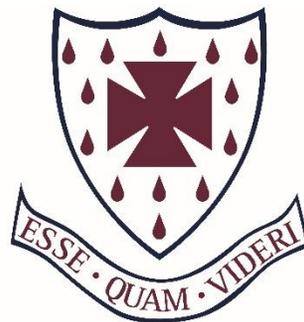


S. Anselm's School



Policy Title: Medical Policy

Policy Category: Medical

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Contact for Queries:	

◆ This document is controlled and reviewed as part of the School's policy management process. Please refer to the school's website or Teams to ensure you are using the most up-to-date version.

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AIM

The aim of the policy is to ensure that our pupils receive health care appropriate to their needs in order for them to remain healthy thus enabling them to continue their education. Health care is also made available to staff and visitors if they should need it.

1. CONFIDENTIALITY STATEMENT

The care of our pupils is paramount. Parents, pupils and staff have to work closely together in order for this to occur. The school doctor and nurse have a shared responsibility: to the pupils as patients, to their parents and to the school. Parents and especially pupils should be aware that they are able to discuss any matter with the school nurse in complete confidence. The school nurse adheres to a Code of Professional conduct (2018) which states: -

- You must respect people's right to privacy
- You must ensure people are informed about how and why information is shared by those who will be providing their care.
- You must raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

Raising concerns is only lawful and ethical if the individual has given consent to the information being passed on or if there is a legal obligation to make a disclosure such as a child protection concern.

As a parent you may feel you need to know about your child's medical consultations but you have no actual right to know.

Children under the age of 16 have the right to consent or refuse to their treatment if able (Gillick Competency, 1985). Only if it were thought that the health of other pupils in the school was at risk, or that it was in the pupil's own interest to share the information, in line with the law of this country, would this confidence be divulged.

Parents and pupils should also be aware that school staff should know of medical issues or disabilities which may lead to the pupil being placed at risk in certain activities; e.g. defects of hearing or vision, epileptics, diabetics, allergies, asthmatics, dyspraxics etc. Details from the Health and Disability questionnaire will only be passed on to the relevant staff on a need to know basis.

2. MEDICAL TEAM

The school employs one nurse supported by two matrons, resident boarding staff and first aid trained staff.

There is a surgery which is open 8am-5pm five days a week Monday – Friday (4.30pm on Wednesday). Should the surgery staff be absent due to attending an incident, visiting other sites, accompanying pupils on appointments or to A&E, the resident boarding staff, or first aid trained staff will offer cover and first aid to pupils.

The majority of staff have current basic First Aid training, Early Years Foundation Stage practitioners will have further paediatric training and a record of this training is kept by the school nurse and the EYFS coordinator. First Aid equipment is available around the school site as identified in the First Aid policy. The school nurse offers support and further training as necessary.

There is a defibrillator available in the main foyer of the school and the foyer of the swimming pool. The defibrillators are registered on The Circuit (National defibrillator data base) and are checked termly by the surgery staff.

3. BOARDERS

Boarders are registered with the local G.P. surgery –Peaks and Dales Medical Centre, Butts Road, Bakewell, Derbyshire, DE4 1ED. Tel: 01629 812871.

The school doctor is Dr Peter Williams MB BS DFFP MRCGP; however, pupils may see any of the other doctors within the practice who are -

Dr Hannah Newton, Dr Esther Adeney, Dr Hannah Willis, Dr Sarah Pinninty, Dr Tim Hodgkinson, & Dr Graham Todd

The Medical Centre is open daily Monday – Friday. There is NHS 111 at other times. One of the doctors from the Bakewell practice will be able to visit the school should the need arise. Emergencies will be seen at the Royal Hospital, Calow, Chesterfield or Sheffield Children’s Hospital via the ambulance service. Whitworth Hospital, Darley Dale may be used for minor A&E by appointment.

The nurse / matron arranges for and accompanies pupils to GP appointments, hospital appointments and emergency treatments at hospitals where appropriate. Pupils are able to see either a male or female doctor. There is currently no facility on site for a regular GP surgery; however, the close proximity of the GP surgery and the excellent working relationship between the two sites ensure that this is not an issue.

The boarding staff and duty staff are responsible for the boarders’ health and medical matters when the school nurse / matron is not available and there are policies and protocols available to follow.

If a boarder is unwell at night time there is a call bell in all the dormitory areas that rings in the boarding staff accommodation. The staff ‘on call’ will attend to the child’s needs. At weekends when the school nurse / matron is not available, the boarding staff will take responsibility for the care of the ill child.

Regular dental checks, treatment and orthodontics should be carried out during the school holidays with the family dentist. However, the local dental practice – Diamond

Court Dental, Bakewell - will provide emergency care. Eye and hearing tests should also be carried out during the holidays but, again, are available locally for emergencies.

The School Nurse / matron will liaise with parents on all relevant medical matters and following a visit to the school doctor.

4. DAY PUPILS

The School Nurse / matron will assess and care for any day pupils who become unwell or sustain injury. This may include taking them to casualty. Parents will always be contacted immediately in these circumstances. For minor cases of illness or injury parents will be informed by a note home.

5. RECORDS

Personal NHS records of boarders registered locally are held with the G.P. at Bakewell Medical Centre. Health and Disability Questionnaires relating to all pupils are kept with the nursing notes in the surgery.

Records are kept of any medication or treatment administered.

Records are kept of all accidents in the accident file held in the surgery. A copy of the accident report is also kept with the Facilities Manager, if appropriate, and a copy being available for parents.

Medical records will be kept by the school until the child is 21 years and 6 months years of age, or 8 years following a death. Stored records are reviewed annually at the end of each academic year and records that no longer need to be retained can be shredded with a witness present if required.

6. INDIVIDUAL HEALTH CARE PLAN

If a child has a particular medical need, e.g. diabetes, an individual health care plan (IHP) is drawn up in consultation with the pupil (if appropriate), parents and the relevant teaching / boarding staff and kept in the pupil's surgery held records. The School Nurse / matron is responsible for the development of the plans and their review. IHP's are reviewed at least annually. The IHP is drawn up using guidelines from the DfE 'Supporting pupils at school with medical conditions' 2015 (see Appendix 9).

If a pupil has a Statement of Special Educational Need this is noted in the health record held in surgery and any special needs are addressed using a plan of care drawn up as above and if appropriate will form part of the statement of Education Health Care Plan.

7. SELF – MEDICATION

As a general rule children do not self – medicate at school, however for those children who do need to administer their own medications such as insulin or salbutamol inhalers, agreement is made using the IHP.

8. MEDICALS AND VACCINATIONS

On entry to S. Anselm's and as they move from Pre – School to Pre – Prep and Pre-Prep to Prep, all pupils' parents are asked to complete a questionnaire about the pupil's past medical history. All parents are asked to sign and give consent for the school to act 'in loco parentis' should the need arise to consent for investigations and/or treatment to be carried out at the doctor's discretion. Parents are asked to agree to their child being treated by the school nurse / matron and for administration of 'homely remedies' if deemed appropriate.

Parents' consent to the school providing any first aid treatment when a child attends on a taster day, prior to coming on site, is required. It is a requirement that parents disclose any medical conditions / dietary requirements of the child and any medicines they take prior to attending a taster day. Head of Admissions is responsible for collecting this information prior to the child attending the taster day.

On registering patients at the local GP surgery a health questionnaire is completed using information from the school Health and Disability questionnaire.

The School will engage with the Local Health Authority routine immunisation programme and will support the administration of vaccines to school age pupils where appropriate. This is currently the winter flu vaccine, usually via a nasal spray at the end of autumn / start of winter for pupils in Reception – Year 8 inclusive and the HPV vaccine for pupils in Year 8 in the summer term. A separate consent form will always be sent to parents electronically prior to the agreed date of vaccines.

CHILDREN WITH DISABILITY

Children with disabilities will have an individualised care plan drawn up in conjunction with the child, parent, teaching staff and school nurse / matron. The school SEN policy will be followed.

9. MENTAL HEALTH

It is important to recognise that children do suffer from mental health issues. For eating disorders and self-harm, see Appendix 4 & 5. However, children do suffer from other issues such as anxiety, lack of self-esteem etc. We encourage the children to discuss their issues with a member of staff, houseparent, prefect or School Nurse / matron. Where the staff consider a child needs further support we have a School Counsellor (Mrs Kerry Holt) who visits the school weekly to provide additional support on site. Parents can also be provided with details of independent private counsellors locally and a number of both local, regional and national services such as CAMHS, Build Sound Minds, and Changing Lives.

10. TEACHERS RESPONSIBILITIES

Teaching staff should know of pupils with disabilities / health issues that might lead to their being placed at risk in certain activities, e.g. defects of vision or hearing,

epileptics, diabetics, asthmatics etc. Staff will also be advised of any children that are known to suffer allergic reactions e.g. nuts, insect stings. Parents are made aware that details from the Health and Disability questionnaire are passed on to the appropriate staff on a need to know basis. Teachers are aware that there are policies and protocols covering these. Training is available from the school nurse / matron to keep this knowledge current.

11. GAMES COVER

When home fixtures occur during surgery hours the school nurse or matron is always available and should be pitch side but should they be called away to treat another pupil, trained staff will act as deputy.

Almost all schools that are visited for away fixtures offer first aid cover within their own premises in the form of a school nurse or matron. All of the games staff taking teams to away fixtures are trained in first aid and have First Aid bags with them. When injury or illness occur the care of the pupils is the responsibility of the staff accompanying the pupils.

For tournaments based at the school or other events which expect a large number of participants or visitors, extra staff from St. John's Ambulance Brigade are employed by the school, however the school nurse / matron remains in overall charge of the health and well-being of the school pupils at these events

12. INJURY AND ILLNESS WHILST AT SCHOOL

In the case of injury or illness the pupil will come to the School Nurse / matron for assessment and treatment. For minor injury and illness the school nurse / matron will, at her discretion, contact the parents. For EYFS parents will always be informed, a record completed and parents asked to sign.

13. MEDICINES

The administration of prescribed medication and homely remedies is covered in Medicine Administration Policy.

14. EMERGENCY PROCEDURES

In the case of a severe accident or incident at the main school the school nurse / matron should be called. The situation will be assessed. The school office should be made aware of the incident and if required an ambulance called from there. The casualty will be accompanied to the hospital by the parent, school nurse, matron or a member of staff. In all cases parents will be contacted and be expected, where possible, to relieve the school nurse or member of staff as soon as possible.

15. INFECTION CONTROL

The school follows the guidelines as published by the UK Health Security Agency, as well as advice given by the school doctor when recommending exclusion from school and following significant illnesses. Staff are familiar with normal precautions for avoiding infection. A separate sharps bin is kept in the surgery. First aid bags contain a body fluid protection pack, a PPE kit and care is taken when dealing with spillage of blood and other bodily fluids. Gloves, aprons and masks are available from surgery should any staff require additional supplies. There are biohazard spillage clean up kits available in designated points around the school (see Appendix 8).

16. SUN PROTECTION

Children's and young people's skin is easily damaged by the sun, therefore, in school, we need to raise pupil's awareness regarding being sensible in the sun and avoiding getting burnt (which can double the risk of getting skin cancer later in life).

The plan to promote care in the sun includes the following

- Information to parents about the school's approach to care in the sun
- The use of sun lotion (Factor 30+)
- The wearing of sun hats and t shirts
- Be aware of when uv rays are at their highest and limit time outdoors at these times if possible
- Ensure there is adequate shade available if pupils are outdoors for long periods
- Educating pupils via assemblies, PSHE, posters etc. about how to be sensible in the sun
- Encourage adequate fluid intake – pupils to have their own water bottles
- Boarding pupils to be reminded by boarding staff re use of protection at weekends and sun lotion available for use including to be taken on outings / activities.

References

- Guidance on infection control in schools and other childcare setting. 2014
Managing Medicines in Schools and Early Years Settings, Department for Education and Skills, 2005
Medical Policy, Foremarke School, 2008
www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html accessed 20/11/12
National Institute for Clinical Excellence 2007
Paediatric Minor Emergencies, Bethel, J. 2008
Supporting children and young people with diabetes, RCN, 2009
Supporting pupils at school with medical conditions, Department for Education, 2015
The Code, Nursing and Midwifery Council, 2015

17. APPENDIX

Appendix 1 – Protocols for treatment

Appendix 2 - Protocol for staff leaving school with children

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APPENDIX 1

APPENDIX 1 INCLUDES THE FOLLOWING PROTOCOLS

Asthma

Epilepsy

Anaphylaxis & EpiPen use

Diabetes

Head injury

Injuries

ASTHMA PROTOCOL

Asthma is the most common childhood disease in Great Britain.

AIMS:

Our aim is to:

- Ensure that all staff members are aware of each child suffering from asthma.
- IHP developed for each child with asthma & consent for use of the emergency inhaler obtained from parents.
- Educate the children as much as possible so they can learn to manage their own asthma.
- Make sure that when leaving the school, children have their reliever inhaler with them.
- Administer appropriate and timely treatment to a child who has an asthma attack.

METHODS:

- Information to be received from parents re diagnosis and treatment
- Information on any children currently needing reliever medication will be provided to staff involved in the care of these children.
- All children who board and take regular medication will be seen at least daily and will take their medication with a member of staff.
- All children will have a spare reliever inhaler kept in an unlocked cupboard in a designated place.
- Assessment by a doctor will take place at least yearly.

EMERGENCY INHALER:

- Since 1st October 2014, schools have been allowed to keep an Emergency Inhaler.
- S. Anselm's School has such inhalers kept in the Sports Hall Office and the school surgery.
- All boarding and games staff have been trained to use these inhalers in an emergency and when the school nurse / matron is not available.
- Emergency inhalers are available in all sports first aid kits and in first aid kits that staff may take on off-site activities, trips or visits. (Prep only).
- Parents will be asked for written consent for the use of the emergency inhaler.
- The emergency inhaler will only be used with children with such consent & parents will be informed if it is used with their child.
- Clear information of children with asthma whose parents have agreed to its use, is displayed next to the emergency inhaler

THE ASTHMA ATTACK – WHAT TO DO

IF AN ASTHMATIC PUPIL IS BREATHLESS, WHEEZY OR COUGHS CONTINUALLY:

1. Keep calm. It is treatable.
2. Calm the child down
3. Let the pupil **SIT DOWN** in a position they find most comfortable which is probably upright and leaning slightly forward. **DO NOT** make or let them lie down. Give calm gentle reassurance and stay with the pupil.
3. Let the pupil take their usual reliever treatment – normally a blue inhaler. If the pupil does not have their blue inhaler then contact the School Nurse / matron, or use the emergency inhaler (if trained). Give 2 puffs only until the nurse / matron arrives.
4. Continually observe child for signs of improvement or deterioration
5. If the symptoms disappear the pupil can continue as normal.
6. If the symptoms do not disappear within 5-10 minutes you must contact the School Nurse / matron. Repeat reliever treatment giving further 2 puffs.
7. If symptoms persist, repeat administration of reliever inhaler. Give up to 10 separate puffs of reliever inhaler using spacer device resting after 2 puffs.
8. If this has no effect and the symptoms are persisting or recur within an hour call 999.

WHAT IS A SEVERE ASTHMA ATTACK?

Any of these signs mean severe:

- Normal relief medication does not work.
- Distress
- The pupil is breathless enough to have difficulty in talking.
- Rapid breathing of 30 breaths per minute or more.
- The pulse rate is 120 per minute or more.
- Blue lips

Action:

1. Keep calm but act quickly.
2. **DO NOT** let the pupil lie down. Keep trying with the reliever (blue) inhaler every 5-10 minutes and do not worry about the possibility of overdosing.

3. Stay with the pupil giving reassurance that help is at hand.
4. Send for the School Nurse or, in her absence, the School Matron. They will bring a spacer and emergency inhaler and will also contact the doctor.
5. Dial 999 urgently if they are:
 - Unconscious or
 - Distressed or cannot talk or
 - Exhausted with the effort of breathing.
6. Mouth to mouth resuscitation must be given if the pupil is unconscious and **NOT** breathing.

DO NOT BE AFRAID TO CALL AN AMBULANCE IF YOU ARE AT ALL WORRIED. SEVERE ASTHMA ATTACKS CAN BE LIFE THREATENING.

Reviewed: Lent term 2025

PROTOCOL FOR THE TREATMENT OF EPILEPSY

Aims:

- To ensure that all staff are aware of children who suffer from epilepsy.
- Individual care plan written and kept in the child's surgery held notes with all relevant carers aware of plan of care.
- Educate the children who suffer from epilepsy about their condition and the importance of medication.
- To make sure that emergency medication is available in case of acute seizure.
- Administer prescribed medication and emergency medication when needed.
- To maintain dignity and safety of pupil in the event of seizure.

Methods:

- Information on children who suffer from epilepsy will be published on the board in the staff common room, accompanied by a photograph.
- All boarding children who suffer from epilepsy that take regular medication will be seen on a daily basis to administer medication and alleviate any problems or concerns. This will involve educating children about their condition and highlighting potential difficulties and hazards.

Action:

In the event of an epileptic seizure: -

- Place the child on their left side
- Clear the airway of food and/or dental appliances
- Ensure the area is safe – no water, traffic or other potential hazards
- Remove observers to promote privacy and dignity of patient

DO NOT try to restrain the patient, put anything in their mouth or cover with blankets.

This generalised fit should last 2 – 3 minutes with a period of drowsiness and sleep follow. If the fitting continues for 10 minutes or more or there are several short fits in this period the patient is in a potentially fatal situation.

Status epilepticus

- Prescribed emergency drugs will be kept in the surgery in case of acute epileptic seizure. (E.g. Diazepam).
- The prescribed drugs will be administered by the nurse / matron attending the child and any further treatment carried out accordingly.
- A paramedic ambulance should be requested via 999 (if the ambulance is not available immediately, the GP surgery should be contacted and medical assistance requested)

Reviewed Lent term 2025

ANAPHYLAXIS PROTOCOL

Anaphylaxis is a severe, systemic allergic reaction usually to known stimuli.

When assessing allergic reactions you will need to act calmly and quickly.

AIM:

To minimise the reaction and prevent further complications

METHOD:

For a **mild** reaction which can manifest as generalised redness & itching, runny nose and itchy, puffy eyes, call School Nurse (or deputy) who will administer an antihistamine – cetirizine / chlorphenamine. Known asthmatics may benefit from 2 puffs of their ventolin inhaler.

A **moderate** reaction will manifest as above plus nausea, wheeze, swelling of the tongue and difficulty talking. Call School Nurse / matron urgently who will assess and administer epipen if necessary.

A **severe** reaction will manifest as all of the above plus an impending sense of doom, difficulty in breathing, choking, palpitations, faintness, collapse and even loss of consciousness. This is a LIFE THREATENING SITUATION. Administer Epipen, Call 999, lie down and raise legs and start CPR if necessary.

EPIPENS

The epipen must only be used for the child it is prescribed for.

HOW TO USE THE ADRENALINE EPIPEN

1. Remove Epipen from container
2. Remove cap
3. Place black or orange tip on the outside of the thigh midway between the hip and knee. (No need to remove clothing)
4. Press hard until pen activates (clicks)
5. Hold in place for 3 seconds
6. Remove pen and massage area for 10 seconds
7. Call an ambulance, stating anaphylaxis
8. Return used pen to surgery for safe disposal
9. Record date, time and action
10. Contact parents to inform of incident and treatment

If the patient does not appear to improve the second pen can be administered. The administration of this medicine is safe for the child and even if given through misdiagnosis WILL DO NO HARM.

If the child has received an injection of adrenaline via the epipen, the child MUST go to hospital.

The epipen will be replaced by the parents or school nurse as soon as possible.

All pupils that have an EPIPEN will have relevant information and a photograph displayed in the staff room and kept in a file in surgery.

The EPIPEN shall be kept in a safe but accessible place agreed by staff and parents, depending on the part of school attended by the pupil. In the Prep school it is in the staff room and in the Pre – prep it is kept in the individual’s classroom.

Only staff trained in the recognition of allergy and the use of the EPIPEN by the schools nurse / matron shall be authorised to use the EPIPEN. Further training is always available from school nurse / matron.

DAY PUPILS: The parents are responsible for ensuring the EPIPEN is in date.

BOARDERS: The School Nurse / matron are responsible for ensuring the EPIPEN is in date.

EMERGENCY EPIPEN:

- Since September 2017, schools have been allowed to keep an Emergency Epipens.
- S. Anselm’s School has such epipens kept in the Staff room of the Prep School.
- All staff have been trained to use these devices in an emergency and when the school nurse / matron is not available.
- Emergency epipens will not be taken ‘off site’ so members of staff taking children on trips or to matches must still make sure the individual child has their epipen kit with them.
- Parents will be asked for written consent for the use of the emergency epipen.
- The emergency epipen will only be used with children with such consent & parents will be informed if it is used with their child.
- Clear information of children at risk of anaphylaxis whose parents have agreed to its use, is displayed next to the emergency epipens.

Reviewed: Lent Term 2025

DIABETES PROTOCOL

Diabetes is a LIFE THREATENING condition, in which the pancreas does not make enough insulin to regulate the body's sugar levels.

AIMS:

1. Ensure that all staff members are aware of each child suffering from diabetes.
2. Educate and support the children in managing their condition.
3. Ensure that emergency medication and testing equipment is readily available.
4. Administer treatment/medication when required.
5. Take all reasonable steps to maintain the safety and dignity of the child.

METHODS:

1. Information about any children who suffer from diabetes will be made known to all staff.
2. All children who suffer from diabetes will be seen at least daily, as per the individualised care plan, checks will be made regarding regular medication, and monitoring will be carried out on numerous occasions during the day with the aim of causing as little disruption to the child and the school day as possible.
3. Prescribed emergency drugs and testing apparatus will be kept in the surgery.
4. In the event of a diabetic emergency, staff will be made aware of the immediate treatment that they can carry out whilst waiting for the nursing assistance.
5. Individual care plans will be completed for each child

PROCEDURE:

Hypoglycaemia occurs when the level of sugar in the blood falls too low (usually below 4 mmol/l). The child may display a number of signs specific to them. These may include sweating, tiredness, vagueness, blurred vision, trembling. In the event of a suspected hypoglycaemic episode the individual plan should be followed where ever possible, however in an emergency the following applies:

1. Calm the child.
2. Assess the severity of the hypoglycaemic attack by taking a blood sugar check.
3. Help the child take their appropriate medication to instigate a rise in blood sugar.
4. Observe and monitor the child for improvement/deterioration.
5. Remain with the child.
6. The child should rest for a minimum of 10 minutes. If the next meal or snack is more than 30 minutes away or if the child is playing sport the child should have a longer lasting carbohydrate based snack e.g. biscuits to prevent a further hypo. (Quantity of food and amount of dextrose drink should be specified in individual care plan).
7. If symptoms persist and child becomes unconscious, administer an injection of glycogen and dial 999.

Reviewed Lent Term 2025

HEAD INJURY PROTOCOL

AIM: to ensure safe management and where necessary appropriate treatment of a head injury.

Head Injury – Immediate management

Assessment and subsequent treatment of head injury can be sub divided into 3 categories as outlined below.

[A] CATEGORY

If a child sustains a blow to the head, either from a fall or a flying object or has been hit and:

- Gets to his/her feet immediately and

- Appears fully conscious and orientated

They should be checked by a member of the surgery team using the AVPU score:

A – Alertness

V – Vocal stimuli

P – Painful stimuli

U – Unresponsive

[B] CATEGORY

If a child is seen to be:

- Unable to get up straight away and

- Appears confused or disorientated

He/she should be seen by a doctor at hospital and an ambulance will be called.

[C] CATEGORY

- If he/she is unconscious for 60 seconds or more

- If he/she has retrograde amnesia (cannot remember the blow or event leading up to it)

- Dial 999 for an ambulance as soon as possible

If unconscious on a field, the game must stop and the patient not moved until the arrival of the ambulance team.

For ALL children sustaining a head injury, the following applies: -

- Observations should be recorded taking into consideration time, place, who was present.
- If the child is in category **A** and all their observations are normal they may return back to school routine.
- A telephone call will be made to the parents/guardian to inform them of the injury.
- An advice head injury letter sent home with day children (A copy of the head injury letter is included with this protocol.).
- If a child vomits more than twice following a head injury s/he should be seen by a Doctor
- Should the pupil show signs of concussion the graduated return to sport guidance should be followed, (available in School surgery).

Reviewed: Lent term 2025

Head Injury Advice

Informing Parent/Guardian about a potential head injury.

Dear

..... bumped his/her head today at
..... He/She was seen in surgery but appeared to be fine. If your child experiences any of the following symptoms or if you are concerned contact your GP or seek other medical advice immediately.

1. Headache, which does not respond to paracetamol.
2. Confusion
3. Difficulty speaking
4. Frequent or prolonged episodes of nausea or vomiting
5. Drowsiness or difficulty waking the child
6. Dizziness, loss of balance
7. Clear fluid coming from the nose or ear.
8. Bleeding from one or both ears or new deafness in one or both ears.

Signed

School Nurse / Matron.

INJURIES PROTOCOL

AIM: We aim to give each individual the best possible first aid care and obtain medical attention if required, to ensure their safety and well-being.

PROCEDURE:

1. In the event of a minor accident occurring, and if the casualty is able, he / she should be accompanied to surgery to be assessed by the School Nurse or nominated deputy.
2. In the event of a more serious accident occurring, the casualty should **NOT BE MOVED** and the School Nurse or nominated deputy called to assess their condition immediately. Warmth and shelter should be provided if available.
 - If in any doubt always send for School Nurse or nominated deputy.
 - All children should be escorted to the surgery by a staff member or other adult who had witnessed the incident.
 - Any Accident requiring medical attention by a **DOCTOR** or **HOSPITAL** should also be reported to the Headmaster.

IN THE CASE OF A SERIOUS ACCIDENT

If casualty is in obvious need of emergency treatment e.g.:

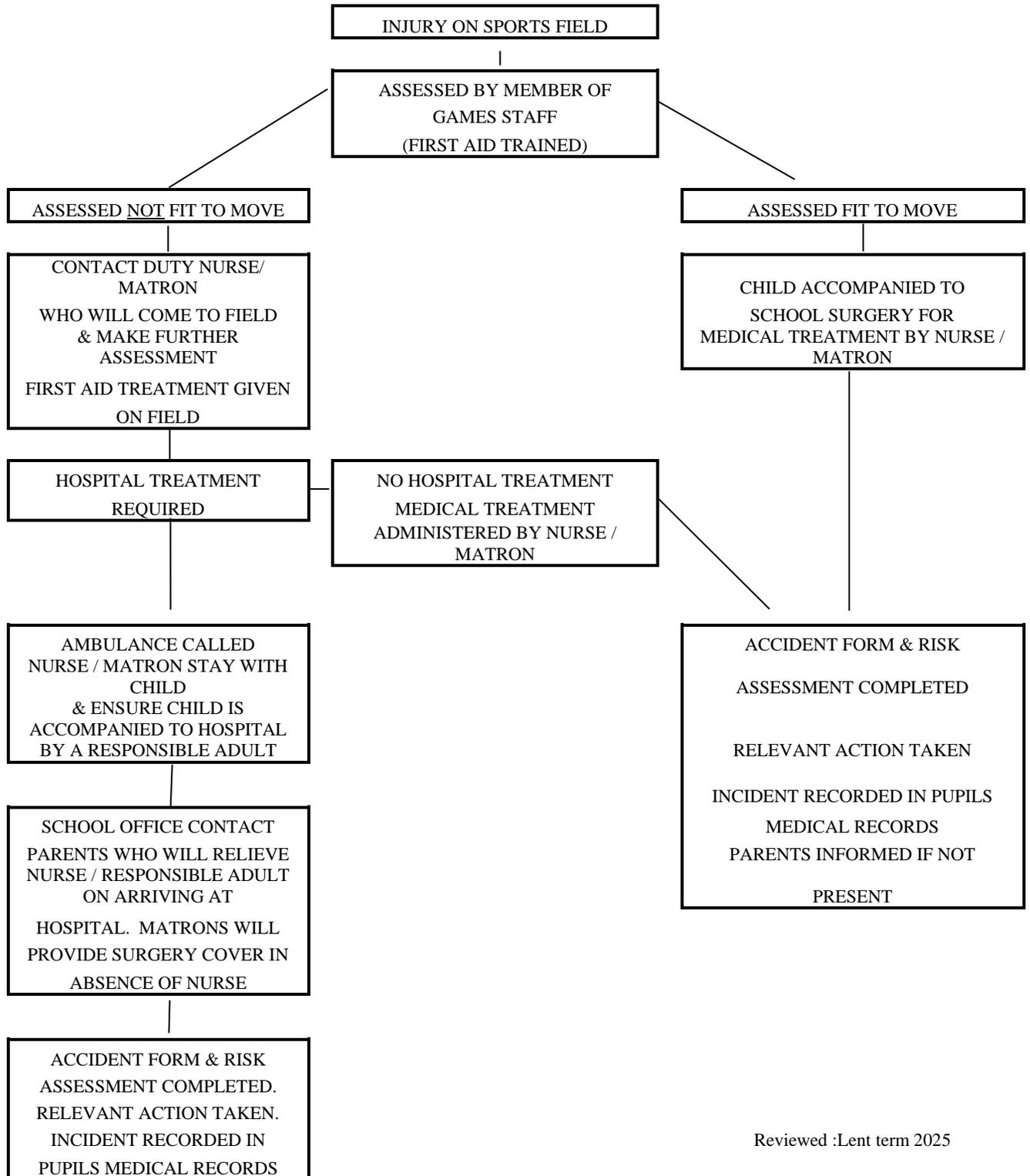
- Shock
- Unconscious
- Head Injury
- Bleeding

- 1. Provide emergency first aid**
- 2. CALL EMERGENCY SERVICES – 999**
- 3. Contact School Nurse / Matron**

Always inform Parents/Guardian as soon as possible

Reviewed: Lent term 2025

INJURY ON SPORTS FIELDS



Reviewed :Lent term 2025

APPENDIX 2

PROTOCOL FOR STAFF LEAVING SCHOOL WITH CHILDREN

Aim: All staff accompanying children off the school premises for whatever reason must take a first aid bag. The responsible member of staff should have any relevant medical information about the pupils and any medication needed should be provided. Staff should be competent to administer first aid and medication.

1. Medication will be kept in surgery and must be collected and returned to the surgery. A first aid bag is available from surgery.
2. Staff will inform School Nurse / matron of pupils who will attend the trip at least a day in advance.
3. School nurse / matron will provide relevant information for those children carrying medication e.g. reliever inhalers. Other medication such as epipens would be kept with the first aid bags.
4. All members of staff who take children off campus will need to have a first aid training. They should also be trained in the administration of the epipen and the administration of reliever inhalers and any other medicines provided by the School Nurse / matron.
5. Any first aid treatment given to a child whilst off site must be recorded and reported to the school nurse / matron when returning to school.
6. Anything used from the first aid bag must be reported to the surgery to be replaced.
7. All first aid bags must be returned to the surgery upon return to school.

Reviewed: Lent term 2025

APPENDIX 3

ACCIDENT REPORTING

In the event of accident or serious injury: -

- An accident form should be completed by the member of staff witnessing the incident and the person treating the injury.
- Parents should be informed as soon as possible about the accident.
- A copy of the accident form is sent to the Facilities Manager, if appropriate, the original is kept in the Accident form file in surgery, and a copy given to parents.
- An appropriate risk assessment should be conducted if necessary.
- Accident reports are discussed at the termly Health and Safety meetings.
- Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 some accidents must be reported to the HSE and a record must be kept. Such incidents are reported on HSE Form 2508. RIDDOR advice line is always happy to offer advice as to whether an incident needs reporting or not.

Reviewed: Lent term 2025

APPENDIX 4

SELF - HARM

Pupils who are involved in any self-harming behaviours are indulging in dangerous behaviour that it is essential to address. Self-harm is a way of communicating and releasing inner stress and turmoil and as such can be seen as a coping mechanism. An individual harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing sensation. Self-harm is any deliberate, non-suicidal behaviour that inflicts physical harm on someone's own body and is aimed at relieving emotional distress. It can include cutting, burning, banging and bruising, overdosing (without suicidal intent) and deliberate bone-breaking. It is currently estimated that around 15% of young people self – harm in some way or another and those most at risk are girls aged 15 – 24, however younger children are also known to have been involved.

Risk factors associated with self-harm

- Mental Health disorders including depression and eating disorders (See Appendix 5).
- Drug/alcohol abuse and other risk-taking behaviour.
- Recent trauma e.g. death of a relative, parental divorce.
- Negative thought patterns, and low self-esteem.
- Bullying.
- Abuse.
- Sudden changes in behaviour and academic performance

It is important to consider the self-esteem and unhappiness of any person who is self-harming as they often have feelings of uselessness and inadequacy.

Guidelines and Protocol

- The management of a pupil with any form of self-harm issue will be largely undertaken by the school nurse/ matron and, in the case of boarders, the school doctor with appropriate liaison with the Head Teacher.
- Any member of staff who has concerns regarding a pupil self-harming can discuss with the school nurse / matron.
- Staff should listen to pupils in emotional distress calmly and in a non-judgmental way.
- Staff must not make promises assuring confidentiality but should reassure pupils that in order to seek health and happiness people need to know about their problems so that they can help. Staff should immediately inform the

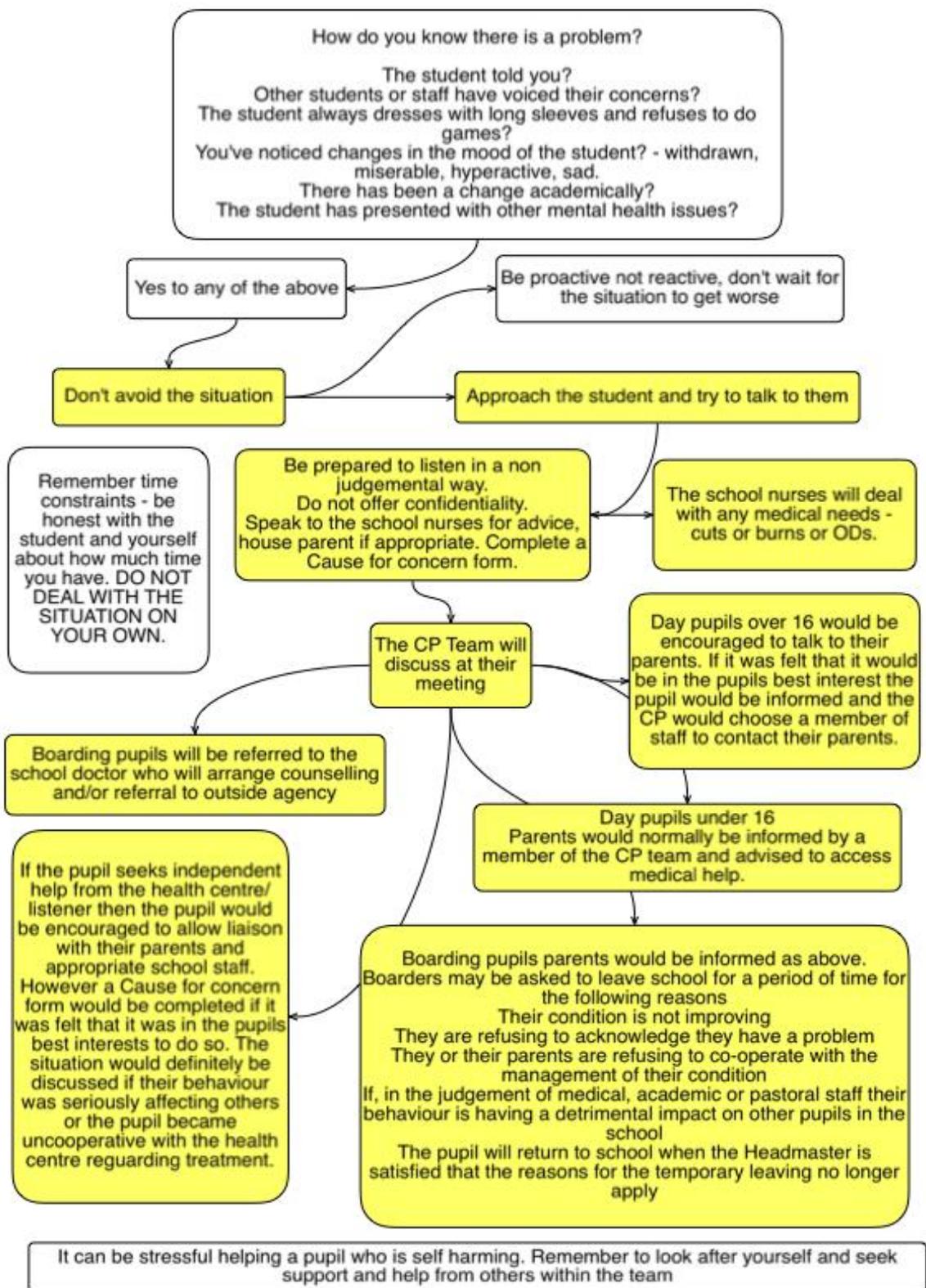
school nurse / matron and/or the Head Teacher after a disclosure – details of the conversation should be written down and passed to the school nurse / matron.

- Concerns over any pupil, boarding or day, will be reported to the school nurse / matron. If an injury has occurred that needs treatment or if the pupil has taken an overdose the pupil should be escorted to the surgery. The school nurse / matron will then inform the head teacher and the pupil's parents.
- For boarders, if registered with the school doctor, he will assess and if necessary refer the pupil for counselling or to outside agencies. The pupil will be expected to receive some form of counselling and the health centre would normally arrange this. An independent school listener and counsellor are available.
- If the pupil seeks independent help from the school nurse / matron then the pupil would be encouraged to allow her to liaise with the pupil's parents and appropriate school staff. However, parents and the Head would normally be informed if it was felt that the pupil was a danger to themselves; if their behaviour was seriously affecting others or the pupil was uncooperative with the school nurse / matron regarding treatment.
- Pupils may be required to leave the school for a period of time for the following reasons:
 1. Their condition is not improving
 2. They are refusing to acknowledge they have a problem
 3. They or their parents are refusing to co-operate with the management of their condition.
 4. If, in the judgement of medical, academic or pastoral staff, their behaviour is having a detrimental impact on other pupils in the School.

The school will give parents full support in trying to find appropriate medical help and will continue to liaise closely with the family during this period.

The pupil will be allowed back into School when the Head is satisfied that the reasons for the temporary leaving no longer apply.

The flow chart (next page) offers guidance for staff supporting pupils who are self-harming.



APPENDIX 5 EATING DISORDERS

Eating disorders develop as outward signs of inner emotional or psychological problems. They become coping mechanisms for dealing with life's difficulties. Eating, or not eating, is used to help block out painful feelings. Anyone can develop an eating disorder, regardless of sex, age, race or background. However, young women are most vulnerable, particularly between the ages of 15 and 25 years, however younger children are also known to be vulnerable. (Simone Black BSA Bulletin Issue 22)

S.Anselm's school works sympathetically with pupils suspected of having or with an eating disorder. Our school ethos enables us to improve pupils' self-esteem. We endeavour to create an atmosphere which encourages discussion between peers and between peers and staff.

Within the school the Safeguarding Lead, together with the School Nurse / Matron, is responsible for making decisions about pupils with eating disorders.

Types of eating disorder

Anorexia

Anorexia with vomiting

Bulimia

Binge Eating Disorder (BED)

Multi Impulsive Behaviour (ED and alcohol/drug abuse, self-mutilation or anti-social behaviour)

Chaotic Eating (binge/starve)

Rapid weight loss

Avoidant restrictive food intake disorder (ARFID)

Warning Signs

- You never see anorexics eat
- Dressing in baggy clothes
- A significant change in apparent appetite
- An unnatural preoccupation with food and calories
- An obsession with clothing sizes, mirrors and scales
- Routine secrecy, e.g. leaving the table immediately after eating
- Avoiding family meals or events where food is present
- Excessive exercise
- Social withdrawal, moodiness

Early treatment is vital. It is imperative that all members of staff inform the school nurse / matron and the head teacher, if they have concerns about a pupil who appears to be losing weight, is dieting excessively or vomiting.

If the pupil seeks help from the school nurse / matron, parents must, in the case of under 16 year old pupils, be informed. In very exceptional circumstances, an under 16 year old

pupil may claim the right to confidentiality; the Safeguarding Lead and the school nurse / matron should meet to discuss this situation.

Pupils need assessment on medical grounds, social behaviour, and psychological / emotional state and academic performance.

It is recognised that there may be over-riding medical reasons which necessitate immediate unilateral action involving a pupil.

The Head must be informed if:

- The pupil is a danger to him/herself
- The pupil's behaviour is seriously affecting others;
- The pupil is uncooperative with the school nurse / matron.

These considerations over-ride the normal requirement of confidentiality.

Medical Assessment/Treatment of boarding pupils

All full boarding pupils have their height and weight measured each term. This provides baseline guidance.

When it is brought to the attention of the school nurse / matron that a pupil is suffering a weight loss or suspected eating disorder they should be seen in the surgery to establish a possible cause.

The pupil should undergo an initial assessment by the school doctor (if registered): weight, height, BMI, pulse lying and standing and BP; physical examination; blood tests; assessment of mental state. This is followed up with regular weightings in the surgery and regular counselling/therapy sessions by the school listener, counsellor or a referral to CAMHS.

Pupils with eating disorders or suspected eating disorders should not be weighed by any other member of staff. Weighing is the responsibility of the school nurse / matron.

Pupils with eating disorders or suspected eating disorders should not be advised on any aspect of their eating disorder, including diet and exercise, by any member of staff, however staff may observe what the pupil has eaten and report back to the school nurse / matron.

Rapid weight loss of an eating disordered pupil and concern regarding the emotional/psychological state will be discussed by the safeguarding team and school doctor (if applicable).

Counselling, dietary and exercise advice is the responsibility of the counsellor or listener and school medical team.

Parents should be informed whenever the pupil denies a problem or refuses to seek help, after 2 weeks of observation and persuasion, where there clearly is a problem.

Individual health care plans will be kept in the surgery and shared with the relevant boarding staff and to be sent to parents and given to the patient when an eating disorder is diagnosed.

The health care plan is to be followed at all times and is not negotiable.

If the pupil responds to treatment and improves, there will be no need to involve other staff.

Day pupils - As all our pupils are under 16 years of age, parents must be informed and requested to seek help from their GP.

If a pupil or parents are uncooperative and the pupil is not registered with the school doctor, the safeguarding team will discuss future management. The academic, social, psychological and emotional state of the pupil should be assessed by all relevant staff.

If the pupil does not co-operate or fails to respond, the safeguarding team will discuss future management.

A prospective pupil known to be suffering from an eating disorder or known to have had a severe eating disorder in recent months will be individually assessed before being admitted to S. Anselm's school.

A pupil accepted with a past eating disorder is required to provide a full medical history so that the school nurse / matron can assess and support the pupil at an early stage.

If targets set by the school nurse / matron, doctors and safeguarding team are not met, the headmaster is likely to require parents to remove the pupil. An eating disordered boarding pupil should not remain in school if they fail to respond to treatment and their BMI continues to fall.

The pupil will be set a target weight to achieve and will be re-admitted when progress has been made that is agreeable to the medical team. If a pupil is sent home because of low BMI or rapid weight loss, the school nurse / matron writes to parents giving the amount of kilograms which have to be gained before return to school.

If a pupil is sent home because of severe bulimia or rapid weight loss or because of distressing behaviour in the boarding house, on re-admission the pupil may be asked to sign a contract agreed by the headmaster.

If a contract is not signed the pupil must agree:

- To be weighed regularly. The pupil's weight must not fall below a level agreed by the medical staff.

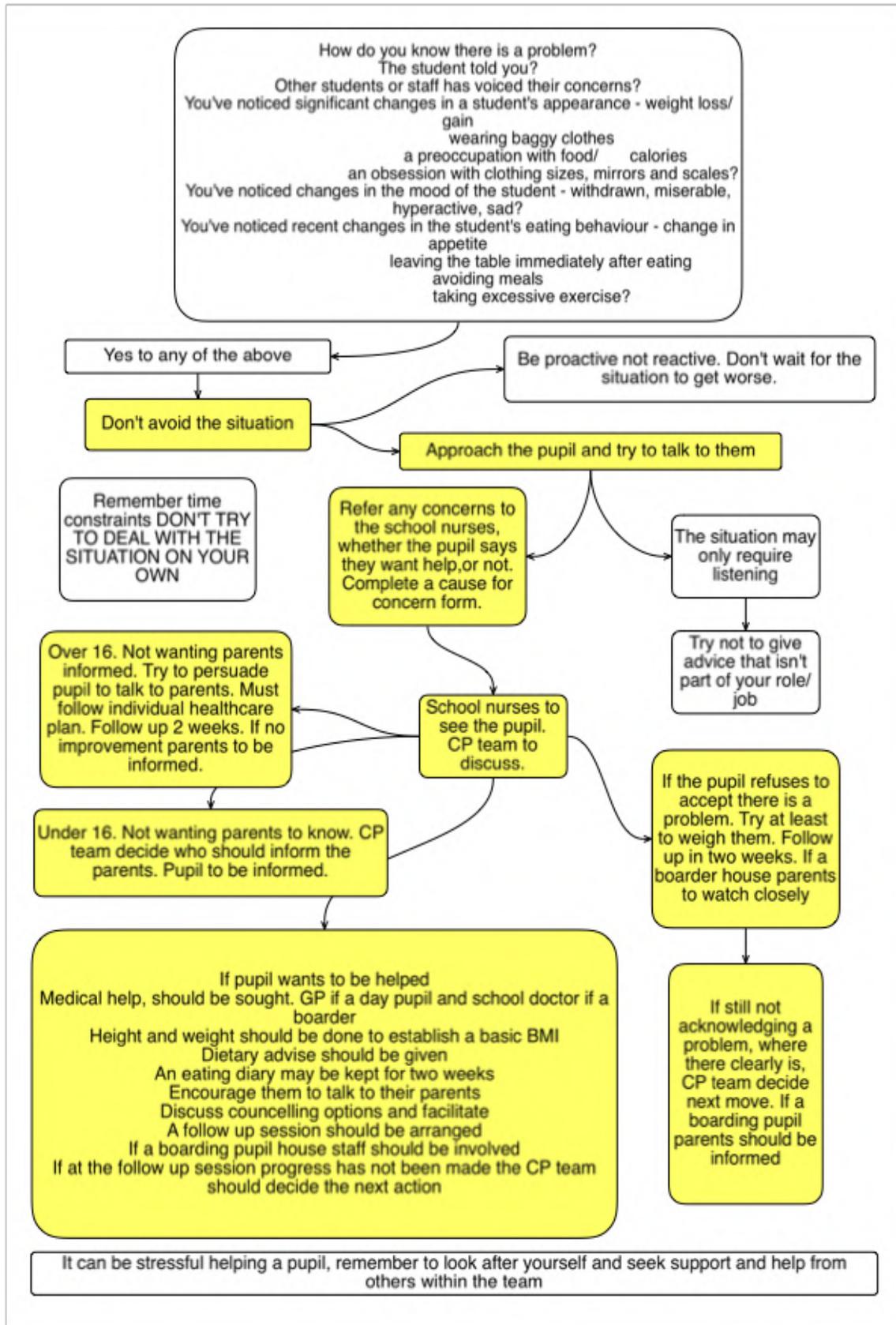
- To have regular monitoring of BP, pulse and blood sugar
- The pupil should agree to attend regular counselling as directed by the counsellor.
- The pupil will chose a member of staff to be their mentor who will oversee their progress and meet with the pupil weekly.
- The pupil should agree to take responsibility for maintaining a balanced diet on a daily basis.

Nursing protocol

If a pupil presents expressing concern about eating the following protocol should be followed:

- Medical advice should be sought.
- Height and weight should be done to establish a base BMI
- Standing and lying BP
- Pulse will be monitored
- Blood sugars will be monitored
- Dietary advice should be given
- They should keep an eating diary for 2 weeks
- Encourage them to talk to their parents
- If appropriate encourage them to write down negative thoughts and look at them when they feel more positive
- Discuss counselling or listening options
- A follow up appointment should be made.
- If a boarding pupil the boarding staff should be made aware with the pupils knowledge.
- If at the follow up appointment progress has not been made a Notice of concern form should be completed.

The flow chart (next page) –offers guidelines for staff supporting pupils with a possible eating disorder and will be of value when deciding the next step to take.



APPENDIX 6

SENDING CHILDREN HOME

Children will be sent home from school if they are considered too unwell to continue their studies or pose a risk of spreading infection to other pupils and members of the school community.

The School Nurse, matron or Head Teacher will make the decision to send a child home if they are unwell. If the child is a full boarder, the decision will be made in conjunction with the Head of Boarding / houseparent and the parents / guardians.

The main reasons (however these are not the only reasons) a child may be sent home are

1. Temperature of over 37.4°C
2. Vomiting
3. Diarrhoea
4. Cold or flu like symptoms.

These reasons are considered by the School Nurse / matron in a professional manner and parents are given advice about when to allow the child to return to school.

Reviewed: Lent term 2025

APPENDIX 7 WOUND CARE

Most of the wounds seen in surgery at S. Anselm's school are minor but still need to be treated effectively to prevent infection and to aid healing the following should be adhered to.

An aseptic technique should be used

1. A disposable apron
2. Hands washed
3. A dressing pack used – using sterile field and gloves
4. Normal saline used to clean area (preferably warmed).
5. Jelonet used to cover wound followed by a non-adherent dressing such as a primapore. If the child is particularly hairy a melanin dressing and bandage is more effective.
6. It is advisable to keep the dressing intact for at least 48 hours to aid healing.

If there is exudate then clear film dressings should not be used.

For wounds that are bleeding profusely Kaltostat is recommended as it has anti haemorrhagic properties. The child may need to go to the Whitworth Hospital as this is a pharmacy dispensed item only.

If steri-strips are used to close a wound the edges of the wound should be neat (not ragged) and able to meet. Put the steri-strips tightly across the wound to close it and then cover with a non-adherent dressing. If there is difficulty getting the strips to stick on the skin a light spray of Opsite around the wound can often help.

If steri strips are used they should stay in place for the following: -

Face – 5 days

Neck – 7 days

Hands and fingers - 10 – 14 days

Upper limbs - 7 – 10 days

Knees and lower limbs – 14 days

Joints - 14 days

After this time gently remove the steri-strip, if it is stuck it can be soaked off as the wound should be healed. If the wound is on a finger and will not stop bleeding get the child to put its arm on its head and dress, then put Coban on for a couple of hours.

After care for wounds

Rest and elevate the area as much as possible until the pain and swelling are reduced

Keep the dressing clean and dry, if leakage comes through then redress

Observe for signs of infection – redness or swelling around the area, increased pain and tenderness, red streaks going up the leg or arm if wound is on a limb.

Do not pick at scabs, they will go away once the child starts washing the area.

Reviewed Lent Term 2025

APPENDIX 8

BIOHAZARD / SPILLAGE KITS

Biohazard / Spillage kit are available around the school. They are positioned as follows

1. Surgery
2. Facilities Manager's office
3. Swimming Pool
4. Pre prep
5. Sports Hall
6. School House (Boarding)

Reviewed: Lent term 2025

APPENDIX 9

MODEL FOR DEVELOPING INDIVIDUAL HEALTH CARE PLANS

(From 'Supporting pupils at school with medical conditions, DfE, 2015)

