



Cothill House Policy Documents

ISSR 13a, b, d & 24 First Aid

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

NMS for Boarding: 3.1, 3.2, 3.3, 3.4, 3.5, 8.4

Date: January 2019
Next review: summer 2019

Health Care Policy Statement

All pupils will receive prompt, evidence-based care from an appropriately-qualified practitioner, respecting privacy and dignity at all times. Cothill provides 24 hour care of pupils during term-time.

All pupils have a medical form completed prior to admission to Cothill. This contains information regarding consents, past medical history, allergies, immunisations and health insurance preferences. Any relevant information from this form is disseminated to both teaching and ancillary Staff.

Pupils can go upstairs to Surgery at any time of the day or night, either by self-referral or Staff referral. Boys may report to surgery at any time, but unless there is a medical emergency, are encouraged to attend either immediately before or after breakfast, at lunch time, or when they come upstairs to bed. Following assessment by the School nurses or senior matron, a pupil will either be returned to lessons, permitted to rest while being kept under observation, admitted to Sick Bay or transferred to hospital by a matron or ambulance, if deemed necessary. Parents are informed immediately of any serious conditions by a senior matron or Houseparent.

First Aid Policy Statement

Cothill House School has a duty to provide adequate, timely, competent and appropriate first aid cover to pupils, Staff and visitors. The procedures are in place to meet that responsibility are clearly stated within this policy.

Aims

- To ensure the physical and mental health and emotional wellbeing of all children.
- To identify the First Aid needs of the School, both on the premises and for off-site activities, in accordance with the requirements of the Health and Safety Executive.
- To ensure that First Aid cover is available at all times while people are on school premises.

Objectives

- To appoint the appropriate number of suitably trained people as First Aiders to meet the needs of the School.
- To provide relevant training and to monitor the training needs of Staff, as an ongoing process.
- To provide and maintain sufficient and appropriate resources and facilities,

including a specific room for First Aid treatment.

- To keep Staff and parents informed of the First Aid arrangements in place.
- To keep accident records and to report relevant information to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

First Aid Policy

In the case of first aid emergency Staff must adhere to the following procedure:

- Contact the office who will immediately summon the school nurses or a Senior Matron.
- Depending on the injury, the School Nurses, Senior Matron, Headmaster or Maria Bailey will send /accompany a pupil to Kennington Health Centre (KHC), the Minor Injuries Unit at Abingdon (MIU) or the John Radcliffe (JR), Oxford.
- The School Nurses or Senior Matron ensures the appropriate first aid is given, e.g. a sling to a suspected broken arm.
- School Nurses, Senior Matron, Headmaster or his representative to decide if an ambulance is required.
- Senior Matron or Maria Bailey shall accompany pupil to KHC, Botley Medical Centre, MIU or JR.

Staff Providing First Aid Cover

Two Senior Matrons are in residence throughout the week to provide First Aid. In addition, the school also has registered general nurses on site every weekday. They are also responsible for providing First Aid for all children, Staff and visitors as well as for dealing with any sick children, arranging travel inoculations, flu vaccinations and contacting parents. In her absence the resident Head Matron deals with this.

One or other of our paramedics- Suzanne Sticzley or Steve Ambler - are on site to cover school matches on Wednesdays and Saturdays.

If an accident/injury happens away from Cothill, i.e. at an away match or school trip, then the senior person is responsible for ensuring the child receives medical treatment. The school should be informed as soon as possible and on return all details must be given to School Nurses for documentation.

The 'Minibus, Travel and Matches' Policy has further guidance.

All Staff providing First Aid cover must hold a valid certificate of competence, issued by an organisation approved by the HSE. First aid training should be tailored to working with children, where possible. As the School is not considered a high risk area, Appointed Persons may also provide first aid cover provided they have had appropriate HSE recognised training.

The Registered Nurses and the Senior Matrons are responsible for providing First Aid cover to pupils, Staff, parents and visitors to the school. Teaching Staff attend First Aid training sessions and games Staff are qualified to give First Aid. All Staff responsible for providing First Aid must be prepared to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school. They must ensure that an

ambulance is called, when necessary, or other professional medical help is requested. Staff and pupils are aware that the Registered Nurses or Senior Matron on duty is the first person to call in the event of an accident, although games Staff are usually first at hand for sporting injuries. The Registered Nurses or Matron may then be sent for if further attention is required.

The Registered Nurses are responsible for ensuring that all members of Staff are aware of pupils who pose a potential medical emergency, including asthmatics, diabetics and those with anaphylactic allergic reactions. Information on these particular pupils is posted in the Staff Room.

Any child who has a fluctuating conscious level following an injury to the head must be taken to hospital to exclude serious head injury. Parents of children going out of school must always be made aware if the child has received an injury to the head during the school day. They should be advised of the action taken at the time and any further action that may be required.

IN THE EVENT OF A LIFE-THREATENING SITUATION, AN AMBULANCE SHOULD BE REQUESTED IMMEDIATELY BY THE FIRST RESPONSIBLE PERSON TO ARRIVE ON THE SCENE. FURTHER ASSISTANCE SHOULD THEN BE SOUGHT.

The school phone number is 01865 390800 The school postcode is OX13 6JL

First Aid Equipment and Facilities

A separate private room is available for anyone requiring medical treatment. A locked medical cabinet is available for storing provisions. There is also a washbasin located in this room. First Aid kits are available in various locations throughout the School including:

- Staff room
- Kitchen
- Swimming pool
- Art room
- Woodwork room
- Science Lab
- Pottery Classroom
- Groundsman's Shed
- Laundry

There are also First Aid and sporting injury bags available for Staff to take off site for school trips and sporting fixtures. The Registered Nurses are responsible for checking and restocking first aid kits.

Chandlings' Boarders

The surgery contains all medicines in a locked cupboard and spare inhalers for the asthmatics (lists of any medical conditions are on the board in surgery clearly displayed). The head matron has a key, as do the Houseparents, and it is available for duty staff in case of emergencies, although at least one Houseparent is always on site when the boys are present and can be summoned quickly.

Medicines/ first aid are dispensed by the Houseparents or the head matron only, and are recorded on the central system.

Chandlings has a sick bay with two beds for overnight emergencies. There is a doorbell on the surgery for boys to ring at night they are ill. If a boy has been ill overnight, they are transferred in the Houseparents' car and taken to the Cothill sick bay the following morning. All staff have basic first aid training.

Sauveterre Boarders

All Sauveterre staff are trained in First Aid, with the exception of the Gap students. The French staff receive French Red Cross training, which lasts for 5 years, and senior staff: Richard & Amanda Bower, Eddie Stachinni and Casey and Megan Brealy, all complete the First Aid training as part of their Lifeguard training, renewed every two years.

Medicines are dispensed by Amanda Bower and Megan Brealy principally, whilst Eddie Stachinni and Richard Bower also give out medicines from time to time. Medicines are kept in a separate room which is locked; all medicines handed out are logged and the children's allergies and medical needs are all clearly displayed in the infirmary.

Sauveterre has a one room sick bay.

Local doctor, Dr Despax, visits on request.; children are taken to his local surgery when necessary. All medical trips are logged and parents are informed.

Reporting Accidents to the HSE (RIDDOR)

In accordance with the Health and Safety General Policy, the Trust Bursary is responsible for reporting any notifiable injuries, diseases or dangerous occurrences to the school doctors as well as Accident/Incident Reporting Centre.

Members of Staff have a duty to alert the Trust Bursary to such incidents and must complete an Incident Form, which should then be submitted to the Trust Bursary. A record of any First Aid given by first aiders should be kept including the following information:

- The date, time and place of the incident
- The name of the injured person
- Details of their injury and what first aid was given
- What happened to the person immediately afterwards
- Name & signature of the person requesting First Aid and the first aider or person dealing with the incident.

The Accident Forms are kept in the Matrons' office / Chandlings and are the responsibility of the School Nurses to ensure that these records are correctly maintained. Details of any accidents / injuries should also be recorded in the appropriate medical notes by the School Nurses.

Emergency Procedures

In the event of an accident to a boy, it is the responsibility of the senior person present to ensure that the procedures outlined below are fully observed, whether the accident occurs at Cothill or elsewhere.

Full details of the incident should be reported to a senior Matron or the Nurses as soon as possible.

Unconsciousness and Broken Bones

If a boy suffers a serious injury of any description, causing for example, prolonged unconsciousness or an obviously broken limb:

He should not be moved (apart from being turned carefully into the recovery position if unconscious)

He should be kept warm

A responsible adult should inform Jacqui Pridmore / Senior Matron / the Nurses to tell her where the boy is, the suspected injury and the name of the boy. If the boy can walk he may be taken to the Surgery or DMB's private house (main front door). An ambulance will be summoned if necessary & details will be passed to the School doctor.

If the accident is on the playing fields, a boy should be sent to the main gate to direct the ambulance.

Spinal Injuries

If a fracture of the neck or back is suspected (one common symptom being pains or 'pins and needles' in the arms or legs), the boy must on no account be moved until he is seen by a paramedic or doctor, who may wish to apply a cervical collar to immobilise the neck.

Should the boy become unconscious and the airway be at risk of obstruction, he should be placed in a modified recovery position, protecting the neck and back.

Eye Injuries

If a boy is hit in the eye and experiences pain or mistiness of vision, even if only temporary, he should be referred to a doctor that same day, since any delay in treatment may seriously endanger recovery. Boys playing football should not wear glasses; contact lenses are permissible. Boys playing squash can wear eye protectors.

Bleeding

If a boy suffers from a nose-bleed or any other form of bleeding, he should not continue with any game or other activity in which he might have been engaged until the bleeding has stopped and the wound has been covered.

Note: Bleeding from the ears or a clear discharge from the ear indicates the possibility of spinal injury and a boy must not be moved until the arrival of the emergency services.

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 Matron's surgery as soon as possible, accompanied by someone who saw the incident and can give some account of it to Jacqui Pridmore / Senior Matron / the Nurses.

- 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 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 that majority (80-90%) of concussion symptoms resolve in around 7-10 days, with some estimates that in 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 say 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, computer, 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.*
- First Aid cover is provided for all teams on match days, both home and visiting.
- 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 Jacqui Pridmore / Senior Matron / the Nurses 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 Mrs. Rosemary Sutton (School Nurse)

Other accidents to Boys on the Games Field

Procedure to follow when there has been an accident:

Master in charge of game / referee to stop match immediately.

Players who are concussed - if only for a moment - should be taken to the surgery and may be taken to hospital for observation. Unresponsive casualties must be seen by a paramedic, doctor or Senior Matron before further action is taken.

The Master is responsible for the injured boy until the arrival of a paramedic (present for all matches) or another member of Staff, eg trained First Aider, Senior Matron.

The Master is responsible for contacting the main building to inform Jacqui Pridmore / Senior Matron / the Nurses.

The Master is responsible for sending a boy / Matron to surgery / School office to guide Matron to site of accident.

In the case of a stretcher-based injury, the boy will be taken to DMB's private house (main front door). This will ensure privacy, warmth and easy access for emergency vehicles if necessary.

Stretcher available behind the 1st XI cricket scorehut.

Major Injuries requiring the stretcher

1. Call for assistance: School Nurses/doctor/paramedic/Matron explaining suspected injury. i.e. Spinal, Limb, head.
2. If suspected spinal injury protect airway, call an ambulance and leave on the pitch.
3. Use stretcher for injuries not suspected to be spinal in nature. Move to the Bailey's house via the garden after assessment of injury.
4. Call Paramedics on 999
5. Basic observations: keep patient immobilised until arrival of First Response/Paramedic. Keep warm

Only after the paramedic (or doctor) is satisfied, should the master allow the game to restart.

All accidents must be reported, using an Emergency Incident Report Form. Blank forms are available from, and should be returned to, Jacqui Pridmore / a senior Matron / the Nurses.

First Aid bags are available to be taken out to games and should always be taken to away matches.

Masters to be aware that there are First Aid kits and telephones in Bowlers and the Main Building.

Stretcher and ice packs available behind the 1st XI cricket scorehut.

RICE - Rest - Ice - Compress - Elevate

All members of Staff are required to have knowledge of the uses and application of equipment in First Aid bags. Questions or problems should be addressed to Jacqui Pridmore or the Nurses.

First Aid bags should be returned to the surgery and injuries reported.

Away Games

School Nurses or Head Matron to inform Nurses or Matron of schools at away matches of any boys with allergies/epipens/hearing aids etc. before away matches.

School Matches

First Aid kit with School Nurses/Doctor/paramedic/Senior Matron to deal with any injuries. In emergencies there is an additional First Aid kit in Bowlers (plus telephone) and in the First XI pavilion with another in the 1st XI score box, and Blackhorse score box, and in the main building. Ice packs are kept with stretcher on the field (behind the score box).

Stretcher available in the scoring shed on the games field.

All Masters must report to the Matron or School Nurses any serious injuries or asthma attacks that occur during games.

All accidents must be reported, using an Emergency Incident Report Form. Blank forms are available from, and should be returned to, Jacqui Pridmore, a Senior Matron or the Nurses.

The Head Matron, a Senior Matron, Nurses or senior member of Staff will inform parents of serious accidents or injuries as soon as possible.

Regular First Aid courses are run for Staff, usually as part of the Pool Attendants' Course

Qualified First Aiders

Working alongside the School nurses, the senior matrons receive Paediatric First Aid training annually. See Safeguarding Policy.

Jacqui Pridmore	(Head Matron)
Elaine Harris	(Senior Matron)
Amélie Kopff	(Senior Matron)
Yvonne Peacock	(Senior Matron)
Charelle Nairne	(Senior Matron at Chandlings)

Hannah Fairlie	(School Nurse)
Rosi Sutton	(School Nurse)
Samantha Wing	(School Nurse)
Chris Gillham	(Trust Estates Bursar)

CPR/Basic Life Support

Nikki Benton
Karen Capon
Karen Dalton
Hannah Fairlie
Elaine Harris
Aidan Quick

Jacqueline Pridmore
Rosemary Sutton
Julie Walker
Samantha Wing

April 2018

The following 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.

Fiona Asher
John Carver
Nicholas Compton-Burnett
Chala Dodds
James Foster
Ed Hawkins
Peter Hill
Alex Kidd Jan 2018

Kelly-Marie Andrews
Ralf Arneil
Adam Asher
Duncan Bailey
Maria Bailey
Hattie Crump
Rory Griffiths
Robin Howard
Stephen Johnson
Richard Jones
Kyle Langman
Elizabeth Sutton
Richard Sutton
Robbie Williams Jan 2017

Illness Policy

On entry to the school, the parent of each child completes a Medical Form to enable them to be registered with the school doctor, and from this form the School Nurses and School secretary are responsible for maintaining a list of children with medical conditions or problems. A copy of the list is kept in the matrons office, Staff room and kitchen. Any child who has vomited or has diarrhoea is kept in sick bay (or not return to school if at home) for at least 48 hours.

The Head Matron, Senior Matron, Nurses or senior member of Staff will inform parents of illness which requires their son to be in sick bay as soon as possible.

In addition to provision provided on site, boarders have access to local medical, dental, optometric and other specialist services or provision as necessary.

Infection Control/Hygiene

Basic good hygiene procedures should be followed by all Staff, at all times. Disposable gloves should be worn when treatment involves blood or any other body fluids. Dressings and contaminated equipment should be disposed of in an appropriate manner.

Health Policy

1. All prescriptions and medicines are kept in a locked cupboard or secure medical fridge.
Key holders: The senior matrons & School Nurses only.
2. Prescribed medication should only be used for the pupil for whom it was prescribed.
3. Pupils should only be given medication in line with any relevant parental consent, and only by an authorised member of Staff, the Doctor, a Dentist or a Nurses.
4. Easy Access to Asthma Medication – under supervision.
5. Individual pupil records should show main known drug reactions and major allergies, and should be checked before medication is requested or given. (Allergy lists are available in the Matrons' Office, the Kitchen, the Staff Room) Parental requests re. medication are kept in the surgery.
6. Strict record keeping of all medications, creams etc administered to the boys – plus Incident Form.
7. All medical records kept safely and accessible only by Senior Matrons and the School Nurses.
8. Unused prescribed medication should be promptly and safely disposed of, or returned to Pharmacy/Chemist.
9. Twice weekly surgeries with the School Doctors and access to Hospital Services.
10. A paramedic is present at School matches (for contact sports) (Suzanne Sticzley or Steve Ambler)
11. First Aid bags available at designated areas of school. Regularly checked and updated by School Nurses.
12. First Aid bags held by Games Masters and available for away matches.

Sick Bay

The matrons' surgery, sitting room/office and sick bay (with four beds and an en-suite bathroom) are located on the first floor of Cothill House. Boys are referred to surgery from all three boarding houses for assessment. If necessary, they will be admitted to Sick Bay, a Sick Bay Form will be completed and parents will be informed. Once in Sick Bay, they will be closely monitored. A Senior Matron will be on call throughout the night.

24 hour care is available seven days a week during term time.

Policy for the storage and administration of medicines

- *Prescribed and non-prescribed medicines are stored in either locked cupboards or a secure, locked medical fridge.*
- *E45, Vaseline etc & vitamins are kept in a separate cupboard which is left unlocked.*
- *Boys do not self-medicate. On school trips and for away matches, inhalers, epipens etc will be carried by a member of Staff. Household remedies (i.e. non-prescription medicines) are not used. The exception to this rule would be for severe asthmatics, who may be permitted to carry their own inhalers on runs, etc. The School Nurses can provide more details on which boys may fall into this category.*
- *Ideally medicines should be administered by the School Nurses or one of the Senior Matrons. In an emergency a member of Staff may administer medication, in the case of an epipen, for example.*
- *Houseparents may administer medication under the guidance of the School Nurses.*
- *A record must be kept of any medication given. The Nurses will check the records periodically.*
- *No Cothill boys are considered Gillick competent.*

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

Care for the child with sickness and diarrhoea

Aim To promote recovery and prevent spread of infection

Plan of Care:

- *Admit child to sick-bay and send all day clothes/night clothes to the laundry*
- *Contact parents. See if boys can be collected to recover at home, thus preventing risk of further infection.*
- *Always wear gloves when dealing with body fluids/soiled clothes and bedding*
- *Always wash hands thoroughly after dealings with the child or 'cleaning up'*
- *Strip bed and remake, if necessary*
- *Reassure and give explanations to the child as follows:
The principle of 'starving' the bug
Mouth washes as necessary
'Nil by mouth' until vomiting ceases*

Commencing sips of water
Increasing volumes of fluids slowly
Introducing dry biscuits/toast when appropriate

- *Be aware of the need for immediate cleaning of carpets/flooring and liaise with the cleaning Staff. Necessary cleaning to be enhanced & increased using bleach based cleaning products.*
- *Always clean bowls with hot water and Dettol disinfectant, followed by Dettol spray (and then replace bowls in the cupboard)*
- *Attend to own hygiene at the end of each shift (i.e. wash uniform and take shower/bath)*

Information:

- *Disposable bowls are situated in the locker room*
- *Buckets and wipes etc are situated in the B corridor cupboard*
- *Blue gloves are in the kitchen for food preparation*
- *Plastic aprons are available in the surgery*

Treatment for the child with sickness and diarrhoea

Aim To ease symptoms and promote recovery

- *Obtain full facts as to how child is feeling (e.g. headache, stomach, ear ache or sore throat etc)*
- *Take temperature.*
- *Give Paracetamol Elixir or tablets as appropriate*
- *Admit child to sick-bay*
- *Encourage intake of fluids*
- *Monitor temperature 4-hourly and give further doses of Paracetamol as required*
- *Observe for signs of deterioration (e.g. rising temperature above 39.0C, increased drowsiness or symptoms of meningitis, such as stiff neck, photophobia, rash etc)*
- *If concerned, seek advice from the school doctor*
- *Temperature must be normal for 48 hours before the child returns to school*
- *'Off Games' and swimming on the first day back in school*

Information:

- *No more than 4 doses of Paracetamol should be given within 24 hours*
- *It is not normally necessary to withhold food (unless high temperature is associated with possible appendicitis)*

Protocol for cases of gastroenteritis

Aim To promote recovery and prevent spread of infection

- *Admit to sick-bay to isolate or send home if possible, to keep boys isolated from school until 48 hours after last vomit/diarrhoea.*
- *School Nurses to inform Headmaster of suspected outbreak.*
- *Contact TVHPU of outbreak.*
- *Keep TVHPU informed via daily emails or twice weekly on Mondays and Thursdays.*
- *Keep a tally of all new cases (children & Staff).*

- *Inform other schools visited or before matches (sports) of suspected outbreak.*
- *Inform parents/carers of outbreak, either via website / email / letter / Clarioncall.*
- *Stool specimens should be obtained of most cases (if possible). TVHPU to be informed of child's name, d.o.b. and request cards labelled of outbreak. Children who are send home should take a culture pot and card home (instructions given to parents/carers) to obtain a stool specimen and take to own GP's to be sent for culture. TVHPU will follow up the results.*
- *Inform Staff and children the importance of good hand washing; younger children to be supervised.*
- *Staff involved with immediate nursing of cases to wear protective apron and gloves to ensure own hygiene (uniform etc to be washed daily). Showers etc.*
- *Contaminated laundry to be bagged and kept separately. To be washed separately on a HOT wash.*
- *Cleaning Staff: to increase cleaning and use bleach based cleaning products as advised by TVHPU; carpets should be steam cleaned or deep cleaned with 'George' Hoover.*
- *Any accidents (vomit or faeces) should be dealt with promptly.*

Policy for treatment and prevention of head lice

- *Please make sure your son has a named nit comb*
- *Please inform us if your son ever returns to school with head lice*
- *Help us each exeat weekend by nit combing your son's hair at home*
- *Regular hair cuts will help us to detect the presence of lice.*

Boys with specific chronic medical conditions are under the supervision of the School Nurses, who makes a list of such boys and provides information regarding them to both teaching Staff and ancillary Staff in the kitchens. Boys are identified (with photo) and treatment responses and emergency procedures are outlined.

Pupils with disabilities are cared for on an individual basis according to need, with liaison between medical Staff, housemaster, matron and any other relevant Staff. Pupils with disabilities are helped appropriately and in such a way so as to provide dignity and choice in every situation.

Guidance Notes for All Staff : Anaphylaxis (Anaphylactic Shock)

Name of Trained Staff : Rosemary Sutton SRN/RM

Symptoms:

- *Apprehension*
- *Sweating*
- *Feeling of faintness*
- *Headache*
- *Dizziness*
- *May be a burning sensation around the mouth*
- *A sensation of lump in the throat which may progress to hoarseness indication*

- swelling of vocal cords.*
- Airways may be obstructed*

Immediate Treatment is required:

- Stay calm – get help – contact a trained member of Staff*
- Place child on floor in a sitting position to help relieve any breathing difficulties*
- Call an ambulance*
- Requires Adrenalin Injection – to be administered by a trained member of Staff*

Storage, administration and disposal of Adrenalin:

Parents to ensure supplies are maintained

Storage in a place known to all Staff

Dosage as specified by G.P.

Dispose of syringe in jar or sealed container, Nurses or other designated First Aider will collect

Record date, time and action taken

Alert arrangements:

All Staff to receive information with photograph and instructions

Copy to be displayed in medical room, Staff room, Chandlings, Bowlers and in the Matrons' office.

1. Pupils with asthma are encouraged to take a full part in all activities at school.
2. All Staff will be advised by the School Nurse on practical asthma management and will be updated as necessary.
3. The School will ask all parents whether their son has asthma (or is very wheezy) on admission.
4. A record of all pupils with asthma will be maintained and be available to all Staff.
5. Inhalers: Each pupil will have their own labelled container in the surgery for their inhalers. For those boys living elsewhere their inhalers will be kept at either Chandlings or Bowlers.

The boys have immediate access to their reliever inhaler at all times.

For emergency use only the school is provided with a reliever inhaler and spacer which is kept in the surgery.

Sport : Inhalers will be available on the games field to those boys who have sports induced asthma. Boys usually take their own inhalers out to the field if they think the need it. An inhaler is kept in the first aid bag carried by the nurse and doctor.

The school maintains a no-smoking policy so pupils are not exposed to this hazard.

Epipen Policy

1. At least two Epipens kept in school per boy who is prescribed one.
2. Photographs displayed in kitchen, surgery & Staff room and their allergy noted.
3. Lists displayed around school of boys who have Epipens and where they are kept.
4. Expiry dates on Epipens checked by Nurse and replaced as necessary.
5. Boys over 11 years encouraged to carry own Epipens on a belt in a pouch.
6. Other Epipens (Boys under 11 yrs old) kept in Surgery / Bowlers and easily accessible.
7. Epipens accompany boys to all away matches / school trips either on their person or placed in first aid bag and are the responsibility of the master in charge of game.
8. Signed permission is received from parents for Staff to administer Epipens in an emergency.
9. Staff are encouraged to keep updated on how to administer Epipens.

Swine Flu Policy

1. Send Staff members who become unwell at school home immediately, and not to return until fully recovered.
2. Any child who becomes unwell should be sent home or to guardians as soon as possible. The child should be cared for in a separate area (isolation room) while awaiting collection. Staff caring for the child should keep at least one meter away from the ill child or use P.P.E. (Personal Protective Equipment) if needed. i.e. disposable gloves, aprons and masks.
3. Make sure the school has an up to date contact details for all parents, guardians and Staff. All overseas pupils should have a U.K. guardian.
4. The school G.P. should be informed of any suspect cases.
5. Health Protection Agency (HPA) should be contacted particularly if any Staff/child Requires hospitalisation.
6. Reinforce general education/Staff about washing hands and respiratory hygiene. "CATCH IT, BIN IT, KILL IT"
7. Ensure liquid soap and disposable paper towels are available at each hand washing facility.
8. Maintain supplies of alcohol gel, where hand washing facilities are not available e.g. entrances/exits, for visitors/delivery.

Wet Bed Policy

1. Prompt checking of known 'bed wetters' (*enuretics*) and stripping of beds, removing to laundry wearing blue disposable gloves.
2. Cleaning of waterproof duvets for persistent bed wetters, with disinfectant.
3. Enuretic chart kept in matrons' office.
4. Extra duvet covers supplied by parents.
5. If a boys is known to be a persistent bed wetter, parents are asked to provide a waterproof duvet, or the school supplies the same with parents' permission.
6. Boys are encouraged to shower; especially before breakfast.
7. Medical intervention if condition does not improve with parents' consent.