

FIRST AID POLICY AND MEDICAL PROVISION



Blundell's

FOUNDED 1604



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**First Aid Policy and
Medical Provision**

Postcode for (9) 999: EX16 4DR

June 2022

Blundell's School

Covid-19: Advice for First Aiders

First aiders should remain mindful that covid is still prevalent within the community and should consider wearing a mask and PPE before treating a patient.

POSTCODES/CONTACT NUMBERS FOR LOCATIONS WITHIN SCHOOL

- Main Office EX16 4DN 01884 252543 / ext 305
- Bursary EX16 4DT 01884 252232 / ext 300
- Medical Centre EX16 4DR 01884 232422 / ext 232
- Westlake EX16 4DW 01884 252411 / ext 374
- Gorton House EX16 4DY 01884 252319 / ext 360
- North Close EX16 4DS 01884 252358 / ext 348
- Francis House EX16 4DU 01884 252318 / ext 361
- Old House EX16 4DX 01884 252385 / ext 382
- Petergate EX16 4DR 01884 252323 / ext 354
- School House EX15 4DW 01884 252370 / ext 367
- Prep School EX16 4NA 01884 252393 / ext 342
- Kitchen EX16 4DT Ext 352

***If on a sports pitch, please take note of the nearest available post code to give to emergency services and position responsible person on the road to direct the ambulance when it arrives. We would recommend you save these post codes on your mobile phones.**

SENIOR DESIGNATED OFFICER FOR CHILD PROTECTION: N. Klinkenberg

Bound copies of this document are placed in every House, the Main Office, the Bursary, the Common Room, the Kitchens, CCF and the Medical Centre. It is updated annually and dated on the front cover.

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Blundell's Medical Provision

Provision: Blundell's Medical Centre is staffed by a team of nurses led by senior nurse, Caroline Edwards. All nurses are registered with the Nursing and Midwifery Council (NMC) and maintain continuous professional development as required to maintain their registration. They adhere to the NMC's Professional Code of Conduct and undertake annual CPR training and any required updates.

The Medical Centre is staffed Monday to Saturday 08:00-18:00hrs with on-call cover outside these hours. The on-call rota is issued every Monday and distributed to all staff via blu_staff email. In addition, a hard copy is displayed in the Common Room with the nurses' contact details.

Each House is allocated a named link nurse, who is identified on the Medical Centre noticeboard in every House. The link nurse liaises with the House staff regarding medical conditions or health related issues with pupils. The Medical Centre can be contacted via;

- Email: medical@blundells.org or seniornurse@blundells.org
- Phone: 01884 232422 or ext 422 / 423
- Mobile phone: 07801 016570 (this phone is also used by pitch side first responders so may not always be within the Medical Centre)
- Address: Medical Centre, Big School, Blundell's School, Blundell's Road, Tiverton EX16 4DR

Eligibility for NHS Services

Oversea pupils will be required to have appropriate cover to allow them to access NHS services.

Medical Governance

The school's lead medical Doctor is Dr Frank O'Kelly from Amicus Health, Clare House Surgery, in Tiverton. The Medical Centre runs a doctor's surgery, where either Dr O'Kelly(male) or Dr Foster(female) are available to see boarders with medical concerns. The nursing team will see any pupils as walk-ins and where necessary, refer for further medical review. Clare House Surgery provides medical support throughout the week with Out-of-Hours medical services (111) covering night and weekend support.

The school provides a confidential counselling service and appointments can be made directly with counsellor Vicky Hughes on vlh@blundells.org or via the Medical Centre.

Welfare meetings in school are attended by Dr O'Kelly and the senior nurse. These meetings are held on alternate weeks.

In order to promote health and wellbeing, the Medical Centre has a holistic approach to care which supports the delivery of Personal, Social, Health, Economic (PSHE) education in the school community. Details of the PSHE programme can be found in the Staff Handbook which includes education on topical issues such as drug and alcohol use, alcohol, smoking, sexual health and a healthy lifestyle.

A private physiotherapy service is also available through Ocean Physio (www.oceanphysio.org). Every pupil is entitled to an initial free triage session, but referral must be from the Medical Centre. If following this further treatment is recommended, Ocean Physio will liaise with parents to get approval to proceed with treatment.

Payment can be made directly to Ocean Physio or covered through the school's medical insurance scheme or through another health insurer following pre-authorisation.

Additional medical support is from the Urgent Care Centre in Tiverton District Hospital (approximately 2 miles away) and the Royal Devon and Exeter Hospital (approximately 20 miles away).

During the autumn and spring terms, all matches are attended by an outside first aid agency who provide both pitch side assistance and transportation.

In addition to the trained medical support on campus, specific members of staff have undergone first aid training in accordance with the requirements for schools. This may be Emergency First Aid at Work (EFAW), First Aid at Work (FAW) or an Outdoors First Aid course. The Medical Centre provides staff and pupils with additional training updates on certain conditions such as anaphylaxis, diabetes, asthma, Automated External Defibrillator (AED)/ CPR and general first aid matters for expeditions such as Duke of Edinburgh and CCF. Refer to "Do you need medical assistance poster" for First Aiders in your Department.

Medical Matters: Parents of all pupils that have accepted a place at Blundell's will be required to submit an Entry Medical Information Form detailing their medical and immunisation history before the pupil starts at school. For full and weekly boarders, this form will be submitted to Clare House Surgery and uploaded onto their medical records. Any prevailing medical conditions are updated onto the 'Need to Know'(NTK) register on the school database system (iSAMS). These pupils will be identified with a red flag on their iSAMS record.

Any pupil with a serious condition that might require emergency treatment is displayed on a Critical Need to Know (CNTK) list which identifies the pupil with a photograph and relevant medical information. This CNTK list is distributed throughout key areas in the school. The 'Need to Know' information is accessible to all relevant staff and should be regularly reviewed by staff, particularly when accompanying pupils off campus and risk assessments are undertaken. During the risk assessment, any relevant medical condition is red flagged but further information is available, if required, from the Medical Centre.

It is the responsibility of parents / guardians to keep the Medical Centre updated of any changes to health and medical requirements for school. The school cannot be responsible for any shortcomings if this information is not forthcoming.

All visits to the Medical Centre are coded and recorded in a daily diary and on individual computerised medical records. These consultations and records are confidential.

Absits: Absits either exclude or restrict pupils participating in sporting/school activities. These are issued through the Medical Centre following an assessment from either the nurse or the doctor. The following absit categories are used:

- **RED (OFF SPORT)**
- **YELLOW (RESTRICTED SPORT):** issued for restricted sport participation, such as a mild muscle sprain
- **ORANGE (GRADUATED SPORT):** issued for those on a graduated return to play, following a head injury

For disclosure of Child Protection issues, please report to the Senior Designated Officer, Nicky Klinkenberg. For matters relating to a member of staff, please report to the Head. Use Child Protection Online Management System (CPOMS) as needed.

First Aid Policy

“Blundell’s School will promote the health and wellbeing of all pupils and will make provision for first aid cover for all pupils, staff and visitors. Everyone will be treated with a high standard of care, compassion, courtesy and dignity.”

In the Event of Illness or Injury: If a pupil, staff or visitor becomes unwell or is injured and requires first aid, please contact the Medical Centre, in the first instance. There are displays throughout the school detailing current approved first aid trained staff (please see the ‘Do You Require Medical Assistance?’ poster in each department for staff details). The person will be cared for in the Medical Centre or taken to hospital, if required.

All new pupils are required to complete an Entry Medical Information Form (EMIF) on acceptance of a place at Blundell’s School. All full and weekly boarders with illness or injury will be cared for in the Medical Centre, if needed. Flexi boarders will be cared for in the Medical Centre overnight if they are boarding that night, otherwise next of kin will be contacted to collect. Day pupils’ parents or guardians will be contacted to collect from school if they become injured or unwell during the school day. House parents and matrons are in close communication with the Medical Centre regarding the condition of the pupils. Visiting pupils will initially be cared for in the Medical Centre but then arrangements will be made with visiting school staff to provide further care and notify next of kin, if required. Please see page 41. Guidance on Medical Matters.

In the event of a serious emergency (see attached protocols) within the school campus, the attending member of staff should call (9)999, clearly stating location, casualty’s name and the nature of the medical emergency. Postcodes for various buildings are located on the inside cover of this document. The Medical Centre should then be informed.

Reporting of Accidents: In order to comply with the Data Protection Act, records of accidents retained by any member of staff should not identify the individual to others. The Medical Centre and the Health and Safety Administrator (Bursary) will keep the patient identifiable notes.

All serious accidents have to be documented and reported to the Health and Safety Executive (HSE) 0845 300 9923 according to legislation set out in RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995). This will be managed by the School Bursary. All accidents must be recorded in an Accident Book and the completed form sent to the Bursary for appropriate action and storage. If an accident book is not available, please contact the Bursary or the main office. It is the responsibility of the Senior Nurse in the Medical Centre, in consultation with the school Doctor, to make the decision to report an accident to the HSE online and to complete and forward the associated paperwork and inform the Bursary.

For accidents occurring off school campus, or injuries that have not received medical assistance, an Injury Communication log (ICL) should be completed by a member of staff, with one copy given to the pupil and one copy sent to the Medical Centre. ICLs can be found in the First Aid Kits

First Aid Equipment:

Campus: The Medical Centre is equipped with medical supplies to deal with emergencies. It also stores a record of all first aid kits and supplies throughout the school campus. First aid boxes are located throughout the school. These will be checked annually by the Medical Centre or a designated member of the relevant department.

Alongside first aid supplies, the boxes contain a resuscitation chart, a pocket first aid guide and the box labelled as follows:

Date	BLUNDELL'S SCHOOL	
IN EMERGENCY CALL THE MEDICAL CENTRE ON:- Ext 422/Mobile 07801 016570		
Please inform the Medical Centre if any contents are used		

Automated External Defibrillators (AED): There are two AEDs within the Senior School campus: one is situated outside the Medical Centre and the other near the Main Office rear sliding doors. Routine checks are maintained by the Medical Centre. The Prep School also has its own AED in the main foyer. The Medical Centre has an AED trainer which can be used for demonstrations. Please contact the medical staff if you would like a demonstration on its use.

Trips: First aid boxes are available from the Medical Centre for trips off campus. In some circumstances, additional supplies can also be taken by staff for use in specific situations, e.g. an Adrenalin Auto Injector (AAI) such as an EpiPen

Transport/buses: All buses involved in transport of pupils carry first aid supplies and decontamination kits. These are maintained by the Medical Centre although drivers are responsible for notifying the Medical Centre if any supplies need replenishing.

Houses: Every House has first aid supplies and a lockable medicine cabinet. Some Houses have a lockable medical fridge. The fridge temperature should be recorded daily. Please contact the Medical Centre for a form. Staff must follow the set protocol for the administration and recording of medicines in House. This can also be found within the House Medication books. In some circumstances, if the pupil is over 16, the nurse may have assessed the pupil as competent to store and administer their own medication in which case a 'Self Medication Consent Form' will be signed and stored in their medical notes.

Immunisations: All pupils are offered the recommended childhood immunisations as per the current national schedule. This service is undertaken by HCRG care group. In addition, annual influenza vaccination is offered as a private service to the boarders and organised by the Medical Centre team. Travel vaccinations for boarders can be arranged via the Medical Centre. All day and flexi pupils will be under the care of their own GP for any travel vaccinations. Signed consent from parents or guardians will be required prior to any vaccination for those pupils under 16 years old.

Confidentiality issues: The nurse will always seek the child's consent to disclose confidential medical information to parents and in appropriate circumstances, the Head or Designated Officer for Child Protection. If consent is withheld there is a prima facie legal duty of confidentiality that forbids disclosure, unless there are obvious child protection issues when the nurses will use their professional judgment as to what is in the best interests of the child and whether the Designated Officer should be informed. This should, where possible, be discussed with the school doctor. It is recognised that there are times that disclosure will be necessary without explicit consent.

LIST OF FIRST AID BOXES WITH LOCATIONS

	Department	Position
1	Physics	Prep room left of door H1
2	Physics	P2 in window by display cabinet
3	Physics	P1 – left of door
4	Physics	P3 – right of wipe board
5	Chemistry	C4
6	Chemistry	Lecture theatre on RHS of door
7	Chemistry	C3: back of lab by notice board
8	Chemistry	C1 – back of lab next to safety goggles
9	Chemistry	Sci 1 on window
10	Chemistry	C2 - by door between C1 and C2
11	Biology	Prep room shelf, left of door
12	Gym	Foyer to left of gym door
13	Biology	B5 – left of door
14	Gorton House	Matrons' office on wooden meds cabinet
15	CDT	Behind pillar drill main workshop
16	CDT	Behind vacuum forming machine main workshop
17	CDT	Jeremy Pilbeam workshop by pillar drill
18	CDT	Large projects and welding area
19	Cricket Pavilion	Left side
20	Art	Art 4
21	Art	Art 3 – left wall
22	Ground Machinery Shed	By sink
23	Groundsman Hut	On far wall
24	Old House	common room shelving
25	Swimming Pool	Outside office
26	Francis House	Matrons' office on window
27	Bursary	Downstairs in the new kitchen
28	CDT	Near heat treatment area
29	Popham Centre	Adjacent to toilets/economics office
30	CDT	CAM area on wall
31	North Close	In matron's kitchen, next to medicine cabinet
32	Geography/History	On wall outside G3/G4
33	Ondaatje	Backstage corridor opposite sink in kitchen
34	Maths Department	Resources room
35	Modern Languages	In entrance hall on right side
36	Maintenance Workshop	Rest room
37	Tractor Shed	Far right-hand corner by work bench
38	Beale Centre	In kitchen
39	School House	Matrons room, on top of medicine cabinet
40	Petergate	Matrons room above mantelpiece
41	School Shop	Under the till on the desk
42	Machinery Lock Up	Aluminium kit
43	Kitchen	Butter room, on wall opposite dishwasher
44	Clock Tower	Under common room stairs by sliding doors

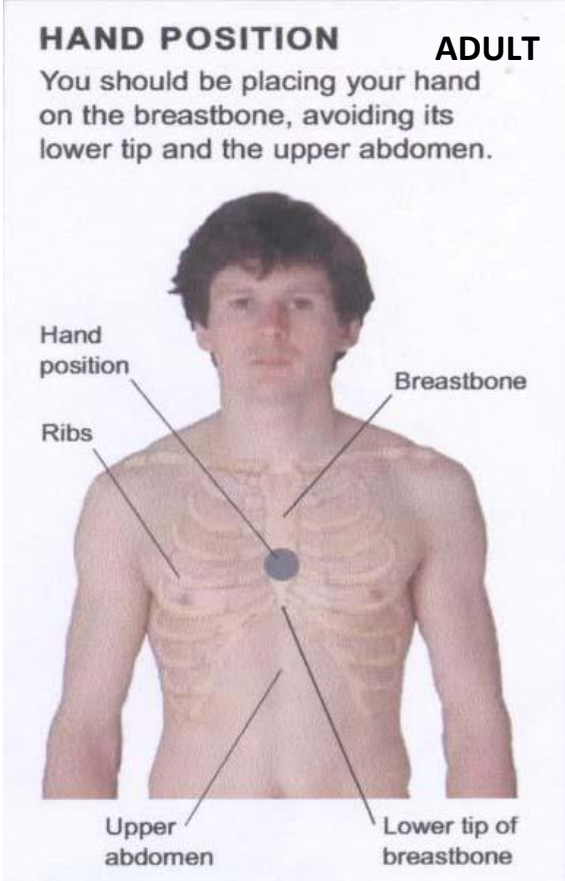
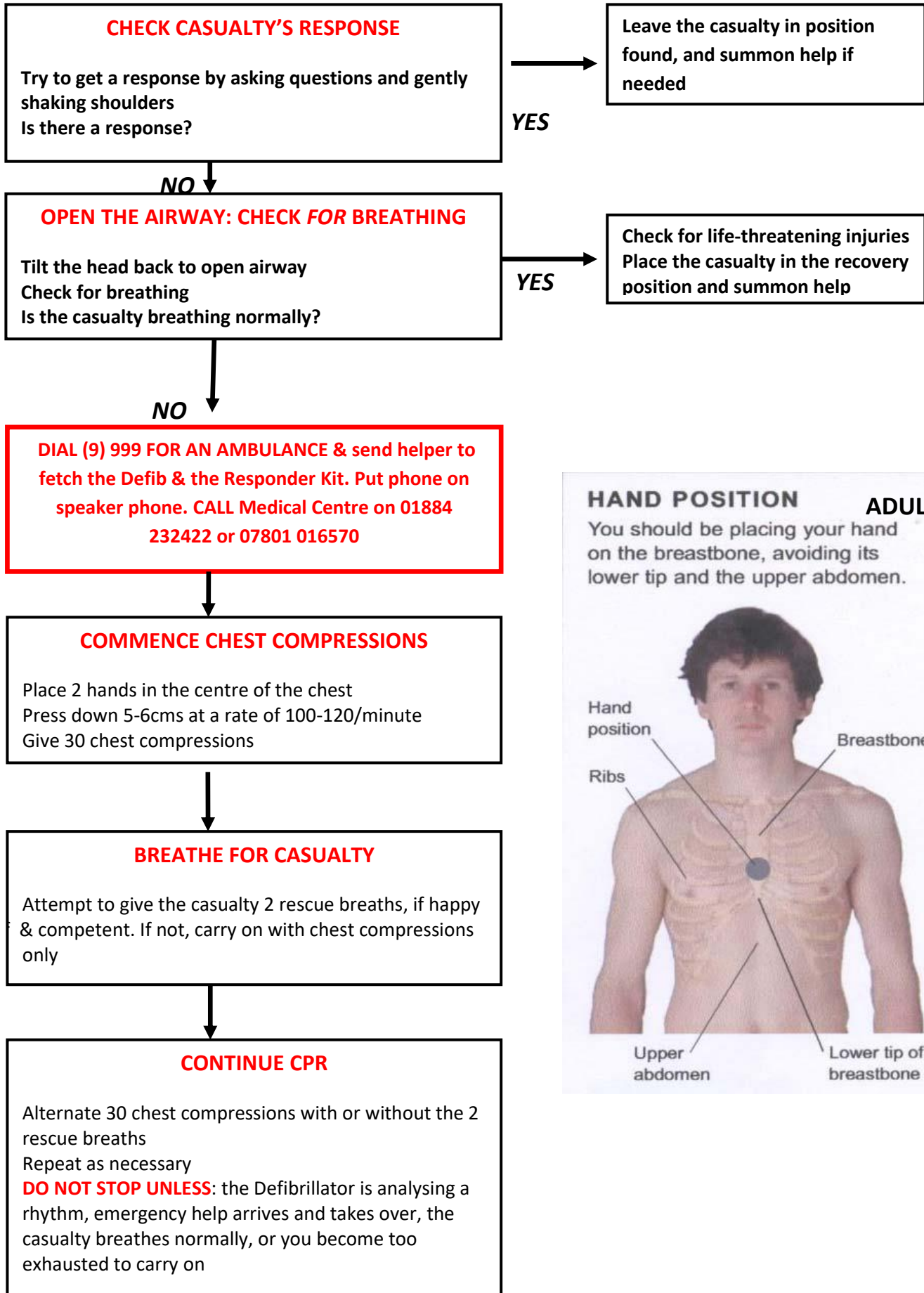
LIST OF FIRST AID BOXES WITH LOCATIONS

	Department	Position
45	Biology	B2 – LHS of door
46	Biology	Bottom of stairs
47	Biology	B2 – left of door by coat hooks
48	Biology	B1 – shelf left of sink
49	Learning Support	Just inside main door
50	Porters Hut	On shelf left of door
51	Porters Stores	Far right-hand corner
52	Classics	Japes room – on windowsill
53	Westlake	Graham's office on top of filing cabinet
54	CCF	Opposite front door
55	CCF	Large range in storeroom (aluminium kit)
56	CCF	Miniature range
57	Astroturf	In old equipment shed
58	Music	Under kitchen sink
60	Friends of Blundell's Room	On the fridge by bar
61	TESOL	SH2 – shelf behind door
62	Trunk used for County shows	Development Office Storeroom
63	Laundry	Rest room on shelf
64	Potting shed	
65	Potting shed chainsaw kit	
66	Porter's Chemical store	Right hand side, top of cupboard
67a	Sports Hall	Left in foyer on wall
67	Art 2	Right side on top of cupboard
01	Amory Pavilion	Kitchen windowsill. Icepacks, inhaler and EpiPen in wall-mounted box
	Recycling Van	
Plus 8 boxes in Minibuses – all minibuses also carry yellow Biohazard Fluid Disposal Kit as per Decontamination policy		

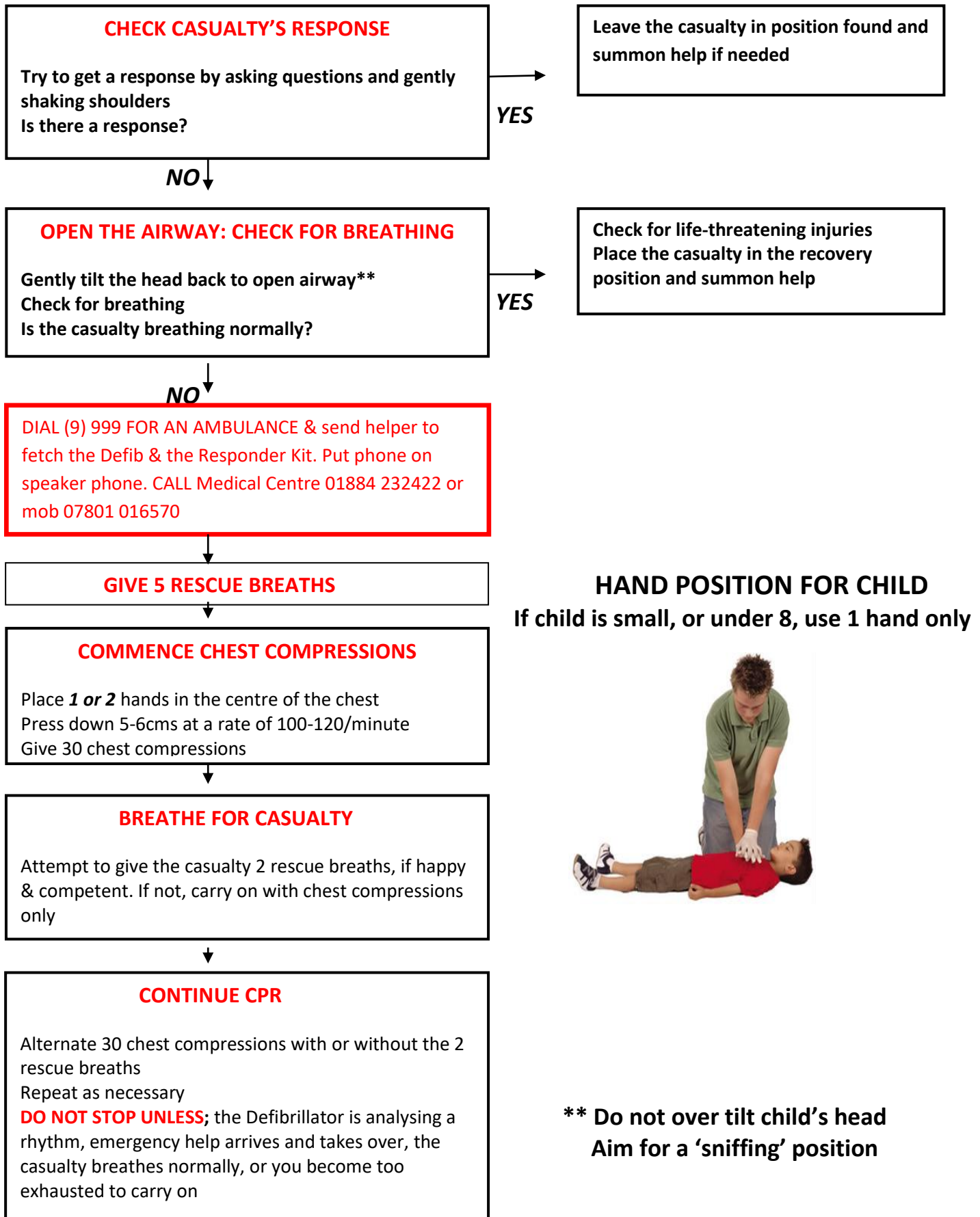
EYE WASH STATIONS

Department	
Physics prep room. 2 x per room	Groundsman hut x 2
Biology prep room. 2 x per room	Tractor lock up x 2
Physics labs x 3. 2 x per room	CDT X 2
Biology labs x 3. 2 x per room	Grounds Top shed x 2
Chemistry labs x 4. 2 x per room	Sports Hall x 2
Porter's chemical store	DT dept x 2
Porter's rest room	Maintenance Department x 2
Porter's furniture store	Catering department x 2
Science labs acquire own eye wash supplies, monitored and replenished by science technicians	

ADULT CPR RESUSCITATION CHART



CHILD CPR RESUSCITATION CHART



HAND POSITION FOR CHILD
If child is small, or under 8, use 1 hand only



**** Do not over tilt child's head**
Aim for a 'sniffing' position

PROTOCOL FOR USE OF AUTOMATED EXTERNAL DEFIBRILLATORS (AED)

General Information:

A defib is a vital link in the chain of survival: the earlier it is used after a cardiac arrest, the greater the chance of the person surviving.

Blundell's Senior School has two available AED's:

- Outside the main entrance to the **MEDICAL CENTRE**
- By the sliding doors near the back entrance to the **MAIN OFFICE**

In addition, the Prep school has its own AED in the main foyer. This AED is equipped with paediatric pads. Adult pads can be used on the older child by placing one pad on the chest and one on the back.

The AEDs at school are designed to be used by any person. You do NOT need training to use them. They are stored in an alarmed box which activates on opening. The alarms will stop once the box is closed. The AED will only deliver a shock if required. It is fully automatic, and you will not have to press a shock button.

Remove the defibrillator and the first responder pack.

- Take defibrillator and pack to the collapsed person
- KEEP CALM, you will be guided through what to do.
- Open the lid and follow the instructions
- Try to remember the **5 P's** when using the defib:
 - 1: Pendants:** remove any obvious pendants, piercings or jewellery around neck
 - 2: Pacemaker:** do not place pads over any obvious pacemaker sites (usually below left collar bone)
 - 3: Perspiration:** wipe away any excess sweat
 - 4: Puddles:** if patient is in a puddle of water, move to dry area
 - 5: Patches:** remove any visible medication patches
- If needed, shave any chest hair to achieve good contact with pads. A razor is available in the first aid pack with the defib

Maintenance:

The Medical Centre is responsible for monthly checks of the two defibs and will record the checks in a book kept in the Medical Centre. If the alarm sounds at either site, please contact the Medical Centre immediately.

Please inform the Medical Centre if the AED is used and complete an event form.

TO CALL AN AMBULANCE IN AN EMERGENCY

In the event of a serious emergency anywhere on campus the attending member of staff should call: **(9) 999**

**Remember: A – Airway
B – Breathing
C – Circulation**

Remember to put the phone on speaker

IF NOT BREATHING NORMALLY OR COLLAPSED, SEND SOMEONE TO FETCH AED AND CALL THE MEDICAL CENTRE

IF FITTING, THEY MAY NOT BE BREATHING

Be prepared to give the following information.

- Clear directions as to where you are.
 - EX16 4DN – Clock Tower side of Blundells Road*
 - EX16 4DT – Big School/Bursary side of Blundells Road*
 - Additional post codes on inside cover of this booklet*
- Is the patient unconscious/unresponsive or conscious/talking?
- Simple description of condition of patient (e.g., acute pain, severe bleeding etc.)
- Any known medical history (e.g diabetic, epileptic etc)
- Follow instructions given and DO NOT ring off until told to do so
- Telephone the Medical Centre (01884 232) 422/423 OR 07801 016570
(On-call nurse outside school hours)
- Send a responsible person to meet the ambulance
- Inform the School Office (during school hours) (01884 232) 305/302/401 – tell them exactly where you are on campus. They are often the ambulance’s first port of call!

OUT OF HOURS ARRANGEMENTS FOR THE MEDICAL CENTRE

- Call the on-call nurse for minor illness/injury or for advice. The on-call rota will be sent to all staff via blu_staff email on Monday each week. In addition, a hard copy is displayed in the Common Room. The on-call nurse will either come into school and care for the child or give advice on the action you should take

Sample On-call Medical Centre Rota

Blundell's Medical Centre on Call Rota w/c 20th June 2022

						Sunday 26 June
Monday 20 June	Tuesday 21 June	Wednesday 22 June	Thursday 23 June	Friday 24 June	Saturday 25 June	08:00-18:00
						Kate Mobile No Landline No
18:00 to 08:00						
Annie Mobile No Landline No	Eleanor Mobile No Landline No	Kate Mobile No Landline No	Kate Mobile No Landline No	Joan Mobile no Landline No	Eleanor Mobile No Landline No	Eleanor Mobile No Landline No

- If you are unable to make contact with the on-call nurse, please phone the senior nurse, Caroline Edwards.
- In **emergency call (9) 999**, clearly stating post code, the person involved and essential medical details. Inform the on-call nurse as soon as possible.

PROTOCOL FOR THE ADMINISTRATION OF MEDICINES TO PUPILS

- All medicines must be kept in a locked container
- Some eye drops or medications must be kept in the fridge (check labelling)
- Self-management: see [Self Medication Consent Form](#) for assessing pupil's ability to keep their own medicines
- It is essential to keep an accurate record of the name of the pupil, the name of the medicine (either pupil's own prescribed medication or that dispensed by Matron) dose given, the time given, signed by the person who has given it
- Document if a pupil has refused his/her medication and inform the Medical Centre
- A record must be kept of the quantity of tablets remaining each time they are issued to pupils This must be recorded in the House Medication Book, which will be checked each half term by Medical Centre staff
- Always check that the child is **NOT ALLERGIC** to medication before giving it (asking the pupil and checking the Need-to-Know list)
- All unused medicines must be returned to the Medical Centre for safe disposal
- Completed Medication books to be stored in House

Prescribed Medicines

- Prescribed medicines must only be given to those for whom they have been prescribed. They must not be given or passed to a third party
- Prescribed medicines must only be administered in accordance with the instructions displayed on the container/packaging. Asthma inhalers should be named with a permanent marker pen or labelled by the dispensing chemist
- Some pupils will require a medication care plan

Controlled Drugs (CDs)

Controlled Drugs are controlled by the Misuse of Drugs Act. It is imperative that controlled drugs are strictly managed in House. CD's must be stored in a locked non-portable container inside the House Medication Cabinet. The CD key must not be kept with the House Medication Cabinet Key. The administration of CD medication must be recorded (including if the pupil refuses to take it), in the CD Book, which should be locked in the House Medication Cabinet. Please report to the Medical Centre if a pupil is consistently not taking his/her CD medication, as prescribed.

Before Administering a Controlled Drug.

- Check the pupil's name is clearly labelled on the medication container.
- Ensure the correct pupil's name, dose and medication is clearly documented in the Controlled Drug Book (CD)
- Check the dose to be administered
- Check the expiry date
- Count the tablets in stock and confirm that the balance documented in the CD book is correct
- There must be 2 adults (or the pupil if over 16 years old), to check the drug, confirm the stock balance and to administer the CD drug. The CD book must be signed by both adults. The stock balance in the CD Book must be adjusted accordingly.
- Please report a stock balance discrepancy as soon as it is identified.
- The Medical Centre will perform weekly CD stock checks. Please contact the Medical Centre if this is not done
- The Medical Centre will organise the safe disposal of CD medications that are no longer required

Non-prescribed medicines – only the medicines listed below may be issued. (See also House Medication Books).

1. Paracetamol 500mg tablets/Paracetamol suspension (250mg/5ml)

Should be given as **first line treatment** for headaches, feverishness, 'flu' and colds, toothache, sore throat, period pains, migraine, muscular aches and pains, neuralgia and rheumatic pains, unless an allergy is noted on the Need-to-Know list.

Age 10-12 yrs: 500mg

Age 12-16 yrs: 750mg

Age 16 and over: 1000mg

To be taken 4-6 hourly with a maximum of 4 doses in a 24-hour period.

6. Ibuprofen 200mg tablets / Ibuprofen suspension (100mg / 5ml)

If required during the hours of 08.00-18.00 Monday-Saturdays – please send pupil to the Medical Centre or ring the Medical Centre for advice.

If required outside these hours, please contact the on-call nurse (see nurses on-call rota) unless the pupil has a labelled prescription from the doctor.

Age 10-12 yrs: 200mg

Age 12 and over: 400mg

To be taken 6-8 hourly with a maximum of 3 doses in a 24-hour period.

3. Simple linctus

One or two 5ml spoonfuls or daily as required.

Be aware of high sugar content if giving to a diabetic pupil.

6. Throat lozenges

One lozenge to be sucked slowly every 3 hours or as needed.

Do NOT give any more than 12 lozenges in any 24-hour period.

Be aware of high sugar content if giving to a diabetic pupil.

6. Loratadine (antihistamine) for 12 years and over

One 10mg tablet once daily for hay fever symptoms.

6. Piriton (Chlorphenamine) (antihistamine)

Age 6-12 years: ½ x 4mg tablet (2mg)

Age 12 and over: 1 x 4mg tablet

To be taken 4-6 hourly in the event of an allergic reaction

Please note that due to the possible link between Reye's syndrome in children and aspirin, the Medicines and Healthcare Products Regulatory Agency (MHRA) recommends that **children under 16 years old should not take aspirin unless advised to do so by a doctor.**

All medications which are out of date or are no longer required should be returned to the Medical Centre for safe disposal

Management of Controlled Drugs

Background

We have several pupils on controlled drugs (CD's) for treatment of behavioural disorders (ADD, ADHD, ASD etc). It is usually a central nervous stimulant which is prescribed after diagnosis by a specialist (in this country usually a psychiatrist). It works by increasing the levels of Dopamine in parts of the brain responsible for self-control and attention.

Some examples in school you may recognise are Equasym, Concerta ,Medikinet and Elvanse; some may have XL after the name which indicates it is a slow release medicine.

Controlled Medicines in the UK are medicines that are regulated under various Government Legislative Acts. These regulate the manufacture, supply and possession of certain drugs that have been considered to be at risk of misuse or dependence.

Methylphenidate is classified a Class B drug; misuse of this drug can result in up to 5 years in prison or an unlimited fine or both and illegally supplying this drug can result in up to 14 years in prison and an unlimited fine or both.

School Management

The protocol for the administration of medicines to pupils is in the First Aid Policy and Medical Provision Handbook. Please take a look.

There are several things we can do to protect both ourselves and pupil from harm.

- CDs should be stored in a non-portable lockable container within the House medication cabinet.
- The CD key should be stored in a secure place away from the CD Cupboard. It should not be with the other drug cupboard keys.
- The CD book in House should record all transactions i.e., receiving, supplying or removal of the drugs. It should record date, drug, identified person, stock level with two signatures.
- Every time a CD medicine is handled, 2 people must count and witness the stock and sign the book. This is recording that you have both checked the number of tablets and remaining stock and are therefore accountable if there is a subsequent discrepancy with the stock levels.
- The second checker may (only with approval from the Medical Centre) be a pupil if over the age of 16 years.
- If CDs are received from the Medical Centre or parent, the CD book must reflect this receipt or transfer (document in the IN column)
- If there is a discrepancy with the stock, steps must be taken to establish what has happened and contact the Medical Centre ASAP.

- If a tablet falls onto the floor, for example, and is not suitable for consumption, you must record this in the book to account for the stock levels and contact the Medical Centre for safe disposal.
- Please do not dispense medicines in advance for future administration.
- The Medical centre will perform weekly checks of any CDs in Houses. If necessary, this check can be done remotely. Medication checks will be recorded in the House medication file in the Medical Centre.

School Trips

- Please liaise with the Medical Centre for school trips to determine if the Controlled Drug medication is required for the trip.
- If it is required, collect the lockable box and keys from the Medical Centre. The keys must be held by a responsible adult.
- For any international travel, please ensure the pupil carries a Medical Centre letter detailing details of the prescribed medication – a copy should be given to the supervising member of staff. Templates are available on the Medical Centre computer
- An adult supervisor will need to be identified and be aware of their responsibilities.
- While clearing the security of the airport, the pupil must be responsible for carrying their own medication
- The required medication for the trip must be recorded in the 'School Trip Controlled Drug Record' card.
- On administration of the medication, two people must confirm the stock level is correct and on administration, to each sign the 'School Trip Controlled Drug Record' card
- The second checker may (only with approval from the Medical Centre) be the pupil, if over the age of 16 years
- On return to school, please return the lockable box and the Controlled Drug Record Card to the Medical Centre.

PROTOCOL FOR ASSESSING A PUPIL'S ABILITY TO KEEP AND ADMINISTER THEIR OWN MEDICINES

The criteria used to assess the pupil's ability to administer and keep their own medication is as follows:

- The pupil must be 16 years and over
- The pupil has proved himself/herself to be reliable and has capacity to self-administer
- That the pupil understands why he/she is taking the medication, any side-effects, and that the pupil knows when and how to take the medication and has the capacity to do this
- The pupil must sign the Self Medication Consent Form in the Medical Centre; they may then take their medication away with them to be stored in a secure location, as agreed

***For all pupils under the age of 16 years and pupils over 16 not competent:**

- All non-stock medication, including over the counter medication should be given to their Matron for administration and safe keeping
- Medication administered must be recorded in the House Medication Book
- If the pupil is unwilling to inform Matron of prescribed medication, the medication must be kept in the Medical Centre and the pupil must come to the Medical Centre for administration of the medication.
- If the pupil is **under 16** but deemed to be competent by the nurse they must sign and agree to the terms listed in the Self Medication Consent form they may then take their medication away with them to be stored in a secure location, as agreed

***For day pupils:**

- It is the responsibility of parents to administer the morning dose of medication
- Medication required in the school day must be given to Matron for safe keeping and administration
- The required dose/time/pupil must be clearly labelled
- Medication administered must be recorded by Matron in the House Medication Book
- The day pupil must collect the medication to take home at the end of the day if appropriate

***On all trips:**

- It is the responsibility of parents of day pupils to liaise with the trip organiser regarding the administration of medication and must provide their own required medications with clear instructions for use
- School staff can obtain important medical information from the 'Need to Know' list or seek advice from the Medical Centre staff

***Exceptional circumstances:**

- It is recognised that those pupils with asthma, diabetes or at risk of anaphylaxis carry relevant equipment and are aware of the procedure should administration be necessary
- AAls should be self-administered by the pupil or if necessary, by a member of staff

Blundell's School Medical Centre

Self-Medication Consent Form

To be completed in the Medical Centre

*One form to be completed for each medicine

Pupil name: _____ **House** _____

Medication _____

Start date _____ **Dose** _____

Frequency _____

Duration _____

Additional instructions _____

Now please read the following conditions and sign below:

- I understand why I have been prescribed this medication and am aware of the possible side-effects
- It has also been explained how and when I should take it. I must refer to the printed label for dosage instructions and not have the medication more/or less frequently, than prescribed
- If I notice any unusual symptoms while taking the medication, I will inform the Medical Centre
- I will inform my Matron/House Parent that I am taking medication unless it is something I wish to keep confidential
- I will finish the course of treatment, especially if it is antibiotics
- If I do not finish the course, I will return the medication to the Medical Centre
- I am aware that I must keep the medications in a secure location for my own personal use and will not give to any other pupils

Pupil signature _____.

Nurse signature _____

Date _____

PROTOCOL FOR THE TREATMENT OF CHOKING (over 1 years of age)

Choking occurs when someone's airway becomes blocked, either fully or partially, so they cannot breathe effectively.

Mild choking: If the airway is partially blocked, the person will usually be able to speak, cry, cough or breathe. They will usually be able to clear the blockage themselves.

Action

- Encourage the person to cough to try and clear the blockage
- Ask the person to try to spit out the object if it's in their mouth
- Do NOT put your fingers in their mouth to help them as they may bite you or you may accidentally push the object further down their throat
- Contact the Medical Centre on 01884 232422

Severe choking: Where choking is severe, the person will not be able to speak, cry, cough or breathe. Without help, they will eventually become unconscious.

Action

- Stand behind the person and slightly to one side. Support their chest with one hand. Lean the person forward so that the object blocking their airway will come out of their mouth, rather than moving further down
- Give up to five sharp blows between the person's shoulder blades with the heel of your hand (the heel is between the palm of your hand and your wrist). **Check between each blow if blockage has cleared**
- Check if the blockage has cleared
- If not, give up to five abdominal thrusts (see below)
- Contact the Medical Centre on 01884 232422



Important: Do NOT give abdominal thrusts to babies under one year old or to pregnant women.

- Stand behind the person who is choking
- Place your arms around their waist and bend them forward
- Clench one fist and place it just above their belly button
- Put the other hand on top of your fist and pull sharply inwards and upwards
- Repeat this movement up to five times if needed
- If the person's airway is still blocked after trying back blows and abdominal thrusts, get help immediately
- Call 999 and ask for an ambulance. Tell the 999 operator that the person is choking. Continue with the cycles of five back blows and five abdominal thrusts until help arrives
- If the person loses consciousness and they're not breathing, you should begin cardio-pulmonary resuscitation (CPR) with chest compressions



PROTOCOL FOR THE MANAGEMENT OF DIARRHOEA AND VOMITING

Diarrhoea and vomiting may have numerous causes, sometimes involving an infection in the gut. These infections can easily spread to others. Food poisoning is a general term for gastrointestinal infections caused by consuming contaminated food or drink and person to person spread of these infections is unusual. Symptoms may include nausea, vomiting, diarrhoea, stomach cramps and fever. Nearly half of episodes last less than one day.

Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period (Public Health England)

Immediate action

- If diarrhoea or vomiting is reported by a pupil, isolate the pupil and contact the Medical Centre or the on-call nurse
- Check the pupil's temperature
- Until seen, only allow fluids
- If able, notify Parents/Guardians of planned admission
- Overnight belongings may be required as the pupil will remain in the Medical Centre for a 24-hour period of observation
- Do encourage pupils in House to practice good hand hygiene at all times. Washing hands with warm water and soap for 30 seconds is the most effective method of reducing person to person spread of infection
- Follow the 'Decontamination Policy' for any spillages

Management

- The pupil will be admitted to the Medical Centre for 24 hours of observation
- If diarrhoea is confirmed (3 episodes in 24 hours) the pupil will remain in the Medical Centre until 48 hours after the diarrhoea and/or vomiting have stopped
- If less than 3 episodes of diarrhoea and/or vomiting, the pupil can return to school after 24 hours if otherwise well.
- Public Health England will be informed by the Medical Centre if there are more cases than normally expected in the school
- On discharge, confirmed cases of gastrointestinal infection will be advised to avoid swimming for 2 weeks following the last episode of diarrhoea

PROTOCOL FOR THE TREATMENT OF AN ASTHMA ATTACK

Signs of an Asthma Attack

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed
- Difficulty in breathing
- Cannot complete sentences
- May be distressed
- Persistent cough (when at rest)
- A wheezing sound may come from the chest (when at rest)
- Being unusually quiet
- The pupil complains of shortness of breath at rest, feeling tight in the chest

Immediate action

- If a pupil is having an asthma attack (even if **not severe**) call the Medical Centre on 01884 232422/07801 016570 or on-call nurse
- Call (9)999 for an ambulance – if the child has collapsed, is going blue, appears exhausted or their lips appear blue/white. State clearly the postcode and that the child is having a **SEVERE asthma attack**.

Management

- If symptoms severe call (9)999
- Keep calm and reassure the child
- Contact the Medical Centre on 01884 232422/07801 016570 or the on-call nurse
- If conscious, encourage the child to sit up but slightly forward
- Use the child's own blue (Salbutamol) inhaler – if not available, use the emergency inhaler with spacer from the Boarding House. Remain with the pupil while the inhaler and spacer are brought to you
- Help the child to take one puff of the blue inhaler ideally via the spacer, immediately. The inhaler should be shaken before each puff and check the mouthpiece for debris. 30-60 seconds needs to be left between each puff
- If there is no immediate improvement, continue to give one puff every one to two minutes up to a maximum of 10 puffs, or until their symptoms improve.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call (9)999 for an ambulance
- If an ambulance does not arrive in 10 minutes and they have not improved, give another 10 puffs in the same way
- If out of hours (Mon-Sat/18.00-08.00 and Sun/all day and night) and symptoms less severe, contact Devon Doctors-on-Call on 111 or the on-call nurse (see Medical Centre on-call rota)
- If Devon Doctors-on-Call are contacted, please ensure that the Medical Centre/on-call nurse is informed

PROTOCOL FOR THE TREATMENT OF HYPOGLYCAEMIA IN A KNOWN DIABETIC

Diabetics use Insulin to keep their blood sugar within an acceptable range. If they take their Insulin and either do not take enough food, are unwell, or take too much exercise their blood sugar can become too low. This is referred to as a 'HYPO'.

Hypo Warnings/Symptoms

- Pale
- Confused
- Unable to concentrate
- Glazed look in eyes
- Feeling wobbly or weak
- Headache
- Altered behaviour (out of context), including aggression
- Shaky
- Sweaty
- Increasingly sleepy
- Hungry

Treatment

Mild

- Give x 3 Dextrose tablets or 100ml of sugary drink (orange juice/cola)
- Contact the Medical Centre on 01884 232422/07801 016570
- If symptoms persist after 5-10 minutes repeat the above
- If symptoms subside give a meal or a snack (**carbohydrate**)

Moderate

- Contact the Medical Centre on 01884 232422/07801 016570 immediately
- If uncooperative and/ or drowsy but able to swallow, slowly squeeze one tube of Glucogel inside the cheek and massage into the gums. Do not squirt directly into mouth
- Please note: Glucogel should *only* be used if the casualty is able to swallow

***GLUCOGEL IS LOCATED IN THE MEDICAL CENTRE EMERGENCY KIT BAG AND ANY HOUSE WITH A KNOWN PUPIL WITH DIABETES**

Severe

- Unconscious/unresponsive person: place in the recovery position maintaining a clear airway
- Dial (9)999, clearly stating POST CODE, KNOWN DIABETIC PERSON, UNCONSCIOUS AND UNRESPONSIVE
- Contact the Medical Centre on 01884 232422/07801 016570
- Nurse will check blood glucose level and give intramuscular Glucagon if appropriate

PROTOCOL FOR THE TREATMENT OF EPILEPSY (fitting)

A convulsion, or fit, consists of involuntary contractions of many of the muscles of the body, caused by a disturbance in the function of the brain.

There are different types of epilepsy which may present in different ways. Some signs and symptoms are.

- Only a brief blurring of consciousness, like day dreaming
- Slight twitching or jerking of the lips, eyelids, head or limbs
- Odd movements such as lip-smacking, chewing or making noises
- Violent seizures
- Loss of consciousness
- Incontinence
- An aura (brief warning period), e.g. a strange feeling or a special smell or taste
- Loss of consciousness sometimes accompanied with a cry
- Rigid, arching back
- Altered breathing
- Face/lips may become discoloured
- Convulsive movements with clenched jaws

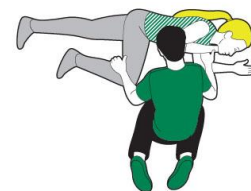
Treatment

Aims

- To protect the patient from injury while the fit lasts. The floor is the safest place
- To provide care when consciousness returns
- Note the time and duration of the fit and what preceded it to notify emergency services or medical staff

Action – if known epileptic

- Contact the Medical Centre on 01884 232422/07801 016570
- If fit lasts more than 3 minutes, or is longer than is “normal” for the casualty, CALL (9) 999 stating clearly POST CODE and PERSON FITTING
- Do not move or lift patient unless he/she is in danger
- Do not use force to restrain him/her
- Do not put anything in his/her mouth
- Help to the ground if appropriate and clear the area
- Loosen clothing around the neck
- When convulsions cease check breathing
- If breathing place in the recovery position (see image)
- If NOT BREATHING, call (9)999 stating clearly POST CODE and CHILD NOT BREATHING – START CPR



Action – if not known

- IMMEDIATELY CALL (9) 999 stating clearly POST CODE and CHILD/ADULT FITTING
- Continue as above until ambulance/paramedics arrive

PROTOCOL FOR THE EMERGENCY TREATMENT OF ANAPHYLAXIS AND THE USE OF AN ADRENALINE AUTO-INJECTOR (AAI)

Anaphylaxis is a rapid, severe allergic response when someone is exposed to a substance to which they are **allergic** i.e., insect bites or stings, food or drugs. When exposed to the allergen, chemicals are released throughout the body which causes an abnormal cascade reaction. The initial reaction may occur very rapidly within minutes of exposure or may be delayed **by up to an hour (secondary reaction)**.

Symptoms signalling the onset of an allergic reaction include:

- Itching of the skin, raised rash (like nettle rash), flushing
- Swelling of the hands and feet
- Wheezing, hoarseness, shortness of breath and coughing
- Headache
- Nausea and vomiting
- Abdominal cramps

More serious symptoms include:

- A feeling of impending doom
- Difficulty swallowing /breathing
- Swelling of lips, throat and tongue
- Severe shortness of breath
- Collapse and loss of consciousness

Action

- If you notice any symptoms above, establish from patient if they have any known allergies
- Check Critical Need to Know if available and / or check wrist for medic-alert bracelet if person unknown
- **Prepare adrenaline (AAI) without delay**
- Support the person in self- administering their adrenaline auto-injector (AAI)
- Administer AAI if symptoms are severe and progressing rapidly and unable to self-administer
- Call (9)999 stating clearly post code and **anaphylaxis**
- **Lie flat or sit up slightly if having breathing difficulties**. Put in recovery position if unconscious. **Avoid standing or moving person.**
- Contact the Medical Centre on 01884 232422/07801 016570 who will attend immediately and take the decision on necessity of (9)999 call if person conscious

Pupils are responsible for carrying their own AAI. A second prescribed AAI will be located in their House clearly labelled with their name.

Their photo ID will be on the CNTK list. Additional generic AAIs are located throughout the campus in the Kitchens, Medical Centre, Athletics Amory Pavilion and school garden shed. The AAI contains adrenaline which is essential for the treatment of anaphylaxis. It is designed to be used easily by people without medical training.

TO ADMINISTER AN AAI (e.g., Epipen, Emerade, Jext1):

- Take the AAI out of the plastic tube and follow instructions on the auto-injector
- Inject the AAI midway in the outer thigh muscle – you can inject through clothing but not thick seams
- Hold in place for the specified time
- Remove AAI and massage thigh. **If possible, note time given. Stay with person.**
- Dispose of AAI in a sharp's container (available with the ambulance or in the Medical Centre)
- Be prepared to administer another dose after 5 minutes if the persons condition deteriorates again

An Allergy Kit is available in the kitchen & on Amory which contains a generic AAI & Antihistamine tablet.

PROTOCOL FOR THE TREATMENT OF BURNS

Burns are caused by contact with heat, such as fire, or exposure to a radiated heat source, e.g. the sun, certain chemicals, electricity and friction. A scald is a burn caused by a hot liquid or steam.

Aim

- To cool the skin as soon as possible.

Treatment for Minor Burns

- Hold under running cold water (tap water will suffice) for at least 10 minutes, if available
- Remove rings if burns are on hands
- Apply burn gel if available and cover with cling film if available
- Send the patient to the Medical Centre for medical attention and assessment
- When the Medical Centre is closed, call the night nurse on-call (see rota) for advice
- It is important to obtain an accurate history of how the accident occurred, and if a chemical burn establish the name of the chemical and inform the Medical Centre
- Do **NOT** apply creams or anything else on skin
- Fill in an Accident Report and send to Bursary
- If burn under clothing, loosen but do not remove

Treatment for Major Burns >10% body area (palm of hand = 1% approximately) or across full circumference of body (e.g., arm)

- Immediately call 999 stating clearly post code and 'child with burns'
- Follow procedure for above **do not apply burn gel**
- Contact the Medical Centre on 01884 232422/07801 016570

PROTOCOL FOR THE TREATMENT OF NOSEBLEEDS

Nosebleeds are common in children and are usually mild and easily treated. Sometimes bleeding can be more severe, but this is usually in older people or those with medical problems such as blood disorders.

Causes

- The small blood vessels inside the nose are very delicate and can rupture for no apparent reason
- The most common site is in Little's area which is just inside the entrance of the nostril on the nasal septum (the middle harder part of the nostril)

Reasons for Nosebleeds (Epistaxis)

- Picking the nose
- Colds and blocked stuffy noses i.e., hay fever
- Blowing the nose
- Minor injuries to the nose
- Spontaneous – blood vessels may need cautery

Treatment

- Sit up, with head slightly forward
- Pinch the lower fleshy end of the nose with finger and thumb, completely blocking the nostrils
- Apply pressure for 10-20 minutes
- Place an icepack at the back of the neck
- Once the nosebleed has stopped, do not pick the nose and do not blow the nose for up to 24 hours and **avoid hot drinks**
- If the bleeding does not stop after 10 minutes contact the Medical Centre on 01884 232422/07801 016570, the on call out of hours nurse or take to the Urgent Care Unit for further advice.
- If the condition deteriorates, if the pupil collapses or has a large haemorrhage, please ring (9) 999 for an Ambulance

SHARPS MANAGEMENT AND NEEDLESTICK INJURY

All staff should be educated in the safe use and disposal of sharps and the action to be taken in the event of an injury.

Sharps containers at school should be situated in a safe and secure place. **At no time should a sharps container be placed on the floor.**

Sharps containers can be obtained from the medical centre.

Sharps containers should be disposed of when no more than $\frac{3}{4}$ full and when the container has been in use for 3 months, whichever is first.

Please close the sharps container securely and return it to the Medical Centre for safe disposal.

Sharps should be placed into the sharps container by the person using them.

Action to be taken following a needlestick injury.

- Bleed it – encourage bleeding of the wound by squeezing it under running water
- Wash it – the injured area or damaged skin should be washed thoroughly and dried. Blood or body fluid splashes to mucous membranes or eye should be irrigated copiously with water
- Report it – contact the Medical Centre for advice and sign posting.
- Report it – inform your line manager and complete an Accident Form.

PROTOCOL FOR THE TREATMENT OF PHYSICAL INJURIES

1. Head Injuries

- It is important that all sports staff are aware of the RFU's Headcase Concussion Guidelines and have completed the RFU training programme.
- The sports staff should also keep updated with sports guidelines, such as RFU, England Hockey and FA
- Every pupil doing contact sport, especially rugby, should watch the HEADCASE video at the start of term, as organised by the Head of Games
- Before team selection, the OFF GAMES register must be reviewed

MANAGEMENT OF A HEAD INJURY

An immediate on-field assessment is required. **Be mindful of a possible spinal or neck injury. If in doubt, do not move the pupil.**

Red flags following a head injury include – neck pain or tenderness, double vision, seizure or convulsion, weakness or tingling in arms or legs, severe or increasing shortness of breath, loss of consciousness, deteriorating conscious state, vomiting, increased restlessness, agitated or combative

If there are any concerns, medical advice should be sought from the Medical Centre, the Pitch-Side Medics or the Emergency Services.

If a pupil is sent to the Medical Centre for an assessment, they must be accompanied.

- Information for the Medical Team – It is very important to provide an accurate history of incident, if the incident was witnessed' If KO'd, length of time unconscious, the mechanism of injury, any confusion, disorientation, amnesia, headaches, vomiting, visual disturbances, fitting etc. any neck or limb symptoms and any other injuries.
- If possible, obtain a Maddocks Score. This provides some understanding of the immediate effects of the head injury. See Page 38
- If required, complete an ICL (Injury Communication Log) – that is, if for some reason, the pupil is taken off site and is not seen by the Medical Centre or Emergency Services. A copy of the completed ICL should be sent to the Medical Centre, to ensure the injury is followed up and managed in school appropriately.
- Following a medical assessment, Parents/House Parents will be given the appropriate advice.
- ISAMS/OFF Games should be updated ASAP
- Pupils following a head injury will return to sport only under the management of the School Doctor and the Medical Centre

2. Neck and/or Spinal Injuries

- If there are any signs or symptoms of possible neck or spinal injury, **do not move unless danger to life and requires CPR**. Use the log roll technique to get the casualty onto their back to commence CPR or to remove from danger (see image below)

Signs and symptoms of neck or spinal injury

- Pain, swelling, deformity or feeling tender at the back of the neck
 - Loss of motor function (e.g. unable to move arms and legs properly)
 - Loss or alteration of sensation (e.g. numbness in arms or legs)
 - Obvious deformity
- To perform a safe log roll use as many helpers as you have available to enable you to turn the body with the spine kept straight with the head and neck well supported. Attempt to roll the patient in one smooth movement

LOG ROLL TECHNIQUE



Further Action

- Call (9)999 clearly stating post code and casualty's suspected injury
- Contact the Medical Centre
 - Immobilise the head to prevent further injury. If available, assign one person to position themselves at the patient's head, using their hands to keep the head and neck in one position (see below)



- If the casualty stops breathing effectively, commence CPR
- If there are concerns regarding the airway, open the airway using the jaw-thrust technique. To do this, put your fingertips at the angles of the jaw and gently lift to open the airway, **avoiding tilting the neck**
- If there is vomiting roll them onto their side, using the Log Roll technique. One person should maintain control of keeping the head and neck in line
- Stay with the casualty until help arrives and keep casualty warm

3. Suspected Fractures

Obvious Fractures/Major Limb Injury

- If there is an obvious fracture to the leg or **open fracture of limb**, do not move the casualty. Keep them warm
- Call (9) 999, clearly stating post code and child with fracture
- Contact the Medical Centre



Suspected Minor Fractures (eg wrist/ankle)

- If an arm injury, apply a sling for support or use the casualties clothing for support (see image)
- Accompany the pupil to the Medical Centre for assessment
- Contact the Medical Centre/Night Nurse for advice on 01884 232422/Medical Centre on-call rota.

4. Soft tissue injury/acute phase_(first 48-72hrs)

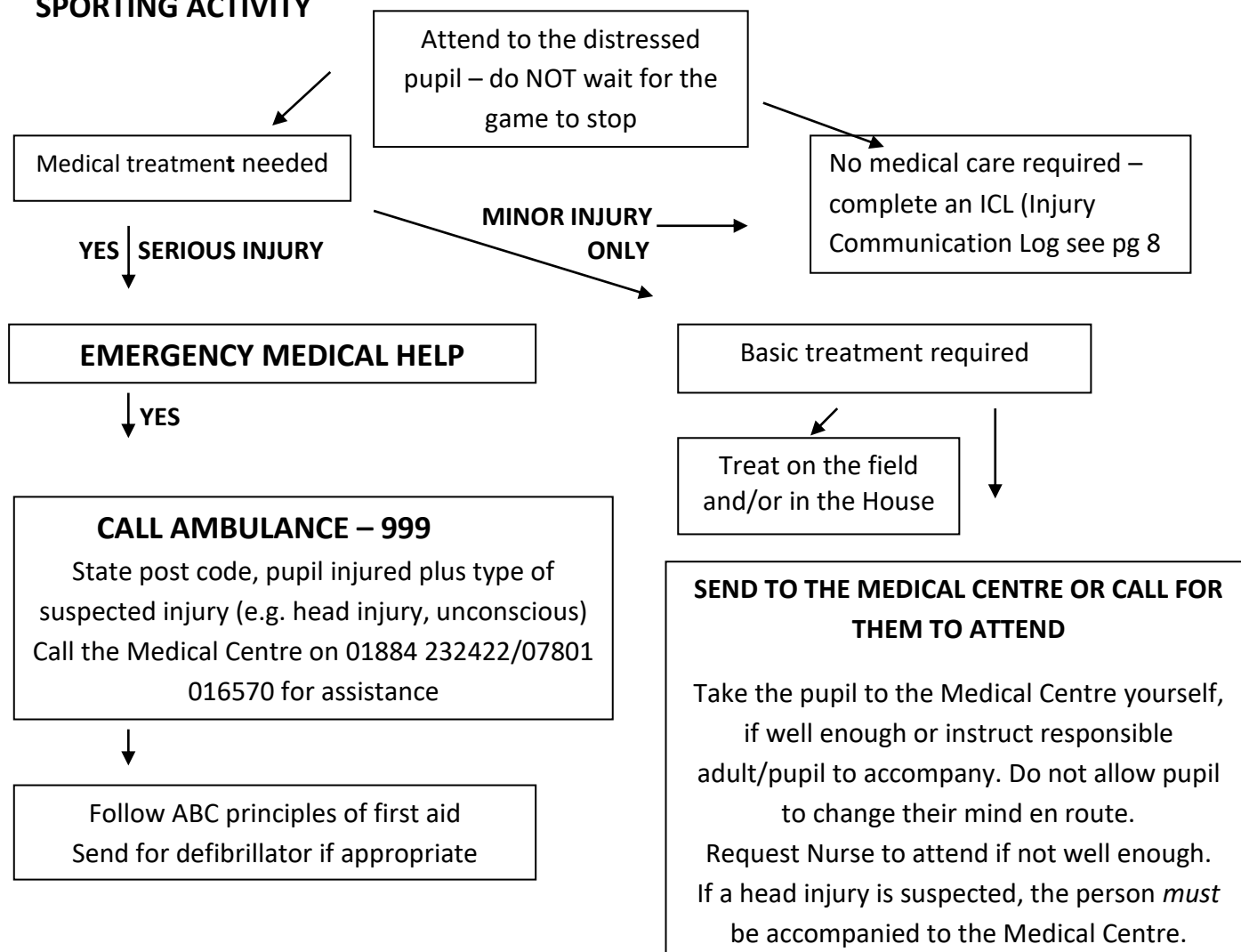
The aim

- To control bleeding and swelling, relieve pain and protect the injury from further damage

Treatment

- Protect from immediate further injury
- Rest the injury
- Ice: - commence as soon as possible; 10 minutes every 2 hours (**do not apply ice directly to skin, wrap in towel**)
- Compression (may be used in the Medical Centre): - double tubigrip
- Elevation: elevate using pillows when resting for leg injury or using sling, if arm injury
- Regular analgesia e.g. use Paracetamol as first line medication. Check re: allergies/asthma. Ibuprofen to be administered by/or on advice from Medical Centre staff only
- Contact the Medical Centre/Night Nurse for advice on 01884 232422 or on-call rota or the UCC in Tiverton

PROTOCOL FOR GAMES STAFF IN THE EVENT OF INJURY TO PUPILS DURING ANY SPORTING ACTIVITY



MOBILE PHONES

It is strongly recommended that you take a mobile phone with you to the playing area and have the appropriate numbers 'locked in' to your phone.

Medical Centre land Line/Mobile: 01884 232422/07801 016570

Tiverton Hospital Urgent Care Unit: 01884 235440

Emergency services: 999

***IF YOU HAVE ANY DOUBTS OVER THE EXTENT OF THE INJURY, DO NOT MOVE THE PUPIL – WAIT FOR A QUALIFIED MEMBER OF THE MEDICAL TEAM TO ARRIVE.**

MATCH DAYS

Additional support is provided by an outside agency during the Autumn/Spring terms. They provide pitch side first aid and transportation. They will designate a member of staff to each sporting area with a walkie-talkie for the duration of the event. They also may carry the Medical Centre mobile.

IF ON AN AWAY FIXTURE, ON YOUR RETURN PLEASE INFORM THE MEDICAL CENTRE OF ANY INJURIES TO PUPILS.

PROTOCOL FOR DEALING WITH INTOXICATED PUPILS

1. MANAGEMENT

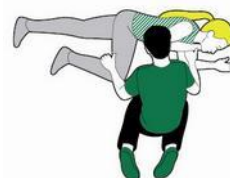
- For unconscious pupils **CALL AN AMBULANCE – (9)999, clearly state POST CODE and PUPIL UNCONSCIOUS.** The Medical Centre or relevant On Call Nurse must be informed immediately **when safe to do so**
- The responsible House Staff is to contact the Night Nurse on-call. Please refer to the NURSES ON-CALL ROTA which is circulated to all Staff by email each Monday and is also posted up in the common room
- Please note that the Night Nurse should only be called out for full boarders, weekly boarders or flexi-boarders if they are staying in for the night. Although a flexi-boarder boarding constitutes a full boarder, the House Parent should try to contact the pupil's parents regardless
- The pupil must be brought to the Medical Centre by a responsible adult to meet the Night Nurse at a pre-arranged time. A responsible adult may also need to stay in the Medical Centre as a chaperone

2. ASSESSMENT

- Assess level of consciousness (AVPU)
 - Alert (are they awake and orientated?)
 - Voice (or do they respond to your voice?)
 - Pain (or do they respond to pain i.e. a pinch of their ear lobe?)
 - Unconscious* (or are they unrousable?)

*Deep coma following alcohol ingestion is a medical emergency, so immediately call (9)999

- Ask witnesses for history: type and quantity of drink or other possible substances taken
- Are you aware of any other circumstances which may be involved? History of depression, attempted suicide or any known medical conditions which may be causing symptoms, such as diabetes or epilepsy?
- If the pupil is drowsy or unconscious and at risk of vomiting, please place in the recovery position (see image) to protect their airway should they vomit
- Always consider medical review if you have any concerns



DECONTAMINATION POLICY

Introduction

Decontamination is the term used to describe a range of processes, including cleaning, disinfection and/or sterilisation and disposal, which remove or destroy contamination and thereby prevent infectious agents or other contaminants reaching a susceptible site in sufficient quantities to cause infection or any other harmful response.

Management of Spillages of Bodily Fluids

There is a risk of infection to both the people clearing the spillage and to anyone in the vicinity.

Procedure

- To prevent the spread of infection, if practical, cordon off the area or lock the doors to the affected area until it is possible to clear the spillage
- Exclude from the immediate area anyone not involved in cleaning the spillage. It is especially important to exclude pupils who may not fully appreciate the risk of infection
- If in House collect the 'grab bucket' containing disposable gloves, apron, 'absorbent powder, Biohazard disposable bags, scoop and scraper
- If in an Academic Department, firstly call the porter who will clear the spillage. If a porter is unavailable collect gloves, apron, and absorbent clean-up powder from the Cleaner's cupboard.
- Wear protective disposable gloves and, where necessary, cover exposed parts of arms, mouth, nose and eyes. Remember to cover any existing open wounds
- Clear up spillage, taking care not to miss any affected areas as per instructions in the green grab bucket
- If the spillage is on a carpeted area this must be cleaned using a carpet cleaner
- Curtains or loose fabric covers should be laundered or dry-cleaned
- Use sign advising of wet floor if necessary
- Refer to laminated instructions in the grab bucket
- Please contact Head Porter to replenish any equipment used

Disposal of all contaminated materials, including all protective clothing used as follows: -

MAIN SCHOOL

- All potentially infected clothing/bedding should be washed separately at high temperature in a washing machine, dried in House, and then sent to the school laundry.
- All contaminated waste (e.g. tissues, clothes and bedding that cannot be washed) should be put into a yellow Biohazard disposal bag which can be found in the 'Grab bucket.' This must be taken to the Medical Centre by a member of staff for disposal in Clinical Waste. Replacement Biohazard bags must be obtained from the Medical Centre
- All surfaces to be cleaned with the recommended cleaner

MEDICAL CENTRE

- All potentially infected clothing/bedding should be washed at high temperature at the Medical Centre, dried and sent to the school laundry
- Place all infected material in yellow Clinical Waste bags and place in clinical waste bin for collection

FOR ALL STAFF

- Follow good personal hygiene when finished, washing hands and forearms thoroughly with soap and warm water

Important Note – if, despite above precautions, accidental contact occurs: -

- With a bleeding wound, make it bleed
- Wash under running water
- Cover the wound
- If there is eye or mouth, contact wash / rinse thoroughly
- Report incident immediately to the Medical Centre as a blood test may be advised
- Complete an accident form and send to the Bursary.

DECONTAMINATION PROCEDURE FOR ALL EQUIPMENT:

MAIN SCHOOL

All equipment such as beds, floors, washing facilities, lockers etc, should be cleaned daily with warm water using the antibacterial/anti virucidal cleaner supplied, in the concentration advised for general daily cleaning. The cleaner/solution will be provided to you in a concentrated form by the Head Porter. Please mix it as per the manufacturer's instructions for general daily cleaning. Please contact the Medical Centre or the Head Porter for advice if needed.

Following an outbreak of diarrhoea or vomiting or any other contagious disease, such as Norovirus or influenza, please follow advice from the Medical Centre and the Head Porter as to the concentration of the cleaning solution to be used and the contact time required. This will be an increased concentration of the solution that is used for general daily cleaning. Please contact the Medical Centre for advice, as needed.

SCHOOL BUSES/COACHES

- The First Aid Box may contain sick bags or disposable vomit bowls
- Inside the passenger glove box is a yellow Body Fluid Disposal Kit. The Medical Centre must be informed immediately if any contents of the First Aid package have been used.
- When collecting First Aid boxes for school trips from the Medical Centre please also collect 2 sick bags and one emergency spillage compound pack
- Unused packs /bags MUST be returned with the First Aid box to the Medical Centre on return to school

Medical Centre

- All equipment such as beds, floors, washing facilities, lockers, chairs etc. should be washed with warm water using an anti-viral/anti-bacterial cleaner, rinsed and dried thoroughly
- After any episode of diarrhoea and/or vomiting or any other potentially infectious episode or after an inpatient has been discharged wipe all surfaces with a VIRUCIDAL SPRAY
- All crockery and cutlery must be washed in the dish washer at the highest temperature
- Medical equipment should either be disposable (and disposed of after single use in clinical waste), wiped with a sterile wipe/washed with general purpose detergent

The Senior Nurse or nurse on duty at the Medical Centre will contact the Health Protection Agency for further information on infection control/decontamination should it be necessary.

MADDOCKS SCORING – Pitch side concussion assessment following a head injury

Introduction

It can be very difficult to determine if a pupil has sustained a concussion following a head injury, particularly if you do not know the pupil in question. It is also very useful for medical staff to have some understanding of the immediate effects of a head injury. A useful measure of determining if there may be a problem that requires further medical review is to ask a set of questions at the time of injury. This is a score out of 5 (Maddocks score). The score of this should be given to the Medical Centre or emergency services.

Please ask the pupil the following 5 questions and make a note of the score out of 5 (all correct = 5/5) to notify the medical staff. Any pupil who scores less than 5 should stop play and be sent with an escort, for review in the Medical Centre or by the pitch side first aid team.

- 1: At what venue are we at today?
- 2: Which half is it now?
- 3; Who scored last in this match/session?
- 4; What team did you play in the last game?
- 5: Did your team win the last game?

Please adapt the questions asked as appropriate



**Blundell's School
Injury Communication Log (ICL)**

Name:
Date of Birth
School:
House:
Date, time and location of the accident/injury:
Witnessed by:
Details of the accident/injury:
Advice and any treatment given:

Advised to seek medical advice	Yes	No
Signature:	Date	

The ICL must be completed for accidents occurring off school campus, or injuries that have not received medical assistance.

Please give a copy of this form to the pupil and put the original in the Medical Centre pigeonhole in the Common Room.

GUIDANCE ON MEDICAL MATTERS FOR HOUSE STAFF

ESSENTIALS TO KNOW

- Location of first aid kits and first aid trained persons within your own department
- Location and contents of the 'First Aid and Medical Provision' Handbook
- Location of medicine cabinet key and controlled drugs key (if CDs in House)
- Location of emergency medicines i.e. adrenaline auto-injectors (AAIs) such as EpiPens and asthma inhalers. Check instructions for use
- Postcode of your House location for emergency calls
- Location of two defibrillators (AED's) in School – outside the Medical Centre and at the automatic doors by the steps to the Common Room. An additional AED is at the Prep School.
- Pupils from your House on the 'Critical need to Know' posters
- All head injuries must be accompanied to the Medical Centre. Following an injury on the pitch, please complete a Maddock Score Assessment which is a useful diagnostic tool for diagnosing concussion. The Maddock score is a series of 5 simple questions, such as, who are we playing today or who scored last which highlight the immediate effects of the head injury.
- Training is available from the Medical Centre for ALL medical conditions and devices.
- An Injury Communications Log (ICL) must be used when a pupil has sustained an injury that is not attended to in the Medical Centre. An ICL can be found in every Sports First Aid Kit and in kits supplied for trips. It is a duplicate document. A copy should be given to the pupil and original copy put in the Medical Centre pigeonhole in the Common Room.
- On undertaking a risk assessment, as for a school trip for example, pupils with medical need-to-know conditions will be highlighted on ISAMS by a red flag and a medical alert. If you have any queries or concerns, please contact the Medical Centre for further details or advice on any medical conditions or medications. The IT Dept can assist with IT training. Some pupils may need to take medications with them on the trip or may require a special diet.

WHO TO CALL FOR MEDICAL ASSISTANCE?

- Contact the Medical Centre on ext **422/423 (01884 232422)** Mon – Sat 0800 – 1800hrs OR the on-call nurse outside these hours. On-call rotas are sent weekly to the House Parents. The Medical Centre mobile number is **07801 016570**
- First Aiders are located throughout the school. Please see the **Do You Need Medical Assistance** poster in your department and note the First Aiders in your Department.
- **111** is available for non-emergency advice or guidance, **999** emergency services
- Clare House Surgery (for full and weekly boarders only) **01884 252337** for duty doctor advice Mon-Fri office hours. The school Doctor holds a clinic in the Medical Centre over lunchtime on Monday, Wednesday, and Friday. (A female GP is available if needed)

WHAT SHOULD I DO IF A CHILD IS UNWELL OR INJURED WHEN I AM ON DUTY IN THE EVENING?

(Please contact the Medical Centre or the On-Call Nurse and the Houseparent, if necessary)

Choose whichever of the services below is appropriate to the severity of the situation.

- **IN AN EMERGENCY (9) 999** for ambulance – know your HOUSE postcode*
- Royal Devon and Exeter Accident and Emergency (Minor Injuries) **01392 402312**
- Tiverton Urgent Care Centre (**01884 235400**) open until 8pm with x ray available at certain times
After 8pm ring Devon Doctors on 111 and, if necessary, they will meet you and the pupil in Tiverton Hospital*
- If you are concerned in any way, please call the on-call nurse
- Out of hours, after 6pm, it may be necessary for a member of the House staff to assist with the transportation of a pupil, if the on-call nurse is unable to leave the Medical Centre.

***Please note that all pupils must be accompanied by a member of staff. Liaise with the Medical Centre/On Call nurse and the House Parent. Ring the night nurse before departure and the nurse can meet you in the hospital to take over if appropriate.**

MEDICATIONS:

- You can dispense paracetamol, throat lozenges, antihistamines and simple linctus as recommended. If unsure, call the On Call nurse for advice. Ibuprofen can ONLY be administered with the approval of a nurse. These are kept in the locked medicine cabinet. Please sign and complete the House Medication book noting the nurse you contacted for approval for the in the case of ibuprofen.
- Pupils' own prescribed medications are located in the medicine cabinet and doses given are recorded in the House Medication Book.
- Some pupils, aged 16 or over, may have been deemed competent to self-medicate and may store their supplied securely in their rooms. Otherwise, pupils must hand in all medication
- Adrenaline auto-injectors (AAI's): All pupils should carry their own AAIs at all times, for rapid emergency use. They are prescription only and intended only for the named pupil who is at risk of anaphylaxis. All spare AAIs are stored in the labelled box on or near the medicine cabinet in House
- Asthma inhalers and spacers: All pupils on the 'Asthma List' are eligible to use the emergency blue Ventolin inhaler in House for their asthma symptoms if they cannot access their own.
- Antihistamines: There are 2 different types of antihistamines available for use in House. Loratadine is the preferred medication for hay-fever, Chlorphenamine (Piriton) is the preferred medication for use in allergic or acute reactions and has a quicker onset of action. If Loratadine does not have the desired effect, Piriton may be used in the same 24-hour period.
- Controlled Drugs (CDs): These must be locked in the CD box, within the CD cabinet. You must check the medication with another member of staff as two signatures are required when these are administered.

Please use this blank page for any notes or record keeping:

Please contact the Medical Centre if you have any queries regarding this document.

Approved: -

School Doctor:

Date:

Governor for Health and Safety:

Date:

NB – The original signed master copies of the policy are kept in the Medical Centre

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Tiverton
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