



MARLBOROUGH COLLEGE

Policy for the Care of Pupils who are Unwell

STANDARD 3 – Boarders’ Health and Wellbeing

3.1 The school has and implements effectively, appropriate policies for the care of boarders who are unwell and ensures that the physical and mental health and emotional wellbeing of boarders is promoted. These include first aid, care of those with chronic conditions and disabilities, dealing with medical emergencies and the use of household remedies.

3.2 Suitable accommodation, including toilet and washing facilities, is provided in order to cater for the needs of boarding pupils who are sick or injured. The accommodation is adequately staffed by appropriately qualified personnel, adequately separated from other boarders and provides separate accommodation for male and female boarders where this is necessary.

3.3 In addition to any provision on site, boarders have access to local medical, dental, optometric and other specialist services or provision as necessary.

3.4 All medication is safely and securely stored and proper records are kept of its administration. Prescribed medicines are given only to the boarders to whom they are prescribed. Boarders allowed to self-medicate are assessed as sufficiently responsible to do so.

3.5 The confidentiality and rights of boarders as patients are appropriately respected. This includes the right of a boarder deemed to be “Gillick Competent”* to give or withhold consent for his/her own treatment.

*Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. A child will be Gillick competent if he or she has sufficient understanding and intelligence to understand fully what is proposed.

**This policy addresses ISS Regulatory Requirements (effective from March 2016)
Part 3 – Welfare, Health and Safety of Pupils.**

Introduction

Marlborough College addresses Boarders’ Health and Wellbeing in a number of ways. These are integrated within the College’s overall Pastoral Care Plan and fall within the overall responsibility of the Deputy Head (Boarding).

Care in respect of Boarders’ Health and Wellbeing is provided primarily within the Medical Centre (commonly referred to by pupils as “the Sani”). This includes:

- The coordination of external appointments with medical and therapeutic services, such as physiotherapy and x-rays, out-patient appointments and follow-up clinics;
- The oversight and monitoring of individual care plans for pupils with chronic conditions, such as Crohn’s disease or diabetes;
- The oversight and monitoring of pupils with temporary disabling conditions, including injury;
- The organisation of routine vaccinations in accordance with the Department of Health/NHS guidelines. (Influenza vaccination is given during the Michaelmas Term to those for whom it is medically indicated. Immunisations for foreign travel are given when appropriate.)

- The education and support of pupils in respect of e.g. asthma, anaphylaxis;
- The coordination of paramedic support for College sporting activities, as appropriate;
- Support for house staff in respect of ongoing CPD (eg training in the use of Epipens);
- Medical support for co-curricular adventurous and sporting activities and trips away from the College;
- Coordination of pupil medicals, regular monitoring of height/weight for key groups, and the preparation of pupil Medical and Serious Medical Conditions Lists;

The Medical Centre can refer pupils for routine (i.e. non-emergency) dental, orthodontic, optometric or other specialist services. These can be accessed in the local area, and consultations can be coordinated with Dames or directly by the pupils themselves. Parents may choose to organise such appointments independently (particularly for ongoing treatment) and are asked to abide by the College's stipulation that appointments do not cause pupils to miss other College commitments.

The Medical Centre also houses the College Counselling services.

Homely remedies, including over-the-counter medicines such as painkillers, can be provided within Boarding Houses, according to protocols agreed with the Medical Centre (Appendix A), and monitored by the Nursing Team. Records of the issue of OCMs are held on the College database, and are accessible in real time by house and medical staff.

The College provides Emergency Aid training for staff, on a regular basis. Each area of the College has a designated member(s) of staff responsible for Emergency Aid, in accordance with the College's Health and Safety Policy. Lists of qualified staff members are maintained by the Health and Safety Officer.

All members of staff who routinely deal with pupils are made aware and updated at least three times annually, of those pupils who have potentially life-threatening conditions. This information is also available, under confidential cover, in the Common Room. The "need to know" in these cases, in the best interests of pupil welfare, is considered to be such that it overrides ordinary medical confidentiality.

Staff are encouraged to seek training from the Medical Centre staff, as part of their CPD, to help support pupils with known medical conditions, which impact on their daily life in the College. This is also offered as part of the induction for new teaching staff.

Nursing Staff

The Sani is staffed by a team of seven (RGN) nurses, two nursing auxiliaries, and an administrative assistant, supported by a domestic team.

There is 24-hour cover with two nurses on duty from 8am to 5pm, Monday to Saturday, and one nurse on Sunday. The nurses are assisted from 1:30pm until 7.30pm by a nursing Auxiliary.

Medical Staff

Dr Jennifer Campbell Attends up to 4 mornings weekly
Medical Officer

Dr Richard Hook Attends two mornings weekly (or locum provided)
Deputy Medical Officer

Surgeries There are two Surgeries daily.

Mon–Sat

8.00 - 8.30am

Nurses and doctor

7.00 - 7.15pm

Nurse

Sunday

9.00 - 9.30am

Nurse

7.00 - 7.15pm

Nurse

Pupils are encouraged to come to the Medical Centre at Surgery times for all routine treatments and repeat prescriptions. Emergencies and sudden illness will, of course, be dealt with at any time. Off-games Chits are normally only issued at morning surgery.

Pupils routinely self-medicate prescribed medication, based on the assessment of the Medical Officers, and accordingly to guidelines (Appendix B) which are issued to pupils on receipt of their medication, except in very rare instances. Medication is given to pupils in labelled containers and it is their responsibility to take it as advised. Parents are not routinely proactively informed by the Medical Centre team about routine prescriptions. Instead pupils are encouraged, as appropriate, to keep their parents fully informed about their medical wellbeing, consultations and treatment.

Admissions

The Medical Centre contains in-patient beds for pupils needing overnight accommodation, and 'lying down' beds, for pupils needing short term observation for up to 10 hours for minor illness such as nausea, headache, sports injury or period pains. Pupils are permitted to rest in house for some ailments, based on the assessment, and on-going review, of the Medical Centre. In such cases there is close communication between the Medical Centre and the House teams, and a protocol exists for the timing and circumstances in which 'Lying down in house' permission may be given.

The expectation is that pupils, who are ill such that they cannot attend normal school activities, and where such illness is estimated to last longer than 24 hours, will be taken home by parents or guardians and allowed to recover at home.

When pupils are admitted to the Medical Centre from a House or any area of the school or playing fields:

- They should ideally be escorted by an adult and information concerning the pupil must be given to the nurse in charge before the adult leaves.
- Warning of the admission should be made beforehand by telephone whenever possible.

HMs are always notified of the admission of a pupil by e-mail, and often by telephone as well. On discharge, either after full admission or lying down, pupils are given discharge chits to take to their HM.

All overnight admissions are notified to parents, usually by telephone, as soon as possible.

If day pupils are taken ill while they are in school they must report to the Sani, who will contact the parents and arrange for them to go home if appropriate.

Medical Centre List ("Sani List")

A list of pupils who are ill, or absent from routine school activities, on account of illness, is maintained on the College database (isams).

Pupils must obtain permission from the Nurse on duty before visiting in-patients, and are not allowed during school periods or after 7.30pm.

Hospital Out-Patient and other appointments

These are monitored by the Medical Centre and transport arranged by them. Communications with pupils for these is by email or 'Send for Slips' sent to HMs about 48 hours before the appointment.

Off-Games Chits

These are issued from the Medical Centre for varying periods of time - they may specify or exclude specific sports. The Off-Games List is updated daily on the College database (isams) – only pupils in possession of a valid Off-Games Chit may be deemed to be ineligible to play sport. Off-Games Chits should be shown by pupils to the beaks in charge of lessons or activities, such that absence from games can be recorded.

The expectation for pupils who are "off games" through injury in training in the immediate run-up to matches, is that they will travel with their teams, to act in support of their team-mates.

The Medical Centre follows a specific protocol in respect of head injuries, in close liaison with sports coaches and based on MOSA and RFU guidance where sporting activity is concerned.

Medicals

All new pupils' parents complete a Medical History Form on entry to the College. The information contained on the Form informs the Medical Lists. Parents are asked to indicate routine as well as serious medical conditions, past inoculations and vaccinations and their child's existing GP.

All new pupils have a medical examination by a doctor during the first three weeks of their first term. These examinations have priority, though we try to accommodate other activities. The MO writes to parents if any significant problem is found, with a copy to the HM.

All College boarding pupils are asked to register with the College Medical Officer (via the Joining Papers from the Admissions Department) on their entry to the College. Thus their NHS Medical Notes are securely held in the Medical Centre, accessible by the College Medical Officer and Nursing Staff, who also have access to the NHS computerised records via the Marlborough Surgery, George Lane.

Dental Guards for sport must be obtained by pupils before arrival at the College and it is the responsibility of parents to provide their children with correctly fitting mouth guards and to update these as appropriate (eg following orthodontic treatment).

Health Education

Health Education and the promotion of healthy lifestyles are felt to be an important part of the work of the Medical Centre. Posters, pamphlets and other teaching aids are available and the nurses are happy to talk to pupils on any aspect of health.

Advice about sexual health, quitting smoking, nutrition, Gap Year safety, drug and alcohol misuse, skin care/sun care, and many other topics is available.

The College Medical Officer and Deputy Medical Officer, Nurse-Manager and Counsellor are members of the College's Health Education Committee and contribute regularly to the College's PSHE and Artemis programmes for pupils.

Counselling

There is a pastoral / medical team to assist HMs and tutors if and when they require help with the management of pupils with emotional, behavioural or psychological problems. The Chaplain, Medical Officer, Nurse-Manager and Lead Counsellor are all available for discussion about individual pupils.

The College's counselling service is led by Mrs Katia Houghton (Tel: 01672 892435 or Mobile: 07897669113, Email: khoughton@marlboroughcollege.org) Pupils may see Mrs Houghton or other members of the wider counsellor team, coordinated by her. Confidential appointments are offered in the Medical Centre on three weekday afternoons and Mrs Houghton can be contacted by email and phone at other times. The Counsellors see pupils by appointment. Pupils can self-refer, or can be referred by HMs or Tutors, by parents, friends or through the medical staff, and all communication in respect of counselling and referral is led by Mrs Houghton in the first instance.

On arrival at the College, and as part of the induction process, all pupils have the chance to meet the Lead Counsellor. This is done through small, House groups. The Counsellor also visits Houses and the service is advertised via House Notice Boards, wallet cards and leaflets.

College pastoral staff can also meet with the Counsellor for guidance and advice on how to help troubled pupils, both in the case of individuals, and also in respect of more general adolescent issues, as part of their ongoing CPD.

In the case of short term or one-off access to counselling, there is no charge to pupils/parents.

In the case of pupils' who join Marlborough College with a pre-existing need for ongoing access to counselling, or where long term access is deemed to be desirable, pupils and parents may be referred/directed to external

counselling services, or asked to make alternative private arrangements. It is likely that in such instances a charge will be incurred.

Alternatively, medical referral to CAMHS is possible through the College's Medical Officer. Pupils under the age of 16 will not be referred to CAMHS without the consent of parents.

The Medical Centre and Counsellor(s) offer CONFIDENTIAL pastoral support. This means that the consent of the pupil will be sought and, except in exceptional circumstances, obtained before any form of disclosure or referral. The Medical Centre team always encourages pupils to tell their parents and HM if they are in difficulties, but must abide by their decision if they refuse to do so.

Consequently, it is important that HMs should feel able to refer parents to the Medical Centre if they find they do not have enough information about the pupil to answer parents' queries. They will have the full support of the Medical Officer in doing so.

The College's senior, confidential pastoral team, consisting of The Deputy Head (Pastoral), Medical Officers, Counsellor, Chaplain and Sani Nurse-Manager, meet weekly to discuss welfare issues, such that the trends and patterns can be monitored and the holistic best interests of pupils can be met.

Psychiatric and Psychology Services

If the Medical Officer or her deputies wish to refer a pupil for psychiatric assessment parents will be informed. As pupils are registered with Dr Campbell they are eligible for NHS care including psychiatry, but unfortunately the current structures for provision of such services by CAMHS teams (Child and Adolescent Mental Health Services) rarely enable a consultant opinion to be obtained quickly, and often require multiple assessments by other members of the team before reaching the consultant, as well as many weeks waiting. Dr Campbell is obviously happy to refer pupils via the NHS, but after discussion with parents it is her experience that a private referral is often helpful.

Similarly, the Medical Office may advise that a pupil may benefit from the support of an adolescent psychologist. In such cases, parents would always be informed. While the choice of onward referral, if a private service is preferred, is entirely that of the pupil and their parents, the College has established a relationship with Dr Natasha Conner, an experienced practitioner in child and adolescent psychology.

Dr Conner visits the College to see pupils, and appointments can be coordinated through the College Medical Centre, though (as with psychiatry) the arrangement is a private one. Dr Conner's contact details can be obtained from HMs or from the Deputy Head (Boarding).

Urgent problems on school premises

Occasionally urgent attention/first aid may be required outside the Medical Centre. After 5pm each day and on Sundays there will be only one nurse on duty. If the nurse is required to attend outside the Medical Centre, then another adult must be substituted for her to cover whilst she is out of the building, if at all possible. This is likely to be for a very brief period and the nurse will be contactable by mobile phone.

Temporary closure of, and absence from, the Medical Centre by adult members of staff, during term time, will only take place in the most exceptional circumstances and the duration of any such closure kept to an absolute minimum.

Author: Management Team / Medical Officer

Where found: College Website

Policy Date: Lent 2019

Review Date: Lent 2020

APPENDIX A

A PROTOCOL FOR ADMINISTERING OCMs

OCMs

OCMs refers to painkillers such as paracetamol or ibuprofen. These are supplied to houses by the Sani, who will maintain an audit trail of their use.

When issuing medication the following procedure should be followed:

Check

- whether the pupil is allergic to the medication
- whether the pupil has taken ANY medication recently, of any sort
- If so, what? (NB dosage and contra-indications)
- that the pupil has taken the OCM before and suffered no side effect
- the expiry date on the medication

NB Any recent OCM issue to the issue from a College source will be recorded on ISAMs.

Administer

- The pupil should take the medication under the supervision of the person issuing it.
- No more than the recommended dose of any OCM should be administered in one 24-hour period, and issued on a dose-by-dose basis.
- A pupil requiring more than the recommended dose in any given 24-hour period should be referred to Sani for treatment

Record

Record the details of issue via isams. This can be done under the login of HMs, Dames and RHTs and MUST be done at the time of issue.

- name of pupil
- reason for issue
- name of medication and dose
- date and time

Such a record is kept so that an audit trail of OCM administration is possible within individual Boarding Houses. Such records are liable to inspection by ISI and by the Master or Deputy Head (Boarding).

Records in House will be checked termly by the Medical Centre.

CMC

Deputy Head (Boarding)

APPENDIX B

Prescribed Medication Instructions READ THIS CAREFULLY

You have been given this because you have been prescribed medication by the School Doctor. It is important that you remember the following to make sure that you use the medication safely:

- Make sure the medicine has YOUR name on the box.
- Make sure that the label and the box show the same medication name (sometimes there may be more than one name on the box as drugs often have a “trade name” and a “proper” name – for example “Nurofen” is the trade name of ibuprofen. If in doubt check with the Medical Centre staff).
- Take the medicine according to the instructions on the label.
- If you are on any other medicines – especially herbal medicines or those that have been prescribed by someone other than the School Doctor – you should check that they are compatible with the new medicine. It is important to tell any doctor who is prescribing medicine for you what other tablets, inhalers etc you are taking already.
- **DO NOT LET ANYONE ELSE TAKE OR USE YOUR PRESCRIPTION MEDICINE**
- Ideally you should keep it safe in a locked drawer, box or cupboard. If you do not have access to somewhere lockable to store your medicine then speak to your Dame.
- Read the leaflet included with the medicine carefully – it will tell you how to take it (for example – should it be before or after food) and what side effects may occur. If you have concerns having read the leaflet speak to the Medical Centre staff (but remember that the leaflet will list all possible side effects rather than those that you might reasonable expect to have).
- You are being trusted to look after this medication yourself and take it responsibly as prescribed. If you cannot do this (for example if you lose or offer to share your medication), or if your medication is on the Controlled Drugs list, then you will not be permitted to self-medicate.

Drug name:.....Dose.....Frequency.....

Drug name:.....Dose.....Frequency.....

Drug name:.....Dose..... Frequency.....

- I confirm that I have read the instructions issued with this medication
- I confirm that I understand the instructions
- I confirm that I am happy to self-medicate

Name (PRINT)..... Pupil number.....Date.....

APPENDIX C

PROTOCOL FOR DEALING WITH EMERGENCIES/INJURIES (including on games pitches)

- For all situations outlined below, when the immediate accident has been dealt with: *the pupil's HM and the Medical Centre must be informed as soon as possible.*
- Subsequently an accident report form must be completed – see guidelines.

In the event of a clearly serious or life threatening accident where it does not seem safe and reasonable to the first member of staff on the scene for the victim to be taken to the Medical Centre, the following routine should be employed.

- The normal first-aid assessment of

AIRWAYS

BREATHING

CIRCULATION

Should be made and the victim should not be moved unless this is necessary to prevent further injury or deterioration.

- Clothing should be loosened and the patient should be kept warm.
- Nothing should be given by mouth.
- Help should be sought immediately as follows:
- Summon the duty paramedic (for sports injuries), and/or
 - (a) Phone 999 and request an Ambulance. Use the protocol for summoning emergency services.
 - (b) Inform the Medical Centre. They will ensure medical details of the pupil are available where necessary, and inform the Medical Officer.

Nursing staff on duty in the Medical Centre *will not normally be able to attend such accidents.* The responsibility for summoning the Ambulance should lie with the senior member of staff at the site of the accident and *not* with the nurse in the Medical Centre.

In the context of games injuries in particular the following should be noted:

HEAD INJURIES

Head injuries occur in contact sports, especially rugby. Medical opinion is unanimous that any loss of consciousness whatsoever should oblige a player to leave the field and abandon that game. Minor degrees of concussion without loss of consciousness may be acceptable for further play, provided that the patient is not disorientated, has no headache, blurring of vision or amnesia. There is a rarer complication of a head injury in sport in that temporary recovery may follow a blow to the head only to be followed by a lucid interval and then by the onset of unconsciousness due to bleeding within the skull. This is an extremely dangerous condition. Any player suffering a knockout blow should therefore be observed during the following hours after an injury. The immediate management of a head injury in sport should be as follows:

1. If there is an impairment of consciousness i.e. brief loss of consciousness or a period of confusion or disorientation, then that player should be removed from the pitch.

In the rugby season the paramedic should be summoned. The player will be treated and observed for an appropriate period, either in the paramedic base or the Medical Centre. *If no paramedic is available the player must always be accompanied to the Medical Centre.* The patient will be admitted and observed for an appropriate period of time or transferred to Casualty as required.

2. Any period of unconsciousness will disqualify the individual from contact sports for at least three weeks. A strict protocol of assessment and graduated return to sporting activity, following a head injury will be followed. This is supported by MOSA and RFU guidelines. Further information can be found on the College website www.marlboroughcollege.org → Pastoral → Medical Centre → Concussion Guidelines and also by clicking on the following link.

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

NECK INJURIES

The neck is particularly vulnerable to injury because of its extreme mobility. It is especially vulnerable in contact sports such as rugby (a collapsed scrum or high tackle, for example) and the potential ramifications of such injury are very serious. If there is *any* suspicion of a significant neck injury then the following is essential:

1. First the game should stop, and ideally the paramedic should be summoned.
2. *The player should not be moved:* if there is any doubt about a neck injury having occurred, leave the player where they are and keep them warm. The paramedic will assess the extent of the injury and if required an ambulance will be called. The neck may be immobilised by the paramedic using appropriate devices.
3. Where a neck injury occurs in any other context, a similarly careful approach is required. The patient should not be moved unless they are in immediate danger, or require resuscitation. In the event of moving the patient being necessary, neck stability should be maintained if at all possible – the Medical Officer is happy to offer training and advice on how to do this – but such movement should be a last resort. In such an instance, or that of a patient who is disorientated and unable to obey commands to remain still, then summon help *as soon as possible*.

OTHER INJURIES

When a player has sustained an injury which clearly requires medical attention and he/she is able to walk satisfactorily, either he/she will be handed over to the paramedic or the beak in charge of the situation must ensure that the player goes to the Medical Centre. The beak will need to provide necessary information about the circumstances of the injury.

As soon as possible after the event it is the responsibility of the beak in charge of the game/session to complete an Accident Report Form (available in Common Room).

If a pupil has been injured in an away match, such that paramedic or Medical Centre treatment is required, he/she must be passed as 'fit to travel' by a competent medical person at the other school before return to Marlborough. The pupil's HM should be informed as soon as possible. **He/she must be escorted to the Medical Centre immediately on return to Marlborough. Where such injuries require hospital treatment at the other school, it is imperative that the Medical Centre be informed on return to Marlborough, as there will often be follow-up treatment required (such as outpatient fracture-clinic appointments).**

FIRST AID/EMERGENCY COMMUNICATIONS

All beaks in charge of major games sports teams must have, or have access to, a medical bag for treating minor injuries. Beaks in charge of other sports will ensure that appropriate first aid measures are in place. All beaks must have a copy of the emergency telephone numbers. During the Michaelmas and Lent Terms there will always be a paramedic on duty for major games practices and fixtures. The paramedic has a College-issued mobile 'phone and this number should be immediately accessible. Ideally, beaks should have a mobile 'phone to hand, or at least be clear where the nearest available telephone is. (The paramedic's vehicle should always be prominently parked, and it is acceptable to send a runner to get them if no 'phone is available.) The number can be obtained from the Medical Centre.

Medical Officer
Lent 2019

APPENDIX D

FIRST AID PROTOCOL IN THE EVENT OF EPILEPSY

1. Keep calm
2. Remove possible sources of danger. If the child is in danger (e.g. near a swimming pool, a hot radiator) he or she should be moved. Furniture and dangerous objects should be moved out of harm's way.
3. Protect and turn the head to one side if possible to guard against the air passage being restricted by the tongue or regurgitated food.
4. Let the seizure run its course.
5. Allow a period of rest. The child will probably feel very tired and confused.
6. In the event of any spillage of blood, or other body fluids the procedure set out by Sani must be followed.

Medical Officer

Lent 2019

APPENDIX E

PROTOCOL FOR DEALING WITH CHILDREN WITH DIABETES MELLITUS

Children suffering from Diabetes Mellitus are always on insulin. They administer these themselves, by injection 2–4 times daily. Provided that they are well and administer their insulin and then eat the correct diet there are usually no problems. However, a busy lifestyle sometimes results in them forgetting or not eating food after insulin and the most common complication is HYPOGLYCAEMIA — usually known as “going Hypo”. This is caused by an abnormally low blood sugar level. Diabetics should always carry glucose or some other form of rapidly absorbed concentrated sugar and you should find the pupils concerned do so. The symptoms of Hypoglycaemia vary with individuals but normally are some or all of the following:

SWEATING, TREMOR, APPREHENSION, WEAKNESS

followed by

DIZZINESS, BLURRED VISION, DOUBLE VISION, HEADACHE, SLOWED REACTION, UNCOORDINATED MOVEMENTS and maybe TWITCHING.

If not treated UNCONSCIOUSNESS can occur.

TREAT as soon as possible (delay is very dangerous) by giving the patient concentrated sugar which can be glucose, sweetened fruit juice, coca cola, sugar in water or even just milk.

Treatment in the above way is normally successful. Help with drinking may have to be given. When this treatment has been administered then take to the Medical Centre. If unconsciousness does occur while attempting to treat, contact the Medical Centre or dial 999 if finding a known diabetic pupil unconscious.

In the event of any spillage of blood, or other body fluids, the procedure set out by the Sani must be followed.

It is very important that the children concerned live as normal lives as possible. It must be stressed that “hypos” are not usually frequent.

Medical Officer

Lent 2019

PROTOCOL FOR DEALING WITH AIDS/HIV AND FIRST AID IN SCHOOLS

Practical Advice – Avoiding Infection

Infection with HIV only occurs in these 3 situations:

1. Unprotected sexual contact with an infected person
 2. By an exchange of blood with an infected person (i.e. sharing needles with someone who is infected)
 3. From mother to child before or during birth.
- Always treat blood with respect. Remember, it may possibly contain other harmful organisms.
 - In the event of any spillage of blood, or other body fluids, the procedure set out by the Sani must be followed.
 - Your intact skin is a barrier against infection. Wash splashes of blood off with hot water and soap.
 - If you are cut as a result of an incident encourage the wound to bleed for a little before cleaning and applying a dressing. [*see also: needlestick injuries*]
 - Always cover any cuts or grazes with a waterproof dressing.
 - No-one has become infected with HIV as a result of resuscitation. If blood is involved you should wash your mouth out afterwards. If you have been trained in their use, you may use a resuscitation aid.
 - Whilst it is sensible to wear gloves when cleaning up spills of any body fluids you should remember that gloves and aprons are no reason to relax good hygienic practice.
Good hygienic practice will protect you against more than just HIV. Treat everyone as a potential source of infection, and always wash your hands after contact with any body fluid.
 - Remember to report any incidents and seek appropriate medical advice.
 - The criteria for calling an ambulance are the same as for other emergencies, but it is imperative that Ambulance Control, Paramedics and receiving accident and Emergency Departments are made aware of any possibility of AIDS/ HIV condition, where it is known.
 - In the event of a pupil or member of staff with AIDS/ HIV joining the College community reference will be made to the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences 1995) Guidelines and a report made to the Health and Safety Executive.

Medical Officer

Lent 2019

PROTOCOL FOR PUPILS WHO NEED TO SELF-INJECT

The College will sometimes have pupils who need to inject themselves (usually insulin for diabetes, but occasionally things like growth hormone and clotting factors). They will be encouraged to use the Medical Centre for storage and administration where this is practical, but obviously those needing frequent injections will need to have equipment in their rooms. Proper ‘sharps boxes’ (for safe disposal of used needles) should be supplied by the pupil or their parents in the first instance – but can also be re-supplied by the Medical Centre. HMs should seek advice, as necessary, from the Medical Centre in advance of a pupil’s arrival at the school. Pupils (and their parents) should be made aware that they must take responsibility for avoiding injuries to others by using sharps boxes and not leaving injection equipment lying around. Cleaners, Dames and other House Staff should ideally be aware that there may be needles etc in the house, but the right to confidentiality of the pupil should be considered when making such information available, and consent obtained for this whenever possible.

If needles are found in or around the House they should be disposed of with care into a sharps box. If in doubt, contact the Medical Centre, but try to ensure that the needle is not left unattended where it might cause injury meanwhile.

PROTOCOL FOR NEEDLESTICK INJURIES

*In the event of any needlestick injury
contact the Medical Centre for advice immediately.*

In the event of needlestick injury:

- The injured party should encourage the wound to bleed, by running it under a tap or squeezing. Apply a clean dressing.
- Pupils may attend the Medical Centre; staff should contact the Medical Centre for further advice.
- If the “owner” of the needle can be clearly identified, then they should also attend the medical centre for blood tests – blood-borne conditions such as Hepatitis can take time to develop after inoculation, so we are advised to test the “owner” in the first instance.
- If the needle cannot confidently be traced to any pupil then the injured party may well be required to attend A&E for advice and testing.
- In the event of any spillage of blood, or other body fluids, the procedure set out by the Sani must be followed.

Medical Officer

Lent 2019

APPENDIX H

PROTOCOL FOR DEALING WITH PUPILS WITH FOOD ALLERGY Severe Reactions and/or Anaphylaxis

Genuine food allergy, resulting in a severe allergic response such as anaphylaxis, is a relatively rare event, but is however, severe in its threat to life and good health.

There are many substances in food that can result in allergies; one of the commonest is an allergy to peanuts and their oils.

Severe reactions to these chemicals forms part of the Type 1 immune response, with a gradual increase in the severity of that response, possibly ending in anaphylaxis – a term to mean a physiological response whereby release of chemicals results in a severe malaise with swelling of airways, mucous membranes and skin in individuals, with extravasation of fluid into subcutaneous tissue, resulting in breathlessness, laryngeal and pharyngeal obstruction, tracheal obstruction, low blood pressure and possibly death.

- Where suspicion has arisen of a food allergy, resulting in a severe response, a diagnosis must be established by history, examination of any rashes, performance of RAST test/IGE assay and possibly challenge test, but these would be done in an ‘immune clinic’.
- Once a diagnosis has been established, treatment and prevention should be instituted:
 - Education of Housemasters/mistresses, beaks, staff, patient and associated medical staff in prevention and avoidance of allergens and also emergency treatment of a reaction.
 - Patients and staff alike should be fully conversant with the use of adrenalin, when to use antihistamines and steroids and how to administer them. Also they should know when to call for help, who to call, and follow-up care after successful treatment of an episode.
 - Inform catering staff of those with known allergies to food additives and food substances.
 - Patients at all times should ideally carry a medico-alert bracelet, as well as two pre-loaded adrenalin devices (Epipens). The patient must be reviewed on a regular basis to check that they are fully able to use their equipment and are made aware of whatever help is available and necessary.
- In the event of any spillage of blood, or other body fluids, the procedure set out by the Sani must be followed.

Note

Regular review is required of:

- Ability of patient and surrounding attendants to inject with Adrenaline (Epipen).
- Ability to institute basic CPR within and outside the Medical Centre.
- The availability of specific medications within the Medical Centre that can be taken to a collapsed patient when required: Adrenaline; Hydrocortisone & Piriton for intravenous use; also for intravenous cannulation.
- Availability within the Medical Centre of basic resuscitation equipment:

Airways (Suction Ambubag – as part of an emergency kit)

Defibrillator

Medical Officer

Lent 2019

APPENDIX I

PROTOCOL FOR DEALING WITH SPILLAGES OF BLOOD OR BODY FLUIDS

AIM OF PROTOCOL

- To allow staff to deal safely and appropriately with spillages.
- To minimise the risk to staff during and after clearance of the spillage

It is incumbent on all employees to be aware of this protocol and their own responsibilities under it.

All staff must be aware that some body fluids **may** transfer infection:

- Blood
- Exudate or tissue fluid from burns/wounds
- Any other fluid if visibly blood stained (e.g. urine/faeces/vomit)
- Vomit

Cleaning Procedure

Wear appropriate protective gloves and use specialist spillage kits if available (e.g. with fixed point medical kits)

- Disposable cloths/paper towels.
- Appropriate disinfectant solution eg SCREEN or bleach/water solution.
- Waste bag
- Remove as much of the spill as possible using paper towels.
- Place towels, plus gloves and any other equipment used in waste bag and seal.
- Keep staff and Students clear from the area until completely dealt with.

Contact the Domestic Services Manager to arrange vacuum extraction of the area followed by steam cleaning.

Inform Medical Centre, who may offer additional advice in the event of a spillage of body fluids/blood.

Medical Centre

Lent 2019

APPENDIX J

PROTOCOL FOR THE MANAGEMENT OF LOW-WEIGHT PUPILS

This protocol explains the management of pupils who present with very low weight /BMI, or where weight loss, or failure to gain weight, occurs such that the measurement of a pupil's BMI is declining.

This protocol should be read in conjunction with the Flow Chart of Process if an Eating Disorder is Suspected or Identified.

Responsibility for the management of the health of all pupils is held by the College Clinical Team.

When the College Medical Office or his deputy confirms concerns about a pupil's weight, the Clinical Team will initiate a communication loop, which will include the pupil's HM, parents, the Deputy Head (Boarding), College Counsellor and Consultant Psychiatrist.

This enables the HM to continue to play a primarily pastoral/academic role, and to feel reassured that parental concerns can be referred to the College MO.

In order to remain as a boarding pupil at the College, pupils and their parents must agree to engage with the management plan directed by the MO. Refusal to engage with the suggested management plan may result in the recommendation that a pupil be withdrawn from the College, in the hope that they will access the required support elsewhere.

In the case of pupils with declining or significantly low BMI, the management plan will consist of some or all of the following:

- Regular monitoring of weight – Sani either call-for the pupil directly or Sani asks HM to bring the pupil to the Sani for random weight check.
- Regular consultation with the MO.
- Referral to regular counselling – Either via the Counselling service at the College or via alternative specialist services. Evidence of regular attendance at counselling is required to demonstrate active engagement with the process of maintaining a healthy weight.
- Withdrawal from sporting activity.
- Referral for psychiatric assessment.

When a pupil likely to be away from the College for a significant period (e.g. out of term time) it may be necessary for a pupil to be re-registered with a home GP in order to access therapeutic services. In such cases, information and communication must be passed back to the College MO prior to the pupil's return to boarding. The MO is always responsible for the management of the health of boarding pupils, whether registered to the MO or not. The decision regarding fitness to return to boarding after any prolonged absence (including school holidays) rests solely with the MO.

In the case of pupils of significantly low BMI, where the MO judges that continued boarding is likely to be detrimental to health or further recovery, pupils may be asked to withdraw from boarding, until a healthier weight is reached.

The Master

Lent 2019