

# FIRST AID POLICY

20<sup>th</sup> AUGUST 2024

## Document History

---

<b>Owner:</b>	Deputy Head Welfare
<b>Document status:</b>	Final
<b>Approved by:</b>	Governing Body
<b>This document is available from:</b>	School Intranet and School Website
<b>Review Cycle:</b>	Annual
<b>Current version adopted:</b>	August 2024
<b>Next review date:</b>	August 2025
<b>Linked documents:</b>	Supporting Pupils at school with medical conditions
<b>Linked external documents:</b>	Guidance on the use of emergency salbutamol inhalers in schools. Guidance on the use of adrenaline auto-injectors in schools

## Policy Overview

---

The health and safety of all members of the St Edward's School community and visitors to the school is of utmost importance. This first aid policy is created with the aim of ensuring that all staff members, visitors to the school, pupils and parents are aware of standard first aid procedures that will be followed in the event of any major or minor illness, accident, or injury, and how they can contribute to the effective resolution of such incidents.

In addition to this, the School recognises that under Section 100 of the Children and Families Act 2014 it has an additional duty to make arrangements for supporting pupils at their school with medical conditions. This is done through the creation of individual healthcare plans (Appendix A). These will be drawn up in

consultation with health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported and that no pupil will be excluded from full access to education, including school trips and physical education on the grounds of their medical condition.

This policy is created and maintained by the School Governing Body with the assistance of the Sub-Warden, Deputy Head Welfare and Senior Nurse Manager and is put into practice in conjunction with the School's Health and Safety policy. The School expects all staff and pupils to be familiar with this policy, as with all school policies.

The Deputy Head Welfare will ensure that this policy and all individual healthcare plans will be reviewed regularly and be readily accessible to parents and school staff.

**Staff should always dial 999 for emergency services in the event of a serious emergency, medical or otherwise, before implementing the terms of this policy.**

## Roles and Responsibilities

---

The **Governing Body** are responsible for the approval and oversight of this policy, its effective implementation, and the provision of effective first aid, personnel, and equipment.

The Governing Body must further ensure that arrangements are in place to support pupils with medical conditions and in doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.

The Senior Nurse Manager is responsible for creating, implementing, and maintaining this policy, on behalf of the Deputy Head Welfare. The Senior Nurse Manager is also responsible for all of the operational matters associated with this policy.

The Senior Nurse Manager in collaboration with the School Nurse Team, will ensure that all individual healthcare plans are regularly reviewed and remain relevant and up to date. The plans will be reviewed at least annually, or earlier if evidence is presented that the pupil's needs have changed. They will be developed with the pupil's best interests in mind and ensure that the school assesses and manages risks to the pupil's education, health and social wellbeing and minimises disruption.

The School Nurse Team undertake annual training in Immediate Life Support (ILS) which includes the management of:

- CPR
- Choking
- AED
- ABCDE Approach
- Airway management, Suction
- Medical Emergencies (Anaphylaxis and Asthma)
- Medical gases Therapy
- Vital Signs

The Sub Warden is responsible for ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Deputy Head Pastoral and Senior Nurse Manager should ensure that all staff who need to know are aware of the pupil's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

The Sub-Warden will use information from the Senior Nurse Manager as part of their regular reporting to the Safeguarding Committee of the Governing Body.

The Deputy Head Pastoral ensures that all Housemasters and Housemistresses understand the policy and its effective implementation to support pupils in boarding. The Deputy Head Welfare ensures that all Matrons understand this policy and its effective implementation to support pupils in Houses.

**First Aiders:** In addition to the School Nurse Team, the school has dedicated first aiders allocated within each department. First aiders are members of staff who have completed a Health and Safety Executive (HSE) approved first aid course and hold a valid certification of competence in First Aid at Work [FAW]/Emergency First Aid at Work [EFAW]/Paediatric First Aid certificate.

First aiders receive updated training every 3 years, and first aiders must make sure that their certificates are kept up to date through liaison with the School's Compliance Manager.

First aiders are required to give immediate first aid to staff, pupils and visitors to the school when it is needed and to ensure that emergency services are called when necessary. First aiders are not paramedics.

A list of all named school first aiders is held centrally by the School's Compliance Manager.

**School staff** who are not designated first aiders still have responsibility for first aid provision throughout school. All staff should be aware of this policy, the School's health and safety policy, and basic first aid. Staff should:

- ensure that they are familiar and up to date with the School's first aid policy and standard procedures.
- keep their managers informed of any developments or changes that may impact on the school's first aid provision, including any incidents that have already occurred.
- ensure that all the correct provisions are assessed and in place before the start of any activity.
- ensure that activities in school that they are supervising or organising are risk assessed, and in line with the school's health and safety policy, to reduce the risk of accident or injury.
- ensure they are familiar with the location of the School's first aid boxes (see below).
- cooperate fully with the employer to enable them to fulfil their legal obligations. Examples of this would be ensuring that items provided for health and safety purposes are never abused and that equipment is only used in line with manufacturers' guidance.
- ensure that any equipment used is properly cared for and in the proper working order, including first aid boxes around the school. Any defects should be immediately reported to a senior manager and that piece of equipment should not be used.
- be aware of the needs of pupils with medical conditions that they teach.
- know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

- where appropriate to the needs of the pupil, teachers and other school staff may be asked to provide support, including the administering of medicines for pupils with individual healthcare plans. Where this is the case, staff should receive sufficient and suitable training to achieve the necessary level of competency before taking on responsibility to support children with medical conditions.

**Pupils** at the school should be familiar with this policy and should ensure that they are aware of who the school staff first aiders are. [Who is responsible for making sure this is the case, and what is the mechanism?] If they are unsure, they should ask a member of staff. Pupils can help the school ensure first aid provision is effectively put into practice by:

- reporting any medical emergencies or incidents to a member of staff immediately.
- reporting anything that they feel to be a hazard to health and safety on or near the school premises.
- taking care for their own safety and the safety of others. Pupils that put themselves, staff, or any other members of the school community or visitors to the school in danger through reckless behaviour may be dealt with under the school's behaviour policy.
- make sure that staff members are aware of any of their own health conditions or ailments that may require first aid assistance (for example diabetes, epilepsy). This is particularly important in circumstances where pupils will be travelling off the school premises, for example for a sports fixture or a school trip.
- where a pupil has a health condition which requires an individual healthcare plan the pupil will be involved wherever practicable in discussions as to their medical support needs and will be required to act in a way which is compliant with the plan.
- all pupils are expected to act in a way which demonstrates a positive awareness to the needs of those with medical conditions and be aware of their responsibility for informing a member of staff if a fellow pupil is unwell.

**Parents** can help the School maintain effective first aid provision by:

- alerting the School to any ongoing or temporary medical conditions that their child has that may require first aid. This is extremely important, and parents are required to notify the school in writing of such circumstances. Where medicine has been prescribed either for a set timescale or as an ongoing provision, the school must be notified in writing. This medicine will be kept by the House Matron unless there is a specific reason for the child to have it on them at all times. It is important that parents do not send their children to School with prescribed medicine or other types of medicine without the knowledge of School staff.
- where their child requires an individual healthcare plan, the parent will be involved in the development and review of the plan wherever practical.

**Visitors** to the school are expected to take care around school and have reasonable responsibility for the safety of themselves and other members of the school community. All visitors will have access to this first aid policy, as well as the School health and safety policy.

## First Aid Boxes

Each department has a dedicated first aid box, visibly situated for ease of access in an emergency. The contents of the first aid box will be checked at regular intervals to ensure it is fully stocked and any damaged or expired supplies are discarded and replaced. [How regularly must this happen? The official advice is normally once every 3 months, which for us could mean at the start of every term] They can be

replenished from supplies kept by the school health centre. It is the responsibility of all members of staff in each department to ensure that their first aid boxes are fully stocked at all times with items that are within expiry dates, and it is the responsibility of the department [Head of Department] head to oversee this provision.

All boarding houses have a dedicated first aid box, emergency asthma inhaler and adrenaline autoinjector pen located in a visible, secure location. [This also needs regular checking. Specify HM is responsible for this?]

For off-site activities, first aid bags should be taken from the School Health Centre and returned to the same place. These will be taken on any off-site activity and should be signed out and in.

All sports coaches are allocated sports first aid bags at the start of the academic year. The contents of the bags should be regularly checked and replenished from supplies kept in the school health centre by the coach concerned. At the end of each academic year these are returned to the school health centre for restock. [It is the responsibility of the individual sport coach to check contents and replenish used stock?]

## Information on Pupils

---

Parents must provide written consent for the administration of first aid and medical treatment by School staff to their child before their child is admitted to the school.

The School takes pupil privacy and confidentiality very seriously. The Senior Nurse Manager will be responsible for sharing relevant, appropriate medical information to other school staff on a need-to-know basis. Pupil medical records will be kept securely in the school's medical information system and will only be accessed by the designated members of the school health centre team.

All staff will be made aware of which pupils have access to asthma inhalers, Adrenaline Autoinjector pens (AAI's), injections, or similar medical equipment and for whom individual healthcare plans have been created. This is important in order that all staff are prepared to deal with medical emergencies relating to these conditions no matter where in school the child is.

## Policy for Pupils with Medical Conditions known to the School

---

Parents must provide written consent for the administration of first aid and medical treatment by School staff to their child.

This covers pupils with medical conditions such as diabetes, epilepsy and asthma. When the School is notified by a parent or healthcare professional that a pupil has been diagnosed with a medical condition or will be transferring to the school or returning after prolonged absence the senior nurse manager will implement the procedure to draw up an individual healthcare plan. The School is conscious that it is vital to ensure that all staff are prepared at all times for a medical emergency as far as is practicably possible.

The points below outline the provision in place for preparing for this type of an emergency:

- All staff are given up to date and regular training, at least annually.
- A record of all pupils who have access to asthma inhalers, AAI's, injections, or similar medical equipment is kept up to date and circulated to all members of staff; a database will be kept on the central school system. The Senior Nurse Manager is responsible for reviewing this on a regular basis and ensuring that it is up to date. It will be made clear to staff that they have a responsibility to regularly remind themselves which pupils are on this list, and what they should do in the case of an emergency.
- Emergency medication will be kept in the Matron's office, suitably labelled and easily accessible in case of an emergency. Wherever practicable, pupils will be given the responsibility for always carrying this medication on them.
- All staff will ensure that pupils will always be permitted to drink, eat or take toilet or other breaks whenever they require in order to manage their medical condition effectively. Where a pupil becomes ill and needs to visit the school health centre they will always be accompanied by a responsible escort where appropriate and practical.
- In the case of a medical emergency, as defined by the individual healthcare plan, the school health centre should be contacted whether the pupil carries their own medication or not. Emergency services should be contacted where they are needed or thought to be needed.
- If a pupil becomes unwell (e.g., has an asthma attack, suffers a hypo etc) during the course of the school day the parents will be informed as soon as possible so that this may be monitored for any ongoing effects. A record should be made of all such incidents. [Where is this recorded?]
- If a pupil needs to be taken to hospital, a member of staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

## Managing Medicines on School Premises

---

The following key points guide the School's policy on managing medicines in accordance with the statutory guidelines for supporting pupils at school with medical conditions.

- A record of all medication administered will be kept with dosages and times logged in each instance. This will also show who administered the dose and to whom.
- No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Where such medication is administered, the time of previous dosage and the maximum dosage will be checked prior to administering the medication and parents will be informed that the medication has been administered.
- Wherever clinically possible, the School requests that medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- The School will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist. They must include instructions for administration, dosage and storage. It is accepted that insulin will be provided in pen/pump form.
- Medicines will be stored safely in a dedicated medical cabinet in the Matron's Office of the boarding house at all times. Pupils will have immediate access to their own medication at all times so that these can be accessed swiftly. Items such as inhalers, blood glucose meters and adrenaline pens should be always readily available and will not be locked away.
- Where a pupil has been prescribed a controlled drug, this will be administered by a member of the core house staff trained to do so in accordance with the prescriber's instructions.

- The Boarding House and School Health Centre will keep a record of any controlled drugs that have been prescribed for pupils. Controlled drugs will be stored in a locked, non-portable, container. This will be accessible only to nominated staff (Core House Staff within each Boarding House and the School Health Centre Nursing Team) but will be easily accessible in an emergency. A record will be kept of all dosages administered and the amount held on iSAMs.
- Any medication which is no longer required will be returned to the School Health Centre or parent to arrange for safe disposal.
- Sharps boxes will always be used for the disposal of needles and other sharps.

## Procedure in the Event of an Illness

---

If a pupil falls ill while in a school lesson, they should immediately tell the member of staff in charge, who will assess the situation and decide the best course of action. They will be accompanied to the school health centre if appropriate. Pupils who are clearly in pain, are distressed, or are injured will never be required to go to the School Health Centre unaccompanied.

The nurse will administer the appropriate first aid. For day pupils, parents will be called to pick up their child if they are too unwell to complete the rest of the school day. For boarding pupils, they will be admitted to the health centre to be cared for by the nurse team until well enough to return to school. Where a parent can collect their unwell child, they will be encouraged to recuperate at home until well enough to return to school.

If a child who is sent home is still too unwell to attend school the next day, parents should follow the procedure outlined under the subheading below. The School aims to reduce the risk of a spread of infection or illness and asks parents to keep their child at home where there is risk. Staff will work with pupils who have missed classes to ensure that they are able to catch up on all the classwork that has been done in their absence.

If a member of staff is unwell, they may visit the School Health Centre throughout the school day but should ensure that their manager is aware of class cover that has been arranged or needs to be arranged either for a single lesson or for a prolonged period.

### **Reporting continued absence due to illness**

Most cases of absence due to illness are short term, but where a pupil is at home due to illness, parents will need to alert the school via the Housemaster/ mistress concerned on the first day/each day of absence. The absence should be documented on the School's registration system accordingly by the HM or Matron.

Where a pupil is admitted to the Health Centre due to illness the nurse responsible for the pupil's care will need to register the pupil as out of school due to illness on the School's registration system.

For prolonged absence due to illness, parents may be asked to provide the School with medical evidence such as a note from the child's doctor, an appointment card, or a prescription paper.



## Procedure in the Event of an Accident or Injury

---

In the case of an accident or injury, the member of staff in charge should be informed immediately. They will assess the situation and determine whether or not emergency services need to be called. The School Health Centre should be contacted as soon as possible and should be informed of the injury, even if their assistance is not required.

First aiders should be called if the School Health Centre nurse is unavailable for any reason. First aiders are not paramedics, and if the first aider feels they cannot inadequately deal with the injury, then they should arrange for access to appropriate medical care without delay.

### Emergency services

An ambulance should always be called by staff in the following circumstances:

- a significant head injury with red Flags
- seizures
- any loss of consciousness
- difficulty in breathing and/or chest pains
- a severe allergic reaction
- a severe loss of blood
- severe burns
- the possibility of a serious fracture
- in the event that the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, or if they are unsure of the correct treatment.

If an ambulance is called, the member of staff in charge should ensure that access to the school site is unrestricted and that the pupil can be easily accessed by emergency services when they arrive. (Appendix B).

Pupils who are taken to hospital in an ambulance will be accompanied by a member of staff or the Accompanying Adult unless parents are able to reach the school site in time to go with their child themselves. Ambulances will not be delayed for waiting for parents to arrive at the school. Parents will be informed immediately of any medical emergency and told which hospital to go to.

All accidents and injuries must be reported through the School's designated reporting system managed by the School's Compliance Manager.

## Procedure in the Event of Contact with Blood and Other Bodily Fluid

---

The school understands the importance of ensuring that the risk of cross-contamination is reduced as far as is reasonably practicable, and the training that staff and first aiders undertake outlines the best practice for this. It is important that the first aider at the scene of an accident or injury takes the following precautions to avoid risk of infection to both them and other pupils and staff:



- cover any cuts and grazes on their own skin with a waterproof dressing.
- wear suitable disposable gloves when dealing with blood or other bodily fluids.
- wash hands after every procedure.

If the first aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids that are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water.
  - wash splashes out of eyes with tap water or an eye wash bottle.
  - wash splashes out of nose or mouth with tap water, taking care not to swallow the water.
  - record details of the contamination
  - report the incident to the school health centre nurse team and take medical advice if appropriate.
- The School Nursing Team will then arrange for the proper containment, clear-up and cleansing of the spillage site.

## First Aid in the Sports Education Department and Off-Site Provision

---

### Training

Sport plays a huge part in the life of the school. Each term sees the offering of multiple sporting disciplines. The risk of injury is increased during increased physical activity and as such training and education on the first aid management of injuries specific to the sport played is undertaken by the relevant coaches in their areas of expertise.

A particular focus on head injuries and concussion recognition is carried out annually by all coaches and all school staff through a dedicated training provider Return 2 Play. Rugby coaches also undertake the RFU's Headcase training at the start of the season which further underpins the importance dedicated to the management of this area.

In the rugby season, the School Health Centre increases its nursing cover on match days to ensure the best possible clinical coverage and gold standard care is given. Nurses are present both in the Health Centre and pitch side during fixtures and a nurse on a buggy is on hand to ferry injured pupils back to the health centre for more complex care needs. A rugby pitch side doctor is also in attendance on match days and runs a full post-match clinic to ensure all injuries are attended to and managed at the highest level. Return 2 Play also provide the school a dedicated sport injury doctor who attends the school health centre once per week to assess, manage and treat pupils with head injury and suspected concussion as well as any MSK related injuries which require specialist oversight.

The School uses a dedicated information system, SOCs to record pupils who cannot participate in sporting activity due to injury or illness. This allows for the sharing of information between the Health Centre, coaches, core house staff and teachers to ensure that pupils are well managed and supported during their recovery phase.

## **First Aid boxes/ Bags**

It is the responsibility of the Director of Sport to ensure that first aid boxes in this department are kept fully stocked.

Signs alerting all members of staff to where these first aid boxes are kept should be displayed within the games hall and on the notice board at the entrance to the games hall/sports department. These are for use in school only and should not be removed from the site. This is to ensure that boxes are always where they are expected to be in case of an emergency.

All coaching staff are supplied with a dedicated orange sport first aid bags at the start of each academic year by the school health centre. They should be aware of what should be in them, and appropriate use. They are required to carry them with them to all practice and fixtures sessions and are responsible for restocking them through the school health centre during the course of the academic year. They are responsible for returning them to the school health centre at the end of each academic year for restock by the nurse team.

All staff taking pupils offsite on educational or co-curricular trips should collect a green first aid bag from the school health centre to accompany the trip. On return to school these should be signed back in with the School Health Centre.

It is good practice for staff who are in charge of away fixtures and off-site activities to check with the host school that there is adequate first aid provision in place. Risk assessments should be carried out. If an accident or injury does occur, first aid should be sought from the host school's first aiders. If the student must visit the host-school's nurse's office or be given first aid treatment elsewhere, a member of staff from our school should be with them at all times. Where necessary in an emergency situation, students should be taken to the nearest Accident and Emergency Department.

Injuries that occur off-site should be reported to the School Health Centre on return to the school, who will provide first aid follow-up care where necessary.

Where pupils have individual healthcare plans, sufficient active support will be provided to permit them to take part within sporting and off-site activities as fully as possible. Pupils will be encouraged to participate according to their own abilities and reasonable adjustments will be made ensure that this is practicable. A separate risk assessment will be carried out as appropriate prior to off-site activities and consultation will take place with appropriate parties (pupils, parents, health specialists) during this process.

## **Reporting of Accidents and Emergencies**

Any first aider who has administered first aid or medication should fill out an incident report form. These are located centrally on the school's intranet and are used to record all incidents, both major and minor. Each incident is stored securely according to the Data Protection Act 2018. All members of staff supervising at the time of the incident should make a separate report. The date, time and place, what happened, actions taken, injuries or a brief outline of the illness, and first aid administered should be recorded.

Accidents that fall under health and safety issues should also be reported in line with procedures outlined in the School Health and Safety policy.

All injuries that have occurred, and first aid that has been carried out both on and off-site, should be reported to the school health centre, no matter how minor the injury. The Senior Nurse Manager in collaboration with the School's Compliance Manager is responsible for ensuring that all incident report forms are filled out accurately and stored properly. The Compliance Manager will annually review the first aid file/health and safety file to ensure that it is an effective method of record keeping, and that all incidents are being recorded as is school policy. A written record should also be kept of all medicines that are administered to children, including those prescribed for pupils with individual healthcare plans. This is done through the Schools medical information system.

The School Health Centre Nursing Team is also responsible for ensuring that parents and relevant school staff (boarding house core team) are kept up to date as is appropriate regarding the health of their child in school, injuries that they have sustained, and medical treatment that they are receiving. In an emergency or in the case of a serious injury, parents will be informed as soon as is practicably possible.

The Senior Nurse Manager/ School Compliance Manager should report to the Senior Management Team/ Governing Body on the effectiveness of the first aid provision, to ensure that the school is continuously on top of first aid best practice and incidents and accidents can be avoided as far as is reasonably practicable.

### **Serious incidents**

Serious incidents will also be recorded and reviewed by senior management. The Governing Body will review cases of serious incidents and determine what, if any, steps could be taken to ensure that the same accident does not happen in the future. The types of minor accidents reported (no personal details discussed) will be reviewed at Senior Management Team meetings to determine whether there are any accident trends that could be avoided.

### **Reporting to HSE**

The school is legally required to report certain injuries, diseases and dangerous occurrences to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Where there is a death or major injury this should be reported by calling the Incident Contact Centre (ICC) on 0845 300 9923 (opening hours Monday to Friday 8.30am to 5pm). All other reportable injuries should be reported online [<http://www.hse.gov.uk/riddor/report.htm>].

It is the responsibility of the health and safety coordinator to report to the HSE when necessary. Incidents that need to be reported include but are not limited to the following:

### **Incidents involving staff**

Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; serious burn; crush injury to the head or torso; fracture other than to fingers, toes or thumbs).

Work related accidents that prevent the injured person from continuing with their normal work for more than seven days must be reported within 15 days (note that even though over-three-day injuries do not need to be reported, a record must still be retained).

Cases of work-related diseases that a doctor notifies the school of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer).

Certain dangerous occurrences (near misses – reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substances that may cause injury to health).

### **Incidents involving pupils, parents, or school visitors.**

Accidents which result in the death of a person that arose out of or in connection with the School's activities.

Accidents which result in an injury that arose out of or in connection with the School's activities and where the person is taken from the scene of the accident to hospital for treatment.

For most types of incidents, including accidents resulting in the death of any person, accidents resulting in specified injuries to workers, non-fatal accidents requiring hospital treatment to non-workers and dangerous occurrences, the responsible person must notify without delay, in accordance with the reporting procedure in Schedule 1 of RIDDOR. A report must be received within 10 days of the incident. For accidents resulting in the over-seven-day incapacitation of a worker, the school will notify the enforcing authority within 15 days of the incident, using the appropriate online form.

The School will keep a record of any reportable injury, over-seven-day injury, disease or dangerous occurrence. This will either be a copy of the submitted RIDDOR report OR the a separate record which will include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease.

### **Incident investigations**

An investigation may be launched by external authorities in the case of accidents or incidents that fall under RIDDOR. Accident reports will be reviewed, and witnesses may be interviewed.

Senior managers or governing bodies may decide to conduct internal investigations into less serious incidents to ensure that policy and procedure are being used correctly and effectively, and that future incidents of a similar nature can be avoided.

# First Aid Administration: Issue Specific

---

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:

## Cuts, abrasions and nosebleeds

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.

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 and using the school's online accident and injury reporting system.

## Bite injuries

If a bite does not break the skin:

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

If a bite breaks the skin:

- The wound should be allowed to bleed gently.
- Clean immediately with soap and water
- Record timeously.
- Seek medical advice from the school health centre or injured person's GP regarding the following:
  - to treat possible infection from bite
  - to check the persons' tetanus immunisation status
  - to risk assess for blood-borne viruses

## Body fluid spillages

All body fluid spillages should be cleaned up immediately.

1. Precautions:

- Before contact with blood or body fluids, any skin lesions, particularly cuts 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.

## 2. 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 contract and collection is organised through the Domestic Services & Lettings Manager (07921 816939).
- 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.

## Needlestick injuries

**Aims:** 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 individuals and situations is therefore required.

The main group of individuals 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. However, this risk is present within a boarding school environment where pupils with underlying medical conditions requiring treatment with injectable medications (e.g. diabetes mellitus) are a part of the community.

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.

Emergency guidelines for school staff involving exposure is broken down as follows:

1. Splashes onto non-intact skin (e.g. abrasions, cuts, and eczema)
  - a. Wash liberally with soap and water.
2. Splashes into the eyes, mouth or other mucous membranes
  - a. Irrigate with copious amounts of clean water. If contact lenses are worn, eye irrigation should take place before and after removing the lenses.

### 3. Needlestick or sharps injury

- a. The school doctor / senior nurse manager will be responsible for the management of all incidents/ accidents within the workplace environment and will undertake the necessary follow up actions. This will include:
  - i. ensuring that the member of staff has received the appropriate first aid attention.
  - ii. arrangements are made for baseline bloods to be obtained
  - iii. Health and safety coordinator has been informed of the incident.
  - iv. investigating the incident and implementing actions to reduce the likelihood of a repeat occurrence so far as is reasonably practicable
  - v. seeking advice from the relevant external agencies.
  - vi. Ensure a significant event form has been completed.
  - vii. Completion of the school's electronic accident reporting system, detailing the following information:
    1. Date and time of exposure
    2. Name of source individual and clinical details relevant to inoculation risk
    3. Details of exposure (type of fluid/ material and amount especially injected).
    4. Severity of exposure (e.g. for needlestick injury, the depth of injury and whether fluid was injected; for skin or mucous membrane exposure, the extent and duration of contact and condition of skin).

#### Recommendations to reduce risk of exposure:

- 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.
  - Avoid overfilling sharps containers.
  - Never re-sheath needles.

#### Reporting Incidents:

- I. Thames Valley Health Protection Team (TVHPT), a subsidiary of the UK Health Security Agency (UKHSA) will support the individual and the practice/ employer in:
  - a. The management of reported inoculation incidents to employees and others undertaking work activities within the practice.
  - b. Liaising with the Consultant Microbiologist and local Genito-Urinary Medicine Departments for ongoing advice for management and follow-up.
  - c. Liaising with the Health and Safety Advisor as appropriate in accordance with RIDDOR 1995.
  - d. Offering counselling and support to employees relating to inoculation incidents.
  - e. Contact Details:
    - i. Address: UK Health Security Agency, Chilton, Oxon, OX11 0RQ
    - ii. Telephone: 0344 225 3861
    - iii. Out of hours for health professionals requesting urgent advice: 0344 225 3861
    - iv. Email: SE.AcuteResponse@ukhsa.gov.uk



2. Consultant Microbiologist, Microbiology Dept – Oxford John Radcliffe Hospital will advise on the following:
  - a. management of incidents on an individual basis
  - b. facilitate the acquisition of specific immunoglobulin for Hepatitis B as required from a specialist centre.
  - c. Contact details:
    - i. Address: Level 6/7, John Radcliffe Hospital, Headley Way, Headington, Oxford OX3 9DU
    - ii. Telephone: 01865 221918
    - iii. Out-of-hours on-call clinical advice, needlestick and infection control advice via Switchboard: 0300 304 7777
    - iv. Email: microbiology.advice.ouh@nhs.net

### **Confidentiality post exposure**

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. However, this must be balanced by the responsibilities of the employer to any patients they have dealt with as it relates to BBV and infection exposure.

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.

### **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 "Managing Pupils with Head Injury Policy". If there is a risk of a neck injury, the patient must not be moved, and the health centre informed to attend the pupil at the scene.

### **Eye Injuries**

The eye can be bruised or cut by direct blows or by sharp fragments of metal, grit, and glass. Chemical splashes into the eye, plaster or cement dust can also cause damage to the eye. Any eye injury can be serious as they can cause disturbances in vision which may be short lived or permanent.

Signs and symptoms to be aware of:

- Pain in the eye or eyelids.
- The eye may feel gritty.
- A foreign body may be visible in the eye.
- A visible wound or a bloodshot appearance.
- Blurred or a change in vision.
- Partial or total loss of vision.
- Bleeding or clear fluid from a wound.

1. Minor eye injury
  - a. advise the casualty not to rub their eye.
  - b. If there is an object in their eye, attempt to locate it in the white part of the eye. Once located ask the casualty to blink several times to wash out the object with tears.
  - c. gently flush out the affected eye by pouring a stream of clean water across it - tilt their head to the injured side and pour the fluid from the nose side of the eye towards the outer corner.
  - d. If unsuccessful, cover the eye with a clean pad and refer to the school health centre.
2. Major eye injury (e.g. chemical in eye, eye cut or pierced, loss of vision)
  - a. Call 999 or transfer casualty to Emergency Department or Eye Casualty Department.
  - b. Cover the injured eye with a clean eye pad or wound dressing.
  - c. If there is a large object in the eye, DO NOT try to remove it.
  - d. Help the person to rest in a comfortable position with their eye closed.
  - e. If the eye injury is caused by a chemical splash, flush the eye with lots of water for as long as the casualty can tolerate it.

## Asthma Attacks

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:

- Exposure to an allergen
- Exposure to a virus or bacteria in the upper airways
- Cigarette smoke
- Extremes of temperature
- Extreme exercise

People with asthma usually manage their asthma well using a preventer inhaler containing corticosteroid treatment. However, they may still experience an exacerbation of symptoms which requires the administration of a reliever inhaler to open up the airways. This is usually blue in colour and contains Salbutamol which is a bronchodilator. The individual is usually able to self-manage this administration, but they may on occasion require assistance.

How to recognise when someone is having an asthma attack:

- Difficulty in breathing, with prolonged exhalation.
- Wheezing on exhalation.
- Difficulty speaking in full sentences.
- Distress and anxiety
- Coughing
- Features of hypoxia (blue-grey tinge to the lips, earlobes and nailbeds)

First Aid treatment

- Try to keep the casualty calm and reassure them.
- Encourage the casualty to breath slowly and deeply
- Help them to sit up. Do not let them lie down.
- Call the school health centre (01865 319 244), or if there is a second person available ask them to do so.

- Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
- If there is no improvement with the reliever inhaler or the symptoms are deteriorating call 999 for an ambulance.
- Whilst awaiting the ambulance repeat the reliever inhaler process above.
- If the casualty becomes unconscious but is still breathing, place in recovery position and contact the ambulance again to advise and update.
- If the casualty stops breathing begin CPR and continue until emergency services arrive.

### **Diabetes/Hypoglycaemia (Low Blood Sugar)**

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.

How to recognise when someone is having a “Hypo”:

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

First Aid treatment:

- Help the casualty sit down.
- Call the school health centre (01865 319 244) or if there is a second person available ask them to call.
- If the casualty is conscious and able to swallow, give them a sugary drink, sugar lumps or any other sweet food.
- Alternatively, if they have their own glucose gel help them to take it
- If the casualty is unconscious but breathing normally, place in the recovery position. Call 999.
- If the casualty is not breathing begin CPR and continue until emergency services arrive.

### **Seizures**

A seizure 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/ concussion
- high fever
- high or low blood sugar
- alcohol or drug withdrawal

How to recognise when someone is having a seizure:

- Staring blankly
- Jerking movements of the arms and legs.
- Stiffening of the body.
- Loss of consciousness.
- Breathing problems or stopping breathing.
- Loss of bowel or bladder control.
- Falling suddenly for no apparent reason, especially when associated with loss of consciousness.

First aid treatment:

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 during the seizure:

- Try to ease the fall if safe to do so and possible.
- make space around the casualty, ask bystanders to move away and someone to phone 999 and the health centre (01865 319 244)
- 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.
- Do not attempt to restrain the casualty or place anything in their mouth.

Treatment post seizure:

- If the casualty is breathing, place in recovery position and wait for emergency services to arrive.
- If the casualty is not breathing begin CPR and continue until emergency services arrive

## **Anaphylaxis**

Anaphylaxis is a severe and potentially life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen but sometimes after hours. The immune system releases a flood of chemicals that can cause the body to go into shock. Blood pressure drops suddenly, and the airways narrow, blocking breathing. The pulse may be fast and weak, and the casualty may develop a skin rash. Nausea and vomiting may also occur. Anaphylaxis needs to be treated urgently with an injection of adrenaline. If it is not treated timeously it may result in the death of the casualty.

Causes of anaphylaxis include triggers such as:

- certain foods (nuts, peanuts, shellfish, eggs...)
- insect stings/ bites
- latex
- certain drugs such as penicillin

How to recognise when someone is having an anaphylactic reaction:

- Red, itchy rash which spreads over the body.
- swelling of the throat and tongue.

- difficulty breathing or breathing very fast.
- difficulty swallowing, tightness in the throat or a hoarse voice.
- wheezing, coughing or noisy breathing.
- feeling tired or confused.
- feeling faint, dizzy or fainting.
- skin that feels cold to the touch

First Aid treatment:

- Help the casualty into a comfortable position.
- Remain calm and reassure them.
- Locate the casualty's Adrenaline autoinjector (AAI) if they have one on them. Help them to administer the AAI straight away.
- Call 999 and advise "suspected ANAPHYLAXIS."
- Remain with the casualty and monitor their breathing and level of response until the emergency services arrive.
- If the condition worsens and they have a second AAI on them, administer this after 5 minutes.
- If the casualty loses consciousness and stops breathing, begin CPR and continue until emergency services arrive.

School policy for pupils with severe anaphylaxis risk:

- The pupil will be prescribed 2 AAI's at a time
- One AAI must be kept on the pupil at all times whilst on school site. They must take responsibility for having it on their person, either in a pocket or bag. The second AAI is held by the matron in the boarding house. If the pupil attends an offsite activity they will be expected to carry both AAI's on their person for the duration of the trip.
- Spare emergency AAI's are held in the following areas of the school:
  - the school health Centre
  - the school dining areas: main dining room, the Warden's dining room, Willow's and Cooper's Cafe.
  - The boathouse
  - All boarding houses
  - It is the responsibility of the pupil, their parents, the health centre nurse team and the matron to ensure that the AAI's on hand are in date at all times.
- AAI emergency spares are managed in terms of expiry dates by the house matrons in their boarding houses and the school nurse team in the dining areas, boathouse and school health centre.
- Training in the use of the AAI is carried out by the senior nurse manager and her team of nurses annually and as required during the course of the academic year to the following:
  - Pupils with a diagnosis of severe anaphylaxis risk and their peers within the boarding house around them.
  - Core house teams
  - All teaching staff including sports coaches and peripatetic.
  - All support staff (catering, domestic, facilities)

# School Health Centre Medical Care Provision

---

The School Health Centre provides 24 hours a day nursing care to all pupils (day and boarders) covering all aspects of health and wellbeing. This includes a large preventative component of health promotion, education and lifestyle advice.

Pupils are encouraged to attend the Health Centre outside of lesson time for non-urgent routine 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 the school will be registered with the Bartlemas Surgery and will be attended to by the School's dedicated School Doctor on weekdays during term time. Day pupils will continue to be attended to by their home GP but may register with the School Doctor service if they so choose.

School Health Centre vision:

- a safe haven for every pupil and staff member
- a centre of excellence
- up to date with current best practice and NICE guidelines
- confidentiality and respect
- non-judgemental approach
- promoting health and well-being through formal & informal health education
- holistic, person-centred care
- supporting every aspect of the pupil's life in school
- Excellent, appropriate communication with the wider school and support school staff when pupils have on going health needs.
- continued professional development of nurses in order to provide a gold standard care.
- to liaise effectively and timeously with parents and family where appropriate.

Opening Hours: The school health centre is open 24 hours a day, 7 days a week during term-time, during the day there is a team of nurses present on a shift rotation. Overnight there is one nurse on duty to cover the service. If a pupil needs to attend the Health Centre after 9pm the HM or core staff member on duty must call ahead to the Health Centre to advise the nurse on duty and they will be expected to escort the pupil across.

Two part time receptionists job share the role Monday through Saturday and support the Nurse Team, School Doctor, School Physiotherapist and Sport Injury Doctor with regards medical administration of prescriptions, referrals, specialist appointments, visiting school nurse immunisation programme and the like.

The School Health Centre have a team of accompanying adults (AA's) on call to facilitate off site appointments for pupils, both in an emergency and routine scheduled capacity. Monday to Friday the service is covered between 8am and 8pm. Saturdays and Sundays the service is covered between 12 midday and 8pm.

## Medications

All medication for boarding pupils (both prescribed and general sales list) 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).

General Sales List (GSL) medications listed on the schools "Administration of medications to pupils 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 GSL, 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 School Health Centre has bedrooms and can accommodate up to 9 pupils at any one time. The boy's room is located on the ground floor and can accommodate up to 4 pupils. The girls' room is located on the first floor and accommodates 4 pupils. 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 school 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 in consultation with the Sub Warden and senior management.



## **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. The nurse team on duty will send a hospital transfer form with the pupil to hospital. Health Centre staff always request feedback from the accompanying adult about treatment received and any future care instructions. Pupil medical notes are updated to reflect care and advice given and parents and house staff are kept informed as appropriate.

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.

## **Automated External Defibrillators (AED's) in the school**

The School has four dedicated defibrillators on site. They are in the following areas:

- outside the main dining hall
- at the back of the Old Pavilion
- Two in the health centre.
- Both AED's outside of the Health Centre are stored in a locked receptacle. The code for both is: C159.

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.

In the event that the AED is used on a pupil, member of the school community or visitor, emergency service must be called.

## **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 unless a court order is in place.

All correspondence and communication with parents and other agencies is recorded in the medical notes held within the Health Centre.

## **Confidentiality**

All pupil interactions within the School 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. The pupil will always be informed should this need to happen prior to the sharing of any information.

### **Continued Professional Development**

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

## Appendix A: Individual Healthcare Plans (IHCP)

---

### Devising an individual healthcare plan

On being informed by a parent or healthcare professional that a pupil has been newly diagnosed, or is due to attend or return to school after a prolonged absence the school will begin the following process to devise an individual healthcare plan to ensure that the pupil is actively supported:

1. A delegated member of the pastoral team will meet with key school staff, child, parent and relevant healthcare professionals (or to read written evidence provided by them) to determine the pupil's needs. They will also identify a member of staff to provide support to the pupil.
2. In conjunction with input from the healthcare professionals an individual healthcare plan will be drawn up.
3. The plan will also identify any school training need required and in conjunction with healthcare professionals this specialist training will be undertaken, and school staff signed off as competent.
4. The plan will be circulated to all relevant parties and to all relevant staff and a review date set.
5. The plan is implemented. The plan will be reviewed at the annual review date by all parties or sooner if parents or healthcare professionals feel there is a change in circumstances.

### Contents of an individual healthcare plan

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this documentation will be used to inform development of their individual healthcare plan. Every individual healthcare plan will contain:

1. Details of the medical condition, its triggers, signs, symptoms, and treatments.
2. An explanation of the pupil's individual needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing and how these impacts on aspects of day-to-day living, eg access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, eg crowded corridors, travel time between lessons.
3. Details of any specific support required for the pupil's educational, social and emotional needs, eg how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
4. Details of the level of support required and the level to which they can take responsibility for managing their own health needs. This will include details of support required in emergencies.
5. Details of monitoring arrangements required if a pupil is self-managing their medication.
6. Details of who will provide support within the school along with an explanation of how they will be trained and how their proficiency will be evaluated.
7. Details of cover arrangements for when the key support member of staff is unavailable.
8. Written consent from parents and the headteacher for medication to be administered by a member of staff or self-administered by the pupil.
9. Arrangements for procedures for school trips or other school activities outside of the normal school timetable to ensure the child can participate, eg risk assessments.
10. An explanation of what to do in an emergency, including contact details and contingency arrangements.
11. Where confidentiality issues have been raised by either parent or child there will be a list of designated individuals to be entrusted with information about the child's condition.

12. Details of how complaints may be made and how these will be handled concerning the support provided to pupils with medical conditions.

## Appendix B: Procedure for Calling an Ambulance

---

In most circumstances, an ambulance will be called by a nurse from the school health centre. However, there may be times, e.g. anaphylactic shock, where an ambulance needs to be called immediately.

The following process to be followed:

- Dial 999
- State that the ambulance service is required.
- Answer any questions concerning the incident as briefly as possible.
- School Address to be given to the operator where the casualty is located:
  - Main school/Quad side: St Edward's School, Woodstock Road, Oxford OX2 7NN
  - Field Side: St Edward's Avenue, Woodstock Road, Oxford OX2 7NZ
- Post a member of staff at the entrance to the Main School/ field side to direct the ambulance to the incident.
- Inform the following contacts once the ambulance has been called:
  - School health centre 01865 319 244
  - Gatehouse 01865 319 322
  - Sub-Warden 01865 319 238 /07739 021 643

## Appendix C: Management of Occupational Exposure to Blood-Borne Viruses Flowchart

