned to the parent for safe disposal.



## **Minor Medical Procedures**

- The Medical Centre is open to all pupils during the course of the school day.
- In the event of the School Nurse or one of the Matrons not being in the Medical Centre, she can be contacted either by ringing the bell or locating her whereabouts from the information board on the Sanatorium door.
- If a child needs to come up to the Medical Centre during lesson time they must seek the permission of their teacher.
- During break time a child is free to come up as needed.
- When a child visits the Medical Centre they are assessed by the School Nurse or Matron on duty.
- All visits are documented on the medical database, Patient Tracker.
- Parents will not necessarily be informed of all minor visits their child makes to the Medical Centre.
- They will be informed by email, phone or letter:
  - ★ if their child is given any medication (with details of the dose and time)
  - ★ if their child receives a bump to the head.
  - ★ if, in the opinion of the school medical staff, the treatment received at school needs to be followed up with a visit to the doctor
  - ★ if the school medical staff have any other concerns

### **Boarders**

If a boarder is taken ill during the school day, the pupil must report to the dispensary where the matron/nurse on duty will assess the child. If the child recovers within the hour, he or she should be sent back to school. If, however, the child has a temperature and/or continues to feel ill, he or she will remain in the sick bay. The school nurse or matron on duty makes regular checks on any child in the sick bay. Parents are informed if their child is in the sick bay and, if the illness is serious or likely to be prolonged, the school may suggest that the child is collected by their parent or guardian and taken home if possible.

### **Overnight care of the sick boarder**

Boarders who are ill overnight will sleep in the san. The matron on duty is responsible for monitoring the child overnight. If necessary, she will stay with the child overnight; if not, the child will be able to contact her if needed by waking a Gap student who will get her.

### **Day Pupils**

If a day pupil is taken ill during the school day, the pupil must report to the dispensary where the matron/nurse on duty will assess the child. If the child recovers within the hour, he/she should be sent back to school. Contact will be made informing parents and/or carer of the child's complaint.

If, however, the child has a temperature and/or continues to feel ill, the parents should be called and the child taken home.

### **PROCEDURE FOR A MEDICAL EMERGENCY**

- The member of staff first to the scene will stay with the child
- The surrounding area will be cleared of children and checked for safety
- An appropriately qualified first-aider will assess the situation. In the first incidence this will be the school nurse. On s Sunday or after 6pm when she is not on duty, a list of qualified first-aiders, including those with a paediatric first aid certificate, is kept at the office along with the nurse's off-duty contact details.
- The emergency services are to be called if needed.
- The Headmaster or a senior member of staff is to be informed of the situation.
- Parents of the child are to be contacted.
- Medical information concerning the child is to be collected from the dispensary.
- If the emergency services arrive before the child's parents, a member of staff will escort the child to hospital.
- An accurate record of events is to be kept and should accompany the child to hospital.
- Details of any reportable accident must be passed to the Headmaster, who will report to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Details of which accidents are reportable are contained in the HSE Information Sheet (Education Information Sheet No1): Incident-reporting in schools (accidents, diseases and dangerous occurrences).

## **RIDDOR REPORTING.**

Riddor (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) is a legal regulation set out by the HSE for the reporting of certain accidents or injuries sustained by pupils, staff, visitors or members of the public.

The list of reportable injuries differs for schools due to the nature of sporting and playground activities.

The purpose of reporting certain accidents to the HSE is to ensure that dangerous occurrences are reported and, in the case of any shortcomings, any necessary changes made. For example, a slip or fall due to an over polished floor etc.

<http://www.hse.gov.uk/pubns/edis1.pdf>

In the event of a RIDDOR reportable incident, Oratory Prep School staff would contact Gavin Leatherbarrow at PIB Risk Management who would assist in contacting the HSE.

## **POLICIES FOR THE MANAGEMENT OF:**

- 1 Children with Asthma
- 2 Children with Diabetes
- 3 Children with Diarrhoea and Vomiting
- 4 Children with Adrenaline Injectors
- 5 Children with Flu-like Symptoms
- 6 Children with a Head Injury
- 7 Children with Head Lice
- 8 Children with Impetigo
- 9 Guidelines for Dealing Hygienically and Safely with Spillages of Bodily Fluids

### **1. Children with Asthma**

Children with known asthma will be identified to all staff by the School Nurse.

A list of these children is to be kept and updated as necessary by the School Nurse. This is displayed in the staff work room and is accessible on RMStaff in the medical folder. Members of staff are responsible for being aware of which pupils are asthmatic. This is of particular importance in games sessions and school trips.

Pupils with asthma are to be encouraged to keep their inhalers with them at all times. These should be clearly labelled with their name.

For younger children who are not able to take responsibility for their own inhaler, it should be kept by their class teacher in easily accessible and identified place.

Pupils with asthma are allowed access to their inhalers at all times.

During a games lesson or fixture, the pupil should take the inhaler with them and give it to the member of staff in charge of them for the duration of the lesson or fixture.

Parents are responsible for supplying the school with the necessary inhalers and replacing them when expired.

Parents will be informed if their child is using their inhaler more than usual.

As of 1<sup>st</sup> October 2014 Human Medicine Regulations allows the school to hold salbutamol inhalers for use in emergencies

Our emergency inhaler and spacer are kept in the medical room. These are for use by the Nurses if a pupil's own inhaler is unavailable.

First Aid and Health Care Policy

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**The emergency salbutamol inhaler should only be used in children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or have been prescribed an inhaler as reliever medication.**

#### **IN THE EVENT OF AN ASTHMA ATTACK**

- Keep calm and reassure the pupil
- Never leave the pupil having the attack
- Encourage the pupil to sit upright and breathe slow deep breaths.
- Make sure the pupil takes two puffs of their inhaler.
- If the pupil does not have their inhaler, send someone else to get their spare one. Continue to make sure the pupil takes one puff of the inhaler every minute for five minutes until their symptoms improve.
- If there is no improvement after 5-10 minutes OR if the pupil is too breathless to talk OR if the pupil's lips are blue OR if you are in any doubt:
  - ★ **Call 999**
  - ★ **Contact the pupil's parents.**
  - ★ **Stay with the pupil until the ambulance arrives.**
  - ★ **Ensure the pupil takes one puff of their inhaler every minute until the ambulance arrives.**
  - ★ **Reliever medication is very safe. Do not worry about a child overdosing**
  - ★ **If the ambulance arrives before the pupil's parents, a member of staff must accompany the child to hospital.**

## **2. Children with Diabetes**

Parents/guardians are responsible for informing the school if their child is diabetic and keeping them updated if there are any changes to their medication or management plan.

Staff and kitchens will be informed and the child's name and condition will be recorded on the 'Pupils with Medical Issues' list. In addition, with parental consent, an A4 poster with a photo of the child, will be displayed in the kitchen.

A meeting will be set up with the parents, child, School Nurse and relevant staff and, ideally, the child's diabetes specialist nurse. A personal management plan of the child's diabetes will be made. This will include:

- How often and when they require insulin
- How often and when they need to test their blood sugar

- Who will be responsible for carrying out the above
- Emergency action plan

All staff need to be aware of signs, symptoms and possible complications of diabetes, hypo- **and** hyperglycaemia (see Diabetes Appendix 1).

Training sessions will be set up and organised for staff when a new diabetic child starts the school or when a current pupil is diagnosed. These will be revised annually as a minimum standard, more frequently if required.

As far as possible the child should be encouraged and supported in taking as much responsibility for their diabetes.

Diabetic children are permitted to carry their medication with them.

Diabetic children are the only children in school who are permitted to carry or have close to hand a 'snack' or other such foods.

The diabetic child should not be discriminated against in anyway. If the diabetes is well-managed there is no reason why the child should not partake in all school activities (see Diabetes Appendix 2).

### **Day Trips**

**Day trips** should be managed in the same way as the school day. They should not be seen as a problem.

### **Trips That Involve a Night or More Away:**

- Assess how confident the child is in managing their own injections and blood sugar monitoring.
- Staff in charge of the trip should be competent and trained to deal with the child's condition.
- A copy of the child's management plan should be taken on the trip.
- Details of the nearest hospital or A & E department should be known.

### **Trips Overseas:**

In addition to the above, Diabetes UK ([www.diabetes.org.uk](http://www.diabetes.org.uk)) publishes country guides. The relevant guide should be taken for reference.

# **DIABETES APPENDIX 1**

## **HYPOGLYCAEMIA**

### **What causes a hypo?**

- Too much insulin
- A delayed meal or missed snack
- Not enough food, especially carbohydrate
- Unplanned or strenuous exercise
- Certain illnesses, such as fever
- Sometimes there is no obvious reason

### **Watch out for:**

- Hunger
- Trembling or shakiness
- Sweating
- Anxiety or irritability
- Fast pulse
- Tingling
- Glazed eyes
- Pallor
- Mood change, especially angry or aggressive behaviour
- Lack of concentration
- Vagueness
- Drowsiness

### **What to do:**

Immediately give something sugary, a quick acting carbohydrate such as the following:

- ★ A glass of Lucozade, coke or other non-diet drink
- ★ Three or more glucose tablets
- ★ A glass of fruit juice
- ★ Five sweets, e.g. jelly babies
- ★ GlucoGel
- Refer to the child's individual management plan for advice, as the exact amount will vary from person to person.
- A long acting carbohydrate will be needed 5 minutes afterwards, to prevent the blood glucose dropping again. Examples are:
  - ★ Wholemeal bread/sandwich
  - ★ Portion of fruit
  - ★ Dried fruit, individual mini-pack
  - ★ Cereal bar

- ★ Two digestive biscuits, or similar
- ★ Or a meal, if it is due
- If the child still feels hypo after 15 minutes, something sugary should be given again. When the child has recovered, give them starchy food as above.
- If the child is unconscious call **999** and contact the parents.

## **HYPERGYLCAEMIA**

If the pupils blood sugar level is high (over 10mmol/l) and stays high.

### **Common symptoms:**

- Thirst
- Frequent urination
- Tiredness
- Dry skin
- Nausea
- Blurred vision

### **What to do:**

- Call the pupil's parents, who may request that extra insulin be given.
- The pupil may feel confident to give themselves more if they normally self inject.
- If the following symptoms are present, then call the emergency services (999):
- ★ Deep rapid breathing (over breathing)
- ★ Vomiting
- ★ Breath smelling of pear drops

## **DIABETES APPENDIX 2**

### **Exercise and Physical Activity**

Exercise and physical activity is good for everyone, including pupils with diabetes. The majority of pupils with diabetes should be able to enjoy all kinds of physical activity. It should not stop them from being active or being selected to represent school or other sporting teams.



However, all pupils with diabetes do need to prepare more carefully for all forms of physical activity than those without the condition, as all types of activity use up glucose.

**Tips for supervising pupils with Type 1 diabetes during exercise:**

- If the blood glucose level is 14 mmols/l, or above the pupil should **not** take part in physical activity.

**Before an activity:**

- Ensure the pupil has time to check their glucose levels.
- If the test shows a blood glucose level of 14 mmol/l or above, a urine or blood test for ketones (the by-product of the body burning fat for energy) should be performed.
- Even if ketones are not present and their blood glucose level is 14 mmol/l, there may still not be enough insulin for the muscles to be able to create the energy needed to exercise. Blood glucose levels will rise as a response to the activity and the body will not be able to provide the muscles with energy.
- Ensure the pupil waits until their insulin has taken effect and their blood glucose levels have come down, before taking part in physical activity.
- Inform the pupil how energetic the activity will be and ask if they have food to eat beforehand.
- Check that a pupil with diabetes has eaten enough before starting an activity, to prevent their blood glucose dropping too low and causing a hypo.
- Some pupils with diabetes may also need to eat or drink something during and/or after strenuous and prolonged exercise to prevent their blood glucose level dropping too low and causing a hypo.

While it is important that teachers keep an eye on pupils with diabetes they should not be singled out for special attention. This could make them feel different and may lead to embarrassment. If a pupil with diabetes does not feel confident participating in physical activity, teachers should speak to the pupil's parents to find out more about the pupil's situation. The majority of pupils should be able to take part in any sport, exercise or physical activity they enjoy, as long as they are enabled to manage their diabetes.

**During an activity**

It is important that the person conducting the activity is aware that there should be glucose tablets or a sugary drink nearby in case the pupil's blood glucose level drops too low. If the activity will last for an hour or more the pupil may need to test their blood glucose levels during activity and act accordingly.

If a hypo occurs while a pupil is taking part in an activity, depending on the type of activity, the pupil should be able to continue once they have recovered. A pupil's recovery time is influenced by a number of factors, including how strenuous the activity is and how much the pupil has eaten recently. The pupil should check their blood glucose after 10-15 minutes and take further action if necessary. If their blood glucose is still low, repeat immediate treatment. If above 4 mmol/l the pupil should eat a longer-acting starchy food.

### **After an activity**

Pupils with diabetes may need to eat some starchy food, such as a sandwich or a bread roll, but this will depend on the timing of the activity, the level of exercise taken and whether a meal is due.

### **Pupils who use an insulin pump**

Pumps need to be disconnected if taking part in contact sports and, although some may be waterproof, pupils may prefer to disconnect when swimming. Pumps cannot be disconnected for long periods of time because the pump uses rapid-acting insulin. Generally, the rule is that they should not be disconnected for more than an hour. While the pump is disconnected, no more insulin will enter the body and the blood glucose level will gradually begin to rise. To ensure insulin levels are correct after exercise, check that the pupil remembers to reconnect their pump as soon as the activity is over and tests their blood glucose levels. In the case of extended activity it is important to check how the pupil manages their glucose levels.

## **3. Children with Diarrhoea and Vomiting**

### **Day Pupils**

Any child who vomits or is complaining of diarrhoea should be sent to the Sanatorium for assessment.

- In the case of vomiting, a history from the child should be taken. If it is obvious that the vomit is from overeating, strenuous exercise or gagging from food dislike and the child feels otherwise well, they may go back to class once they have been cleaned up and feel able.
- When the vomiting or diarrhoea is unexplained and/or the child feels unwell, they should be made comfortable and placed in isolation in the Sanatorium.
- Their temperature should be checked and recorded.

- If the child has a temperature, there is parental consent, and the child feels well enough to tolerate it, paracetamol may be administered (dose as dictated by manufacturer).
- Their parent/guardian should be contacted to make arrangements to send the child home.
- The child is to be cared for in the Sanatorium until he or she can be collected.
- A sign will be placed on the Sanatorium door alerting all others it is an area of isolation. No one should enter unless authorised.
- All authorised persons must use hand rub placed by door before entering and on exit from the room.
- Clear fluids are to be encouraged as tolerated, preferably small amounts frequently. A jug of water and disposable cup will be provided for this.
- A separate toilet will be designated for use by the sick child. This will be clearly labelled for others to see. There will be hand rub available for use.
- Once discharged to their parent/guardian, the Sanatorium will be cleaned; the bed stripped and all hard surfaces, including taps and door handles, cleaned with a regular disinfectant.
- Parents/guardians are advised that their child should not return to school until at least 48 hours after the last episode of diarrhoea or vomiting. This is in accordance with the governments NICE guidelines.

## **Boarders**

Care as for day pupils

- When it is not possible to send a child home, such as with international boarders, the sick child will need to remain in the Sanatorium and nursed in isolation until they are symptom free for 48 hours.
- They will be assessed and monitored on a regular basis. If the diarrhoea continues for more than 5 days, vomiting for 2 days or it is felt that the child needs to be seen by a doctor because their condition is worsening, Dr Capo-Bianco will be contacted for advice.

- Once the child is discharged as well, the Sanatorium will be cleaned, the bed stripped and all hard surfaces, including taps and door handles, cleaned with a regular disinfectant.

#### **4. Children with Adrenaline Injectors**

All staff attend Adrenaline Injector training/update sessions on a yearly basis. A record is kept of those staff who attend the sessions.

A record of all children known to have an Adrenaline Injector (as well as any known allergen) is kept at Reception, in the dispensary and on shared staff computer records (in medical issues folder).

It is the parents' responsibility to inform the school, in writing, if their child needs to carry an Adrenaline Injector and to give details both of any known allergen and of reactions. They will also need to sign the consent for administration of the Adrenaline Injector and complete an Individual Management Plan and supply their child or the school (see below) with two up-to-date Adrenaline Injectors.

All children react differently to their allergens. However, initial symptoms may include itchiness, tingling on hands and face, stomach cramps, vomiting, or blotchy skin or rash. If more severe symptoms develop, such as wheezing, swelling face and throat, difficulty in breathing or swallowing or feeling faint, the following emergency procedure should be followed.

##### **Adult 1:**

- Stay with child.
- Send another adult to call for ambulance.
- If the child is showing signs of difficulty in breathing, keep them supported and in a sitting position.
- If the child is showing signs of vomiting, feeling faint, or loss of consciousness, place child in recovery position.
- Give Adrenaline Injector injection, making note of time.
- If there is no improvement or symptoms are getting worse, a second injection, if available, may be administered after 5-10 minutes.

##### **Adult 2:**

- Call for ambulance **999 or 112**

### Children in Pre-Prep

- The Head of Pre-Prep and School Nurse are responsible for informing Pre-Prep staff of any child who has an Adrenaline Injector.
- The child's class teacher will have responsibility for the Adrenaline Injector. It should be kept in an easily accessible place, known to all other members of staff.
- It is the responsibility of the class teacher to ensure that the Adrenaline Injector accompanies the child on all school trips and is carried by a staff member responsible for the child that day.
- It is the parents' responsibility to ensure that the Adrenaline Injectors kept at school are in-date and replaced as needed.

### Children in Years 3 and 4

- The child's class teacher will have responsibility for one Adrenaline Injector. It should be kept in an easily accessible place, known to all other members of staff.
- The second pen is kept at Reception which is accessible at all times.
- It is the responsibility of the class teacher to ensure that the Adrenaline Injector accompanies the child on all school trips. Where children are considered sufficiently responsible they should carry their Adrenaline Injector on their person in a 'bum-bag' or equivalent. Where away matches are concerned, the teacher responsible for the child will take responsibility of the pen during the match.
- **For Saturday matches and any trips where the child comes directly from home, it will be the responsibility of the parent/guardian to make sure that the child has their Adrenaline Injector for the match/trip.**
- It is the parents' responsibility to ensure that the Adrenaline Injectors kept at school are in-date and replaced as needed.

### Children in Years 5 to 8

- Children in these year groups should be encouraged to carry their own Adrenaline Injector at all times, in a 'bum-bag' or equivalent.
- On trips away from school the teacher in charge of the trip should be aware of the any children with an Adrenaline Injector and check that they take it with them. **On trips where a child comes directly from home, the parent is responsible for ensuring the child comes with their Adrenaline Injector.**
- The second pen is kept at Reception which is accessible at all times.

- It is the parents' responsibility to ensure that the Adrenaline Injectors kept at school are in-date and replaced as needed.

## **5. Children with Flu-like Symptoms**

### **Day Pupils**

Any child complaining of flu like symptoms should be sent to the Sanatorium for assessment, and their temperature taken.

- If their temperature is over 38 degrees centigrade and/or they have two or more of the flu symptoms, their parent/guardian should be contacted to make arrangements to take the child home.
- Provided there is parental consent, the child should be given paracetamol (dose as directed by manufacturer).
- Until they are collected, the child is to be cared for in the Sanatorium, away from other pupils and staff.
- A sign will be placed on the Sanatorium door alerting all others it is an area of isolation. No one should enter unless authorised.
- All authorised persons must use anti-bacterial hand-rub placed by door before entering and on exit from the room.
- All food and drink is to be taken in the Sanatorium. A jug of water, disposable cups, tissues and a bin are to be provided in the Sanatorium.
- A separate toilet will be designated for use by the 'sick' children. This will be clearly labelled to alert all others. This will have anti-bacterial hand-rub available for use.
- The parent/guardian should be advised to contact the National Pandemic Flu Service or their GP for further advice.
- Once the child has been discharged to their parent/guardian, the Sanatorium will be cleaned, the bed stripped, and all hard surfaces, including taps and door handles, cleaned with a regular disinfectant.

## Boarders

Care as for day pupils.

- When it is not possible to send a child home (for example, in the case of international boarders), the sick child will need to remain in the Sanatorium and nursed in isolation until they are symptom-free for 48 hours.
- They will be assessed and monitored on a regular basis, with their temperature taken every four hours.
- Whilst they have a temperature, paracetamol is to be given every four hours.
- When more than one child is unwell with 'flu' symptoms, arrangements for a separate isolation room to accommodate them will be made.
- Once the child/ren are discharged from the Sanatorium or any other isolation room, the room will be cleaned, the bed stripped, and all hard surfaces, including taps and door handles, cleaned with a regular disinfectant.

## 6. Children with a Head Injury

A child presenting with a head injury must be fully assessed to rule out neurological involvement. The Nurse on duty will examine the pupil using the Glasgow Coma Scale and documenting their score, out of 15, on Patient Tracker.

- First establish if the child lost consciousness as a result of the head injury and, if so for how long.
- **ANY INJURY THAT RESULTS IN LOSS OF CONSCIOUSNESS NEEDS TO BE FOLLOWED UP BY A DOCTOR AS SOON AS POSSIBLE. CALL 999**
- If a child is unconscious at the time of assessment, ensure the airway is clear. Do not move the child to the recovery position unless you are certain that there is no spinal or neck involvement.
- Follow **PROCEDURE FOR A MEDICAL EMERGENCY**.
- If the child is conscious, check that he or she is orientated in time and place by asking some simple questions such as their name, date, where they are and to give an account of the injury.

If the child presents with retrograde amnesia they should be referred to hospital.

- The injury site needs to be examined. If skin is broken and/or bleeding, it should be cleaned and checked for any foreign bodies and treated as necessary. Swelling should be iced for 5-10 minutes.
- Check the child has no other injuries elsewhere.
- If the child shows no other symptoms and the discomfort from the injury site subsides within a few moments they can return to school once.
  - ★ The child's parents/guardian will be informed of the incident as well as being sent a 'Head Injury' letter. Usually via e-mail.
  - ★ The child will be advised to come back to the Medical room if they feel unwell in any way.
  - ★ The pupil's teacher/s are aware of the injury so that they can observe for any changes in their condition.
- The assessor should also take into account the activities of the child's day. It may be necessary to sign them off games and/or certain activities.

### **Concussion Symptoms.**

Concussion is a temporary injury to the brain caused by a bump, blow or jolt to the head. Signs and symptoms usually appear within a few minutes but can take a few days to become obvious.

Symptoms include:

- Headache
- Dizziness
- Nausea and or vomiting
- Memory loss
- Clumsiness or balance problems
- Sudden mood swings
- Visual disturbances
- Loss of consciousness/ struggling to stay awake
- Dazed stunned and/or confused



**Assessing for concussion.**

It is important to only ask questions that you know the answer to. Concussion can be subtle and difficult to spot.

A School Nurse is on sight for all matches and will use the Glasgow coma scale to determine if the pupil is concussed.

Following a diagnosis of concussion, OPS follow the RFU guidelines on graduated return to play.

**Graduated Return to Play (RFU 2016)**

STAGE	DURATION	REHABILITATION STAGE
1	14 days	Complete rest-no physical activity and no online gaming
		<b>CLEARANCE BY SCHOOL NURSE OR G.P</b>
2	2 days	P.E lessons-light exercise
3	2 days	P.E lessons including running
4	2 days	P.E lessons/Games including drills
		<b>CLEARANCE BY SCHOOL NURSE OR G.P</b>
5	2 days	Full contact practice
6		Return to play

## **7. Children with Head Lice**

**It is the parents' or guardians' responsibility to ensure that their children are free from head lice.**

- Children should not be excluded from school if head lice infection is suspected or confirmed.
- Routine head inspection will not be carried out by the School Nurse or Matrons for day pupils
- The School Nurse is available to provide an education programme within the school environment.
- Any reported cases of head lice will be noted in the weekly newsletter at the discretion of the School Nurse. This is done as a way of reminding parents to check their own children and as a prompt to reinforce the importance of regular checking regardless of obvious signs of infection.

### **Boarders**

**It is the Matrons' responsibility to ensure that full boarders are free from head lice.**

- Routine head inspection and treatment as necessary will be carried out by Matrons for full boarders only.
- Routine checking is done on a monthly basis by wet combing
- In the event of a boarder being found to be infected, a treatment will be used in accordance with manufacture's instructions. This will include the need to recheck the child for lice after a given period, usually 7 days after the treatment.
- If there are still found to be lice present, a second treatment will be needed and the whole process repeated until the child is found to be lice free.
- The School Nurse is responsible for ensuring that an adequate stock of a recognised head lice treatment is available at all times.
- Boarders should not be sent home with a known case of head lice, without alerting their parents or guardian. Advice and encouragement on how to get rid of the lice should be offered and pupils should receive a follow-up check on their return to school.

## **8. Children with Impetigo**

- If a child has a suspected case of impetigo, it is necessary to remove him or her from the school environment as soon as is possible.
- An appointment with a doctor will be necessary so that suitable antibiotics can be prescribed, these being topical or oral, depending of the severity of the case.
- The child will need to stay off school for a minimum of 48 hours after the commencement of antibiotics. In severe cases, or instances where infected areas being very exposed (for example the hand), this period may be extended. The child's doctor will give advice.
- Swimming, showering and contact sports will not be allowed until affected skin has healed and is dry.

### **Additional Rules for the Boarding House**

- Strict hygiene is to be observed, with no sharing of towels, flannels or bedding, which should be washed regularly and at a high temperature.
- Children infected should have a daily shower, washing infected areas with a mild soap. This will need to be at the end of the showering session, after all the other boarders. Baths are to be avoided.
- Exposed infected areas should be covered with a loose dressing.
- Tissues and dressing of the infected child should be disposed of immediately in the bin.
- Other boarders with a particular susceptibility, such as eczema and diabetes, should be particularly vigilant when treating any areas of broken skin as well as concerning personal hygiene.

## 9. Guidelines for Dealing Hygienically and Safely with Spillages of Body Fluids

Spillages of body fluids pose a potential health risk and must be cleaned up immediately.

The School Nurse or a matron will deal with the spillage if they are available. However, all members of staff (apart from those involved in the preparation of food) must be ready to observe the following guidelines if required to do so.

Body Fluid Spillage kits, which are clearly labelled, are kept in the Staff Workroom and Pre-Prep Department and contain everything that is necessary.

### **METHOD**

- Wear disposable gloves and apron.
- Cover body fluid with Emergency Spillage Compound and leave for at least one-and-a-half minutes.
- Using scoop and scraper, remove solidified spillage and place in yellow bag.
- Cover area of spillage with disinfectant solution and clean with paper towels.
- Place used towels, gloves and apron in yellow bag. Secure and double-bag (inside another yellow bag) and dispose of directly in the main bin area (in the car park).

### **Clothing Soiled by Vomit or Faeces**

- Do not manually rinse or soak.
- Flush away any solid material (vomit or faeces) in the toilet, carefully avoiding any splashing.
- **For day pupil:** place soiled items in a sealed waterproof bag for collection by parents.
- **For boarder:** machine wash soiled items using pre-wash cycle followed by hot wash.
- Wash hands with liquid soap and dry with paper towels

### **Clothing Stained by Blood**

- Change clothes (immediately if possible).
- Do not manually rinse or soak.
- **For day pupil:** place soiled items in a sealed waterproof bag for collection by parents.
- **For boarder:** machine wash stained items using pre-wash cycle followed by hot wash.

### **FINALLY**

Wash hands with soap and dry thoroughly.

Alert Domestic Services Manager to organise steam cleaning of any soft furnishings or carpets.



**THE ORATORY**  
PREPARATORY SCHOOL

## **MEDICAL EXCLUSION PERIOD.**

<b>Disease/illness</b>	<b>Minimum exclusion period</b>
Temperature	The child must be off for 24 hours after the temperature returns to normal.
Vomiting	The child must be off for 48 hours after the last vomit (whatever the reason)
Diarrhoea	The child must be off for 48 hours after the last episode of diarrhoea
Chicken Pox	Until all the spots have crusted over

First Aid and Health Care Policy

Updated: HM and School Nurse – September 2024

To be reviewed: HM and School Nurse – September 2025

Conjunctivitis	None-see Pharmacist
Measles	4 days from onset of rash as symptoms allow
Scarlett Fever	24 hours after starting antibiotics. 2-3 weeks without antibiotics
Slapped Cheek	None once the rash has developed but parents must inform the school
Whooping Cough	48 hours after starting antibiotics or until 3 weeks after cough started (whichever comes first)
Impetigo	Until the sores have crusted over or 48 hours after starting antibiotics
Hand, Foot & Mouth	None (Local HPT to be contacted if large numbers are infected)
Cold sores and Athlete's Foot	None. Encourage child not to touch the area, share cups, towels etc.
Head Lice	None. Over the counter treatment recommended
Threadworms	None. Speak to pharmacist for over the counter treatment.