STANDARD OPERATING PROCEDURES

WYMONDHAM COLLEGE MEDICAL CENTRE

Document Control:

Document Owner:	**Kelly Almand-Chinn**		
Approval Body:	**Board of Trustees** **Boarding Committee**	**19 June 2023**	
Version Number:	1		
Version Issue Date:	26 May 2023	**Effective Date:**	26 May 2023
Review Frequency:	Annually by the Board of Trustees		
Method of Dissemination:	Electronic publication via website		
For Use By:	Membership and all staff where applicable		

Version History:

Version	Date	Author	Reason
V1		Kelly Almand-Chinn	Yearly update
V2			
V3			

Approved by WC Trustees on

Objective

The aim of this Standard Operating Policy (SOP) is to enable Wymondham College Medical Centre team to safely work within a set of guidelines.

Rationale

This document was written to detail the service provided by the College Medical Centre. It was written in response to a new Medical Centre team and therefore the need for clarity over the running of the Medical Centre.

The document also enables the wider team College and Prep School team to understand the services the Medical Centre offers and how this can support students' medical needs whilst attending Wymondham College and Wymondham College Prep School.

Team Structure

Team	Role
Kelly Almand-Chinn	Lead Nurse
Sarah Cunningham	School Nurse
Kirsten Mead	School Nurse
Lexi Barker	School Nurse
Ali Crowter	School Nurse
Jessica Freeman	School Nurse
Sharon Bint	Overnight Medical centre matron
Alison Narayn	Overnight medical centre matron
Stella Kennard	Medical Assistant
Karen Stinton	Medical Assistant
Bank Nurse	Two employed
Bank Medical Assistant	One Employed
Medical driver	Vacant post

When both schools are open-

Monday-Friday a School Nurse is onsite 7.45am-8.45pm. On-call for advice only 9.150pm-10.15pm. A Medical Assistant is on-site 9.30am-5.30pm and 8.30pm-8am.

Saturday a School Nurse is onsite 8am-5pm. A Medical Assistant is on-call 5pm-8am (they will be on-site only if a student requires inpatient care).

Sunday a School Nurse is on-call 8am-7pm. This is generally for advice only unless a student requires in-patient care (judgement to be made by nurse on-call). Where possible if in-patient care is required, the medical driver will be used (if post filled) to staff the Medical Centre. A Medical Assistant is on-site 7pm-8am.

When Prep school only is open-

Monday-Thursday a School Nurse is onsite 8am-8.30pm. Friday (or an end of term day) 8am- 3.30pm. A Medical Assistant is onsite 8.30pm-8am.

Saturday a School Nurse is oncall 8am-5pm. A Medical Assistant is on-call 5pm-8am (they will be on-site only if a student requires inpatient care).

Sunday a School Nurse is on-call 8am-7pm. This is generally for advice only unless a student requires in-patient care (judgement to be made by nurse on-call). A Medical Assistant is on-site 7pm-8am.

Nursing team skills

The school nursing team offers a wide range of clinical skills to help support students with their medical needs whilst attending Wymondham College.

Medical Assistant skills

The Medical Centre assistants offer a supporting role to the School Nurses to help in the service offered by the Medical Centre.

All staff working within the Medical Centre will be compliant with the following Medical Centre procedures (appendices 1 at end of document):

1. Assessment of head injuries p8-15
2. Management of Adrenaline Auto Injectors and Anaphylaxis p16-21
3. Asthma Management p22-26
4. Management of a child having a seizure p27-29
5. Assessment of abdominal pain and Vomiting p30-34
6. Diabetes Management p35-43
7. Contraception including emergency contraception p44-50
8. Management of sport injuries p51-55
9. Smoking cessation p56-57
10. Inpatient care p58-60
11. Headlice procedure p61-62
12. Management of a student who has taken an overdose 63-65
13. Mouth Ulcers Procedure p66
14. Collection of samples p67

15. Self-referral for physiotherapy p68
16. Medical Centre responding to requests for nurse to attend emergencies p69
17. New student checks/medicals p70-71
18. Emergency transport of students requiring urgent medical care p72-74
19. Dentist procedure p75
20. Routine Medical appointments procedure p76-80
21. Medical Centre Fire procedure p81
22. Prep School care of unwell children p82-84
23. Management of sports injuries Prep School p85-87
24. Process for the care of students voicing suicidal ideation overnight in the Medical Centre p88-96

This is not an exhaustive list of skills but does refer to those skills for which specific procedures are in place. A folder with hard copies of each of the procedures is kept in the Medical Centre front clinic room. All School Nurses and Medical Assistants within the Medical Centre are aware of the procedures and compliant with them.

Other skills (where written procedures are not required)-

1. Forwarding post to students and parents/guardians.
2. Filing post in relevant student records.
3. Stock keeping within the Medical Centre
4. Ordering of stock medications
5. Ad hoc collection of medications

All Medical Assistants within the Medical Centre are aware of the procedures and compliant with them.

School Medical policies

There are a number of policies the school also has in relation to medical facilities; these are available separately from this document and include:

- Medication administration policy for house staff
- Medication administration policy for Prep School, house staff
- Medication administration policy for Medical Centre staff
- Infection control policy
- Policy for supporting student with medical needs.
- Managing confidential information Policy

Further procedures/ policies Medical Centre staff should be aware of

- Self-harm advice and guidance
- Safeguarding policy
- Wymondham College suicide risk procedure
- Eating disorders guidance and process
- First aid Policy
- Accident reporting management policy
- Fire operational policy

New Staff Members

All new staff members should be given the new Medical Centre Staff Procedure (Appendix 2).

This document covers housekeeping procedures on introduction to the Medical Centre for all staff and copies of documents they should be given as part of their introduction. It also outlines of specific procedures (clinical skills) that should be demonstrated and agreed as competent to Medical Assistants prior to them being left alone overnight in the Medical Centre.

In the event of absence

Whole team absence- Medical Centre closure

This is an unlikely occurrence, however if the whole Medical Centre team is absent and no bank school nurses are available to provide any cover then the Medical Centre will be closed. SLT/Prep School Headmaster/Head of House will be informed, and they will make the decision on what impact this has on normal school function.

First aiders/paediatric first aiders onsite will be required to provide any emergency assessments of students.

A School Nurse may be able to be on call to provide advice on medical problems. The Lead Nurse should provide a list of on call cover to SLT/Prep School Headmaster and Head of House.

If no School Nurse can be on call 111 should be used for all medical advice.

All school GP clinics would be cancelled in this event and only emergency care would be provided. If students require GP review parents/guardians will be contacted to arrange this.

School Nurse Absence

If a School Nurse is absent this should be reported to the Lead Nurse. Bank staff will be contacted to try and cover the shift/s where the staff member is absent. If this is not possible the Lead Nurse will communicate with SLT/Prep School Headmaster and Head of House any changes in the service offered by the Medical Centre due to staff absence.

If the Lead Nurse is absent and unable to lead on this a School Nurse will liaise with SLT/Prep School Headmaster and Head of House to follow the guidance in this document.

Service cover changes will be made based on a risk assessment performed by the Lead Nurse/Nurse on a priority basis. Routine and extended services will be cancelled first, this will include things such as house visits.

It may be necessary to alter the hours of the Medical Centre or ask for a member of school staff to be present in the Medical Centre if there is a period of time between the day staff leaving and the night staff arriving due to staff absence.

Minimum staffing levels to enable normal opening of Medical Centre:
1 qualified Nurse available per day and 1 Medical Assistant over-night. To achieve this at least **2 qualified Nurses** need to be available to work within the week.

Example: 1 Nurse during daytime 7.15am-8.15pm all routine services suspended (such as house visits). House staff asked to only send students to Medical Centre if cannot be dealt with in house - it may be that the Nurse initially triages over the phone asking house staff to try treatments before the student attends the Medical Centre.

Wymondham Medical Practice clinic days (usually Tuesday/Wednesday/Thursday) - No Nurse reviews am as GP clinic running.

Saturday/Sunday - nurse available on-call only no inpatient services.

The example very much depends on which Nurses are still available to work as Nurses in the Medical Centre are contracted to differing hours.

Where less Nurses are available, or Nurses can only cover reduced hours the Medical Centre will begin partial closure. The initial closure is likely to affect inpatient care as the Medical Centre will not be staffed 24 hours per day.

Partial closure of the Medical Centre

Example: If there is only 1 qualified Nurse available to cover entire service a partial closure of the Medical Centre will be required.

Priority of opening will be Wymondham Medical Practice clinic mornings to enable GP clinics to continue. Outside of these times the School Nurse would offer on-call advice only. Inpatient services will be closed/reduced depending on Medical Assistant staffing levels.

Where inpatient services are reduced, the school will have to revert to asking parents/guardians to collect students that are unable to remain in house. Where they may be a delay in this happening another member of the school's staff may have to be in the Medical Centre until they arrive.

Medical Assistant Absence

If a member of the day Medical Assistant staff is absent the Lead Nurse should be informed. Where possible the School Nurses will cover any duties, the Medical Assistant has that day, that should not be cancelled. This is likely to be taking secondary students to medical appointments. If the School Nurses cannot provide this cover, they will contact SLT to ask for a member of Secondary School staff to take the student. This is unlikely to affect the Prep School as their own staff are required to accompany Prep School students for medical appointments.

If the Medical Assistant on night duties is absent, then the second member of night staff will be contacted to see if they can cover. This may not be possible if it conflicts with their day shift. If this is not possible other members of the Medical Centre team will be contacted to see if they can cover the shift/s.

If no cover can be sought from the Medical Centre staff, then SLT/Prep School Head of House will be informed and if no cover staff can be found the Medical Centre will be closed overnight. The main affect on this will be to the Secondary School as unwell students in the Prep School will be cared for in the House isolation area.

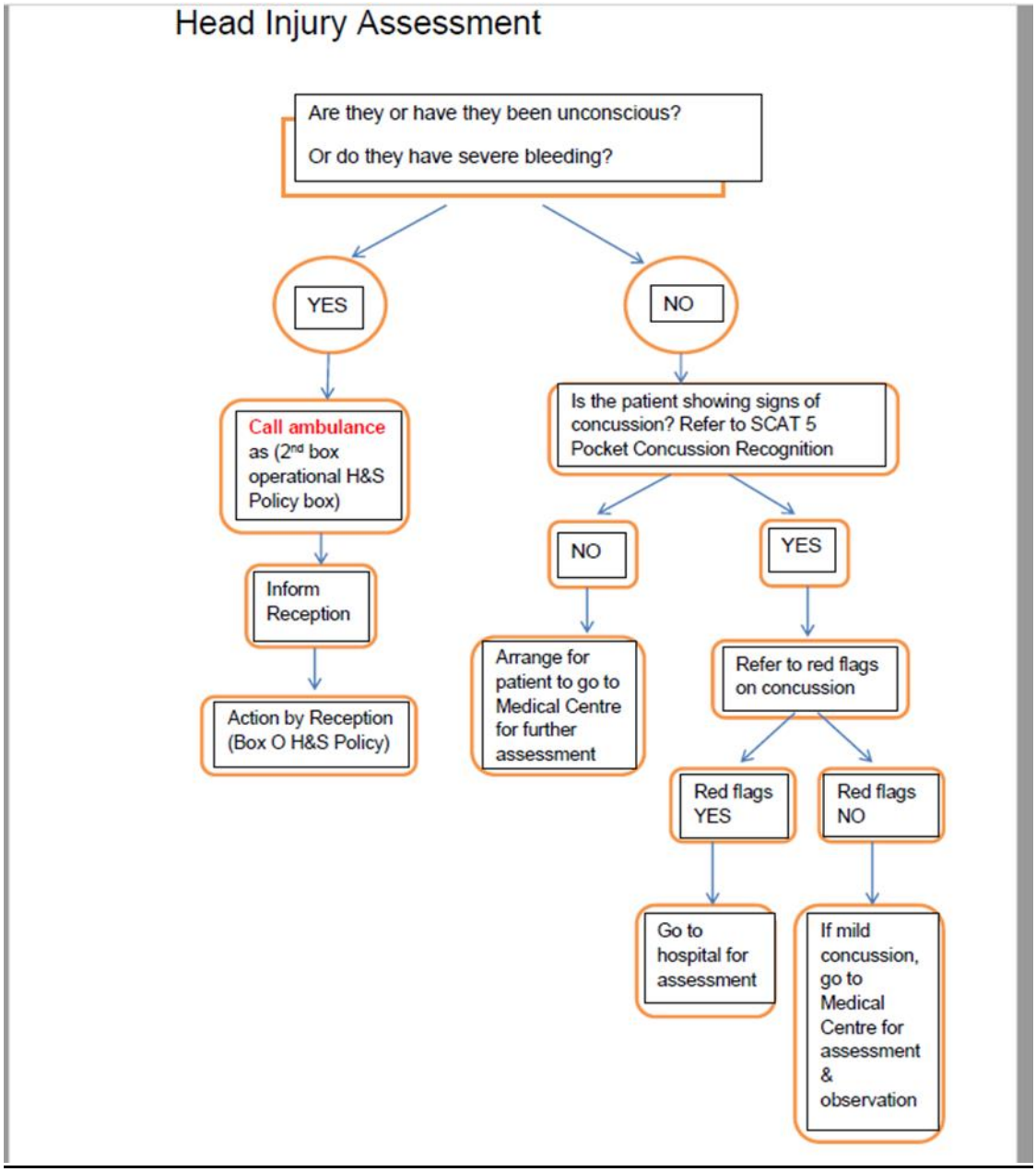
If there are Secondary School inpatients, arrangements will need to be made for them to return to House, or if this is not possible due to the risk to other students then parents/guardians will need to be called to collect the students. A member of school staff may need to be in the Medical Centre until they arrive.

It must be acknowledged that this document cannot predict the exact effect of staff absence as the variables are too great. It is impossible to predict how many staff will be off at any one time and what extra cover at probable short notice remaining staff/bank staff may be able to offer.

APPENDIX 1

ASSESSMENT OF HEAD INJURIES

Essential Procedure for All Staff



Action Required in the Event of a Head Injury: Severe

1. Remove any further hazard and ensure safety of environment.
2. Undertake any necessary emergency medical treatment needed.
3. Supervising staff to contact the College Medical Centre for advice by dialling 3291 or Medical Centre mobile 07980 745044.
4. Any head injury with suspected loss of consciousness or concussion must be assessed by a Medical Practitioner.
5. If Medical Centre is closed or does not have a nurse on site dial 111 / 999 as appropriate.
6. Ambulance (999) OR non-emergency transport to nearest Accident and Emergency department determined by first aid assessment / circumstances of injury.
7. Senior Leadership Team dial 4444 or **01953609080** to be informed, by Medical Centre / Supervising staff member.
8. For Prep School students Head of house should be informed if they are not already aware.
9. Accident Form to be completed by Medical Centre Staff / Supervising Staff at accident site and parents informed (Appendix 1).
10. Result of assessment obtained by Medical Centre/house staff.
11. For Secondary School- If concussion confirmed, MC informs Director of Sports, Head of House and Tutor.
12. For Prep School- If concussion confirmed head of house to ensure Prep School day staff aware of diagnosis and follow GRTP/hospital advice.

13. Confirmed concussion > **Student on 2 weeks rest** and symptom free after which Doctor must agree to gradual return to play sports. Day students must be provided with standard letter, for Boarders MC arranges Doctor appointment.

14. **Student on GRTP (Appendix 2)** Minimum 7-day plan set by Director of Sports, copied to HoH and MC. At satisfactory end to GRTP – Doctor's agreement for return to play must be obtained. For Day Students parents / carers must confirm this. Medical Centre will confirm with College Doctor for Boarders.

15. Student may return to play following two weeks rest, GRTP and the approval of a Doctor at each stage.

Action Required in the Event of a Head Injury: Minor Secondary School

1. Remove any further hazard and ensure safety of environment.

2. Undertake any necessary emergency medical treatment needed.

3. **For hours where a nurse is off site please contact 111** for advice and follow their management plan. An accident form should be completed by house staff and parents informed.

4. **If Medical Centre nursing staff are onsite** contact the Medical Centre and then they will arrange to assess the student and perform neurological observations (Appendix 3). Nursing staff will determine whether further medical

intervention is necessary and act as necessary.

5. Accident form to be completed by MC staff and parents contacted accordingly.

6. Analgesia to be given as necessary.

7. House staff to be instructed by MC / A&E as to further care / supervision required.

Action Required in the Event of a Head Injury: Minor Prep School

1. Remove any further hazard and ensure safety of environment.

2. Undertake any necessary emergency medical treatment needed.

3. **For hours where a nurse is off site please contact 111** for advice and follow their management plan. An accident form should be completed by house staff and parents informed.

4. **During school hours (8am-3.30pm)** Prep School paediatric first aid trained member of staff will assess the student and offer appropriate first aid. If they are unsure on management, they can contact the Medical Centre nurses for advice. An accident form should be completed by school staff and parents should be informed.

5. **After school when a nurse is onsite in the Medical Centre** Prep School paediatric first aid trained house staff will assess the student and offer appropriate first aid. If further advice or review is required staff can contact the Medical Centre nurses for advice/assessment. An accident form needs to be completed by house staff (or Medical Centre nurse if they assess the student). Parents should be informed.

6. Analgesia to be given, as necessary.

Signs to be aware of in after a minor head injury which could indicate a more serious problem. If any of these signs are noted at the time of the head

injury or in the days following the head injury the child should be assessed by a medical professional.

Red flags – requiring urgent medical assessment

If any of the following 'red flags' are reported or observed, then the player should receive urgent medical assessment (A+E) from an appropriate Healthcare

- Any loss of consciousness because of the injury
- Deteriorating consciousness- becoming more drowsy
- Amnesia- no memory before/of/after the incident
- Increasing confusion or irritability
- Unusual behaviour changes
- Neurological defect- difficulty understand, speaking, listening. Decreased sensation, loss of balance, Weakness, double vision.
- Seizure
- Severe or increasing headache
- Repeated vomited (or continued severe nausea).
- Severe neck pain
- Suspicion on neck fracture
- Previous history of brain surgery or bleeding disorder.
- Current blood thinning therapy
- Intoxication (drug or alcohol).

NOTIFICATION OF ACCIDENT

Name of injured person:

DOB: **House:** Choose an item.**Status :** Choose an item.

Date of incident: Click here to enter a date. **Time of incident**:

Particulars of incident – state exactly where and how it occurred:

Name of supervising adult:

Name of any witnesses:

Was first aid given before attending Med Centre: Choose an item.

Name and treatment given:

Date and Time of treatment in Medical Centre: Click here to enter a date.

Nurse on duty: Choose an item.

Examination findings and treatment given:

Was off-site treatment required?: Choose an item.

Transport used: Choose an item.

Was visit to/appt with doctor required: Choose an item. Date:

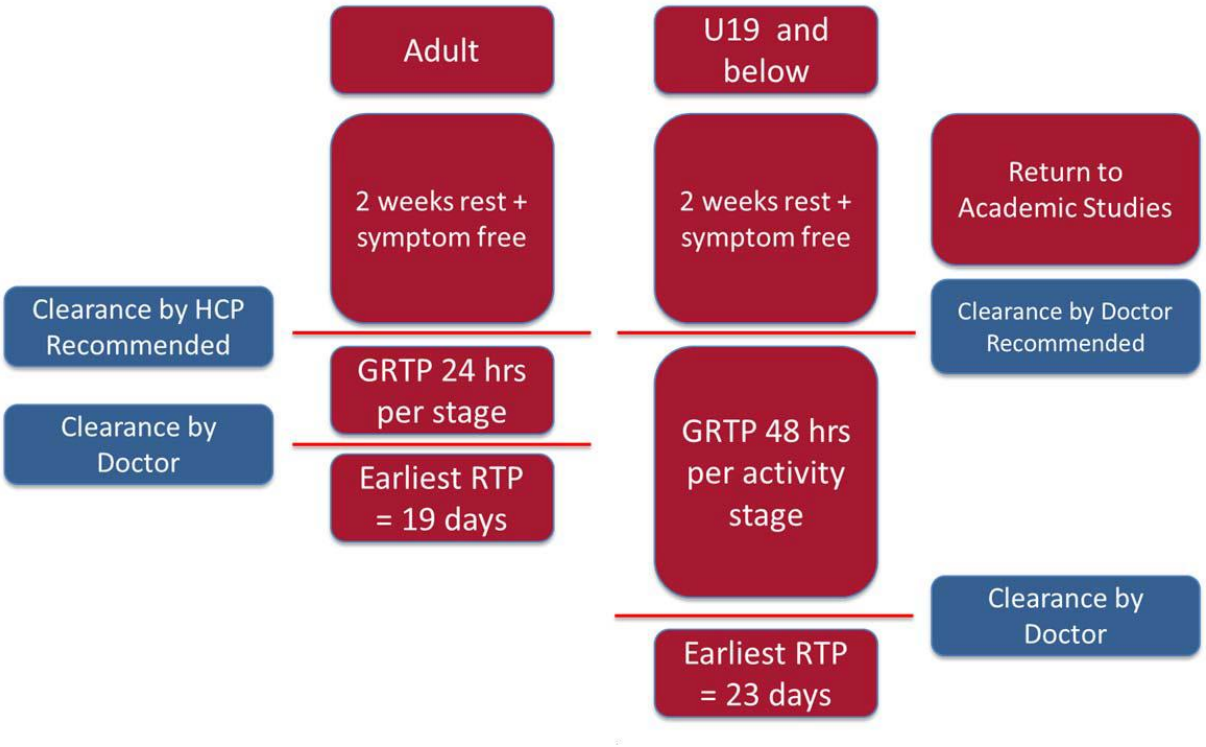
Head Injury Leaflet given: Choose an item.

Was parent of pupil informed method used – if the student needs to be assessed/treated off-site please telephone parents before student leaves the College: Choose an item.

Time parent informed/Message left for parent:

ACTION: NFA

GRTP

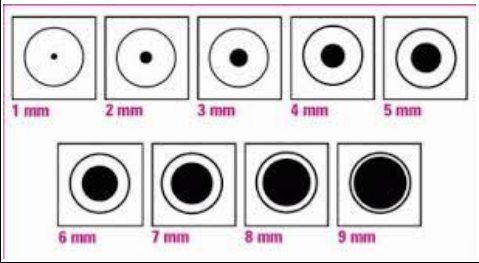


Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

Student Name:

House:

DOB: Nurse Assessing:

		Date							
		Time							
EYES OPEN	4	SPONTANEOUS							
	3	TO SPEECH							
	2	TO PAIN							
	1	NONE							
BEST VERBAL RESPONSE	5	ORIENTATED							
	4	CONFUSED							
	3	INAPPROPRIATE							
	2	INCOMPREHENSIBLE SOUNDS							
	1	NONE							
BEST MOTOR RESPONSE	6	OBEYS COMMAND							
	5	LOCALISES PAIN							
	4	WITHDRAWAL TO PAIN							
	3	FLEXION TO PAIN							
	2	EXTENSION TO PAIN							
	1	NONE							
		TOTAL SCORE							
PUPIL SCALE 									
PUPILS	RIGHT	SIZE							
		REACTION							
	LEFT	SIZE							
		REACTION							
ARMS		NORMAL POWER							
		MILD WEAKNESS							
		SEVERE WEAKNESS							
		FLEXION TO PAIN							
		EXTENSION							
		NO RESPONSE							
LEGS		NORMAL POWER							
		MILD WEAKNESS							
		SEVERE WEAKNESS							
		FLEXION TO PAIN							
		EXTENSION							
		NO RESPONSE							

MANAGEMENT OF AUTO ADRENALINE INJECTORS AND ANAPHYLAXIS

Introduction

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting) Reactions usually begin within minutes of exposure and progress rapidly but can occur up to 2 – 3 hours later. It is potentially life threatening and always requires immediate emergency response.

Common allergens that can trigger anaphylaxis are:

1) Foods eg peanuts, tree nuts, milk, dairy food, egg, wheat, seafood, celery and soya.

2) Insect stings eg bee, wasp.

3) Medication eg antibiotics, pain relief such as Ibuprofen.

4) Latex eg rubber gloves, balloons, swimming hats.

Up to 8% of children in the UK have a food allergy however the majority of allergic reactions to food are not anaphylaxis, most reactions present with mild to moderate symptoms.

Symptoms

The main symptoms of a severe allergic reaction are:

- Generalised flushing of the skin
- Nettle rash (hives) anywhere on the body
- Sense of impending doom
- Swelling of throat and mouth
- Difficulty in swallowing or speaking
- Alteration in heart rate
- Severe asthma
- Abdominal pain, nausea, vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Collapse and unconsciousness

Adrenaline Auto Injectors

The Human Medicines Amendment regulations 2017 now allow schools in the UK to buy adrenaline auto-injector devices (AAIs) (Appendix 1) without prescription to use in an emergency on students who are at risk of severe allergic reaction known as anaphylaxis but whose own device is not available or not working or out of date.

The AAI(s) held by the College/Prep School provide a spare/back-up device and are not a replacement for a student's own AAI(s).

Secondary School- Students at risk of anaphylaxis are required to carry two of their prescribed adrenaline auto–injectors at school for emergencies at all times.

Prep School- Students where deemed appropriate by Prep School staff, are required to carry two AAI's whilst on the school site. If they are not able to carry these themselves, they will be in designated areas in the Prep School and Boarding House with all staff knowing where they are and how to access them in an emergency. Although they need to be in a safe place away from other students, they should not be kept behind any locks.

Secondary School- Each student that has a known allergy and medical diagnosis has a healthcare plan specific to their individual needs drawn up. The Medical Centre team will send templates to parents on receipt of a school admission form or contact from parents to inform of any allergy. This is agreed by parents/carers and signed by them. Once completed copies are emailed by the Medical Centre to all staff with direct responsibility for that student and are available to all staff via the Shared area accessed via:

W:\Staff Only\Medical Centre Shared Documents\care plans

All staff with direct responsibility for individual students are expected to make themselves aware of this information (Indicated by the Medical Alert on SchoolBase).

A register of all students who have been prescribed an adrenaline pen is available in

W:\Staff Only\Medical Centre\Med_Centre\AAIs

The emergency Adrenaline auto-injector kits are held; in the entrance corridor to the Staff Room, Lincoln Hall canteen, and the Medical Centre will hold 3 kits, (they will also be able to provide kits for trips outside the College). Each kit contains a laminated list of students for whom AAI's are agreed.

These kits will be checked by the Medical Centre Team on a half termly basis or after each use if this comes first.

When students who have been prescribed an AAI are off site an emergency adrenaline auto-injector kit must be collected from the Medical Centre by the trip leader.

Prep School - Each student that has a known allergy and medical diagnosis has a healthcare plan specific to their individual needs drawn up. The Medical Centre team will send templates to parents on receipt of a school boarding admission form or contact from parents to inform of any allergy. This is agreed by parents/carers and signed by them. Once completed copies are emailed by the Medical Centre to all staff with direct responsibility for that student and are available to all staff via the Shared area accessed via:

W:\Staff Only\Medical Centre Shared Documents\care plans

All staff with direct responsibility for individual students are expected to make themselves aware of this information (Indicated by the Medical Alert on Pupil Asset).

A register of all Prep School boarding students who have been prescribed an adrenaline pen is available in

W:\Staff Only\Medical Centre\Med_Centre\AAIs

The emergency Adrenaline auto-injector kits are held; in the main Prep School and Prep School boarding house. Each kit contains a laminated list of boarding students for whom AAI's are agreed.

These kits will be checked by the Medical Centre Team on a half termly basis or after each use if this comes first.

When boarding students who have been prescribed an AAI are off site an emergency adrenaline auto-injector kit must be collected from the Medical Centre by the trip leader.

Emergency procedure for a severe allergic reaction

In the event of a possible severe reaction on a student who has not been prescribed an AAI call 999 immediately.

For students who have been prescribed an AAI but it is not available or is out of date;

- At the first sign of a severe allergic reaction use an emergency adrenaline auto-injector from the emergency kit.
- This can be given through clothes, and should be injected in the outer upper thigh, in line with the instructions provided by the manufacturer.
- Call 999 for an ambulance and give clear and precise directions to the emergency operator including postcode.
- Monday to Friday 08.00–20.00 and Saturday 08.00-16.30 if you are on the College campus call the Medical Centre on 3291 (emergency phone) direct dial 01953 609048 or mobile 07917 505245 for urgent help.
- Keep calm and reassure the student.
- If symptoms persist following the administration of the adrenaline auto injector, administer the second injector 5 to 15 minutes after the first.
- If the student stops breathing resuscitation measures must be taken immediately

If the emergency adrenaline auto-injector is used for any student, put the AAI back in the emergency kit and inform the Medical Centre. Med Centre staff will arrange for the AAI to be replaced and will review the incident.

Training

College staff with responsibility for student care must have a basic understanding of anaphylaxis, have an awareness of symptoms, have training in giving an adrenaline auto – injector (Appendix 2) training, and know what to do in an event of an emergency. In order to achieve this annual staff training to relevant staff will include:

- how to recognise the range of signs and symptoms of an allergic reaction;
- understanding the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (eg skin) symptoms;
- the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective);
- how to access the register;
- awareness of how to access the emergency AAI kit;

- ihasco online school anaphylaxis training

The kit contains:

A flowchart of the signs of an allergic reaction

A list of students who have been prescribed an AAI and the dose

2 x 300mcg adrenaline auto-injector

Instructions for use

An administration record

Guidance on replacing AAI

REFERENCES

1) Department of health- Guidance on the use of adrenaline auto-injectors in schools

2) Royal College of Paediatrics and child health

3) Allergy UK

4) Anaphylaxis Campaign

[To be completed on headed school paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/College.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at https://www.gov.uk/government/consultations/allowing-schools-to-hold-spare-adrenaline-auto-injectors).

Please supply the following devices:

Brand name*	Dose* (state milligrams or micrograms)	Quantity required
Emerade	0.3mg	8

Signed: _____ Date: _____

Print name: Headteacher

WYMONDHAM COLLEGE PREP SCHOOL

WYMONDHAM COLLEGE

Jext®: Instructions For Use

1, 

Grasp the Jext injector in your dominant hand (the one you use to write with) with your thumb closest to the yellow cap.

2, 

Pull off the yellow cap with your other hand.

3, 

Place the black injector tip against your outer thigh, holding the injector at a right angle (approx 90°) to the thigh.

4, 

Push the black tip firmly into your outer thigh until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.

5, 

Massage the injection area for 10 seconds. Seek immediate medical help.

Treatment Quick Guide

ANAPHYLAXIS

Use your Jext and immediately after using your Jext dial **999** and say **'anaphylaxis'**

Use a second Jext after **5-15 minutes** if the symptoms do not improve

www.jext.co.uk

Call 999, say "anaphylaxis" and ask for immediate medical attention. If you are unable to make the call, get some else to call for you.

BE PREPARED: Use a second Jext after 5-15 minutes if the symptoms do not improve.

YOU SHOULD CARRY YOUR JEXT WITH YOU AT ALL TIMES.

ASTHMA MANAGEMENT

Asthma is the most common of chronic childhood conditions. It affects the airways that carry oxygen in and out of your lungs. Asthmatics have very sensitive airways that become inflamed and tighten when an irritant is inhaled (cigarette smoke, dust, pollen) This then causes chest tightness and wheezing.

- There are currently 1.1 million children in the UK receiving treatment for asthma.
- The UK has one of the highest rates of asthma in children worldwide
- A child is admitted to hospital every 20 minutes with an asthma attack.
- We currently have over 140 Asthmatic Students at Wymondham College

Common symptoms of Asthma

Mild symptoms are usually responsive to the child's own inhaler and rest (stopping exercise). They would not normally require urgent medical attention. However, if in doubt always seek advice. Symptoms include:

- Shortness of breath
- Wheezing
- Tightness in the chest
- Coughing

Symptoms of a Severe Asthma Attack

When symptoms suddenly become worse, this is called an ASTHMA ATTACK. The signs and symptoms include:

- Persistently coughing, at rest
- Their Blue Inhaler is not helping or is needed more than every 4 hours
- A wheeze that can be easily heard at rest
- Difficulty breathing
- Faster breathing, with increased effort
- Flaring of the nostrils

- Inability to talk in sentences
- Complaining of a ‘tight’ chest (younger children My express this as a tummy ache)
- Being unusually quiet
- Appearing exhausted and or confused
- Blue, white tinge to the lips
- Collapse

Action in an Asthma Attack

- Call 999 Immediately for any child that appears exhausted, has collapsed, has a blue tinge around the lips or has gone blue in the face.
- Call the Medical Centre immediately on 3291 (emergency phone), direct dial 01953 609027 or mobile: 07980 745044 for help. Out of Hours you must follow the emergency procedure.
- Follow the IHCP for all asthmatics in both senior and Prep School (Appendix 1)

Inhalers in Schools

Immediate access to reliever (blue) inhalers is vital within school grounds.

Salbutamol Inhalers are intended for use where a child has asthma. The symptoms of other serious illnesses/conditions, including an allergic reaction, hyperventilation and chocking from an inhaled foreign body can be mistaken for those of Asthma. The use of the emergency inhaler in such cases could lead to a delay in the child getting the correct treatment.

For this reason the emergency inhaler should only be used by children who have been diagnosed with asthma and prescribed a reliever inhaler, or who have been prescribed a

reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.(DOH 2015).

Asthma kits should not be locked away. They should be stored in a safe central location.

All Asthmatics must carry their blue inhalers in their pocket or bag. If a student has an asthma attack and they do not have their own inhaler, the Emergency Salbutamol Inhaler kit should be used. The kits are in:

- The staff Room entrance
- The sports pavilion
- The Sports Hall
- Lincoln House
- The Medical Centre
- The Prep School main school building sick bay
- The Prep School boarding house

All Asthma boxes contain a copy of the Asthma care plan and the School List of Asthmatics. At the time of writing all Houses will be given a spare blue salbutamol inhaler to be kept within easy reach of staff and out of reach of students.

Responsibilities of Staff:

Read and understand the school Policy.

Know which students have Asthma and know where to find the list (shared documents/staff only/shared Medical Centre/asthma

Know what to do in an Attack.

Attend CPD days

To allow pupils immediate access to their inhalers

Trip Leaders are responsible for requesting an Emergency Salbutamol Inhaler kit from the Medical Centre and ensure each asthmatic has his/her inhaler with them.

Encourage pupils with asthma to participate fully in sport, ideally pupils should warm up before and after an activity. If pupils need to use their inhaler during this activity they should be encouraged to do so.

Feedback/lease with Med Centre with any concerns.

Responsibilities of the Med Centre

Ensure school base and Asthma list & Policy is current and up to date.

Deliver teaching and support

Medical Assistants to check asthma boxes and record on check sheet half termly with expiry dates of inhalers.

Ensure Annual reviews are performed.

Ensure inhaler techniques are checked

Student responsibilities:

Order medication in a timely fashion

Communicate effectively with staff

Report if they are using their blue inhaler more often

Ensure they always carry their inhaler

Access to inhalers always

Staff aware of emergency procedures

Training in asthma management

Home/school communication

Minimise triggers

Asthma records kept updated.

HEALTHCARE PLAN FOR A CHILD/YOUNG PERSON WITH ASTHMA

FOR ALL STUDENTS ON THE EMERGENCY ASTHMA LIST

On-going care plan no review date required.

EMERGENCY MANAGEMENT OF AN ASTHMA ATTACK

SIGNS OF AN ASTHMA ATTACK

- Symptoms are coming back (wheezing, tightness in my chest, feeling breathless, coughing).
- Blue reliever inhaler is not helping, or I need it more than every four hours.
- Difficulty walking or talking.
- Difficulty breathing.

CONTACT WYMONDHAM COLLEGE MEDICAL CENTRE

(Even if Blue Inhaler works)

Medical centre to inform parents/guardians

Day Students

Advise parents to arrange asthma review

Boarding Students

Arrange asthma review at WMP

MANAGEMENT OF A CHILD HAVING A SEIZURE

Signs and Symptoms of seizures

- A seizure is a sudden surge of electrical activity in the brain.
- A seizure usually affects how a person appears or acts for a short time.
- Many different things can occur during a seizure. Whatever the brain and body can do normally can also occur during a seizure.

What happens during/ after a seizure

- Seizures can take on many different forms, and seizures affect different people in different ways.
- Not all parts of a seizure may be visible or easy to separate from each other.
- An aura or warning is the first symptom of a seizure and is considered part of the seizure. Not everyone has an aura.
- The middle of a seizure is often called the **ictal phase**. This correlates with the electrical seizure activity in the brain.
- As the seizure ends, the **postictal phase** occurs - this is the recovery period after the seizure. Some people recover immediately while others may take minutes to hours to feel like their usual self.

Many different symptoms happen during a seizure.

Motor symptoms may include

- **Sustained rhythmical** jerking movements **(CLONIC)**.
- Muscles becoming weak or limp **(ATONIC)**.
- Muscles becoming tense or rigid **(TONIC).**
- Brief muscle twitching **(MYOCLONUS).**
- Epileptic spasms (body flexes and extends repeatedly).
- Repeated automatic movements eg clapping, lip smacking.

Non-motor symptoms include

- Are usually called **Absence seizures** (staring spells). Absence seizures can also have brief twitches (MYOCLONUS) that can affect a specific part of the body or just the eyelids.

How to treat a student having a seizure.

Three important aspects when treating a student having a seizure:

- STAY
- SAFE
- SIDE

STAY with the student and start timing the seizure.

- Remain calm – it will help others stay calm too. Talk calmly and reassuringly to the student during and after the seizure – it will help as they recover from the seizure.
- Check seizure start time / onset history with pupils/ teachers if known.
- **Time** the seizure from beginning to the end of the active seizure if possible.
- While most seizures only last a few minutes, seizures can be unpredictable. Some may start with minor symptoms but lead to loss of consciousness or a fall that could cause injury. Other seizures may end in seconds.

Keep the student SAFE.

- Move or guide away from harmful or sharp objects.
- If a student is wandering or confused, help steer them clear of dangerous situations
- Encourage people to step back and give the person some room. Waking up to a crowd can be embarrassing and confusing for a person after a seizure.
- Ask someone to stay nearby in case further help is needed.

Turn the student onto their SIDE if they are not awake and aware.

- Make the student as comfortable as possible.
- Loosen tight clothes around neck.
- If they are aware, help them sit down in a safe place.
- If they are at risk of falling:
    - Lay them down on the floor.
    - Put something small and soft under the head.
    - Turn them on their side with their mouth pointing toward the ground. This prevents saliva from blocking their airway and helps the person breathe more easily.
- During a convulsion, it may look like the person has stopped breathing. This happens when the chest muscles tighten during the tonic phase of a seizure. As this part of a seizure ends, the muscles will relax, and breathing will resume normally.

- Rescue breathing is generally not needed during these seizure-induced changes in a person's breathing.

Don't:

- Restrain their movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if:

- You know it is their first seizure **or**
- The jerking continues for more than five minutes **or**
- They have one tonic-clonic seizure after another without regaining consciousness between seizures **or**
- They are injured during the seizure **or**
- You believe they need urgent medical attention **or**
- It is part of their agreed care plan (see below)

Students with confirmed Epilepsy

The National Institute for Health and Care Excellence (NICE) says that everyone with epilepsy should have a care plan. The care plan should say how to tell if the student is having a seizure and what to do. It should also include details of any emergency medicine that has been prescribed, who is trained to use it and when to give it. Care plans can be found in the shared Medical Centre folder,

W:\Staff Only\Medical Centre Shared Documents\care plans

References

Epilepsy Action https://www.epilepsy.org.uk/info/firstaid/what-to-do

Epilepsy Foundation https://www.epilepsy.com/

ASSESSMENT OF ABDOMINAL PAIN AND SICKNESS

Procedure to be followed.

Abdominal pain and sickness in children can have a number of causes, however some can be a sign of a life-threatening emergency.

If any of the following RED FLAGS are present, then urgent medical review should be sought.

Medical red flags-

o Septic appearance (fever, tachycardia, generally unwell)
o Respiratory symptoms (tachypnoea respiratory distress, cough)
o Generalized oedema suspect nephrotic syndrome
o Significant dehydration (Clinically or >5% weight loss)
o Purpuric rash (Suspect sepsis if febrile or HSP if afebrile)
o Jaundice
o Polyuria / polydipsia (Suspect Diabetes)

Surgical Red flags-
o Peritoneal pain (guarding, generalised or localized rebound tenderness and/or abnormal bowel sounds)
o Feculent vomits
o History of recent significant abdominal trauma
o History of recent abdominal surgery
o Irreducible hernia
o Testicular torsion

Equivocal Red flags-
o Severe or increasing abdominal pain
o Non mobile or change in gait pattern due to pain
o Bilious (green) vomits
o “Red currant jelly” stool
o Abdominal distension
o Palpable abdominal mass
o Child younger than 5 years (except irreducible, testicular hernia, torsion or recent abdominal injury

Managing abdominal pain that is not consistent with a 'Red Flag symptom'

Questions to ask to further identify nature of problem

- Ask student about bowels, when last opened, amount and type of stool passed.
- Ask student about urination- amount, any symptoms when passing urine such as pain/stinging, feeling like not able to fully empty bladder.
- Ask (female students) about menstruation and possibility of pregnancy.
- Student to describe type of pain, is it constant, dull ache, stabbing, coming in waves.
- Student to identify location of pain (See Appendix 1).

Management of problems

- Consider hot pack
- Administer pain relief (at dosage suitable for students age and depending on any other medications they may have already had. This can be checked with the student and on the house dispensed medications sheet).
- Give the student water and observe within the Medical Centre.
- If pain hasn't worsened or improves offer student food to ensure pain doesn't come back or worsen.

Managing Vomiting

There are different forms of vomiting. Most times a child vomits this will be of minimal cause for concern. It may be a one-off episode triggered by something such as excessive exercise. It may be a stomach bug or upset in which case there may be several episodes of vomiting. It is important to inspect the vomit however as this can indicate how serious the underlying cause is. It will also help to inform subsequent management.

Classification of Vomit

1. Bilious dark green vomit- always pathological (red flag vomit)
2. Bloody vomit (red blood)- indicates bleeding (red flag vomit)
3. Non-bloody, Non-bilious- Usually clear or yellowish with remnants of previous eaten partially digested food.

Questions to ask when a child has been sick

- How many times since this episode started?
- Quantity of vomit.
- Was the vomiting witnessed?
- What is the classification of vomit?
- Is there any associated diarrhoea?

What to do when a Secondary School child has vomited?

During Lesson time

- Student is likely to have been sent to MC. Therefore, monitor student in MC. Give them a drink of water and sit in quiet area. Usually monitoring for around 1 hour is sufficient.
- If further vomiting in MC, move to isolation area.
- If further vomiting is consistent with type 1 or 2 vomit call 111 or in severe emergency 999.
- If no further vomiting after the student has rested and been given a drink of water offer food (this should be something like toast, fruit, a hot meal, sandwiches) and then continue to observe.
- If no vomiting after food has been eaten and a period of 1 hour has lapsed student can return to house.

Out of school hours (when students are in house)

- Advise house to monitor student for 60 minutes. Give the student a drink of water. Student to rest in quiet area of house.
- If no further vomiting during the period of observation offer food.
- If no vomiting after food and a period of 1 hour has lapsed the student can remain in house.
- If further episode of vomiting is witnessed during the period of monitoring or after food (and is consistent with type 1 or 2 vomit this would indicate the student is potentially very unwell. 111 should be called immediately or in a case of severe emergency 999.
- If further episode of vomiting is witnessed during the period of monitoring or after food (consistent with type 3 vomit Appendix 2) contact MC and arrange for student to be taken to MC isolation room.

For students with more than 1 type 3 vomit they will need to remain in the MC isolation area or be taken home. They will need to be off school for the duration of any active vomiting. Once the student has finished vomiting a period of 48hours should pass before they return to school.

What to do when a Prep School student has vomited?

During Lesson time

- Student is taken to Prep School sick bay. Sick bay to monitor student away from other students (in case of infectious cause). Give them a drink of water and sit in quiet area. Usually monitoring for around 1 hour is sufficient.

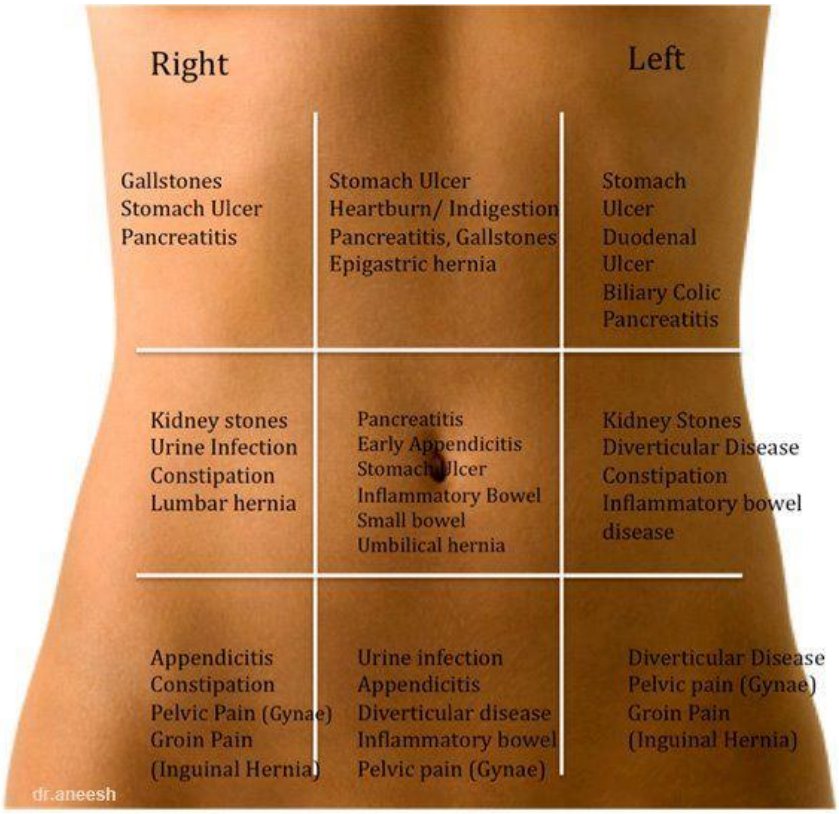
- **If further vomiting** in sick bay (unless known to have a medical condition to cause repeated vomiting) vomiting is potentially due to infectious cause therefore student should remain in sick bay away from other students.
- If further vomiting is consistent with type 1 or 2 vomit call 111 or in severe emergency 999.
- Contact parents and arrange for them to collect wherever possible. The student should not return to school until they have been free from vomiting for 48 hours.
- If the parents/Guardians cannot collect the student will remain in the sick bay and then be moved to the Medical Centre at the end of the school day/when staff are able to accompany the student to the Medical Centre.

- **If no further vomiting** after the student has rested and been given a drink of water offer food (this should be something like toast, fruit, a hot meal, sandwiches) and then continue to observe.

- If no vomiting after food has been eaten and a period of 1 hour has lapsed student can return to house.

Out of school hours (when students are in house)

- House to monitor student for 60 minutes. Give the student a drink of water. Student to rest in quiet area of house.
- If no further vomiting during the period of observation offer food.
- If no vomiting after food and a period of 1 hour has lapsed the student can remain in house.
- If further episode of vomiting is witnessed during the period of monitoring or after food and is consistent with type 1 or 2 vomit this would indicate the student is potentially very unwell. 111 should be called immediately or in a case of severe emergency 999.
- If further episode of vomiting is witnessed during the period of monitoring or after food (consistent with type 3 vomit Appendix 2) the Medical Centre should be contacted. The Medical Centre will then prepare the isolation room in the inpatient area and the student should be brought over by a member of house staff.
- Parents/Guardians should be contacted and where possible should collect the student. They should remain off school for 48 hours after vomiting has stopped.
- If parents/Guardians cannot collect the student, they should remain in the Medical Centre isolation area whilst vomiting continues and for 48 hours following this.


Right
Left
Gallstones
Stomach Ulcer
Pancreatitis
Stomach Ulcer
Heartburn/ Indigestion
Pancreatitis, Gallstones
Epigastric hernia
Stomach
Ulcer
Duodenal
Ulcer
Biliary Colic
Pancreatitis
Kidney stones
Urine Infection
Constipation
Lumbar hernia
Pancreatitis
Early Appendicitis
Stomach Ulcer
Inflammatory Bowel
Small bowel
Umbilical hernia
Kidney Stones
Diverticular Disease
Constipation
Inflammatory bowel
disease
Appendicitis
Constipation
Pelvic Pain (Gynae)
Groin Pain
(Inguinal Hernia)
Urine infection
Appendicitis
Diverticular disease
Inflammatory bowel
Pelvic pain (Gynae)
Diverticular Disease
Pelvic pain (Gynae)
Groin Pain
(Inguinal Hernia)
dr.aneesh

DIABETES MANAGEMENT

1.0 PROCEDURE STATEMENT

- Wymondham College is an inclusive community that aims to include children with diabetes in all parts of school life.
- Wymondham College is required to deliver a safe environment for all diabetic children where their needs are met, and care is given by knowledgeable and trained staff.
- The College acknowledges that diabetes is a long-term health condition that requires each child to have an agreed health care plan that is followed.

2.0 RESPONSIBILITIES

Under the Equality Act 2010 and Children and Families Act 2014, the College is legally bound to provide an environment that does not discriminate any child with diabetes by limiting their involvement in school life due to their condition. Statutory guidance such as 'Supporting pupils with medical conditions at schools' gives guidance on how this is implemented. The College will use these documents to framework a safe policy and for guidance to all staff.

2.1 Staff

All school staff have a responsibility to:

- Be aware of the diabetic pupils within school who they will come into contact with.
- Be aware of how to access a diabetes care plan if required.
- Be aware of what diabetes is and have received some form of training (in person or online)
- Inform the Medical Centre if a diabetic child is unwell.
- Allow all diabetic pupils to have access to and use their required medication and treatment.
- Make sure the diabetic students are carrying their medication/treatment
- Allow pupils who have been unwell, to catch up on missed work.
- Ensure there is a quiet space if required for the student to carry out their treatment (ie. blood glucose checking)
- Be aware of the device that is being used for providing insulin (pump or sub cut injections).

2.1 Medical Centre

The Medical Centre Nurses have a responsibility to monitor, treat and educate. Specifically, this means all Medical Centre Nurses are to:

- Develop/update and review individual care plans in liaison with the pupil's diabetes team and parents. To always share any update with school staff.
- Keep the Diabetes policy up to date in line with the most recent guidance
- Keep their own diabetes training up to date and offer training to staff as required.
- Provide medical assistance or support when needed

- Ensure each child with diabetes knows when to seek medical help with managing their condition.
- If required, assist with the storage of diabetic medication in accordance with the '*Medication Policy Standard Operating Procedures for Medical Centre Staff*'

2.2 Pupils

Pupils have a responsibility to:

- Treat other pupils with or without diabetes equally
- Always have the correct medication and equipment on them.
- Administer and store their medication / equipment in a safe manner
- Be knowledgeable how to manage their diabetes on a day to day basis
- Know when to contact a member of staff if they feel unwell

2.3 Parents

Parents have the responsibility to:

- Inform the school if a diabetes diagnosis has been made, the management of their child's diabetes and what medication is being taken as soon as possible.
- Inform the Medical Centre of any support the child requires.
- Update the Medical Centre if there is any change to the care plan.
- Update the school after any hospital visits /appointments if required.
- Ensure the pupil has the medication and equipment to control their diabetes.
- Ensure the pupil has their emergency supplies (ie. Hypo box)

3.0 NEW STUDENT TO THE SCHOOL WITH DIABETES/ NEWLY DIAGNOSED DIABETIC

A child will be diagnosed with diabetes after a doctor establishes that they cannot adequately control their blood glucose levels due to the lack of insulin production. Therefore, they require help in the form of an insulin injection or pump to maintain optimal blood glucose levels. According to NICE (National Institute for Clinical Excellence) guidelines these levels are:

4-7mmol/l on waking and before meals

5-9mmols/l up to two hours after a meal.

3.1 Notification of a diabetic pupil

The child will be highlighted as diabetic on the health form within their admission pack filled in by the student's parent /guardian. This will be processed by Nurses in the Medical Centre.

Nurses will have a discussion with parents prior to the child starting school (or on being notified as being a diabetic). This will be crucial in finding out further details, about their health care plan, and special requirements.

The student will be alerted as a child with a medical condition on Schoolbase and specifically as a diabetic.

A care plan will be received and reviewed (ie make sure it is signed and all information filled in) as close as possible to the child starting at the College/being diagnosed.

The care plan will be stored electronically in the care plan folder in the Medical Centre. A printed copy of the care plan will be kept in the care plan folder and copies will be sent to the appropriate houses, PE department and to any other appropriate staff.

4.0 Treatment of a diabetic child

Ultimately each child will be managed according to their care plan. Core principles are applied to each child with diabetes, however. These are:

4.1 Testing of blood glucose

Children with diabetes will need to check their blood glucose levels regularly throughout the day. Blood glucose tests tells exactly what the child's blood sugar levels are and what treatment they need to keep them in range of their target levels.

Blood sugar tests will usually need to be done before meals, if they're feeling unwell, before, after (occasionally during) PE and any time school staff or the student think they might be going too low or high.

4.2 Insulin provision

Children with diabetes cannot produce enough insulin to control their body glucose levels. Insulin can be given to the child in via injection or a pump.

4.21 Via Insulin Injection

Children who inject insulin to treat their diabetes will use an insulin pen. There are two types of insulin pen –

- disposable which comes pre-filled and is thrown away when empty
- reusable which have a replaceable cartridge of insulin.

Some children might want a private area where they can take their injections. If this is the case this should be allowed and should never be a toilet. Other children might be happy to inject in public which should also be allowed. Children might need help with injecting, especially if they are younger or newly diagnosed and parents/guardians need to highlight this to the Medical Centre if this is the case.

4.22 Via a pump

These are small devices that give someone a small, varying amount of insulin all the time. This is pre-set to meet the needs of each child individually and is done by their diabetic nurse. This dose of insulin is called background insulin.

As well as the background dose of insulin that is continuously delivered by the pump, children who use an insulin pump will need to give extra insulin through the pump when they eat or if their blood sugar levels are high. This is done by pressing a combination of buttons.

The pump should not be touched or unattached from the child unless specified on their care plan. Training for the pump needs to be provided by the diabetic team and parents (if required) in the event that the pump needs to be touched by school staff. The Medical Centre will arrange for such training if required.

5.0 Complications

5.1. Hypoglycaemia

or (hypo) - occurs when the level of glucose in the blood falls too low (usually under 4 mmol/l. Usual signs of hypoglycaemia is

- Feeling tired
- Suddenly feeling either hot or cold for no real reason
- Feeling very hungry
- Having a headache
- Feeling sick
- A tingling feeling in your hands, lips or tongue
- Not being able to think or talk properly
- Feeling weak and finding it harder to move than usual
- Not feeling in a good mood

Treatment for a hypo will be on the pupil's health care plan. This will involve giving a quick-acting sugary snack such as jelly babies / some cola to drink.

Recheck blood glucose after 15 minutes and give further quick acting glucose if blood sugar is still low. Call for Medical Centre support.

Recheck again after 15 minutes.

Follow this procedure for 3 cycles of quick acting glucose. If the child's blood glucose is not recovering, call parents and 999.

In the absence of a care plan, see Appendix 1.

5.2 Hyperglycaemia

Hyperglycaemia occurs when a pupil's blood glucose level is high (over 14mmol/l) and stays high. This happens when there is not enough insulin for the body's needs.
Common symptoms include

- Frequent urination
- Extreme thirst
- Feeling tired
- Feeling weak
- Blurred vision

Follow the child's health care plan. It will include checking the child's ketone levels and then acting on the reading.

However, if the child is drowsy and/ or nauseous / vomiting and/or has a 'pear drop' smell to their breath it is likely to be Diabetic Ketoacidosis which is a medical emergency. CALL 999.

6.0 Exercise and Activity

Pupils are encouraged to manage their diabetes so they can be involved in all school activities.

Pupils must have access to their medication, snacks and hypo packs during times of activity. It is the responsibility of the activity leader to make sure this is the case.

The pupil must check their glucose level before and after the activities and follow their care plan in response to their glucose level.

7.0 School trips / Off site.

Diabetes should not prevent any child from going on a school trip. Careful planning should take place by the trip leader in liaison with the parents and Medical Centre staff.

The team leader should have a copy of the health care plan, be knowledgeable of what to do in an emergency and check all control measures are in place (i.e. pupil has medications, blood glucose monitoring equipment etc).

8.0 Supplies

Day pupils are advised to bring in adequate supplies of their medication/equipment to last them through the school day. They should have a hypo box on them at all times in case of an emergency.

Boarding pupils have a responsibility to manage their supplies and to make sure they have adequate amount to manage their diabetes safely. All prescription orders need to be conveyed to the matron for online prescription ordering. Any problems or any extra support needs to be passed onto the Medical Centre team. Delivery of medication/supplies will be received by the Medial Centre staff and passed onto the child /matrons. It may not eb possible to support certain needs in relation to a child's diabetes management within the boarding environment i.e. over night blood glucose monitoring by house staff.

References

Legal information

https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/diabetes-in-schools-legal-information

Statutory guidance

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

NICE diabetes guidelines

https://www.nice.org.uk/guidance/ng18

Diabetes and children

https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes

Shared Wymondham College policy folder -

W:\Staff Only\Medical Centre\Med_Centre\policies\New policies Aug 2020 onwards\Medication policies

Further information

Insulin pumps

https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/treating-your-diabetes/insulin-pumps

Insulin Injections

https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/treating-your-diabetes/insulin-pumps

Diabetes Training for School Staff (CPD accredited)

https://jdrf.org.uk/for-professionals/school-pack/schools-e-learning-module/

Example of treatment plan for Hypoglycaemia

https://www.meht.nhs.uk/EasysiteWeb/getresource.axd?AssetID=2165&type=full&servicetype=Attachment

Appendix 1

Assess	Co-operative & **ABLE** to tolerate oral treatment	Unco-operative but conscious and **REFUSES** oral treatment	**UNABLE TO SWALLOW** Unconscious or fitting **(or not responded to treatment in amber boxes).**
Signs and Symptoms	Pale, feels wobbly, headache, unsteady, irritable	Poor concentration, confusion, irritable, weakness, drowsy, unsteady, headache, difficulty focusing and speaking	Unconscious, seizures
GUIDE	Blood glucose 3.9 – 3.0mmol/L	Blood glucose 2.9 – 2.0mmol/L	Blood glucose below 2.0mmol/L
Treatment	**ADMINISTER FAST ACTING GLUCOSE** **See table on page 8 for amount**	**ADMINISTER FAST ACTING GLUCOSE IN THE FORM OF GLUCOGEL** **See table on page 8 for amount** Squirt tube content in the side of each cheek evenly and massage gently from outside enabling the glucose to be swallowed and absorbed **DO NOT** give Glucogel to an unconscious or fitting child/ young person	Place CYP on their side. **Call 999** **If confident give Glucogen HypoKit™:** **Under 9years : 0.5mg (1/2 syringe)[5] Over 9years: 1mg (whole syringe)**
Reassess	Wait 15 minutes then recheck glucose level. If level still below 4mmol/L or if no clinical improvement, repeat treatment. (BG MUST be above 5mmol/L if young person is driving).	Wait 15 minutes then recheck glucose level. If level still below 4mmol/L or if no clinical improvement, repeat treatment. (BG MUST be above 5mmol/L if young person is driving).	Check blood glucose after 5 minutes, 15 minutes and then every 30 minutes until BG is stable above 4mmol/L. If BG above 4mmol/L and CYP is able to tolerate oral fluids offer clear fluids and simple carbohydrates eg toast/ plain biscuits.

Good to go!	When blood glucose level is at least 4.0mmol/L (or above 5mmol/L if driving) and patient has recovered, give a long-acting carbohydrate 10-20g snack. eg a slice of toast, a plain biscuit or a glass of milk (200mls). Long-acting carbohydrate is NOT necessary following treatment of hypoglycaemia for CYP who use an insulin pump. NOTE: insulin should NEVER be omitted following an episode of hypoglycaemia but dose adjustment may be necessary.

EXAMPLES OF CARBOHYDRATE (CHO) FOR HYPO TREATMENT

	Co-operative & **ABLE** to tolerate oral treatment						Unco-operative but conscious and **REFUSES** oral treatment					
WEIGHT UP TO:	10kg	20kg	30kg	40kg	50kg	60kg	10kg	20kg	30kg	40kg	50kg	60kg
g CHO REQUIRED (0.3g/Kg)	3g	6g	9g	12g	15g	18g	3g	6g	9g	12g	15g	18g
LIFT GLUCOSE TABLETS 3.7g/tablet	NOT SUITABLE	1.5	2.5	3	4	5						
LIFT GLUCOSE SHOTS 15g/ 60ml	15ml	25ml	35ml	50ml	60ml	75ml						
GLUCOGEL 10g CHO/tube	½ tube	½ tube	1 tube	1½ tube	1½ tube	2 tube	½ tube	½ tube	1 tube	1½ tube	1½ tube	2 tube
DEXTROSE TABS 3g/tablet	NOT SUITABLE	2	3	4	5	6		Squirt tube content in the side of each cheek evenly and massage gently from outside enabling the glucose to be swallowed and absorbed **DO NOT** give Glucogel to an unconscious or fitting child/ young person				
FRUIT JUICE	NOT SUITABLE	60ml	90ml	120ml	150ml	180ml						
LUCOZADE (Energy Original 9.2g/100ml)	NOT SUITABLE	65ml	100ml	130ml	160ml	200ml						
LUCOZADE (Energy Orange 8.4g/100ml)	NOT SUITABLE	70ml	110ml	140ml	180ml	210ml						
COLA 10.6g/100ml	NOT SUITABLE	50ml	90ml	110ml	140ml	170ml						

JELLY BEANS 2g/sweet	NOT SUITABLE	3	5	6	8	9							
JELLY BABIES 5g/sweet	NOT SUITABLE	1	2	3	3	4							
SKITTLES 1.1g/sweet	NOT SUITABLE	5	8	11	14	16							

CONTRACEPTION PROCEDURE

Introduction

Young people in the UK have relatively poor sexual health compared to their peers in other European countries. Teenage pregnancy rates are higher (6.8 per1000) and sexually active young people are disproportionately affected by sexually transmitted infections (STIs).

Important determinants of sexual health include the ability to have safe and happy relationships free from coercion, the ability to negotiate safer sex, having access to sexual health and relationship services and being informed about rights, including the right not to have or to delay having sex (Ofsted 2007 and 2015).

The primary aims of the Sexual Health and Teenage Pregnancy Strategies are to provide high quality advice and support and to ensure equitable access to the full range of contraceptive methods. It is vitally important that this age group has access to effective contraception. The factor cited as having the biggest impact in reducing the conception rate among teenagers is the provision of young-person-focused contraceptive and sexual health services.

Pupils should not have to explain their reason for consulting the school doctor or nurse to teachers or house staff.

<u>The role of the Medical Centre nurse</u>

- promoting the sexual health of young people.
- attempting to reduce the number of teenage pregnancies.
- minimising the risk of sexually transmitted diseases.
- providing access to contraception, including emergency contraception, where appropriate. This will be made via appointment with the GP.
- The school nurse is an invaluable resource in providing education, information and confidential consultation on sexual matters to pupils. Full training and appropriate updating in contraception and sexual health should be enabled (such as C card training).
- The environment in the school Medical Centre should be open and friendly so that young people feel happy to discuss, in complete confidence, their concerns about sexual health matters and contraception. Appropriate leaflets and posters should be available.
- Medical Centre staff should themselves be comfortable with talking about sex and sexuality.
- The risk-taking behaviour of young people should be recognised Medical Centre nurse should anticipate situations where sexual activity between pupils is more likely, for example on school trips, and be prepared to advise and act accordingly.

The role of the GP

The school doctor should be prepared to offer advice on all forms of contraception, to any pupil, and prescribe, as necessary.

Under the terms of the *Children's Act 1989* a pupil can choose to see a doctor of the same gender. Pupils have a right to see any general practitioner for the provision of contraceptive services, not just the doctor with whom they are registered.

In responding to a request for contraception, the school doctor should use the opportunity for a fuller discussion of sexual health issues, including the prevention of sexually transmitted infections.

When considering a request for contraception, the doctor must satisfy himself that the pupil has a full understanding of his or her actions, the available options, and their likely consequences. An assessment of the pupil's maturity should be made.

In the case of a young person under 16, the doctor must be able to demonstrate that he has made every effort to persuade the young person to discuss the matter with a parent or other responsible adult.

When providing contraceptive advice for a young person under 16, the school doctor should observe the Fraser Guidelines.

These define the legal criteria for doctors to offer contraception and contraceptive advice to young people under the age of 16 without parental consent:

- that the young person understands the advice being given, as well as the alternatives available and their respective consequences, and has sufficient maturity to understand what is involved.
- that the doctor could not persuade the young person to inform her parents nor to allow the doctor to inform them.
- that the young person would be very likely to begin, or to continue having, sexual intercourse with or without contraceptive treatment.
- that without contraceptive advice or treatment the young person's physical or mental health would suffer.
- that it would be in the young person's best interest to give such advice and / or treatment without parental consent.

If the doctor is satisfied on these five points, the young person is said to be "Fraser (or Gillick) competent" and this fact should be recorded in the medical records.

These 2004 guidelines do not change the legal framework but place greater emphasis on the need for doctors to make every effort to help young people find another adult to provide support if parents cannot be involved, particularly if termination of pregnancy is being considered.

Refusal by the pupil to talk to his or her parents must not prevent the doctor from providing advice and / or contraception, if he judges that such action would be in the pupil's best interest. Only in the most extreme circumstances should he consider

breaching confidence by telling the parents or the school that contraception has been sought.

Young people are concerned about confidentiality and the doctor and nurse must be aware that their duty of confidentiality applies to a patient of any age. Confidence should only be breached in the most extreme circumstances, for example if the pupil is a possible victim of sexual abuse or at risk of exploitation or coercion by a person in authority.

If the doctor intends disclosing a matter against a patient's wishes, the patient must be informed of the doctor's intention and the reason for it, and a full record made.

Children Under 13

Young people under the age of 13 are deemed not to be capable of informed consent. In such instances where it is clear that a child under 13 is having, or is planning to have sex, there must be a discussion with the child protection service lead (this need not involve naming the child in the first instance). The discussion must be documented. Referral to social services may or may not follow. The guidelines warn doctors to be aware of the risk of sexual abuse, citing the fact that it is unusual for 11- and 12-year-olds to be having sex.

Under the Sexual Offences Act, 2003, in England and Wales, a person cannot legally consent to sex before their sixteenth birthday, whatever their sexual orientation. The Act makes it an offence for anyone to engage in sexual activity with a girl under the age of 16 but doctors, having a duty of confidentiality to their young patients, would need strong justification to share the information, especially if (as is usually the case), the girl was having consensual sex with a boy who was not much older.

However, if it seems likely that a girl under 16 is being abused or exploited and remains vulnerable, doctors and nurses must take every action to protect her. This might include informing her parents, the police or local child protection teams. Good practice would be to always record the age of a girl's partner in the medical records.

Contraceptive choices

When a young person requests contraception, all options should be discussed, particularly highlighting the benefits of long acting reversible contraception (LARC). Age should not be considered a barrier to any method, including intrauterine methods.

The young person should be advised to return within three months of starting hormonal contraception to discuss any concerns and encouraged to return at any time with any problems.

The UK Medical Eligibility Criteria (UKMEC) for contraceptive use gives clear guidance about which contraceptive methods can safely be used in individuals with medical conditions or a high BMI.

Combined oral contraceptive pill (COC)

- This remains the most popular method in teenagers.
- If taken correctly, efficacy is high. It also protects against pelvic infection and often solves period problems.
- All types carry a similar but very small risk of venous thromboembolism (VTE), which is higher in smokers or those with high BMI (avoid if BMI over 30).
- It is contraindicated when there is a history of migraine with aura or VTE.
- Once pill use is established, and in the absence of other problems, annual monitoring of BP is sufficient.
- The 'Quick Start' method is now encouraged – provided there is no possibility of pregnancy - where the pill can be started at any time in the cycle; condoms need to be used for the first seven days.
- It is no longer considered necessary to advise additional contraception if taking antibiotics, unless these are enzyme inducers or are causing vomiting or diarrhoea.
- Guidance for missed pills and unscheduled bleeding on the COC and the progestogen-only pill (POP) is available at www.fsrh.org.

Progestogen-only pill (POP)

- Suitable when oestrogens are contraindicated (eg migraine with aura, high risk of VTE).
- Desogestrel (Cerazette / Cerelle) is the most effective and therefore first choice in this age group.

Transdermal patch (EVRA)

Combined vaginal ring

Implants (Etonogestrel – Nexplanon)

Injections (depot medroxyprogesterone acetate - Depo-Provera)

Intra-uterine devices (IUDs - copper)

Intra-uterine systems (IUS – Mirena, Jaydess or Kyleena)

Condoms

- ALWAYS promote 'double Dutch' approach – the use of condoms in addition to other contraception - to reduce infection risk.
- high failure rate if used alone – but a lot better than nothing!
- Available under the C Card scheme.
- education in their use should form part of sex and relationships education (SRE).

Emergency Contraception

Typical failure rates for the combined oral contraceptive (COC) are 8% and for the male condom 15%, in the first year of use. LARC methods are less user-dependent, have very much lower failure rates, are more cost-effective if used for a year or more and are to be encouraged. If however there is a possible failure of contraception the following options should be available to students.

An appointment will be made with the GP either on-site or at the GP surgery to discuss and organise this or if out of hours and unable to wait student can be taken to a local pharmacy for a consultation with a pharmacist- list of pharmacies and access services available in the Medical Centre.

The copper IUCD

- by far the most effective form of emergency contraception in preventing pregnancy.
- ideally should be offered to every young person attending for emergency contraception, even if presenting within 72 hours.
- if it cannot be inserted immediately, one of the oral methods should be given in the interim (see below).
- it can be inserted at any time up five days after the first unprotected sexual intercourse (UPSI), or five days after the earliest likely ovulation date (day 19 in a 28-day cycle) and provides ongoing contraception after the event.

Levonorgestrel emergency contraception (Levonelle)

- is effective up to 72 hours after UPSI but is more effective the sooner it is taken.
- no absolute contraindications and can be used more than once in a cycle.
- may be given “off licence” between 73 and 120 hours after UPSI.
- effectiveness poor after 96 hours.

Ulipristal acetate (EllaOne)

- a newer emergency contraceptive licensed for use up to 120 hours after UPSI.

(N.B. if the patient has presented more than 72 hours after UPSI, a copper IUD is significantly more effective.)

Sexually Transmitted infections (STIs)

These are all increasing in incidence.

Pupils should be made fully aware of infection risks both through their PSHE and during every consultation concerning contraception.

The use of the 'double Dutch' method - a condom as well as other contraception – should be encouraged.

It is good practice to take a sexual history to assess the risk of STI when discussing contraception, especially if emergency contraception has been requested.

Possible STI infections include,

- Chlamydia
- Genital warts
- Gonorrhoea
- Genital Herpes
- Human papilloma virus (HPV) vaccination

A national programme of routine immunisation of 12-13-year old girls has been in place since 2008. This has substantially reduced the incidence of cervical cancer attributable to HPV. Boys aged 12-13 have been offered the vaccine from 2019/20. This is organised through the school's immunisations team.

References

Teenage Pregnancy: Public Health England. Published 15 January2018
https://www.gov.uk/government/collections/teenage-pregnancy

Sex and relationships education in schools: Ofsted (2015)

Best practice guidance for doctors and other health care professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health: DoH (July 2004).

National Strategy for Sexual Health and HIV: DoH (2001)

Guidelines: -

- Emergency Contraception Guidance (April 2017)
- Combined oral contraception – first prescription of COC (2011)
- Progestogen-only pills (March 2016)
- Quick starting contraception (September 2010)
- Missed pill recommendations (May 2011)
- Drug interactions with hormonal contraception (January 2017)
- Management of unscheduled bleeding in women using hormonal contraception (2015)
- Ullipristal (February 2018)
- Progestogen-only injectable contraception (March 2015)

UK Selected Practice Recommendations for Contraceptive Use (UKSPR) (2002)

UK Medical Eligibility Criteria (UKMEC) (2016)

Long-acting reversible contraception. NICE Clinical guideline 30. (October 2005) (Update progestogen implants September 2014). Available at: www.nice.org.uk/cg30

Under-16s and confidentiality. Family Planning Association. January 2011.

https://www.fpa.org.uk/sites/default/files/under-16s-and-confidentiality-policy-statement.pdf

The National Chlamydia Screening Group: overview 2013.

Human papilloma virus vaccination in the UK: DoH Guidance from Chief Medical Officer. September 2017.

Sex and relationships education in schools 2017. Robert Long.

Wheeler R. (2006). Gillick or Fraser: a plea for consistency over competence in children. Gillick and Fraser are not interchangeable. https://www.bmj.com/content/332/7545/807

www.nspcc.org.uk NSPCC Learning. Gillick competency and Fraser guidelines at: - https://learning.nspcc.org.uk/research-resources/briefings/gillick-competency-and-fraser-guidelines/

MANAGEMENT OF SPORTS INJURIES PROCEDURE

Introduction

Within Wymondham College there are numerous sporting activities available to students. All students as part of their educational curriculum engage in Physical education classes. In addition to this, students may be playing recreational sporting activities outside of school hours. This may be informal during free time in house, or formal sporting games, match fixtures and training as part of the Wymondham Life activities which are available to students.

Injuries during PE/organised school sports

In the event of a pupil injuring themselves, dealing with that incident must take priority. Depending on the severity of the accident, the class may have to stop and pupils may be asked to sit quietly without working or using apparatus/equipment further, until the incident has been dealt with and the welfare of the injured party has been organised.

Small cuts, abrasions and minor burns can be dealt with using the first aid facilities available in the Department. More serious matters which require the attention of a qualified 'first aider' should be referred to:

A first aid qualified member of the Department or College first aider from elsewhere.
B. Medical Centre Staff. Medical Centre emergency numbers are extension 4291, 01953 609048 or 07917505245.

Phones and first aid kits are located in the Department office, swimming pool, pavilion and hockey container. A runner may be sent from an area not served by a phone.

In the case of serious injury, the Medical Centre should be bypassed, and a call made through directly to Emergency Services (999). Once contact has ceased with emergency services a member of SLT should be contacted and informed of the situation. Arrangements should be put in place for the ambulance to be met. The College Estates team are best placed to assist with this and should be contacted 4288 or 01953 609090.

Whilst Medical Centre will complete the necessary accident reports of injuries, they deal with all incidents should be recorded into the Incident Diary in the PE Office.

During competitive inter school fixtures a first aid kit must be available for use at the side of the pitch. Whilst most staff may be carrying their personal mobile phone, College phones are available in the PE office, Hockey container and pavilion to which staff must have a key for access. Depending on the severity of the accident, the fixture may have to stop and players may be asked to sit quietly or leave the playing area, until the incident has been dealt with and the welfare of the injured party has been organised.

For 3 or more Rugby fixtures taking place simultaneously on the Park paramedic cover will be arranged through the DOS. For 2 or less matches held at the College at least one qualified first aider is present.

There are defibrillators located in the pavilion and in the corridor outside the sports hall. All PE staff must be aware of the location of these.

There are a portable first aid shelter and duvets located in the kitchen area of the pavilion. In cases of extreme weather these should be used to protect the patient from the elements.

Where a paramedic is present

Where there is a pitch side paramedic, they should manage most sports injuries pitch side without the need for the student to attend the Medical Centre. The paramedic will be able to provide a greater variety of treatment options than the Medical Centre, such as gluing of wounds.

Once care has been given if any follow up is required the Medical Centre should be contacted and a further appointment for review will be given.

Where pitch side treatment cannot be administered further medical care should be organised. This may be transport to hospital or an off-site medical facility or occasionally the school Medical Centre.

All treatment administered should be communicated to parents, either by the paramedic, sports staff, or house staff.

Injuries requiring Medical Centre assessment outside of the Medical Centre

The school accident Policy should be followed in terms of reporting the injury and administering on the scene first aid.

If it is determined that an ambulance is required staff who witnessed/first attended the injury should make this call.

If the injury is determined as requiring assessment from the Medical Centre Nursing team then the Medical Centre should be called on 01953 609027 and a nurse should be requested.

The nurse attending should then follow the procedure for emergency callouts found

W:\Staff Only\Medical Centre\Med_Centre\policies\New policies Aug 2020 onwards\Procedures for management of emergency situations

Nurse arrives at scene

The nurse will reassess the injury and determine if the injury/accident/ can be treated in the Medical Centre.

If the injury cannot be treated onsite or requires medical review the nurse will either contact 999 or arrange to transport the student to A+E for serious injuries. If the student can travel to A+E in the Medical Centre car then SLT/Prep School Headteacher/Head of House will need to be informed as it may be possible to use the school minibus. Parents should be informed for all students needing to be transported off site in accordance with the emergency transport procedure found at:

W:\Staff Only\Medical Centre\Med_Centre\policies\New policies Aug 2020 onwards\Procedures for management of emergency situations

If the nurse feels the student can remain on the school site for treatment or recuperation or the injury can be assessed further in the Medical Centre, the nurse will make suitable arrangements to transport the student back to the Medical Centre. This is likely to be in the Medical Centre car.

Where there is more than 1 injured student they should be monitored/treated/managed in the following order:

i. unconscious
ii. severe bleeding
iii. broken bones
iv. other injuries

If there is more than 1 injured student, then further staff from the Medical Centre may need to be called (if available) or additional first aiders from the school staff may be called.

Further information on first aid can be found in the school first aid policy.

Injuries being assessed in the Medical Centre

If the student has been brought back to the Medical Centre or arrived directly at the Medical Centre the nurse should perform an assessment.

<u>Head Injures</u>

For injuries sustained to the head, the head injuries procedure should be followed which can be found at:

W:\Staff Only\Medical Centre\Med_Centre\policies\New policies Aug 2020 onwards\Procedures for management of emergency situations

<u>Limb Injuries</u>

This could be to areas such as the hands, feet, arms or legs the nurse needs to assess the range of movement- full, partial, none.

If there is full movement this is reassuring that there is minimal damage.

If there is limited or no movement then further assessment should be made.

Pain should be assessed using the 0-10 pain scale. It can be useful to assess pain at rest and upon movement. Pain at rest is of cause for concern. Pain upon movement can indicate a problem but can also be down to swelling and bruising.

Sensation of any connected extremities- ie fingers - does the tip sensation feel the same as the rest of the hand, how does it feel compared to the other side. Change in sensation although can be due to severe bruising can also indicate a more serious problem such as break or nerve damage.

If any of the above questioning elicits concerns, then medical review should be sought to rule out serious injury. This may be via the GP or A+E depending upon local NHS policies in place.

If the student is taken off site for further assessment parents and SLT should be informed. This should also be recorded on the accident form as per Wymondham College Accident Policy.

Lacerations

A laceration is a tearing or splitting of the skin commonly cause by blunt trauma, or an incision in the skin caused by a sharp object, such as a knife or broken glass. A common complication of a laceration is infection, however there may be other things to consider such as nerve injury, vessel damage, muscle damage, bone damage and tendon damage.

The nature of the cause of the laceration can guide to the risk of infection. The risk of infection is high in people with a laceration contaminated with soil, faeces, body fluids, or pus. The risk of infection is increased further with factors such as diabetes, increasing age, and wound length of more than 5 cm.

A person with a laceration should be assessed to determine whether admission/referral is indicated or if it can be managed in primary care.

Referral to A+E is recommended if:

- There is possible vascular, nerve, or tendon damage (difficulty in moving or altered sensation of the area is likely to be an indication of this).
- It is a facial laceration.
- It is a laceration of the palm of the hand with any sign of infection (red, hot, tender).
- There is a tetanus-prone wound, which includes wounds that require surgical intervention which has been delayed for more than six hours, wounds which have a significant degree of devitalised tissue or a puncture-type injury

(particularly where there has been contact with material likely to contain tetanus spores [for example soil or manure]), wounds containing foreign bodies, compound fractures, and wounds in people who have systemic sepsis.

Primary care management of a laceration involves:

- Cleaning, closing, and dressing wounds at low risk of infection. Routine review in the Medical Centre should be arranged. The nurse should give appropriate information and advice to the student, including that they seek medical attention if they develop signs of infection; take paracetamol or ibuprofen for pain relief, if needed, and keep the wound clean and dry to reduce the risk of infection.
- Infected wounds or wounds at high risk of infection should be cleaned and dressed initially; secondary closure can be considered after a few days, provided there are no signs of infection. This should initially be reviewed by the GP surgery.
- Considering the need for antibiotics to treat (or reduce the risk of) infection. This should be upon review by the GP.
- Considering the need for a booster dose of tetanus vaccine and/or human tetanus immunoglobulin (given in hospital for people with a tetanus-prone wound). This would be upon review by the GP.
- Removal of wound closure (if necessary).

Abdominal Injuries

Given the risk of internal organ injury or internal bleeding all abdominal sporting injuries should be reviewed that day by the GP if the student is not in immediate pain. If the student is in pain, then they should be taken to A+E for review.

References

NICE (2018) Managing Lacerations accessed online on 9/11/2020, https://cks.nice.org.uk/topics/lacerations/

SMOKING CESSATION

Introduction

Although smoking at Wymondham College is strictly prohibited, students are able to go off site and boarding students do mix with day students who move on and off site. Therefore, it is possible for students to gain access to cigarettes and vaping instruments. Therefore, there may be some students who try and take up smoking or vaping whilst in school.

As part of the new student checks we ask all students to confirm their smoking/vaping status. We also periodically ask students when attending the Medical Centre about smoking habits as this may have changed during their attendance.

Students may also be identified as smokers/vapers through house and boarding staff.

If students are identified as smoking/vaping then the following process should be followed.

Explain the Facts (from https://www.nhs.uk/live-well/quit-smoking/quitting-smoking-under-18s-guide/)

- You'll be healthier and less out of breath – smoking decreases your lung capacity.
- You'll save yourself a lot of money.
- You'll look better. Chemicals in cigarettes restrict blood flow to your skin. Smokers have more wrinkled and saggy faces by the time they're in their mid-20s.
- Quitting helps save the planet. Deforestation because of tobacco production accounts for nearly 5% of overall deforestation in the developing world.
- Someone who starts smoking at 15 is 3 times more likely to die from cancer than someone who starts smoking in their mid-20s.
- The younger you start smoking, the more damage there'll be to your body as an adult.
- Not smoking will make you instantly more attractive. Most people prefer kissing non-smokers.
- Smoking can harm your fertility and, if you're female, increases your chances of complications during pregnancy and labour. Smokers' babies are also more at risk of sudden infant death syndrome (SIDS).

If the student reports they have only smoked one or two times, then discussing the above information may be all that is needed to deter them from doing this again.

The nurse should consider making a follow up nurse visit 2-4 weeks later to discuss again and to check the student has taken the advice onboard and not engaged in smoking acidity since.

If the student is under 16 you should discuss with them the need for informing parents.

If the student discloses they have been smoking on the school site then SLT and Head of House needs to be informed.

For students who report repeated smoking/vaping whereby it is unlikely the above information will be adequate in enabling them to quit then they should be booked into a GP clinic to discuss possible nicotine replacement therapy.

It should be explained that:

It's very hard to give up by willpower alone. Get all the help you can find: using stop smoking medicines can really increase your chances of success.

As these are available on prescription, they'll be free for 12- to 18-year-olds. Ask your GP for help stopping smoking. They won't be shocked that you're a smoker.

The school nurse will record all the information discussed in their medical notes.

INPATIENT CARE

Introduction

Boarding students who become ill during the academic term will report this to house staff or teaching staff if they are in lesson. The member of staff will then contact the Medical Centre to arrange for the student to be assessed by a school nurse. If the student is assessed as being unfit for lessons and/or to be in the boarding house they will need to be admitted to the Medical Centre.

Admitting a student who is unfit to be in lessons.

Students who are assessed as not being fit to return to lessons cannot be in their boarding house during lesson hours. Therefore, they will need to be admitted to the Medical Centre. An example of this is a student suffering with a common cold. They may not feel well enough to be in lessons.

In this instance the student should be admitted to the Medical Centre.

They should be taken to the inpatient area and made comfortable on a bed. They should be given a jug of water and glass. If they are not considered a risk to other students, they can move around the inpatient area and Medical Centre.

House and College Office should be informed that the student will be resting in the Medical Centre during the day.

Once the end of the school day arrives the student can return to house to rest rather than remain in the Medical Centre.

Admitting a student who may need overnight care in the Medical Centre

In the first instance parents should be contacted for all students who may require overnight care in the Medical Centre. Wherever possible it is the school's policy that students should be collected by parents/guardians to be taken home. This is because it is a much better environment for the student to be in their own home with familiar people around them.

If the student can be collected the procedure for a student who is unfit to be in lessons should be followed until their parent/carer arrives.

The parent/carer should come directly to the Medical Centre to collect the student.

The Medical Centre will arrange with house for the student's belongings to be brought to the Medical Centre from house.

Once the student leaves site head of house and College office should be informed.

Where it is not possible for the student to be collected, they should be admitted to the Medical Centre for overnight care.

The student should be shown to the inpatient area. If they are potentially infectious, they should be shown to an isolation room.

A jug of water and glass should be provided.

If the student is in the isolation room, they should be made aware that they cannot move around the inpatient area or Medical Centre. They should be shown the isolation bathroom which is for their individual use. It should be checked that they have their mobile phone with battery charge on it. They should be given the Medical Centre telephone number 01953 609027. The inpatient area is not continually manned by a nurse (they will be in the main area of the Medical Centre) therefore that if they need a member of staff they can telephone.

An observations chart (Appendix 1) should be started for all inpatients. As a minimum, observations should be recorded at admission then once every 24 hours for the duration of their stay.

There may be instances where the nurse decides observations are required more frequently. This should be communicated with all staff caring for the student and recorded on school base.

Food should be offered at mealtimes to the student and wherever possible a hot meal once per day should be obtained from catering (This is provided to the Medical Centre at lunch times therefore if the student is admitted late in the day sandwiches should be offered or something from the food available in the Medical Centre such as beans on toast).

Parents should be emailed daily with an update of their child's condition (with the exception of sixth form students who will be asked to keep their parents updated).

Appendix 1

	Date								CEWS
	Time								SCORE
	Initials								
Temperature	40.0								3
	39.0								1
	38.5								1
	38.0								0
	37.0								0
	36.0								0
	35.0								1
	34.5								3
HEART RATE	120-170								3
	105-120								1
	51-105								0
	40-50								1
	LESS THAN 40								3
BP (or drop of 30mmHg = CEWS 3)	210								3
	190								3
	170								1
	150								
	130								
	110								
	90								1
	70								1
	50								3
	30								3
RESPS	OVER 35								3
	22-34								
	9-21								
	BELOW 8								
SATS (on air)	ABOVE 94								
	89-93								1
	BELOW 93								3
NEURO	CONFUSION								1
	ALERT								0
	VERBAL								1
	PAIN								3
	UNRESPONSIVE								3
PAIN SORE	AT REST								
	WITH MOVEMENT								
CEWS SCORE									

HEADLICE PROCEDURE

This briefing gives information and advice on how to tackle the problem of head lice in schools as recommended by the National Education Union and the NHS.

What are head lice?
Head lice are tiny insects which live in the hair and feed by biting the scalp and sucking blood. The female head louse lays her eggs close to the scalp where it is warm enough to incubate them. The eggs, or nits, hatch out, start feeding and soon begin to lay more eggs. Empty egg shells are left attached to the hair when the louse hatches.

How are they transmitted?
Head lice cannot fly, jump or swim but spread by clambering from head to head. They are caught by head-to-head contact with someone who already has them. Clean hair is no protection against them. When heads touch, the lice simply walk from one head to another. Adult lice take every opportunity to exchange hosts to avoid extinction through in-breeding.

Shared brushes and combs can also transmit lice so schools should discourage children from sharing combs and brushes.

Shared hats, headphones and jackets hung close together do not, however, present a risk. This is because head lice that involuntarily fall off the head or clamber on to clothes or other articles, such as pillows or cuddly toys, are dying and harmless.

What are the signs of head lice infestation?
The way head lice feed causes itching, so scratching the scalp is usually the first sign that a child has head lice. It should be pointed out that the onset of itching may be delayed by weeks, or even months, when someone first catches lice. Another sign of head lice may be a rash on the base of the neck caused by lice droppings. Anyone who has had head lice for a while may begin to feel generally unwell or 'lousy'.

How are head lice detected?
Lice are most easily detected by combing really well conditioned soaking wet hair with a fine-tooth comb. Really wet lice stay still and cannot escape. Combing dry or damp hair with a fine-tooth comb is not a reliable way to detect lice. In dry or damp hair, lice move quickly away from the disturbance caused by a comb. Regular head inspections in school, therefore, are of dubious value because only the most severe cases are likely to be detected. Many milder cases will be overlooked, thus lulling parents and schools into a false sense of security.

What is the treatment?
There are two main methods of dealing with a head lice infestation: wet combing and use of insecticidal lotions. Whichever option is chosen, it is important to recognise that neither will protect against re-infection.

Use of insecticidal lotions
Do not use lotions unless live lice have been found. Check all close family/friends by the 'wet combing' method described below. If using a lotion, follow the instructions on the

product packet and make sure you have enough lotion to treat all those who may be affected. The lotion used may be capable of killing eggs as well as lice, but there is no certainty of this. Check for baby lice hatching out from eggs three to five days after you use it and again at ten to12 days. If the lice appear to be unaffected by the lotion or if the problem persists, you should take advice from your local school nurse, health visitor, pharmacist or GP. You should seek advice where whoever is being treated is under one year of age, suffers from asthma or allergies, or is pregnant or breast feeding.

Wet combing or 'bug busting' method

The 'bug busting' method is an alternative method, devised by the charity Community Hygiene Concern, which avoids the use of insecticides. It aims at systematic removal of live lice by combing through the hair and physically removing any lice found.

After washing the hair, copious amounts of conditioner should be applied and, after detangling with an ordinary wide-tooth comb. With the person sitting upright or leaning over the bath, comb the hair from the roots using a special 'bug buster' fine-tooth comb, with the teeth of the comb slotting into the hair at the roots with every stroke. After each stroke, the lice should be cleared from the comb.

Wet lice find it difficult to escape from this combing. It is hard for them to keep a grip on hair which is slippery with conditioner, and so removal with the comb is easier. The lice should then be wiped on to kitchen paper and disposed of, or simply rinsed away.

This routine should be repeated every **three** to **four** days for **two weeks** so that any lice emerging from the eggs are removed before they can spread. Given that head lice do not lay eggs until about a week after they have hatched, it follows that removing the live lice regularly will result in lice-free children in a fortnight. Re-infection can, of course, occur if head-to-head contact is subsequently made with someone with head lice.

What can schools do to prevent head lice spreading?

- Parents should be requested to check their child's hair regularly, using the bug busting wet combing method described above, and inform the school as soon if they discover any head lice.
- If there is a greater incidence of head lice within the school, parents will be reminded to take part in a bug busting campaign, involving careful combing of the whole family's conditioned hair with a bug buster comb every three days over a two-week period. All parents should be asked to take part, regardless of whether they think their child has lice, since without rigorous checking the lice are easy to miss. Teachers and their families should also participate in the campaign.
- Parents who choose to use an insecticidal product should also be advised to bug bust three to five days after application, to check that no lice remain after the treatment and to clear any new lice which may be caught, before they multiply

References:

National Education Union: https://neu.org.uk/advice/head-lice-schools#what-can-schools-do-to-prevent-head-lice

Government Guidance https://www.gov.uk/guidance/head-lice-pediculosis

NHS: https://www.nhs.uk/conditions/head-lice-and-nits/

MANAGEMENT OF A STUDENT WHO HAS TAKEN AN OVERDOSE

Any drug that has been prescribed, non-prescribed or alcohol taken by the student in excess of the recommended dose is an OVERDOSE.

A overdose can either be suspected or confirmed.

A suspected overdose is when **others** report, or symptoms are expressed by the student, that an overdose has been taken.

A Confirmed overdose is where either evidence (ie.tablet packets etc) demonstrates the young person has taken an overdose, they have verbally admitted to or they have been witnessed to have taken one.

Suspected or confirmed , you must act.

1. Establish what they might have taken -
   Drugs a student may have taken can include:-

   - Prescribed Over the counter medicines /tablets
   - Non prescribed Illicit drugs
   - Herbal remedies
   - Alcohol
   - Diet supplements Vitamin supplements
   - Detergent, bleach, solvents, etc

NB. illicit/illegal drugs ie organic substances (cannabis), compounds eg Ecstasy. Amphetamines, magic mushrooms, or a mixture of the above **MUST** be taken seriously and the student **MUST** be assessed by medical personnel.

2. When- they took them?
3. How many- have they taken?
4. Where – did they take them?
5. Assess the young person

Signs and symptoms – may include

- lips and fingers changing colour may be turning blue

- facial colour – they may look grey or very pale
- difficulty focusing – with vision
- breathing may become slow or even stop
- dilated /enlarged pupils
- drowsy – may be unable to respond as usual
- slurred speech
- vagueness
- uncharacteristic behaviour – not usual for them
- uncoordinated movements
- stumbling or falling
- vomiting
- they do not wake up even when shaken

Conscious Student

If the student is conscious:

DON'T - panic

- put them to bed to sleep it off
- make them vomit
- give them something to drink
- ignore as attention seeking behaviour
- tell them off
- argue with them
- shout at them
- give them other medicines
- leave them on their own

If it is safe, the student is in a stable state and not aggressively resisting take them to the Accident and Emergency Department.
DO NOT go on your own - go either with a second member of staff or a taxi so the young person can be monitored. Take any evidence (tablet packets etc). Keep the student calm.

If they become drowsy, difficult to manage or their condition is deteriorating you must ring 999.

Stay with the student until the ambulance arrives - look for and collect any evidence of tablets, medicines, empty blister packs of tablets etc. that will help ambulance staff / doctors identify what the student has taken and treat the student.

Accompany the student to the Accident and Emergency Department, stay with them.

Unconscious Student

Try to rouse them – if unsuccessful you **must ring 999**.

Ensure the airway is open (in the absence of trauma) and check for normal breathing. Put into recovery position if breathing normally.

If they are unresponsive and not breathing normally, start cardiopulmonary resuscitation (CPR) immediately, follow the instructions given to you by the operator while you wait for the ambulance.

Stay with the student and collect any evidence of tablets, medicines, and empty blister packs of tablets etc. that will help doctors identify and treat the student.

Accompany the student to the Accident and Emergency Department and stay with them.

When with the paramedics/at the hospital:

Medical staff will need to take a detailed history to effectively treat a person who's been poisoned. When the paramedics arrive or when you arrive at A&E, give them as much information as you can, including:

- what substances you think the person may have swallowed
- when the substance was taken (how long ago)
- why the substance was taken – whether it was an accident or deliberate
- how it was taken (for example, swallowed or inhaled)
- how much was taken (if you know)
- any known medical conditions/allergies/intolerances

MOUTH ULCERS

Mouth ulcers are common and should clear up on their own within a week or 2. They're rarely a sign of anything serious but may be uncomfortable to live with.

How you can treat mouth ulcers yourself

Mouth ulcers need time to heal and there is no quick fix. Avoiding things that irritate your mouth ulcer should help:

- speed up the healing process
- reduce pain
- reduce the chance of it returning

Do

- use a soft-bristled toothbrush
- drink cool drinks through a straw
- eat softer foods
- get regular dental check-ups
- eat a healthy, balanced diet

Don't

- do not eat very spicy, salty or acidic food
- do not eat rough, crunchy food, such as toast or crisps
- do not drink very hot or acidic drinks, such as fruit juice
- do not use chewing gum
- do not use toothpaste containing sodium lauryl sulphate

A pharmacist can help with mouth ulcers

A pharmacist can recommend a treatment to speed up healing, prevent infection or reduce pain, for example:

- antimicrobial mouthwash
- a painkilling mouthwash, gel or spray
- corticosteroid lozenges

You can buy these without a prescription, but they may not always work.

See a dentist or GP if your mouth ulcer:

- lasts longer than 3 weeks
- keeps coming back
- becomes more painful and red – this may be a sign of an infection
- If you keep getting repeated ulcers or they last longer than 3 weeks, please book to see a school Nurse. Thank you.

Reference: nhs.uk/conditions

COLLECTION OF SAMPLES

Introduction

Samples may be required by students to rule out/diagnose medical conditions.

Blood tests will be performed by the GP practice in the clinics held at the College Medical Centre and taken back to the surgery at the end of the clinic.

Examples of samples required are stool sample, urine samples and wound swabs. These will be taken either by the Medical Centre staff or by the students and returned to the Medical Centre staff.

Sample collection

1. Urine specimens are collected in yellow topped pots and transferred into the green urine preserver tubes for transport to WMP.
2. Stool samples are collected from a disposable bowl placed in the toilet using blue topped sample pot with spatula
3. Swabs are taken using the relevant swab and inserted into medium

All sample pots including universal containers are available on request from WMP

Once the sample is received in the Medical Centre the following process should be followed.

1. Samples are required to be at the surgery by 12am so they will be taken in that day's collection.
2. For samples requiring overnight storage in the Medical Centre
    - urine specimens should be stored at room temperature in a Green topped urine preservative tube.
    - stool specimens should be stored at room temperature in a blue topped stool sample pot. Stool samples need to be processed in under 24 hours so if being stored this should not take the time over a 24-hour period.
    - swabs should be stored in a black charcoal swab at room temperature (unless swabbing for anything specific in which case the GP practice will provide a suitable container).
3. Specimens need to have the correct forms with them which are kept with the specimen containers in the blue drawers in the Treatment Room: If they do not have the correct form/labelling they are discarded.

Samples need to be taken to WMP or can be given to the GP/Staff member from WMP who is attending for clinic.

A note should be made on the students School base record that a sample has been taken and on a clinic list around 7 days later to chase WMP for the results.

SELF REFERRAL FOR PHYSIOTHERAPY

Introduction

We do not have on-site physiotherapy services at Wymondham College, but for students who are recommended they should see a physiotherapist by one of the medical team or visiting GP's the following self-referral service is available.

Parents and students should be given a copy of the self-referral link to make the necessary arrangements:

http://ahpsuffolk.co.uk/ takes you to Allied Health Profession website

"Providing physiotherapy services for patients in East Anglia"

This page gives lots of options, including self-help where there are exercises students can use.

Students can also self-refer for physiotherapy

Following the decision for self-referral:

Parents should be contacted and it should be explained that College does not provide transport if face-to-face appointments are required. Parents should either take the child or arrange for their Guardian to take them.

If you get exercises for the students, ensure parents/house staff are aware so they can help support the student with their exercises.

MEDICAL CENTRE RESPONDING TO REQUESTS FOR NURSE TO ATTEND EMERGENCIES

Essential Procedure for All Staff

In an emergency the nurse in the Medical Centre (MC) may be called to attend an injury/event in another part of the College/ Prep School.

If in these circumstances the nurse is on her own, she should:

During school hours

If there are no inpatients

- Call SLT to inform them where you are going.
- Call Alex Wilson to inform him the Medical Centre is being closed.
- Take the Medical Centre mobile phone with you.
- Lock the surgery and front door and attend with appropriate first aid equipment for the injury.

If there are inpatients

- Call switch to ask them to inform Senior Leadership Team (SLT- on 4444 or 01953 609080) and to arrange for someone to come to the MC while the nurse attends the injury/ incident.

Outside school hours

If there are no inpatients

- Call SLT and inform them you are closing the Medical Centre.
- Contact HOH for Prep school and inform them you are closing the Medical Centre.
- Lock surgery and front door and attend with appropriate first aid equipment for the injury.

If there are inpatients

- Call SLT and ask them to come to MC to provide cover for you to leave. (If SLT does not answer and you have time, you can look up on the rota who is on duty and call their mobile).

In case of an emergency where time is limited

In any of these situations, if time is of the essence eg in the case of anaphylaxis, ask the person who is calling you to arrange for someone to come to the MC to provide cover.

In this situation if you have an inpatient and you feel your attendance is essential, you must decide whether you can leave the inpatient, tell them someone is on their way and lock the surgery and treatment room doors before leaving.

NEW STUDENT CHECKS/MEDICALS

Procedure to be followed:

Check we have received.

- School Admission Health Form – signed by parents/guardian. (If not and it is before they start, ask admissions. If after, send the form directly to the parents and copy in admissions).
- GP registration. This is now done online directly by the parents. WMP to inform us weekly from the first day of term who has registered.
- If required, a member of the Medical Centre team can register the student (on WMP website- https://wymmed.co.uk/navigator/College-patient-registration/)
- Immunisation history
- Prescription summary (if applicable).

If we have no documents, for Secondary School ask admissions to chase and for Prep School contact the Prep School secretary.

We need to check the following details on all forms:

- School admission health form has Place of Birth and previous GP details completed.
- Medical admission forms have been signed, including consent to emergency asthma inhaler use and consent to emergency AAI use (if applicable).
-

Forms with medical conditions listed:

- Students on medications will need GP review of medications to enable repeat prescriptions. This should be booked within the first weeks of term.
- For students on controlled drugs parents will need to provide a hospital letter detailing treatment for the GP to continue to prescribe medications.
- For students with health conditions that fall within those requiring Health care plans parents need to be contacted to complete/send a copy of the students HCP (See managing students with medical conditions policy).

New patient medicals

Students should be invited for a new student check within the first few weeks of term.

Routine new patient checks can be performed in-house.

House will be notified by the Medical Centre at the start of term which students require new student checks and when they are to be performed.

Students who have disclosed medical conditions on their health admissions form should have their new patient check at the Medical Centre. If possible, this could be done with the GP review.

For students on medications a risk assessment for the medications should be completed and if appropriate a self-medication form signed.

The new patient check should include

- Height
- Weight
- BP
- Clarify any allergies, family history of illness, medication.
- mobile number (for Secondary School only)

Enter data onto students electronic medical notes.

EMERGENCY TRANSPORT OF STUDENTS REQUIRING URGENT MEDICAL CARE

Procedures to follow:

Parents should be encouraged to take students to routine and non-urgent appointments (as per Policy for medical appointments).

Urgent/emergency care for Secondary School students-

- For students who require urgent or emergency transport if this is a life-threatening emergency 999 should be called.
- The 999 ambulance is to be called by the adult assisting the patient. If this is not a member of med centre staff, med centre is to be contacted immediately. The on-call Senior Leadership member must then be called by dialling 4444. A member of staff from the patient's boarding house/Medical Centre staff is to accompany the patient to the hospital.
- If it is an emergency such as a broken bone (no open fracture) that needs hospital treatment but where the student can be taken in a car in the first instant, it is school policy to contact the parents to ask if they can take the student.

Parents can come to take the student

- The student should be kept comfortable in the Medical Centre.
- Pain relief (if appropriate) can be given.
- A hand over form should be completed for the parent to take as they collect the student.

Parents are unable to collect

- If the parents cannot take the child but where the child can be transported in a car then the school can arrange this.
- School staff driving the Medical Centre car do so under SET insurance. As such processes in the transport policy should be adhered to.
- A licence validation form should be completed (Appendix 1) for new drivers of the Medical Centre car.
- For transport on weekdays until 5pm the medical assistant can transport the student to emergency/urgent care using the Medical Centre car.
- If there is a need for transport between 5 and 11pm alternative weeks, we have an on-call medical driver. The rota and contact details for the medical driver is held in the Medical Centre.
- If it is a week where no medical driver is available after 5pm SLT should be contacted on 4444 who will assist in organising for the student to be taken for emergency/urgent care.

Once transport is arranged

For all secondary students being taken off site (whether by parents or school transport) SLT on 4444 should be informed. During school hours College office should also be informed.

For all unplanned trips to the hospital we will contact parents/carers and where possible, arrange for them to meet the student and escort at the hospital.

A record of the events should be uploaded to the student's school base medical files.

Emergency transport for Prep School students-

- For students who require urgent or emergency transport if this is a life-threatening emergency 999 should be called.
- The 999 ambulance is to be called by the adult assisting the patient. If this is not a member of med centre staff, med centre is to be contacted immediately so they can support where required.
- If it is an emergency such as a broken bone (no open fracture) that needs hospital treatment but where the student can be taken in a car in the first instant it is school policy to contact the parents to ask if they can take the student.

Parents can come to take the student

- The student should be kept comfortable in the Prep School main building during school hours and in the boarding house before/after school.
- Pain relief (if appropriate) can be given.
- A hand over form should be completed for the parent to take as they collect the student.

Parents are unable to collect

- If the parents cannot take the child but where the child can be transported in a car then the school can arrange this. The Prep School car seat will need to be fitted to the child and then fitted in the car.
- Where possible Prep School students require a member of house staff to accompany them for all off site care if parents cannot. If house staff are not available, then a Medical Centre staff member can accompany the student.
- Prep School staff may drive the Medical Centre car and do so under SET insurance. As such processes in the transport policy should be adhered to.
- A licence validation form should be completed (Appendix 1) for new drivers of the Medical Centre car.

For all unplanned trips to the hospital, we will contact parents/carers and where possible, arrange for them to meet the student and escort at the hospital.

A record of the events should be uploaded to the student's pupil asset medical files by either house staff or Medical Centre staff.

Should any follow up appointments be made for both prep and Secondary School students these should be communicated to parents/guardians following the policy for medical appointments found in the Medical Centre folder:

W:\Staff Only\Medical Centre\Med_Centre\policies\New policies Aug 2020 onwards

Appendix 1

Driving For Work

We are required for insurance purposes and also to comply with national best practice, to routinely validate a driver's licence, their medical fitness to drive and also any history of driving offences. Please therefore complete the sections below, sign and return this form to the Health & Safety Manager. If you wish the information to be treated as confidential, enclose the form in an envelope marked confidential. **You must also either bring your driving licence to the Health and Safety Manager for checking or provide a photocopy that has been signed by your line manager to indicate it is a copy of the original.**

	Circle your answer	
Do you suffer from or have at any time suffered from, uncorrected defective eyesight or hearing, physical infirmity, mental illness, heart complaint, diabetes, epilepsy, fits or black-outs? Please provide brief details here…	Yes	No
If you have answered 'yes' to any of the above, have you informed the DVLA ? If yes, what requirement did the DVLA make, if any?	Yes	No
Within the past 5 years, have you been convicted of any motoring offence, disqualified from driving or is any prosecution pending?	Yes	No
Has any motor insurer in the past 5 years refused you motor insurance or declined to renew your insurance?	Yes	No
Has any motor insurer in the past 5 years cancelled cover or imposed special terms?	Yes	No
If you have answered 'yes' to any of the above please provide brief details here…		

NAME	SIGNATURE	DATE

DENTISTS PROCEDURE

Procedure to be followed:

The College/Prep School will only provide transport for urgent/emergency appointments.

Routine/non urgent appointments such as dental, orthodontic and optician appointments should be arranged during the holiday periods.

If parents/guardians choose for the students to have orthodontic treatment while boarding at Wymondham College/Wymondham College Prep School transport will need to be provided/arranged by them/guardians

Urgent dental care

This applicable only to urgent and emergency dental conditions such as dental abscess.

If an appointment is needed, the Medical Centre will need to telephone the local dentists and orthodontists as early as possible as they only reserve a small number of emergencies appts each day.

Parents will be contacted, and any follow up care will have to be arranged as per the routine dental care arrangements.

ROUTINE MEDICAL APPOINTMENTS PROCEDURE

1. Objectives

To provide a clear guideline for staff working within the Medical Centre for the process of arranging routine appointments for students. The guideline will also support the process to ensure a standard approach is taken across the school and this uniform approach is then filtered down to parents/guardians.

2. Rationale

Students may be referred for medical services during clinic consultation with the GP's and Nurse Practitioners who visit the College Medical Centre. Students may also have routine follow up appointments made following an emergency visit to hospital for an accident/injury or acute medical problem.

The school cannot as a matter of course accompany and provide transport for such appointments due to the limited availability of staff within the Medical Centre. If staff are routinely out off site transporting students for medical appointments the Medical Centre would be unable to provide medical cover to the students in College/Prep School.

3. Procedures to be followed:

Making the appointment

Step 1:

When the Medical Centre is made aware of the need for a student to be seen for a routine appointment the parents/guardians are advised of the referral/appointment. It is important at this point to ensure that the parents/guardians are aware that the school does not provide transport to the appointments as a matter of course.

It is particularly important they are aware that at first hospital appointments it is essential that a family member or guardian attends with the student to provide their medical history.

The preferred method of communication is email as this provides a written record of the information provided to the parents/guardian. If a phone call is made, then this should be followed up by an email. HOH (for secondary and Prep School) will be copied into the email.

The following standard paragraphs should be added to the e-mail as appropriate:

Please note: In the case of a hospital referral, it is essential that a family member/guardian escort the student to the appointment, as they will be able to provide medical history, family history and information regarding developmental milestones etc.

Please note: The College/Prep School will only provide transport for urgent/emergency appointments.
For follow up appointments or routine appointments a family member should take and attend the appointment with the student. This includes appointments such as physiotherapy/ ultrasound/X-ray appointments etc.
If it is not possible for any family member to take the student to such appointments the College/Prep School can arrange for the student to go by taxi with an escort with the cost being met by parents.

Add the referral to the list in the medical assistant's room

Once the appointment details are received:

Add to the hospital appointments list

Step 2:

Once details of the appointment are confirmed, scan and send the appointment letter to the student's parent/carer. A read receipt should be added to the email to ensure that the information has been received.

The covering email should re-iterate (if being sent after step 1) that parents are responsible for taking and accompanying their child to the appointment and take responsibility for the child's attendance.

If the child cannot attend the appointment, it is the parents/guardian's responsibility to inform the hospital/medical service where the appointment is being held.

The covering email should also request details of who will be taking the students to the appointment so that we can ensure that house staff and reception/Prep School are aware.

Step 3:

Diarise details of the appointment/email sent forward 1 week to ensure a response is received. This should be chased as required. When diarising appointments please make note of where appointment is.

If parents/guardians are unable to take the students- Secondary School

Step 1:

Upon receiving information from the parents/guardians they are unable to take the student to their appointment the nurse/medical assistant should ensure that a taxi/chaperone is available. A quote for the taxi should be obtained and emailed to the parents/guardians to ensure that parents deposit the funds to the students Wisepay account 72 hours before the appointment. If there is less than 72 hours' notice petty cash may be used with a receipt from the taxi company obtained.

A note on Schoolbase and in the appointments diary of which taxi firm has been booked and their telephone number should be made in case of the need to contact the taxi firm.

House should be emailed with details of the appointment and the amount of money required from the students Wisepay account. (If the money is to be collected after to replenish petty cash this should be made clear in the email to house).

If parents have paid into the Wisepay account house will collect the cash and hand to chaperone on the day of the appointment.

Where possible off-site appointments should be notified to house and College office the week before the appointment, however for appointments with less notice (ie orthopaedic follow up for fracture treatment) notification to house and College office as soon as the Medical Centre is aware of the appointment.

Step 2:

The night before the appointment students should be reminded by house that they should attend the Medical Centre with the money given to them by house (unless for late notice appointments) 15 minutes before time of taxi pick up from Reception.

For late notice appointments the medical assistant or person accompanying should be given the required amount of money for the taxi from the petty cash tin kept in the Medical Centre.

Step 3:

The person accompanying the student should report back to parents on the outcome of the appointment. If this is done by telephone and email to follow up should be sent, to ensure a written record of communication with the parent.

At all times update Schoolbase and the diary of any progress.

If parents/guardians are unable to take the students- Prep School

Step 1:

Upon receiving information from the parents/guardians they are unable to take the student to their appointment the nurse/medical assistant should communicate this to Mr Alex Wilson (Prep School Headteacher) and Prep School Head of house. House will then arrange for a member of house staff to accompany the student. Where a member of house staff is unavailable a medical assistant may be able to accompany the student.

A quote for the taxi should be obtained and emailed to the parents/guardians to ensure that parents can arrange for house to have the funds available prior to the appointment. If there is less than 72 hours' notice petty cash may be used with a receipt from the taxi company obtained.

A note on pupil asset and in the appointments diary of which taxi firm has been booked and their telephone number should be made in case of the need to contact the taxi firm. This should be copied to the Prep School Head of House/Mr Alex Wilson.

Step 2:

The night before the appointment the Medical Centre will email Prep School house to remind them of the appointment/taxi arrival details. Taxis will be booked to collect from Prep School reception.

For late notice appointments the member of Prep School house staff/medical assistant accompanying should be given the required amount of money for the taxi from the petty cash tin kept in the Medical Centre.

Step 3-

The person accompanying the student should report back to parents on the outcome of the appointment. If this is done by telephone and email to follow up should be sent, to ensure a written record of communication with the parent. The Medical Centre should be copied into any emails so they can update student medical records.

At all times update pupil asset.

4. Appointments for mental health

These appointments may be at short notice, but it is essential for appointments where parents are unable to take the student to follow the procedure.

A taxi should always be used in these circumstances (even if there is very short notice). This is to ensure the member of staff accompanying the student can always adequately supervise the student during the journey.

Ideally the student should be accompanied by a member of staff that is familiar to them although with staffing restrictions this may not be possible.

The taxi taking the student and accompanying member of staff should be aware that they need to drop off as close to the appointment location as possible to avoid any risk posed by walking with the student near traffic/areas where harm could be caused/the student could put themselves in the way of harm.

After the appointment

Once the student is back on the College/Prep School site the person accompanying the student should clarify whether the student wants to debrief with a member of staff. If so, they should link the student with a staff member suitable to perform this debrief. This is likely to be a member of the wellbeing or safeguarding team in Secondary School and a member of house staff in the Prep School.

Secondary School: For students attending mental health appointments the safeguarding team should be aware, therefore it is important following the appointment

to ensure my concern is updated with any relevant outcome information for the student. If the accompanying person is not a trusted user of that student's concern, they should add a new concern. The safeguarding team can then link the information.

Ascertain whether further appointments have been arranged and communicate this to relevant parties. If transport needs to be arranged the same procedures for accompanying a student should be taken.

Prep School: For students attending mental health appointments Mr Alex Wilson should be informed along with Head of house. They will be able to communicate with parents and ensure relevant members of the prep school team are aware of relevant information for the student.

MEDICAL CENTRE FIRE PROCEDURE

Process to be followed

- Check the fire alarm panel (this is located inside the front door on the wall).
- The flashing light will indicate where the fire is located.
- Check that no one is in any danger in that area/zone.
- In the event of a confirmed fire, contact the fire service on 999.

Evacuation (If a fire is confirmed)

- The people in the Medical Centre need to be evacuated via the nearest fire exit.
- Boys and Girls dorms, fire exits in each 4 bedroom and in single rooms.
- Main MC evacuation either through fire door in the kitchen or the main entrance.
- Meet outside the main entrance to ensure that everybody is safe and accounted for.
- If it is safe to do so, the fire may then be addressed.

No fire is identified

- Determine the area is safe and it is a false alarm.
- The alarm itself can be turned off.
- Turn the key clockwise to “arm controls”
- Press “silence alarm sounders”
- Press “reset/resound”
- Wait a while before returning the key anti-clockwise to the top (if you do it immediately the alarm will go again

PREP SCHOOL CARE OF UNWELL CHILDREN

Introduction

Prep School boarding students who become ill during the academic term will initially be assessed by paediatric first aid trained house staff. If the student is assessed as being unfit for lessons (by either a paediatric first aid trained member of staff or by the Medical Centre nurses) or has a potentially infectious condition the following procedure should be undertaken.

Daytime procedure for students who are unfit to be in lessons

Students should be sent to the school sick bay (during school hours) and assessed by a paediatric first aid trained member of staff. The Medical Centre nurses can be called for advice where required.

Students who are assessed as not being fit attend lessons, where possible, should be collected by their parent/carers and recuperate at home. Whilst waiting for collection they should remain in the sick bay.

If the student has a potentially infectious condition, they will need to be cared for in the school sick bay away from other students.

They should have access to water and offered meals whilst they are in the school sick bay. They should have regular contact with staff.

Out of school hours procedure for unwell Prep School boarding students

If the student is unwell in the boarding house a paediatric first aid trained member of house staff should assess the student. If they feel the child is unwell and will not be able to attend lessons (is unlikely to recover soon) then wherever possible it is the school's policy that students should be collected by parents/guardians to be taken home to recuperate.

This is because it is a much better environment for the student to be in their own home with familiar people around them.

If students are not able to be collected by parents/guardians or they are expected to recover quickly then consideration as to which of the following options is required:

- Can be in the boarding house overnight in their own surroundings? If they are unwell but do not pose any risk of infection to other students and their needs can be met by house staff, then they should remain in house. The Medical Centre can be contacted for advice.
- May they require inpatient care in the Medical Centre. This is likely to be if there is a risk of contagious infection or if the paediatric first aid trained

member of staff/Medical Centre nurses feels the student's needs would be better met in the Medical Centre.

The Medical Centre overnight is staffed with medical assistants not nurses, therefore students who require more specialised nursing care would require off site care.

When a nurse is not on site if the Medical Centre assistant or house staff are unsure of the child's medical needs/what is wrong with the child, they should use 111 for non-emergency advice and 999 in an emergency.

Medical Centre inpatient care

If the paediatric first aid trained member of house staff feels the student may require Medical Centre inpatient care, they should contact the Medical Centre. The nurse/medical assistant will then initially triage over the phone the symptoms and arrange for the student to be brought to the Medical Centre if this is deemed necessary.

If the student needs to be isolated in the Medical Centre, they should be made aware that they cannot move around the inpatient area. They should be shown the isolation bathroom which is for their individual use. They should understand how to contact a member of Medical Centre staff if they require assistance.

Medical Centre staff should check the student on a regular basis and observations should be completed (Appendix 1) at least once per shift or more frequently if directed by the school nurses. They should have access to water and be offered food at mealtimes.

Parents should be emailed/telephoned daily with an update of their child's condition.

Appendix 1

	Date								CEWS
	Time								SCORE
	Initials								
Temperature	40.0								3
	39.0								1
	38.5								1
	38.0								0
	37.0								0
	36.0								0
	35.0								1
	34.5								3
HEART RATE	120-170								3
	105-120								1
	51-105								0
	40-50								1
	LESS THAN 40								3
BP (or drop of 30mmHg = CEWS 3)	210								3
	190								3
	170								1
	150								
	130								
	110								
	90								1
	70								1
	50								3
	30								3
RESPS	OVER 35								3
	22-34								
	9-21								
	BELOW 8								
SATS (on air)	ABOVE 94								
	89-93								1
	BELOW 93								3
NEURO	CONFUSION								1
	ALERT								0
	VERBAL								1
	PAIN								3
	UNRESPONSIVE								3
PAIN SORE	AT REST								
	WITH MOVEMENT								
CEWS SCORE									

MANAGEMENT OF SPORTS INJURIES PREP SCHOOL

Introduction

All Prep School students as part of their educational curriculum engage in Physical Education classes. In addition to this, students may be playing recreational sporting activities outside of school hours. This may be informal during free time in house, or formal sporting games, match fixtures or sports club training.

When an injury occurs

The Prep School Accident Policy should be followed in terms of reporting the injury and administering on the scene first aid.

If it is determined that an ambulance is required staff who witnessed/first attended the injury should make this call.

A paediatric first aider should be the first point of assessment for the student.

Where there is more than 1 injured student they should be monitored/treated/managed in the following order:

i. unconscious
ii. severe bleeding
iii. broken bones
iv. other injuries

If there is more than 1 injured student, then further staff from the Medical Centre may need to be called (if available) or additional first aiders from the school staff may be called.

Further information on first aid can be found in the school First Aid Policy.

If the paediatric first aider wants advice, then whilst the Medical Centre nurses are onsite, they can be contacted on 01953 609027.

If there is no Medical Centre nurse onsite, then 111 should be used for non-urgent advice and 999 in an emergency.

If the Medical Centre nurse feels it necessary, they may advise the student is brought to the Medical Centre for further assessment. A member of house/prep school staff should accompany the student to the Medical Centre.

Further guidance on assessing common sports injuries

Head Injures

For injuries sustained to the head, the head injuries procedure should be followed which can be found:

W:\Staff Only\Medical Centre\Med_Centre\policies\New policies Aug 2020 onwards\Procedures for management of emergency situations

Limb Injuries

This could be to areas such as the hands, feet, arms or legs the paediatric first aider needs to assess the range of movement- full, partial, none.

If there is full movement this is reassuring that there is minimal damage.

If there is limited or no movement then further assessment should be made.

Pain should be assessed using the 0-10 pain scale. It can be useful to assess pain at rest and upon movement. Pain at rest is of cause for concern. Pain upon movement can indicate a problem but can also be down to swelling and bruising.

Sensation of any connected extremities- ie fingers- does the tip sensation feel the same as the rest of the hand, how does it feel compared to the other side. Change in sensation although can be due to severe bruising can also indicate a more serious problem such as break or nerve damage.

If any of the above questioning elicits concerns, then medical review should be sought to rule out serious injury. This may be via the GP or A+E depending upon local NHS policies in place/ urgency of the review.

If the student is taken off site for further assessment parents, the Prep School Headteacher/Head of House should be informed. This should also be recorded on the accident form.

Lacerations

A laceration is a tearing or splitting of the skin commonly cause by blunt trauma, or an incision in the skin caused by a sharp object, such as a knife or broken glass. A common complication of a laceration is infection, however there may be other things to consider such as nerve injury, vessel damage, muscle damage, bone damage and tendon damage.

The nature of the cause of the laceration can guide to the risk of infection. The risk of infection is high in people with a laceration contaminated with soil, faeces, body fluids, or pus. The risk of infection is increased further with factors such as diabetes, increasing age, and wound length of more than 5 cm.

A person with a laceration should be assessed by a paediatric first aider to determine whether admission/referral is indicated or if it can be managed in primary care.

Referral to A+E is recommended if:

- There is possible vascular, nerve, or tendon damage (difficulty in moving or altered sensation of the area is likely to be an indication of this).
- It is a facial laceration.
- It is a laceration of the palm of the hand with any sign of infection (red, hot, tender).
- There is a tetanus-prone wound, which includes wounds that require surgical intervention which has been delayed for more than six hours, wounds which have a significant degree of devitalised tissue or a puncture-type injury (particularly where there has been contact with material likely to contain tetanus spores [for example soil or manure], wounds containing foreign bodies, compound fractures, and wounds in people who have systemic sepsis.

Primary care management of a laceration involves:

- Cleaning, closing, and dressing wounds at low risk of infection. Routine review in the Medical Centre should be arranged. The nurse should give appropriate information and advice to the student, including that they seek medical attention if they develop signs of infection; take paracetamol or ibuprofen for pain relief, if needed, and keep the wound clean and dry to reduce the risk of infection.
- Infected wounds or wounds at high risk of infection should be cleaned and dressed initially; secondary closure can be considered after a few days, provided there are no signs of infection. This should initially be reviewed by the GP surgery.
- Considering the need for antibiotics to treat (or reduce the risk of) infection. This should be upon review by the GP.
- Considering the need for a booster dose of tetanus vaccine and/or human tetanus immunoglobulin (given in hospital for people with a tetanus-prone wound). This would be upon review by the GP.
- Removal of wound closure (if necessary).

Abdominal Injuries

Given the risk of internal organ injury or internal bleeding all abdominal sporting injuries should be reviewed that day by the GP if the student is not in immediate pain. If the student is in pain, then they should be taken to A+E for review.

References

NICE (2018) Managing Lacerations accessed online on 9/11/2020, https://cks.nice.org.uk/topics/lacerations/

Process for care of student in the Medical Centre who express suicidal ideation but unable to be collected by parents/guardians that day

Introduction

The purpose of this protocol is to provide a clear guideline to Medical Centre staff of their role, responsibility and process to follow when providing care for a student who is expressing suicidal idealisation.

Wherever possible students who express these suicidal ideations should leave site as soon as possible, under the care of their Parent/Carer/Guardian, and therefore should not require care in the Medical Centre.

Where a student is unable to leave site in a timely manner, they may require short term care in the Medical Centre. A risk assessment has been performed by the health and safety manager for the school to outline the risks of caring for such students in the Medical Centre. It highlights measures to take to minimise risks in the Medical Centre, however, acknowledges the Medical Centre is not a secure unit and as such some risks for students to cause themselves harm will remain. The risk assessment is an accompanying document to this protocol and as such the two should be used in combination.

If students are required to attend the Medical Centre for short term overnight care, until their Parent/Carer/Guardian arrives to collect them, this protocol and a copy of the risk assessment should be emailed to the Parent/Carer/Guardian so that they are fully aware and agree to the level of the care and supervision the Medical Centre can provide.

Process to follow when informed of a student expressing suicidal ideation who requires care in the Medical Centre

Member of SLT should complete the risk assessment tick box (Appendix 1). This should be shared with parents when sharing the policy. Parents should as a minimum verbally agree the risk assessment tick box with SLT.

Once completed SLT member should contact the Medical Centre and provide a copy of the risk assessment

Medical Centre cannot meet requirements of risk assessment

- If the risk assessment indicates the student needs to be in a single room, with no adjacent student when the Medical Centre already has inpatients, or adjacent room has other students in, but staff member should be located in adjacent room, then it would not be possible to accommodate the student in the Medical Centre overnight.

- If the risk assessment indicates the student cannot be in a room alone, then overnight it would not be possible to have the student in the Medical Centre with one member of staff. There would be no cross cover to allow for comfort breaks, nor should a member of staff sleep in the same room as a student (as per boarding standards).

- If the requirements cannot be met, then an alternative need to be arranged by SLT/house staff:

  *111
  *999
  *A&E
  *Or renewed efforts for parent/carer/guardian to collect

Medical Centre can meet the requirements of the risk assessment-

- Confirmation of when the parents/guardians will collect the student should be clear before the student arrives at the Medical Centre to ensure all needs for the student can be met before their arrival (ie if to be in the Medical Centre during the daytime on a weekday then 1-2-1 monitoring can be achieved however for weekends out of hours and overnight this is not possible).

- Prior to the student's arrival Medical Centre staff should:
- Remove bath plug on the girl's side.
- Check all doors labelled keep locked are locked.
- Lock the kitchen and clinic rooms.
- Remove portable electrical appliances removed from the bedrooms, store them in a locked cupboard.
- If the risk assessment states staff are required in an adjacent room or in the room then appropriate bedding/chairs should be moved into the area and essential staff items moved accordingly.

- Student to be transferred to the Medical Centre

- If risk assessment indicates a search of the student is required a member of SLT or house staff is

required to remain in the Medical Centre and observe the search.

- Any personal belongings removed will be written down using the belongings form (Appendix 2) and stored in the medical assistant's room (which is lockable overnight).

- Welfare checks will be completed as per the risk assessment using the welfare check form (Appendix 3).

Parents/Guardians Arrival

- House staff and (or Medical staff if House staff unavailable) to come to Medical Centre to hand over student as per 'Students at risk of suicide process/guidance'.

The Medical Centre has several doors which are not lockable which allow exit from the Medical Centre (as outlined in Appendix 1 risk assessment). If a student exits the Medical Centre the medical assistant will not be expected to leave the Medical Centre to follow them/stop them or find them. The medical assistant will contact the on call SLT member immediately to inform them the student has left the Medical Centre.

Appendix 1 (Annex A in the risk assessment document)

Accommodation of a student at risk of self-harm within the Medical Centre

Risk assessment to determine the measures needed (TICK BOX)

Completed by:

Name

Signature

Date and time

OVERNIGHT SUPERVISION	Normal MC arrangements	Staff located in adjacent room	Staff located in same room
SEARCH OF STUDENT AND THEIR BELONGINGS	Not required	Required and will be undertaken before accommodated at MC	
WELFARE CHECKS	Start and end of overnight period	Check required every 2 hours	Constant
PRESENCE OF OTHER STUDENTS	Can use shared dorm	Single room with other students adjacent	Single room no other students adjacent
PERSONAL BELONGINGS	May be allowed to retain	Remove items such as hairdryers or straighteners	Only used under supervision
USE OF BATH	Acceptable	Staff alert and outside the room	No use
USE OF SHOWER	Acceptable	Staff alert and outside the room	No use
FOOD/REFRESHMENTS	No restriction	No use of knife and fork	Supervised only
MOBILE PHONE/ACCESS TO SOCIAL MEDIA	No restriction	Only used under supervision	No use
PORTABLE APPLIANCES	May be left in room	None in room	
CLOTHING SUCH AS TIES/BELTS	May be left in room	None in room	

Appendix 2

Property log

Date:	Staff member Name:	Student Name:
	Signed:	Signed:
	ITEM	

Appendix 3

Welfare Checks

Date/Time	**Welfare check** Verbal check that student is feeling ok (if asleep unless visual signs of harm/medical issue no requirement to awake)	**Food/Drink**	**Use of bathroom (for students who require supervision only)**
	Verbal check Y/N **Student sleeping Y/N**	**Offered Y/N** **Accepted Y/N**	**Time:**
Notes:			
	Verbal check Y/N **Student sleeping Y/N**	**Offered Y/N** **Accepted Y/N**	**Time:**
Notes:			
	Verbal check Y/N **Student sleeping Y/N**	**Offered Y/N** **Accepted Y/N**	**Time:**
Notes:			
	Verbal check Y/N **Student sleeping Y/N**	**Offered Y/N** **Accepted Y/N**	**Time:**
Notes:			
	Verbal check Y/N **Student sleeping Y/N**	**Offered Y/N** **Accepted Y/N**	**Time:**
Notes:			
	Verbal check Y/N **Student sleeping Y/N**	**Offered Y/N** **Accepted Y/N**	**Time:**
Notes:			

Appendix 4

Restricting access to self-harm in the Medical Centre

1. Introduction

The Medical Centre is not intended or designed to be a secure unit. Without extensive structural alterations and changes to staffing arrangements, it will not be suitable for a student presenting the highest risk of self-harm. The aim of this report is to identify measures that may be reasonably implemented without attempting to create a secure unit. This report sets out some recommendations following an inspection of the Medical Centre (MC) 12.11.20 and a discussion with staff about some of the arrangements. This is to address the risk presented by students who may stay overnight as part of the College Compact of Care. The recommendations are intended to support onward consideration of achieving the appropriate environment for College use, rather than to serve as a definitive improvement action plan.

2. Risk assessment-suitability of arrangements

2.1 When the decision is made for the student to be accommodated in the MC, assessment should be made by the lead person managing the student's needs to ensure the arrangements match the level of risk being presented by the student. The lead person would not be Medical Centre staff and would normally be the duty SLT member. For example, staffing arrangements or the presence of other students in an adjacent room may not provide the level of safety needed for the particular individual. At **Appendix 1** an assessment template is provided that may assist the assessment and provide evidence of a thorough consideration of the adequacy of the measures.

3. General accommodation

3.1. Ideally the student would be accommodated in either the girls' or boys' single room. This allows for the option subject to the presence of other students, for the MC staff to be located in the adjacent dormitory. The presence of other students in the MC and their location should form part of the assessment at **Appendix 1**.

4. Staffing levels

4.1 The normal standard would be for there to be one member of the Medical Centre team on duty overnight. This person would not usually be present in the sleeping area adjacent to where the student is accommodated. The level of supervision or monitoring one member of staff may provide would be affected by the presence of other students overnight in the MC.

4.2 The available staffing, the frequency of welfare checks and where the staff member should locate during the night should form part of the assessment at **Appendix 1**.

5. Security

5.1 The building can be made secure from the inside and control established by staff as to entry and exit through the front and back door. The fire exits from the wards and landings operate on push bars. They are not locked but are alarmed should a student open the door to exit or allow another person to enter. Once outside there is no perimeter fence and the

student would be able to move across the Campus or leave the site. A solution would be to link the doors to unlock if the fire alarm sounds. However, this would be more in keeping with a secure unit. The view is that having an alarm of the fire door opening is sufficient and would enable a general alert to be raised of the missing student.

5.2 The bedrooms and bathroom have windows with restraining measures to prevent full opening.

With determination the restraint can be overcome or broken. For the level of security being sought, I do not consider the alarming of all the windows or strengthening of the restraints is essential. Students would not know that the fire exits are alarmed and would more readily opt to use the door than climb out of a window having disabled the restraint.

6. Sharps

6.1 The glazing is safety glass and sealed unit windows. The wall mirrors in the dormitories are not safety glass.

6.2 The kitchen has some potential sharps. Normal routine would be for this room to be unlocked until the stand down time for the on-duty staff member such as 23:30. The routine for when rooms are locked would need to be changed to be locked at all times the student was in occupation.

6.3 If a student is provided with a meal when in the MC, consideration would have to be made as to whether a knife and fork is provided or just a spoon.

6.4 There is no standard practice for searching the possessions of the student on arrival at the MC. Consequently, a sharp could be brought in on arrival. The possibility of a harmful substance also being brought into the MC could arise.

7 Harmful substances

7.1 The storage of medicines within the MC is controlled and secure.

7.2 Any cleaning products are kept away from student areas and in a locked cupboard.

7.3 It is possible that a student may bring in with them a harmful substance or item. This includes smoking materials and their own medication. Unless a search is undertaken there cannot be the confidence of an absence of these items.

8 Strangulation

8.1 There are various exposed pipes, door handles and other potential ligature points. The removal of handles or the boxing in of the pipes may be necessary if trying to provide a secure unit but not for the level of risk presented by the student.

8.2 Items of clothing such as ties or belts may increase the risk of strangulation and assessment should be made as to whether these should be removed.

8.3 There are various exposed electric cables some of which supply portable appliances. Some of the fixed items such as the TVs have cables that are both concealed in trunking and exposed.

8.4 The MC has purchased 2 ligature knives.

9 Fall from height

9.1 The MC is single storey only.

9.2 Should a student exit the building it would be possible to climb onto the roof. This would take considerable physical effort. The relatively low height and slope would not make the MC roof particularly attractive compared to other buildings on the Campus. It is not considered necessary to provide measures to prevent climbing onto the MC roof.

10 Drowning

10.1 There is a bath on the girl's side. Consideration should be given as to whether the bath is allowed to be used. As an added precaution the plug could be detached and removed.

11 Burns/scalds

11.1 Students do not have access to kettles or irons as these would be secured as at 6.2.

11.2 Consideration should be given to the risk presented by hair straighteners or other similar heat producing items. It may be that for the particular student these should be removed if brought in as part of their personal belongings.

12 Electrocution

12.1 During an inspection the electric cupboard next to the girls' bedroom was found to be unlocked. This should be locked at all times.

12.2 Consideration should be given as to whether the student should be allowed personal items such as a hairdryer.

12.3 The plug sockets are open to tampering. Again, if College were attempting to provide a secure unit measures might be needed to reduce the risk. For the intended use I consider the sockets and fixed electrical supply to be suitable.

General recommendations-

1. Establish a protocol that sets out the standard arrangements in the MC for when a student is accommodated at risk of self-harm. These are the standard arrangements such as for when the kitchen is locked, bathroom and meal arrangements. The points below and wider consideration of the arrangements will inform the protocol.
2. A risk assessment should be undertaken and recorded as at 2.1.
3. A routine of searching the student and their personal belongings should be introduced before they enter the MC.
4. The wall mirrors are safety glass filmed.
5. The plug to the bath on the girl's side should be removed. The bath should not be used.
6. The student should only be allowed to shower if essential.
7. All doors labelled as keep locked shut, should always be locked. This is particularly relevant to the electricity cupboard.
8. Items of clothing such as ties that provide for ease of strangulation should not be in the bedroom.
9. Similarly, portable electrical appliances should be removed.
10. Cables to the televisions and fixed appliances should be boxed in.
11. A ligature knife should be provided in the MC.

Appendix 2

NEW STAFF INDUCTION PROCEDURE

Housekeeping procedure for first week in Medical Centre for all new staff

On the new staff members first shift the following topics should be covered to help orientate them to the Medical Centre and ensure that they have a basic awareness of where things are located in the Medical Centre to allow them to be in the premises safely.

This should include-

A Tour of the Medical Centre – This should include boiler room and how to reset if required.

Alarms- giving them a copy of the fire procedure which talks through how to reset the alarms if they sound and it is a false alarm.

Keys- this should include how they can access the spare Medical Centre key kept in the outside key safe. The code to access the key safe is in Appendix 1.

Fuse boxes- where they are in case of a power outage. How to reset if a fuse has tripped. If no fuse has tripped estates should be called (Appendix 1). The phone in the back-treatment room can be used even if there is no power in the Medical Centre.

Infection control issues- Where equipment is kept that may be required for infectious students, eg sick bowels in the sluice. Shown isolation rooms and given a copy of the policy for housekeeping and PPE which both detail requirements for looking after infectious students.

Laundry- They should be shown where clean linen is kept, where to put dirty linen in the sluice and given a copy of the house keeping policy which details how laundry should be cleaned.

Stock cupboards and Medications– The new staff member should be shown where stock items are kept and where medications are kept. They should be shown the stock item record book and the record books for controlled medications. They should be shown the repeat medication spread sheet on the computer where repeat medications can be ordered and where medications dispensed are recorded. A copy of the medications policy should be given to the new member of staff.

Lone Working- New staff should have been made aware at interview of the requirement for lone working at times (especially out of hours) within the Medical Centre. They should be given a copy of the lone working policy.

Emergency equipment- They should be shown where first aid bags are (in case of being called to an emergency), emergency adrenaline pens and emergency asthma box. They should be given a copy of the first aid policy, nurse attending emergencies procedure, adrenaline pens and asthma procedures.

Recording of information- All students should be booked into an appointment when attending the Medical Centre. Usually these are pre-booked but if the student is attending in an emergency, they will need to be written into the appointment sheet.

All details of any consultation with the student should be recorded onto the electronic medical notes system.

Electronic medical notes are confidential documents and not to be shared with anyone outside the MC. If you are asked to share information, inform the person requesting that you will pass on the request to the lead nurse who will then get back to them.

Informing Parents- It is mandatory for all students under 16 attending for a GP appointment to inform their parents afterwards (unless attending for contraception). It is normal to inform parents of students admitted to the Medical Centre. However, if it is after 22.00 and the student is in the MC because of something minor, the call can be delayed until the following morning.

If a student needs to go outside the College ie to A+E or to an offsite GP appointment, parents/carers should be informed. Often, if they do not live too far away, the parents/carers may meet the child at the appropriate place.

Inform Houses and College office if students are offsite or are to go home.

In addition, inform SLT if students are going to A+E.

Emails- Emails sent from the Medical Centre related to students must be from MC folder (not personal email) or via the electronic medical notes system.

Once any incoming emails are dealt with, left click to add a tick then if they are not on-going move to archive for dealt with emails.

If the nurses need to see or deal with the email right click to put it in a red square.

Anything marked with a red flag is for admin staff to deal with.

Useful Contact Numbers- see Appendix 1

Guidelines for new medical assistants in managing common medical conditions

High Temperature-

Demonstrate use of tympanic thermometer.

- If the temperature is over 38°C and the student is distressed or unwell, it is best to offer medication**.** Do not routinely treat children with fever who are otherwise well or to try to prevent a febrile convulsion.
- For < 16years give paracetamol 500mg (>16 years 1gm) **OR** < 12 years 200mg ibuprofen; 12-16 years 200-400mg Ibuprofen
- If paracetamol alone is ineffective, switch to ibuprofen. If ibuprofen alone is *ineffective, switch to paracetamol. Do not give both drugs simultaneously.*
- If ibuprofen alone and paracetamol alone are ineffective, consider alternating paracetamol and ibuprofen.
- Remove clothing to one layer and perhaps use a sheet as a covering rather than a duvet.
- Offer regular fluids and encourage a higher intake if signs of dehydration develop.
- Check the student regularly, including during the night (how often depends on the situation).

Seek medical help if:

- The temperature remains > 39C 1 hour after giving paracetamol or ibuprofen and employing above methods
- The student has a fit.
- The student is getting dehydrated
- The student develops a non-blanching rash.
- The student is becoming more unwell.

Sickness and Diarrhoea

- Isolate the student in one of the Medical Centre isolation rooms.
- Ensure they have enough sick bowels and are aware of which toilet to use.
- Give the student the Medical Centre main phone number (Appendix 1) and ensure they have a mobile phone which is charged so they can call if needed.
- Ensure the student knows they should not be leaving the isolation area and should not be walking around the Medical Centre.

- Offer paracetamol/ibuprofen as above if they have an accompanying high temperature or stomach pains (as per medication policy/schedule).

For all students who are ill requiring inpatient care parents should be informed and wherever possible parents/guardians should be encouraged to collect the student.

For further advice on giving non prescribed medication new staff should familiarise themselves with Wymondham Colleges medication policy.

As a medical assistant you are not expected to make medical decisions. If you are called with a medical query refer them to 111 and/or to their HoH/SLT.

Overnight checks

- Ensure porch light is on
- Ensure MC is secure overnight
- Check/turn on/empty dishwasher
- Check stationery levels
- Wash-up medicine pots

Fridge Temps

- Check in mornings – 2 fridges in kitchen and record temp on sheet on fridge – adjust as required
- LabCold Freezer – record temp, follow instructions in front of blue folder (at side of freezer)

Filing

- Filing for boarders. Pink and blue folders on shelf, file any post in their folders.
- All day students filing is filed in lever arch folder for day students.

There are further jobs within the Medical Centre which can be performed overnight on the Medical Centre assistant night staff checklist kept in the medical assistant's room.

Appendix 1

Useful Contact details

SLT- internal phone 4444

Caretakers-

Estates-

Where to find students contacts- on their school base record under emergency contacts

Medical Centre number- 01953 609027

Boots Pharmacy- 01953 601772

Wymondham Medical Partnership- 01953 602220

Walk in Centre- 01603 677500

A+E- 01603 287324

Fracture clinic- 0603 286708

XRAY- 01603 286544

Checklist of policies given to new staff

Policy name	Date Given
Medication Policy/Medication schedule	
Standard operating policy for Wymondham College Medical Centre	
Managing confidential information Policy	
Infection Control Policy	
Supporting Pupils with medical needs Policy	
Shown Folder where all hard copies of Medical Centre policies and procedures are kept.	
Signed folder for all procedures to agree they have been read and understood.	

Compliance List for Medical Centre Staff

By signing this list, I confirm that I have read and understood all the procedures (as applicable) listed within this document pertaining to Wymondham College Medical Centre.

Name	Signed