

Medical and First Aid Policy

This policy applies across the school including Boarding and the EYFS.

Version 201809.01

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Reviewed: September 2018

Next review: September 2019

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1 Introduction

The school seeks to educate its pupils in an environment which is safe, secure and orderly. As such the physical and emotional well-being of the pupils is a central concern. To ensure that each pupil is able to access the curriculum and the extracurricular opportunities available, the school has a medical team to address or refer minor and more serious medical matters as assessed. They are also the experts who seek to support staff and pupils, ensure training in health related issues pertinent to the daily operation of the school and respond to pupil's health needs during the school day. As such the medical staff have a central role in advising parents, pupils and staff in all health matters.

2 Professional Staff

The school's General Practitioner is Dr Amanda Cary from The Red House Surgery in Radlett. Dr Cary is a member of MOSA (Medical Officer of Schools Association). She visits Edge Grove every week at a set day/time and the boarders who are registered with her are able to make an appointment to see her via the School Nurse. If a child needs a consultation with the Doctor outside her normal visiting times, they will either be escorted to an appointment at her surgery or, if they are too unwell, the Doctor will visit the child at Edge Grove.

The school has two nurses, Mrs Gill O'Sullivan RGN and Mrs Mary Dootson BSc (Hons) RGN.

3 Staff in General

Staff training sessions run by the School Nurse are held as required, dependent on the medical requirements of the pupils currently in the school.

4 Information Sharing

Pupils with serious medical conditions are identified at the beginning of the academic year and a list is made available for staff of all pupils with medical problems to enable them to identify those they teach.

5 Access and Availability

All pupils have access to see the nurse throughout the day until 17.30. Lower and Upper Prep pupils may drop in before the day begins and during breaks. At all other times pupils must first gain a staff member's permission before going to the Medical Centre. If a pupil needs to leave lessons due to illness or injury, the practice is for him/her to be accompanied by another pupil or member of staff. In an emergency or in her absence from the Medical Centre the Nurse can be contacted by mobile telephone. In Pre Prep a member of the Teaching Staff will contact the Nurse if required. Pre School children will be cared for by a member of staff holding a Paediatric First Aid Certificate. The School Nurse is available to Pre School staff in an advisory capacity throughout the day.

6 Records and Information

On entry to the school, Parents/Guardians complete a Pupil Health Record and Allergen/Intolerance Notification form. This seeks information regarding the pupil's medical history, any current medical issues, immunisation history, dietary needs and permission for over the counter medication to be administered whilst at school if necessary. Consent for treatment with simple remedies in a first aid or emergency situation is also obtained. Parents/Guardians are required to write if permission to do so is withheld.

This information is retained on the computer system. All information is held and used in accordance with the School's data protection policy.

Medical information is kept for each child in the Medical Centre. Access to this is limited to the Pre School First Aiders, Nurses, Boarding Staff and the Headmaster.

Each visit to the Medical Centre is recorded by date and time, with the reason, its assessment, the resulting treatment and any referral made to outside agencies.

When new conditions, illnesses or any medical problem arises which may affect a pupil's ability to access the curriculum, this is communicated to relevant staff by the School Nurse.

7 Reporting of Injuries, Diseases and Dangerous Occurrences RIDDOR

The School Nurse will report any accident, incident or serious illness to the Health and Safety Officer who will in turn notify RIDDOR if appropriate.

8 Parental Responsibility

Parents have primary responsibility for their child's welfare and health and as such must understand and accept their part in responding to the medical issues detailed below.

A pupil is not to be sent to school if he/she has:

- been diagnosed with an infectious disease
- Suffered from vomiting and/or diarrhoea in the previous 48 hours
- Unable to attend all lessons.

Parents are required to collect pupils from school when the diagnosis indicates that they are not fit to remain in school.

It is the parent's responsibility to ensure all medication provided is correctly labelled, in the original packaging and in date.

9 Parental Contact

Parents are asked to contact the Nursing Staff to update medical matters via email, letter, or telephone as is more convenient or applicable. Records are updated accordingly. Otherwise, all illnesses/injuries will be assessed and communication made with home if the nurse feels it is appropriate.

10 Permission for a Pupil to Leave Site

Permission to leave school as a result of illness can only be made after a pupil has been assessed by the School Nurse. Parents will then be contacted. A pupil may not make independent arrangements. If a parent is contacted independently of the School Nurse communicating illness or the desire to be picked up, parents are required to contact the school nursing staff. In the absence of the School Nurse permission can be granted by nominated First Aiders (approved by a member of the Senior Leadership Team) or any member of the Senior Leadership Team. Boarding Parents/Guardians will be contacted as soon as possible if their child is unwell and given the option to collect them. In the event of contagious illness we may request parents or guardians of boarders collect pupils.

11 Medication

Parents and pupils are required to hand medication to be taken during the course of the school day to the School Nurse on arrival. If the School Nurse is unavailable it should be left at the School Office for safekeeping. In Pre School and Pre Prep medication must be handed to the class teacher. In the case of boarders, medication is to be handed to boarding staff on arrival in school. This will be administered by the staff member on duty who holds an Administration of Medicines Certificate. All medication must be accompanied with a signed Medication Consent Form (available on Firefly), or a letter signed by the parent/guardian. The communication must state:

- the name of the medicine;
- why the pupil is taking it;
- the dose required;
- the method of administration;
- the time it should be taken; and
- Any possible side effects.

It is the parent's responsibility to ensure that any medicines provided for use at school are in date and replacements provided prior to their expiry. Medicines bought and prescribed abroad and out of date medication cannot be administered.

Sharps boxes are provided for pupils who require them.

Medicines will not be given without written consent (see Medication Consent Form on Firefly) or agreement indicated on the annually returned parental information form, this includes Ibuprofen. In addition to this every effort is made to contact Pre School and Pre Prep parents prior to administering Paracetamol for any reason. Parents/Guardians are informed of medication given during the school day.

The ability to self-medicate is encouraged where appropriate (asthma inhalers) and after appropriate parental and nurse consideration. The "Gillick competency" is recognised – as our oldest pupils are 13 years old, it is unlikely that this competence would be enabled but the possibility and the need to be aware are both recognised.

12 Refusing Medicines

If a pupil refuses to take medication this will be noted on his/her records. Parents will be informed of the refusal on the same day.

13 Security of Medicines

Medication must be provided in its original container. Pupils must not carry medication on their person (see below for exceptions). Medication will be stored in a locked cupboard or appropriate refrigerator as necessary.

14 Controlled Drugs

Controlled drugs e.g. Methylphenidate, must be handed in to the nursing/boarding staff by parents on arrival at school. Controlled drugs are stored in a lockable non-portable metal drug cupboard in the Medical Centre. A paper record is kept for audit and safety purposes. Medication administered is also recorded in the usual way. When no longer required, Controlled Drugs are returned to parents/guardians for safe disposal.

15 Adrenalin Autoinjectors (EpiPens/Jexts)

Individual EpiPens are securely stored for Pre School in the Pre School Office, Pre Prep in the First Aid Room and Lower and Upper Prep in the Medical Centre and are easily accessible if required in an emergency. Parents must complete a consent form giving permission to administer the EpiPen in an emergency. EpiPens remain in the school at all times with the exception of school trips and it is the parent's responsibility to replace these prior to expiry dates. As pupils progress through the school they are encouraged to take responsibility for their own emergency medication.

16 Disposal of Medicines

All medicines with the exception of Adrenalin Autoinjectors for those pupils remaining at Edge Grove are required to be collected by parents at the end of the academic year in July. Any medicines not collected by the last day of the Summer Term will be returned to parents at the earliest opportunity.

17 Cleaning of Body Fluid Spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up as soon as possible wearing protective clothing. In the event of a spillage the School Nurse should be informed immediately so that the cleaning team can be alerted to attend. Staff must wear protective clothing when handling soiled linen. Pupils' soiled clothing should be bagged to go home and never rinsed by hand. Pre School staff are provided with spillage kits.

18 Individual Action Plans

Where medical conditions demand, Individual Action Plans will be formulated and acted upon. These must operate if a student suffers from Asthma, Epilepsy, Diabetes, severe allergies or any other long term health condition.

19 Immunisations

The B.C.G. vaccine is no longer offered routinely, as of 2006 only children considered at risk will be offered the vaccination.

The HPV (Human Papilloma Virus) vaccine is offered to all girls in Year 8 and the course completed at their next school.

The Nasal Flu vaccine is currently offered to all pupils in Reception and Years 1, 2, 3 and 4. It is expected that pupils will have received all immunisations in line with government recommendations. If this is not the case, a risk assessment regarding all school trips will be undertaken.

20 Head Injury (see Head Injury Policy – Appendix 2)

If a pupil receives a significant bump to the head, not only will contact be made directly with parents, but a letter will be sent home at the end of the school day to provide further information and advice on such head injuries. The pupil's class teacher will also be informed to ensure observation is continued for the remainder of the day.

21 Counsellor

As part of the welfare provision for the pupils, counselling is undertaken by a professionally trained Counsellor, who is available for all staff and pupils. Pupils may be referred by the Nurse following communication with parents (with the pupil's consent). Sessions are available at times suitable for the pupil. The period of attendance will vary according to each circumstance.

Parents and key Pastoral Staff are notified that the counselling is taking place with the pupil's consent, but the content of sessions remains confidential. The Counsellor will explain to pupils that Child Protection concerns cannot remain confidential. Counselling matters are wide ranging and may relate to school or outside school issues.

22 Boarding House Arrangements

The School ensures that boarders are able to summon staff assistance readily and rapidly when ill, day and night. During the school day pupils may visit the School Nurse. The Boarding House has call buttons located on both the girls and boys floor to enable pupils to summon immediate assistance at night. These are linked to resident staff in the House and all pupils are encouraged

to use them should they require assistance during the night. The member of staff on duty is a pupil's first point of contact if they are ill during the evening or overnight. Staff will assess the pupil and monitor them throughout the night and reassess accordingly.

If the School Nurse is off site boarding staff will contact out of hours services on 111 or dial 999 in an emergency if necessary.

Staff must inform the Head Master and School Nurse if an ambulance is called overnight and will inform the School Nurse of other illness occurring during the night.

The Sick Bay which provides separate accommodation for girls and boys will be used to care for unwell boarders. Children have immediate telephone contact if required with the School Nurse/Boarding Staff whichever is appropriate. The School Nurse will visit each morning and assess pupils who are unwell and advise accordingly. A member of the boarding staff will remain in the house to look after pupils unable to attend school.

Dental Care

Routine dental treatment should be arranged at home. Emergency dental/orthodontic treatment will be sought from a local dentist should the need arise.

Eye Care

Routine appointments with an optician should be arranged at home on an annual basis. In an emergency, to repair spectacles etc. the School will arrange an appointment with a local optician.

23 Games and Physical Education

PE and Games staff will assume fitness for participation if a pupil is in school unless parents have contacted the School Nurse by 0930 of the day in question to say otherwise. Colds, coughs, and minor ailments will not be accepted as reasons for withdrawal from such lessons.

24 Educational Visits

Staff supervising excursions are always aware of a pupil's specific medical needs and if appropriate a copy of the Individual Action Plan is taken on visits. Arrangements are made for taking any necessary medicines.

25 First Aid Policy

In the school; the majority of staff are trained and qualified as First Aiders and may be approached in an emergency. First Aid Kits and Eye Wash Stations are provided in key locations and are checked regularly and maintained by the School Nurse.

Staff employed in the Pre Prep department including the EYFS are all required to have a recognised and valid Paediatric First Aid certificate. Pre School and Pre Prep will ensure that at least one person holding a valid Paediatric First Aid certificate is on the premises and in attendance on outings for EYFS.

Sports First Aid Kits are provided and taken to away matches. All school minibuses are equipped with a First Aid Kit.

All new pupils and staff are given information on where to go for help in the event of an accident or illness as part of their induction into school.

Records are kept of all accidents and injuries and there is close liaison with the Health and Safety Officer to minimise the likelihood of recurrence.

26 Calling an ambulance

An ambulance is always called, and may be called by any member of staff (not just by the School Nurse or a trained first aider) where staff have concern at a medical situation and would, if they were away from School, look to call an ambulance to that incident. Regardless, an ambulance would always be called by the Nurse where any of the following specific incidents are known or suspected:

- Cardiac arrest/suspected heart attack.
- Anaphylactic shock/administration of an EpiPen/Jext/Emerade
- Severe head or spinal injury
- Haemorrhage (internal/external)
- Severe asthma attack
- Hypo/hyperglycaemia/ketoacidosis

If there is any doubt about the safety of the injured party, 999 should be called immediately. The Nurse/First Aider in charge must ensure that any child taken in an ambulance is accompanied by a member of staff (academic or support). The Nurse/First Aider will liaise with a member of the Senior Leadership Team to ensure appropriate arrangements for pupil or staff welfare are made..

27 Staff First Aiders

See separately published appendix 1 for a current list of all first aid qualified staff. A list of all appropriate training and certification is also kept in the Bursar's office.

Appendix 2 – Head Injury Policy

HEAD INJURY POLICY

Reviewed September 2018

Review date September 2019

1 Introduction

At Edge Grove we take head injuries very seriously to safeguard the health and welfare of pupils. Failing to do so can have serious consequences. Pupils can sustain head injuries during contact sports such as rugby but they can also occur in other activities such as falls and playtime accidents. This policy aims to give particular guidance and procedure for head injuries in sport, but the procedure will be applied to any child who sustains a head injury whilst at home or school.

What Is Concussion?

A blow to the head or body which leads to shaking of the brain can cause a brain injury, called concussion. Concussion results in a disturbance in brain function that can affect a child or young person's thinking, memory, mood, behaviour and level of consciousness.

What Causes Concussion?

A direct blow to the head can cause concussion but it can also occur when blows to other parts of the body result in rapid movement of the head e.g. whiplash type injuries.

Who is at risk?

Concussions can happen at any age. However, children and adolescents (18 and under):

- are more susceptible to concussion
- take longer to recover
- have more significant memory and mental processing issues
- Are more susceptible to rare and dangerous neurological complications, including death caused by a single or second impact.
- A history of previous concussion increases risk of further concussions, which may take longer to recover.

Signs and Symptoms

The first symptoms of concussion can present at any time, but typically appear in the first 24-48 hours following a head injury. If any of the following signs or symptoms are present following an injury the player should be suspected of having a concussion and immediately removed from play or training.

1.1

Visible signs of concussion

- Dazed, blank or vacant look
- Lying motionless on ground / slow to get up
- Unsteady on feet / balance problems or falling over / poor coordination

- Loss of consciousness or responsiveness
- Confused/not aware of play or events
- Grabbing/clutching of head
- Seizure (fits)
- More emotional/irritable than normal for that person

Symptoms: what they describe

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Headache
- Dizziness
- Mental clouding, confusion, or feeling slowed down
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness/feeling like “in a fog”/difficulty concentrating
- “Pressure in head”
- Sensitivity to light or noise

2 Immediate Management of a Suspected Concussion

Games staff will immediately remove from play anyone with suspected concussion. Once safely removed from play the pupil must not return to activity that day. If a neck injury is suspected only emergency healthcare professionals with appropriate spinal care training should remove the player. Team mates, coaches, match officials, team managers, administrators or parents who suspect someone may have concussion must do their best to ensure that they remove the player from play in a safe manner. The RFU ‘pitch side advice guide’ is used by sports staff as a quick reference tool. (See attached, and link at the end of the document.)

3 When to Call an Ambulance

If any of the following are reported then a member of staff will call an ambulance to transport the player for urgent medical assessment at the nearest hospital:

- Severe neck pain
- Deteriorating consciousness (more drowsy)
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure (fit)
- Double vision
- Weakness or tingling / burning in arms or legs

In all cases of suspected concussion it is recommended that the player is referred to a medical or healthcare professional for diagnosis and advice, even if the symptoms resolve.

4 Ongoing Management of a Concussion or Suspected Concussion

Pupils should have complete rest until symptom free. This includes rest from physical activities and brain activities such as: reading, television, computer, video games and smart phones. To ensure complete recovery, we recommend that even once symptom free they have a rest period for a minimum of 14 days from the injury. During this time they should rest from exercise/sport, as well as other activities with a predictable risk of further head injury (e.g. riding, skiing, hockey, football etc.), and prolonged reading, use of television, computer, video games and smart phones. If symptoms return, reduce the levels of provoking activity and re-introduce them more gradually. It is reasonable for a child to miss a day or two of school after a concussion if they feel unwell or if on returning to lessons their symptoms return. However, extended absence is uncommon.

5 Returning to Play After a Concussion

Parents should seek advice from their GP as to when the pupil is fit to return to school, and when it is appropriate to return to sport.

5.1 Graduated Return to Play

Once their GP has been consulted staff will introduce a graduated return to play (GRTP) program. It follows after the minimum rest period and only if the pupil is symptom free at rest. Pupils must have returned to school and full studies before restarting physical activity. Each stage of the GRTP lasts for a minimum of 48hrs, which means the minimum time before a pupil can return to full contact sport is 23 days. On completion of Level 4 the pupil may resume full contact practice (Level 5) with GP clearance. It is the parent's responsibility to obtain medical clearance before returning to play.

6 Sources

<http://www.sportscotland.org.uk/media/1534421/Scottish-Sports-Concussion-Guidance.pdf>

http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/57/returntoplayafterconcussion_Neutral.pdf

<http://www.irbplayerwelfare.com/concussion>

7 Pitch side advice card

http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/91/29/Headcasepitchsideadvicecards_Neutral.pdf