



FIRST AID & NEEDLESTICK POLICY

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St Edward's School has a duty to ensure that there is timely and competent administration of first aid for pupils, employees and visitors who become ill or who are injured at the School.

First Aid is defined as the immediate attention to prevent minor injuries becoming major ones. It excludes giving tablets or medicines to treat illness.

At St Edward's, all the House Matrons and the nurses employed in the Health Centre hold a current first aid certificate. In addition, all Boarding House staff and a large number of Departmental employees also hold a valid certificate.

First Aid boxes can be found in all Boarding Houses at the following locations:
(These are checked and maintained by the Estates Office on a termly basis)

Art Design and Technology

Boathouse

Bursary

Catering

Chapel/Chambers

Christie Centre

Workblock

English

Estates & IT

Exhibition Building

Facilities Reception

Language

Laundry

Learning Support

Life Sciences

Library

Maths

Mixed Media Centre

MCR

Martyrs Pavilion

Old Pavilion

Piggeries

Physical Sciences

Sports (Douglas Bader)

The Lodge

The North Wall

The Ogston Building

Warden's Office

The Procedure:

- If a pupil becomes unwell in a class or suffers a minor injury, it is good practice to send that pupil to the Health Centre. They must always be accompanied by another pupil. The Health Centre should be telephoned (319244) to warn them a pupil is coming over.
- If a pupil is seriously injured or too ill to move, then the Health Centre should be contacted and a nurse will attend the pupil.
- If a pupil has been seen by the Health Centre, then the nurse on duty will inform parents concerning the illness or an accident.
- If the pupil has been involved in an accident but not been seen by the Health Centre, then the HM will contact parents.

Calling an ambulance from the Health Centre

(What to expect/what to do for non-medical staff)

In most circumstances, an ambulance will be called by a nurse from the Health Centre. However, there may be times, e.g. anaphylactic shock, where an ambulance needs to be called immediately. If you need to call an ambulance:

- Dial 999
- State that you require the ambulance service
- Answer any questions concerning the incident as briefly as possible.

School Address and meeting the ambulance

- Quad side: St Edward's School, Woodstock Road, Oxford **OX2 7NN** and the
- Field Side / Health Centre: **OX2 7NZ**
- Tell the operator exactly where the incident has taken place.
- Post a member of staff at the entrance to the Main School and St Edward's Avenue (the entrance to the playing fields) to direct the ambulance to the incident
- Contact the Health Centre (01865 319244) to inform them that you have called for an ambulance
- Ring the Gatehouse (01865 319322) and alert them that an ambulance has been called
- Alert the Sub-Warden in all instances when an ambulance has been called.

Reporting an accident

All accidents must be recorded on the Safesmart Smartlog, which can be accessed via the intranet dashboard. This must be completed no later than one working day from the incident.

The Health and Safety Officer will monitor the frequency and severity of all accidents reported. Where appropriate, details of an accident will be reported by the Health and Safety Officer to the Health and Safety Executive as specified by RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 1995). Sports coaches will have a briefing on dealing with injuries during their start of term briefing.

General guidance on dealing with accidents

Members of staff should have a knowledge of the most basic first aid and resuscitation techniques and those regularly involved in directing activities with higher levels of risk should have more advanced first aid skills. The following are useful guidelines for particular sorts of injuries/conditions:

Dealing with accidents involving bleeding and blood and body fluid spillage.

All blood and body fluid (e.g. urine and vomit) spillages should be regarded as potentially infectious and the same precautions applied to each incident.

Dealing with cuts & nosebleeds

The normal first-aid response is to wash any wound sustained and apply a suitable dressing, with pressure pad if necessary. Staff should wear disposable gloves when dealing with all wounds. It is

therefore recommended that staff on duty carry a pair of disposable gloves with them. If such an approach is used there is a negligible risk of blood borne virus spread.

Intact skin provides a good barrier to infection and staff should wear waterproof dressings on any fresh cuts (less than 24 hours old) or on their hands. Staff should always wash their hands using soap and warm water and dry them thoroughly after dealing with other people's blood.

Disposable gloves should be discarded immediately after use, even if they look clean. Report and record the incident to the Health Centre.

Dealing with bite injuries

If a bite does not break the skin:

- Clean with soap and water.
- No further action needed.

If a bite breaks the skin:

- The wound should be allowed to bleed gently
- Clean immediately with soap and water
- Record the accident in the accident book
- Seek medical advice from the Health Centre or injured person's GP:
 - a. To treat infection and check the persons' tetanus immunisation status
 - b. For risk assessment for blood-borne viruses

Dealing with body fluid spillages

All body fluid spillages should be cleaned up immediately.

Precautions

- Before contact with blood or body fluids, any skin lesions, particularly cut and abrasions, should be covered with a waterproof dressing or disposable gloves.
- Splashes of blood or body fluid onto the skin should be washed off immediately with soap & water.
- Broken glass should never be picked up by hand, even if wearing gloves. A paper or plastic scoop should be used, and glass disposed of safely in a clinical sharps box. If a clinical sharps box is not available place the glass in an impenetrable container, out of reach from children, and dispose of as glass waste

Cleaning procedure

- Wear disposable gloves and apron and ensure adequate ventilation (open a door or window).
- Never use mops to clear up body fluid spills that may be contaminated with blood.
- Absorb spillage with disposable paper towels.
- Make up a solution of bleach (one-part household bleach to nine parts water). Carefully clean the area with the bleach solution using a disposable cloth. Please note that bleach should never be applied to spillages of urine or vomit.
- Clean the area thoroughly with warm water and detergent using a disposable cloth.

- Place paper towels, disposable cloths, gloves and apron waste into a yellow clinical waste bag. Securely seal the bag by tying the neck in a knot.
- The School has a clinical waste contact and collection is organised through the Domestic Services Manager (01865 319317); please contact the Domestic Services Manager if you need more frequent collection or larger bins.

Where carpets and soft furnishings are present, steam cleaning is recommended immediately following the spills. Bleach can be used but may discolour the carpet or soft furnishings.

Head injuries

If a pupil sustains a head injury, it is essential that they are referred to the School Health Centre under supervision immediately. The School Nurses will follow the School's Head Injury and Concussion Policy. If there is a risk of a neck injury, the patient must not be moved, and the health centre informed so as to attend the pupil at the scene.

Eye Injuries

A pupil hit in the eye or experiencing pain or mistiness of vision should be referred to the Health Centre without delay.

Asthma Emergency Guidelines for School Staff

In an asthma attack the muscles of the air passages in the lungs go into spasm and the linings of the airways swell. As a result, the airways become narrowed and breathing becomes difficult. Sometimes there is a specific trigger for an asthma attack such as:

- An allergy
- A cold
- Cigarette smoke
- Extremes of temperature
- Exercise

People with asthma usually deal well with their own attacks by using a blue reliever inhaler. However, you may be required to assist someone having an asthma attack or having an attack for the first time.

Recognition Features

- Difficulty in breathing, with a very prolonged exhaling phase. There may also be:
- Wheezing as the casualty breaths out.
- Difficulty speaking and whispering.
- Distress and anxiety.
- Coughing.
- Features of hypoxia, such as a blue-grey tinge to the lips, earlobes and nailbeds.

Treatment

Your aims during an asthma attack are to ease the breathing and get medical help.

- You need to keep the casualty calm and reassure them. If there is a second person available ask them to call the health centre on (319)244.
- If they have a blue inhaler, then encourage them to use it. It should relieve the attack within a few minutes. If you are alone call the health centre at this point.
- Encourage the casualty to breath slowly and deeply.
- Encourage the casualty to sit in a position that they find most comfortable.
DO NOT LIE THE CASUALTY DOWN.
- A mild asthma attack should ease within 3 minutes; if not encourage them to use their inhaler again.
- **IF THE CASUALTY BECOMES WORSE OR IF THEY BECOME UNCONSCIOUS, place in recovery position and CALL AN AMBULANCE IMMEDIATELY.**

Diabetes/Hypoglycaemia (Low Blood Sugar) Emergency Guidelines for School Staff

When the blood-sugar level falls below normal (hypoglycaemia) brain function is affected. This problem is sometimes recognised by a rapidly deteriorating level of response. Hypoglycaemia can occur in people with diabetes mellitus and, more rarely, appear with an epileptic seizure or after an episode of binge drinking.

Recognition Features:

- A history of diabetes; the casualty may recognise the onset of a 'hypo' attack.
- Weakness, faintness or hunger.
- Palpitations and muscle tremors
- Strange actions or behaviour; the casualty may seem confused or belligerent.
- Sweating and cold, clammy skin.
- Pulse may be strong and rapid.
- Deteriorating level of response.
- Diabetic's warning card, or medic alert necklace/ bracelet, insulin syringe on person or glucose gel.

Treatment

Your aim is to raise the sugar content of the blood as quickly as possible and to obtain medical help.

- Help the casualty sit down.
- If a second person is available ask them to phone the Health Centre on 01865 319244.
- If the casualty is conscious and able to swallow, give them a sugary drink, sugar lumps, chocolate or any other sweet food.
- Alternatively, if they have their own glucose gel help them to take it, then call the health centre.
- If the casualty is unconscious but breathing normally place in the recovery position. Any concerns regarding breathing place in recovery position and phone for an ambulance and then the Health Centre.
- If the casualty is conscious but not fully and is unable to swallow phone the health centre.

They may be agitated and resist being placed in the recovery position but if possible you should do so.

Seizures: Emergency Guidelines for School Staff

A seizure is also called a convulsion or fit – it consists of involuntary contractions of many muscles in the body. The condition is due to a disturbance in the electrical activity of the brain. Seizures usually result in the loss or impairment in consciousness.

The most common cause is epilepsy. Other causes include:

- Head injury
- Some brain damaging diseases
- Shortage of oxygen or glucose in the brain
- The intake of certain poisons including alcohol.

Recognition Features:

- Sudden unconsciousness
- Rigidity and arching of the back
- Convulsive movements

In epilepsy the following sequence is common:

- The casualty suddenly falls unconscious, often letting out a cry.
- They become rigid, arching their back
- Breathing may cease. The lips show a grey-blue tinge and the neck and face may become red and puffy.
- Convulsive movements begin. The jaw may be clenched and breathing may be noisy. Saliva may appear at the mouth and may be blood stained if the tongue or lips have been bitten. There may be loss of continence.
- Muscles relax and breathing becomes normal; the casualty recovers consciousness, usually within a few minutes. They may be dazed or act strangely. They may be unaware of their actions.
- After a seizure, the casualty may feel tired and fall into a deep sleep.

Aims

- To protect the casualty from injury
- To give care when consciousness is regained
- To arrange removal of the casualty to hospital if necessary

Treatment

- if you see the casualty falling, and if it will cause no harm to yourself, try to ease the fall
- make space around them, ask bystanders to move away and someone to phone the health centre on 244 or 01865 319244
- remove potentially dangerous items such as sharp objects and hot drinks.
- Note the time the seizure started and finished.
- If possible, protect the casualty's head by placing a soft padding underneath it.
- Loosen clothing around the casualty's neck. If you are alone call the health centre at this point.

When the seizure has ceased

- Open the airway and check breathing.
- Be prepared to give rescue breaths and chest compressions if required and you are trained/able to do so. In this instance call an ambulance, but do not wait for Nurse to arrive.
- If breathing is normal place in the recovery position.
- Note duration of the seizure.

Caution: Do not attempt to restrain the casualty or place anything in their mouth.

What is anaphylaxis?

Anaphylaxis, or anaphylactic shock, is a sudden catastrophic allergic reaction involving the whole body. Immediate medical treatment is essential - without it the heart and circulation may fail, and the sufferer could die.

The whole body is affected, often within minutes of exposure to the allergen but sometimes after hours. Peanut allergy and nut allergies more generally are frequently severe and for that reason have received widespread publicity. Causes of anaphylaxis also include other foods, insect stings, latex and drugs, but on rare occasions there may be no obvious trigger.

Why does anaphylaxis occur?

Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.

What exactly is going on?

An anaphylactic reaction is caused by the sudden release of chemical substances, including histamine, from cells in the blood and tissues where they are stored. The release is triggered by the reaction between the allergic antibody (IgE) with the substance (allergen) causing the anaphylactic reaction. This mechanism is so sensitive that minute quantities of the allergen can cause a reaction. The released chemicals act on blood vessels to cause the swelling in the mouth and anywhere on the skin. There is a fall in blood pressure and, in asthmatics, the effect is mainly on the lungs.

What are the symptoms?

The initial reaction is swelling and itching of the area the allergen has entered. Food initially causes swelling and itching of the mouth and throat, while a wasp sting will cause intense itching and swelling around the sting.

- A generalised reaction rapidly follows within minutes and a raised itchy rash spreads over the whole body. The face and soft tissues begin to swell and breathing becomes difficult as the throat closes.
- The person becomes very agitated – people describe a 'feeling of impending doom' - and their blood pressure begins to drop. At this point the victim collapses and loses consciousness.
- Anaphylaxis in adults tends to affect blood circulation, with loss of pressure and shock. Children tend to develop wheezing and fatal airway obstruction. Food-allergic children with coexistent asthma have a higher anaphylaxis risk.

- In anaphylaxis, the symptoms develop within a few minutes of contact with the allergen, so immediate treatment is essential

Look out for:

- generalised flushing of the skin
- hives and/or itching anywhere on the body
- sense of impending doom
- swelling of throat and mouth
- constriction of the airways, including wheezing and a swollen tongue or throat, that results in difficulty breathing
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma
- abdominal pain, nausea and vomiting
- sudden feeling of weakness (drop in blood pressure)
- collapse and unconsciousness

Mild Allergy Symptoms

Some people find that the allergy symptoms they experience are always mild. For example, there may be a tingling or itching in the mouth, or a localised rash - nothing more. This is not serious in itself and may be treated with oral antihistamines. However, in some cases the allergy may become worse over time. It is wise in all cases to make an appointment with the School Doctor and seek a referral to a specialist allergy clinic.

If there is marked difficulty in breathing or swallowing, and/or a sudden weakness or floppiness, regard these as serious symptoms requiring immediate treatment.

Providing First Aid

Although emergency medical help is essential, there are things that must be done to improve survival chances. If the person affected is conscious and having breathing difficulties, help them sit up. If they're shocked with low blood pressure, they're better off lying flat with their legs raised. If the person is unconscious, check their airways and breathing, and put them in the recovery position.



If you know that the person is susceptible to anaphylaxis, they will have been prescribed an Adrenaline Auto Injector to carry on them at all times as a life saving measure. If necessary, help the person inject it into their thigh muscle as per school protocol. A list of all pupils with known allergies, is made available to staff at the beginning of each academic year, which includes the pupil name, photo ID and the allergen. Boarding houses and academic departments also have the master copy.

Then dial **999** for an ambulance and tell the controller you think the person may have anaphylaxis, then call the school health centre 01865 319244.

Why does adrenaline work?

During anaphylaxis, blood vessels leak, bronchial tissues swell and blood pressure drops, causing choking and collapse. Adrenaline (epinephrine) acts quickly to constrict blood vessels, relax smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help to stop swelling around the face and lips.

What is the treatment for a severe reaction?

Adrenaline Auto Injector are available on prescription for those believed to be at risk. The injection must be given, as directed, as soon as a serious reaction is suspected and an ambulance must be called. If there is no improvement a second injection may be needed but in this instance if the ambulance has not arrived within 10 minutes' staff from the health centre will repeat the Adrenaline Auto Injector.

Adrenaline Auto Injector Policy

Adrenaline Auto Injectors are used in the treatment of anaphylaxis, a severe allergic reaction which can be life threatening if not treated immediately.

Allergic reactions can be to anything, although common allergies are to insect bites/stings, latex, nuts, foods, medications etc.

Adrenaline Auto Injector are prescribed by a GP and given to the allergy sufferer.

If a pupil has an allergy requiring an Adrenaline Auto Injector, they will always have 2 Adrenaline Auto Injector prescribed to them;

The school policy is that:

- One Adrenaline Auto Injector must be kept on the pupil at all times. They must take responsibility for having it on their person, either in a pocket or bag.
- The Health Centre has spare Adrenaline Auto Injectors if needed in an emergency. Adrenaline Auto Injector are kept in all School dining areas: main dining room, the Warden's dining room, Willow's and Cooper's Cafe.
- One Adrenaline Auto Injector will be kept in the pupils' boarding house, as a spare, should the Adrenaline Auto Injector on their person be lost or stolen. House Matrons are responsible for keeping the spare Adrenaline Auto Injector. Adrenaline Auto Injector must not be exposed to extreme hot or cold.

Pupils with an Adrenaline Auto Injector will have been taught how to use it in the event of an emergency. Ideally they may need to administer the Adrenaline Auto Injector themselves, immediately when they begin to have an allergic response. This will prevent the allergic response from escalating and gives a better chance of a full recovery.

The Health Centre nursing staff are also experienced in the administration of Adrenaline Auto Injector.

Health Centre nurses should be called as soon as any pupil has a reaction and will attend. Do not wait for a nurse to arrive to give the Adrenaline Auto Injector.

Should any staff member need to assist an allergy sufferer requiring an Adrenaline Auto Injector, these are easy to use and the instructions for administration are on the Adrenaline Auto Injector itself, making it quick and easy for anyone to use.

Therefore, in light of the above, St Edwards Staff will not receive formal training on the administration of Adrenaline Auto Injector, but if they wish to do-so they can book an appointment with the Health Centre for a training session.

It is the responsibility of the allergy sufferer and/or their parents to ensure the Adrenaline Auto Injector they carry is within date. Adrenaline Auto Injector expire annually and need to be re-prescribed from the School Doctor in time to update them before they expire.

Health Centre Nurses and House Matrons will be responsible for the Adrenaline Auto Injector in their areas and for checking use-by dates.

Using an Adrenaline Auto Injector:

As soon as the patient starts displaying signs of an allergic response to their trigger, sit or lay them down and do not let them move. The more movement, the more quickly the allergen circulates around the body.

- Keep them patient calm and reassure them
- Administer Adrenaline Auto Injector (this can be given through clothing if need-be, including denim) See attached sheet on directions for use.
- Once the Adrenaline Auto Injector has been given, dial 999 for an ambulance, the person may need further care or treatment, so it is vital they get to hospital ASAP.
- The Adrenaline Auto Injector must be the first line of treatment, before anything else is done. This is your priority, before dialling 999. NB 2nd Adrenaline Auto Injector may be required.
- Once the Adrenaline Auto Injector has been administered and an ambulance called, you should alert the Health Centre and a nurse will attend.
- The Health Centre will arrange for a new Adrenaline Auto Injector to be prescribed once one has been used.

Accidents and Injuries

Reporting Accidents

Any accident which results in an injury to a pupil, member of staff, contractors or visitors to the school must be reported on Safesmart Smartlog via the intranet dashboard by the next working day.

The Health Centre is responsible for:

- Passing accident forms to the Health and Safety Officer
- Alerting the Health and Safety Officer, Sub-Warden and Bursar of any accidents requiring any further investigation
- Preparing statistics on accidents or injuries for the Governors, Warden and Bursar.
- Complete compliance with the requirements of the Health and Safety Executive and the Data Protection Act.

St Edward's Health Centre

Vision of St Edwards Health Centre:

- A safe haven for every child and staff member
- Centre of excellence
- Up to date with current practices
- Confidentiality and respect
- Non-judgemental approach
- Promoting health and well-being through formal & informal health education
- Holistic care
- Supporting every aspect of the child's life in school
- Communication with the wider school and support school staff when pupils have on going health needs
- Continued professional development of Nurses and HCA's in order to provide a high standard of up to date care.
- Keeping ourselves up to date with relevant media issues surrounding health and wellbeing
- To liaise with parents and family where appropriate.

The Health Centre provides 24 hours a day nursing care for illnesses, accidents, injuries and on-going health needs, as well as opportunity just to chat/discuss anything on a pupil's mind, and give advice on health and lifestyle issues.

The Health Centre provides relevant and motivating health education/health promotion for all pupils.

Pupils can "drop in" at any time to see a Nurse. Usually we encourage pupils to do this during breaks or free time for non-urgent matters. However, if they find themselves unwell or injured during school time they can be excused by a teacher or member of staff and escorted to the Health Centre; failing an escort a phone call is necessary to ensure they arrive safely.

All boarders at St Edward's will be registered with a local NHS practice, the Bartlemas Surgery. The School uses the Meliora Medical Group, which offers a bespoke service for schools, and we have a dedicated School Doctor in attendance on weekdays.

Boarders will see the School Doctor. Day pupils will need to be seen by their own GP organised by parents. However, all pupils can be seen/treated by the School Nurses.

Opening Hours

The Health Centre is open 24 hours a day during term-time, and is staffed by a Nurse at all times. We have two part time receptionists who ensure the Health Centre is supported from Monday to Saturday. During the night there is one Nurse on duty in the Health Centre.

If pupils need to attend the Health Centre during the night, the HM or staff on duty must call ahead to the Health Centre with regard to the need to bring a pupil across and they will be expected to escort the pupil.

Medications

All medication for boarding pupils (both prescribed and over the counter) must be held by the core house team in a lockable cupboard in the House Matron's surgery.

Prescribed medications are to be regulated and handed out by the House Matron in House or by the appropriate member of core house staff in his or her absence. Alternatively, where no member of house staff is available the pupil will be expected to attend the health centre for administration of medication.

Where pupils have been found to have capacity, they may be permitted to hold a week's supply of prescribed medication. This must be kept safely in a locked receptacle in the pupil's room. This does not include controlled medication such as those used for the management of ADHD or ADD. However, it is usual practice for pupils to be given the medication required for the whole day (but they cannot hold onto the whole prescription).

Medications listed on the School's homely remedy policy are kept in the health centre as well as a small supply kept in each boarding house. All medications administered to a pupil, prescribed or homely remedy, must be recorded in a timely way on the School's electronic medical recording system by the person administering them.

Day Pupils

Day pupils are requested to keep their medication at home and only bring into the School medication required for the day. Prescriptions can be held by the Health Centre or with House Matrons and should be collected by the pupil at 9pm prior to going home.

In-Patients

In-patients are cared-for by the Nurse on duty.

The Health Centre has three bedrooms. The Girls' Room is upstairs and sleeps four pupils at a time. Downstairs the boys also have a four bedded dorm. There is a single isolation room situated on the ground floor for pupils who are considered to be infectious. There are bathroom and toilet facilities for all. Some rooms have en-suite bathrooms.

Each bedroom has individual patient call buttons to alert a Nurse if needed, which are linked to a centralised wall-panel downstairs in the entrance hall.

If there is an epidemic of an infectious illness and the Health Centre becomes full, the Senior Nurse Manager will need to prioritise pupils and parents will be contacted and asked to collect pupils. This will be done in conjunction with advice from the Health Protection Agency.

Sports at St Edward's

Sport plays a huge part in the life of St Edward's. The sports-life of the school is seasonal. The autumn term is by far the busiest with the rugby season in full-flow, and rugby injuries are a real priority at this time.

All sports staff attend a full first aid course and are up to date on providing first aid, as are the House Matrons and many other school staff.

In the rugby season, the Health Centre staffs up on match days and training days to ensure the best possible coverage. A pitch-side shed is staffed with a nurse and a second nurse is in attendance on a buggy for ferrying pupils injured off the pitch.

A rugby pitch side doctor is also in attendance on match days and runs a full post-match clinic at the end of the match day. The Health Centre is also staffed with an additional two nurses to attend to those pupils who are requiring more advanced care post injury.

We use SOCS to record pupils who cannot participate in sport. This is the school system in place for information sharing with House Nurse, HM's, sports staff, Return to Play and the Health Centre ensuring off games are recorded accurately.

Accident and Emergency (A&E)

If a pupil needs to attend A&E, the Accompanying Adult on duty will usually take them, except in the case of an emergency needing immediate ambulance assistance. Where day pupils are concerned, parents will be expected to accompany their children to A&E where possible.

If a pupil needs to go to A&E for treatment, parents will always be informed. Nurses must send a hospital transfer form. Health Centre staff always request feedback from the accompanying adult about treatment received and any future care instructions.

Where accidents or injuries occur after hours, the staff member on call will be expected to attend with the pupil concerned or alternatively relieve the member of staff who is already in attendance.

Contacting Parents

Parents must be contacted if:

- A child is admitted as an inpatient to the Health Centre
- A pupil has sustained a sport/other injury which requires intensive treatment or hospitalisation
- A pupil is referred for an X-Ray or to a physiotherapist, optician, dentist or other outside healthcare provider
- Always inform both parents in the case of separation or divorce

We record all correspondence and communication with parents and other agencies in nursing records.

Confidentiality

All pupil interactions within the Health Centre are treated with confidentiality. Where reasonable and possible, relevant information will be shared with appropriate members of the house team and parents in agreement with the pupil concerned. Where safeguarding is a concern, confidentiality may be overridden to ensure safety for the pupil and those around the pupil.

Continued Professional Development

All nurses must pursue their professional development through revalidation which is necessary as part of their registration.

Defibrillators in the School

The School has four defibrillators, one outside the Dining Hall, one at the back of the Old Pavilion and two in the Health Centre. A demonstration of their use is provided annually to all staff, and additional training in the Health Centre is available on request. Staff are encouraged annually to take up the opportunity. All Core House Staff and School Nurses have been trained in the use of AED and this is updated annually.

On calling 999, you will be given the access code to open the defibrillators. In addition, members of staff may request the code from the Senior Nurse Manager or from the offices of the Warden and the Sub-Warden. The numbers can be recorded for any future emergencies.

The defibrillator code is C159

Emergency Accident Procedures:

- In the event of an emergency clearly requiring immediate hospital attention, call an ambulance 999 and give exact location of the emergency. Also inform Health Centre staff.
- Do not move the injured person any more than is required to maintain a clear airway (recovery position may be necessary to achieve this). Never leave them unattended.
- For less serious emergencies, stay with the injured party and send someone to inform the
- Health Centre immediately so they can tend to the patient. The person informing the Health Centre should explain the nature of the accident, and be able to escort the nurse to the scene of the accident. This is especially important when over at main school or on the sports fields, so that nurses can find the injured party quickly.
- Keep the injured party warm and do not move them (unless you need to maintain a clear airway/ recovery position).

Needlestick Injury

Aims of this Policy

The recommendations outlined in this policy aim to minimise the risks of Blood Borne Viruses (BBVs) following accidental exposure to contaminated or potentially contaminated fluids or substances.

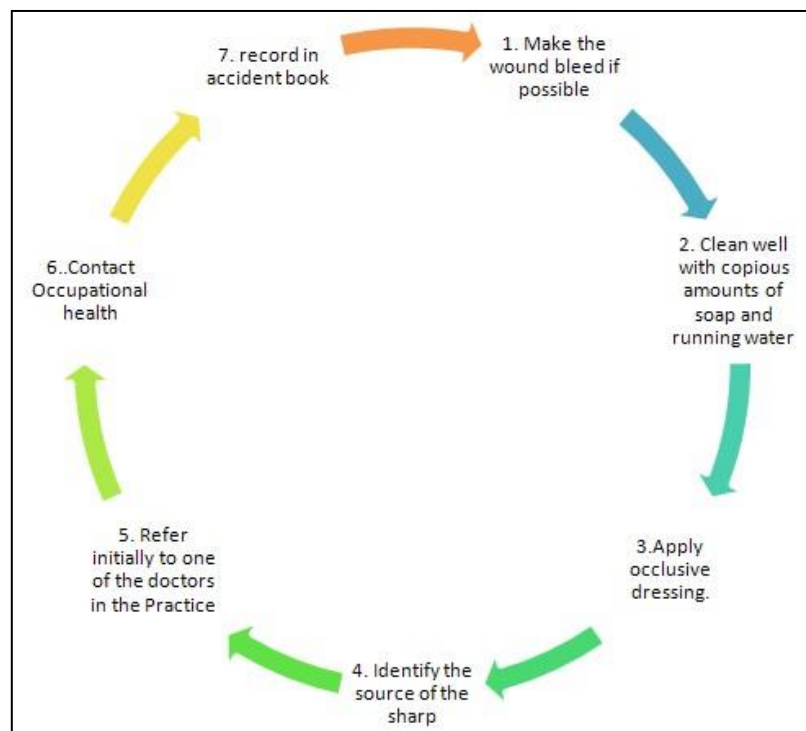
As it is not possible to always know who may have / be carrying an infection, a standardised proactive approach to all patients and situations is therefore required.

The main group of workers at risk from needlestick injuries are those within the healthcare sector, who may acquire a BBV infection if they are exposed to infected blood or body fluids.

This could be either:

- Via the mucous membranes (eyes, inside of the mouth and nose);
- Through broken skin or through an inoculation injury route; or
- Where the skin is punctured or scratched by a needle or sharp device that has been used in a medical procedure - this final route of transmission is commonly referred to as a “Needlestick” or “Sharps” injury.

Managing Needlestick Injuries ([See also Appendix A for detailed procedure Flowchart](#))



For splashes onto non-intact skin (e.g. abrasions, cuts, and eczema): wash liberally with water.

For splashes into the eyes, mouth or other mucous membranes: irrigate with copious amounts of clean water. If contact lenses are worn, eye irrigation should take place before and after removing the lenses.

Some of the most straight-forward recommendations included are practices such as:

- Hand washing after each patient contact and after contact with blood or body fluids;
- Use of appropriate PPE (Personal Protective Equipment);
- Disposable gloves should be worn whenever working with blood or body fluids;
- Disposable plastic aprons/impermeable gowns should be worn when splashing with blood or body fluids may occur;
- Eye protection (visors, goggles, or safety spectacles) should be worn when blood, body fluids or flying contaminated debris / tissue might splash into the face;
- Covering any cuts or abrasions with waterproof plasters;
- Immediate and safe disposal of sharps into appropriate, puncture-proof sharps bins;
- Not overfilling sharps containers; and
- Never re-sheathing needles.

Occupational Health Department

The Health Protection Agency – Tel 020 8 2004400

The Health Protection Agency will support the staff member and the practice in:

- The management of reported inoculation incidents to employees and others undertaking work activities within the practice;
- Liaising with the Consultant Microbiologist and local Genitro-Urinary Medicine Departments for ongoing advice for management and follow-up;
- Liaising with the Health and Safety Advisor as appropriate in accordance with RIDDOR 1995;
- Offering counselling and support to employees relating to inoculation incidents.

Consultant Microbiologist

Microbiology Dept – Oxford Radcliffe Hospital - Tel 01865 220867

The Consultant Microbiologist will:

- Give expert advice on management of incidents on an individual basis;
- Obtain specific immunoglobulin for Hepatitis B as required from a specialist centre.

Responsibilities and process to be followed for management of the incident

The School Doctor / Lead Nurse will:

- Manage accidents /incidents within the workplace and undertake all necessary follow up actions. The Manager or Senior Person must ensure that the member of staff has received the appropriate first aid attention and arrangements are made for baseline bloods obtained for storage and that the Occupational Health Department has been informed of the incident.

- Undertake an investigation of the incident and implement actions to reduce the likelihood of a repeat occurrence so far as is reasonably practicable, seeking advice from the Infection Prevention and Control Team when required
- Ensure a Significant Event form has been completed and an accurate entry made in the Safesmart Smartlog electronic recording system.
- Ascertain and record the following information:
 - Date and time of exposure;
 - Name of source individual and clinical details relevant to inoculation risk;
 - Details of exposure especially the amount of fluid or material injected or contaminating broken skin or mucus membrane;
 - Type of fluid or material; and
 - Severity of exposure (e.g. for needlestick injury, the depth of injury and whether fluid was injected; for skin or mucus membrane exposure, the extent and duration of contact and condition of skin).

Confidentiality

There is a general duty to preserve confidentiality of medical information and records.

Any individual who undergoes examination and/or treatment can expect their confidentiality to be respected. This duty continues after the death of the individual.

The source individual's results will be shared with Occupational Health Department and the Infection Prevention and Control Team.

Whilst there is the duty to preserve the confidentiality of the healthcare worker, this must be balanced by the responsibilities of the employer to any patients they have dealt with.

In such circumstances the employer may be advised that a change of duties should take place, but the diagnosis of a blood borne virus will not normally be disclosed without the consent of the affected health care worker.

The healthcare worker would be counselled about the implications of this disclosure.

Appendix A

Management of Occupational Exposure to Blood-Borne Viruses Flowchart



Immediate Actions:

Gently squeeze wound (DO NOT SUCK AREA)

Wash affected area with soap & water (DO NOT SCRUB)

Rinse mucous membranes with warm water (DO NOT SWALLOW WATER)

Cover broken skin with waterproof dressing e.g. Elastoplast, if not allergic.

Assess if exposure is SIGNIFICANT:

Percutaneous injury (e.g. needle, instruments, bone fragments, significant bites which break the skin, etc.).

Exposure of broken skin (abrasions, cuts, eczema, etc.).

- Exposure of mucous membranes, including the eye.

