

## **Medical and First Aid Policy**

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Exsportise is committed to the safety, happiness and well-being of all of our students and staff. The aim of this policy is ensure that Exsportise has adequate, safe and effective First Aid provisions in order for all students, staff and visitors to be looked after in the event of any illness, accident or injury.

This policy should not affect the ability of any person to contact the emergency services in the event of a medical emergency.

## 1. First Aid Provision at Exsportise

- Suitable stocked first aid bags at all activities, in boarding houses and medical office
- One Medical Officer on duty at all times to take charge of first aid arrangements
- Several other staff members are also First Aid trained
- New activity staff, with no prior First Aid knowledge, are offered the opportunity to take part in a basic First Aid awareness course during staff induction
- Risk assessments are made as required
- First aid provisions are available at all times on school premises as well as on excursions
- A list of First Aiders is displayed in the Office

### Medical Officer

Medical Officers are in charge of all First Aid provisions at camp. Each venue will have two Medical Officers working each week, with one of them being on duty at all times. The Medical Officer on duty is generally located in the medical office / area and can be contacted via walkie-talkie / phone at all times. Wherever possible, at least one of the Medical Officers is an Exsportise returner, having worked for the Company in the past. Furthermore, we aim to offer a well-rounded Medical Team consisting of a trained nurse or matron already working in a boarding school environment complimented by a medical student with strong clinical knowledge.

### Main Duties of a Medical Officer

- To take charge when someone is injured, becomes ill or requires management of pre-existing medical condition. Common minor ailments which may need treating include:
  - blisters, twisted ankles, sprains, bruises - things requiring ice packs
  - Allergies (hayfever, insect bites)
  - Heat stroke – normally from not drinking enough water!
  - Headaches/sore throats/tummy ache – minor cold symptoms
  - Homesickness/not making friends
- To ensure an ambulance or other professional medical help is called when necessary.
- To administer and keep securely stored all medicine on camp.
- To log every contact with a student or staff requiring medical assistance, including any follow up actions.
- To check student consent details prior to arrival, passing on any dietary requirements to the kitchen, no swim consent to the lifeguards and no photo consent to the Administrators.
- To speak with all students during check-in to discuss their needs, hand over any medication and check their emergency contact details.
- To ensure students and staff are in possession of specific emergency medication where appropriate.

- To remind students who require regular medicines, either for ongoing conditions or because they are at the end of a course of a treatment for a recent illness or injury, to take their medication.
- To inform other staff members of medical conditions they need to be aware of, this is done on a need to know basis.
- To look after First Aid equipment, restocking bags and ordering new supplies.
- When necessary, to speak with parents / partner agencies about student's medical care, including any visits to local GP surgery or hospital. This also includes being available for parents / partner agencies to speak to should they have a medical concern about their child / student.
- To arrange students or staff to be taken to the local GP surgery or hospital as necessary.
- To provide compassionate support to all students and staff.
- To oversee daily laundry of staff uniform.
- To return student's own medicine to them on departure.

### **First Aiders**

As part of staff induction, we offer a basic First Aid awareness course to new activity staff allowing them to give immediate First Aid to students, staff or visitors when needed until a Medical Officer or ambulance arrives. In addition to this, many activity staff members already are First Aid trained prior to starting to work for Exsportise.

All injuries, accidents and illnesses, however minor, must be reported to a Medical Officer who will ensure the accident report document will be completed, any follow up will take place as required and parents informed if required.

### **Main Duties of a First Aider:**

- To provide immediate help to casualties with common injuries or illnesses or those arising from specific hazards at camp (e.g. receiving a knock from a hockey ball during a hockey session, slipping on grass during the evening entertainment programme or cutting a finger out on excursion).
- To ensure an ambulance or other professional medical help is called when necessary.
- To administer medication if absolutely necessary, such as inhaler or epi-pen application.
- To report any injury to the Medical Officer on duty and ensure details of injury and treatment outcome are recorded appropriately.

### **First Aid Supplies in Medical Office**

At the start of each camp, the Medical Officers will ensure that the following items will be in stock and will re-order these as and when required:

- Paracetamol/neurofen, tablets and liquid
- Cough mixture
- Loperamide/imodium
- Hay fever medicine
- Anti-allergy medicine, e.g. Piriton, Loratadine
- Antihistamine cream
- Peptac/Gaviscon
- Waspeeze spray
- Savlon antiseptic spray
- Deep heat rub
- Instant ice packs (for First Aid Bags)

- Ice Machine (for medical office)
- Strepsils
- Bonjela
- Steristrips
- Plasters
- Compeed
- Crepe bandages
- Triangular bandages
- Mepore dressings, assorted sizes
- Tape (fast aid zinc oxide non stretch)
- Gauze swabs
- Alcohol wipes
- Thermometer – ear inserting type
- Disposable thermometer strips
- Eye wash with eye bath
- Sterile water
- Latex gloves
- Scissors
- Sanitary towels
- Cotton wool pads/balls
- Tissues
- Vaseline
- E45
- Sudocrem
- Lip salve
- High protection sun cream
- Yellow clinical waste bags / container

#### **First Aid Supplies in First Aid bags**

The Medical Officers will ensure that the First Aid bags will be stocked with the following items at the start of camp. Activity staff should ask for replenishment of anything they have used but, regardless of this, Medical Officers should check the bags frequently.

- Ice packs
- Assorted plasters
- Triangular bandage
- Disposable gloves
- Non-alcohol cleansing wipes
- High protection sun cream

#### **Hygiene / Infection control**

All staff administering First Aid should take precautions to avoid infection and must follow the following basic hygiene procedures in line with Public Health England Guidelines:

- Make use of single-use disposable gloves
- Ensure you wash your hands or use hand sanitiser once First Aid has been given
- Safely dispose of clinical waste, blood and other body fluids

### Reporting of serious accidents / injuries

Any injuries requiring hospital treatment (i.e. not as a precautionary measure) will be reported by Exsportise Head Office to Health and Safety Executive (HSE) within 10 days of the incident in accordance with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

A record of any reportable accident, injury or disease must include:

- The date and method of reporting
- The date, time and place of the event
- Personal details of those involved
- Brief description of the event

This record can be combined with other accident records and must be kept for a **minimum of 3 years** in case of any insurance and investigative purposes and may be used for future first-aid needs assessments.

### Reporting / injuries

Every contact with a student or staff member requiring medical assistance must be logged by the Medical Officers. This needs to be typed up on the Exsportise Database ensuring that Head Office has access to this. Medical Officers, Administrators, the Welfare Manager, and the Centre Manager are the only people authorised to log into this, to ensure confidentiality.

The record should include:

- The date, time, and place of incident
- The name of patient, whether staff, student, or visitor
- The details of injury / illness and treatment details
- The action taken immediately after incident
- The details of any follow up required
- The name of person reporting the incident
- The name of Medical Officer overseeing the treatment

### Procedures in case of an accident, injury, or illness

Anyone witnessing the incident should immediately contact the Medical Officers on duty via walkie-talkie / phone. If unable to do so, contact the Office which will be able to contact the Medical Officer for you. First Aiders will be able to assist should immediate care be required prior to the arrival of the Medical Officer. The injured / ill party should not be left unattended and should be transferred to the medical office or hospital for further treatment as required. Medical Officers, Administrators or the Centre Manager should inform the parents as necessary. In case parents are unavailable to talk to or do not speak any English or another language that Exsportise staff cannot effectively speak, the student's booking agent may be contacted too. Furthermore, in certain cases all communication must go through the booking agent as part of the booking conditions between the parents and the booking agent. A written record of all incidents, including any follow-up action will be recorded on the accident log.

### Communication with Parents

There are various reasons why we will need to have some contact with parents/guardians/booking agents; the most common are:

- Medical problems where we need to inform a parent of what we are doing (e.g. taking a child to a GP) or ask for further medical background.
- Behavioural problems or welfare concerns.

- Administrative queries: e.g. asking permission for an extra trip that is not advertised, or organizing for more money to be sent to a child who wants to buy something but does not have enough pocket money left.

The Medical Officers should make contact for anything medical, the Administrators can handle practical administrative tasks and the Centre Manager should talk to parents about problems, specifically behaviour. There is no need for anyone else on camp to make contact with parents unless they are responding to a particular query, e.g. a Director of Studies responding to a question or complaint about English lessons. All communication should go through the company phones and/or email addresses and needs to be logged on the Company's shared drive so that Head Office can see what contact there is and can follow what has happened should they need to pick up the communication at any point.

Most parents book through one of our Partners, who run travel or education agencies around the world. Some of these prefer all contact to go through them while others are happy for us to speak to parents directly. Partner assistance may be needed with parents who have poor or no English. If a booking has been made through one of our Partners, you must first check with Head Office who should be contacted. There are certain instances where it will be more appropriate for Head Office to make initial contact regarding a problem as well.

Parents should be contacted as soon as possible after an emergency or following a significant incident including:

- Head Injury
- Suspected sprain or fracture
- Anaphylaxis / administration of epi- pen
- Hypoglycaemia (low blood sugar) for diabetics
- Severe asthma attack
- Seizure
- Following a fall from height (.e.g. falling off a horse)
- Loss of consciousness
- Heavy bleeding injury
- Dental injury
- If student is generally unwell for a prolonged period

Students and staff requiring non-emergency transportation to the local GP surgery or hospital, an authorised taxi service or Exsportise camp car will be used. In both cases, students will be always accompanied by an Exsportise member of staff.

### **Students / staff feeling unwell**

Students and staff who feel unwell while at camp should see / call the Medical Officer on duty who will assess them and decide the next steps. If deemed too unwell to continue with the scheduled programme (English lessons, specialist activity, evening entertainment programme, excursion) need to rest in the medical office or in their room. The Medical Officer will check on the patient at least every 2 hours and keep record of observations. Suitable over the counter medication can be given if required providing appropriate medication checks have been completed, parents have given their consent and **Administration of Medication Policy** is being adhered to.

For any emergency treatment, contact the emergency services on 999.

### **First Aid for excursions**

Risk assessments should be completed for all excursions and at least one of the staff members attending the excursion should have basic First Aid training. The staff in charge of the excursion on the day must ensure a First Aid bag is collected from the medical office prior to departure. Any medical incident whilst on excursion must be reported to the Medical Office and logged appropriately on the Incident Report Form.

### **Students / staff with pre-existing medical conditions**

Head Office must be made aware of any pre-existing medical conditions of students and staff prior to their arrival at camp so that the Medical Officers are aware and necessary arrangements can be made in advance. This may involve an online meeting with the parent/guardian to discuss certain arrangements whilst providing more insight into a health condition.

It is not uncommon for parents / staff to neglect to mention any medical condition until arriving at camp, if at all, in fear of rejection or believing that staff / student can cope with the situation themselves and that we do not need to be made aware. For this reason, Medical Officers are instructed to keep an open mind to situations and not presume that because we are not aware of a medical condition that the patient does not suffer from one.

### **Dealing with body fluids**

In order to protect the camp from disease, all body fluids should be considered infected and therefore direct contact with body fluids should be prevented. Body fluids include blood, faeces, nasal and eye discharge, saliva, and vomit.

When dealing with body fluids the following guidelines should be followed:

- Wear disposable gloves
- After the incident wash your hands thoroughly with soap and warm water
- Keep any cuts and grazes covered with a plaster
- Spills of body fluids must be cleaned up immediately as following
  - Use disposable towels to soak up excess body fluids (never use a mop!)
  - Treat the area with a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses)
  - All contaminated material should be disposed of in a yellow clinical waste bag (available in the Medical Office) before placed in the bin in the medical office

If direct contact is made with body fluids, wash the area with soap and water or irrigate with copious amounts of saline.

### **Infectious disease suspicion**

If a student, staff or visitor is suspected of having an infectious disease the Medical Officer will adhere to the Public Health England guidelines to reduce the risk of transmitting the disease to others.

The full details can be found on the following link (last update 10/10/2023):

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

## 2. Administration of Medicines

The administration of medicines is a parental / guardian's responsibility, although older children have the right to be responsible for their own welfare (Children Act 1989). Should students need to take medicines while at camp the parents / guardians should ensure the child is able to take the medicine themselves or if not, for it to be administered by a 'representative'. Exsportise has agreed that our Medical Officers can be this 'representative'.

Please note, school staff are not required to administer medication and have the right to refuse to be involved (The Administration of Medicines. Nation Association of Head School Staff. December 1995. Drug and Therapeutics Bulletin Vol 32, No 11, 17 November 1994). Staff who agree to administer medicines must understand the basic principles and be aware of the legal liabilities involved. Furthermore, they must have confidence in dealing with any emergency situation as they arrive and undergo regular training relating to medications and medical conditions.

1. Circumstances in which students and staff may take prescription (POM) and non-prescription medicines
2. Prior written agreement from parents / guardians for the administration of medicine to a student
3. Students carrying their own medications and administering said medication
4. Staff training in managing medical needs, record keeping, storage and access to medicines as per emergency procedures
5. Parents / guardians to be encouraged to provide Exsportise with full, on-going information about their child's medical needs, in English

### Medicine safety

Some Medicines may be harmful to anyone for whom they are not prescribed. By agreeing to administer medicines on the premises, Exsportise has a duty to ensure that the risks to others are properly controlled (Control of Substances Hazardous to Health Regulations 2002, COSHH). This is one of the reasons why students and staff must hand in any medication (apart from emergency medication which students / staff are required to carry on them at all times for their own safety) to the Medical Office for safe keeping.

Due to the potential hazard of misuse, all students are required to hand over any form of medication to the medical team on arrival. This will be locked away by the medical team for safety after appropriate inspection and labelling. There are exceptions to this rule:

- Students who are prescribed Asthma Inhalers or Adrenaline Injectable pens, which must be carried with them at all times
- Students over the age of 16, who are deemed competent by the Medical Staff and have recognition from their parent/guardian can self-medicate

Overseas medicines, herbal or otherwise must have English translation and the student's name in English. Medication which is non-identifiable or not appropriate in the UK and/or the age of the student may be deemed as illicit and will not be able to be administered while at Exsportise. In the case that a prescription medication is not available in the UK, Exsportise alongside the parents will consult the GP practice to provide a suitable prescription alternative.



## Storage

Exsportise will not store large volumes of medicines. Medicines held should be locked in a secure cupboard with the exception of inhalers and epi-pens, which need to be available in the Medical Office at all times and by all staff, in case of an emergency.

The Medical Officers will keep a record of medicines stored on site and any medicine brought in by students or staff need to be clearly labelled with the following details (in English):

- Name of the medicine
- Name of the student/staff the medicine is prescribed for
- The date the medicine was received by the Medical Office
- The quantity of medicine received

The Medical Officers will check the expiry date of over-the-counter remedies stored on-site and replenish these as required.

Any prescribed medicine must

- Be stored in the original container in which it was dispensed (not in A pill box /organiser)
- Clearly marked with the name of the medicine
- Name of the student/staff the medicine is prescribed for
- The date the medicine was prescribed
- The dosage, time, and frequency of administration
- Appropriate for the student's age

Where more than one medicine is prescribed, these should both be stored in separate, clearly marked, containers.

As mentioned under medicine safety, all medicine brought in by staff or students must have English translation, otherwise, it cannot be administered at Exsportise. Such medication will be confiscated and returned to the student/staff on departure from camp. **In line with guidance, without a doctor's note or dispensing label, we are not able to give the medication.**

**Some medications prescribed by Specialist consultants only, will require a letter from a doctor before the Medical Team can administer it to a student.**

Students and staff will be told that their medication will be stored in the Medical Office and that the Medical Officer on duty will hold the key if the medicine is locked away.

Medication requiring refrigeration can be kept in a refrigerator containing food but should be stored in an airtight container and be clearly labelled. The refrigerator should be located in or close to the Medical Office and access should be restricted to staff members only.

## Access to medicine

Students and staff must have access to their medicine when required but must only be accessible to those for whom it has been prescribed for. Students and staff who require to carry their own emergency medication with them at all times must not allow others access to their medication.

## Administering medication

### Prescribed medication

Parents of students requiring regular medication must provide written instructions, in English, about how and when to administer the medication. The students in question will be asked to come to the Medical Office to take their medication under the supervision of the Medical Officer on duty. Parents / should be informed if for any reason non-administration of medicine has occurred, including if a student refuses to their his / her medicine.

The following checks should be carried out before handing out the medication:

- The name of the staff / student
- The written instructions provided by the parent or doctor
- Double check the medication to be given by generic or brand name
- Check the strength and prescribed dose of the medication
- The last time the medication was taken and frequency of the medication
- The route of administration and circumstances in which to administer the medication
- Any contraindications for given the medication such as any allergies or existing medical conditions
- Any possible side effects and what to do if they occur

Once medication has been handed out and taken, a record of this must be made on the “Daily Medication” log on the Exsportise database.

### Non-prescribed medication

No Exsportise student should be given medication without written parental consent (on consent form). Once confirmed that consent has been granted, the Medical Officers may give the following non-prescribed medications, in accordance with the manufacturers advice:

- Paracetamol (including Calpol) for headaches, temperatures, abdominal pains, toothache, and other conditions when deemed appropriate. Paracetamol may be administered to patients who are unable to tolerate Non Steroidal Anti-inflammatory (NSAIDs, e.g. Ibuprofen) such asthmatics.
- Ibuprofen for menstrual cramps, migraine, sporting injuries and other injuries not requiring hospital treatment. Patients which injuries requiring hospital treatment will receive no medication until fully assessed by Accident and Emergency staff at the local hospital.
- Paracetamol for minor head injuries
- Piriton (Chlorphenamine) or Loratadine for mild allergic reactions
- Imodium (Loperamide) for sudden diarrhoea
- Gaviscon / Peptac for stomach upset, heartburn and acid indigestion

Medical Officers may administer other medications after having been to the local GP surgery with the patient.

If a student is feeling unwell and would benefit from taking some non-prescribed medication but does not have written consent, the parents/ guardian must be contacted first of all to obtain consent.

Every time the medication is administered to a student, the dose, time, and signature will be recorded on the database under the student’s record.

## Privacy

All patients are entitled to privacy for the administration of medications and treatment of injuries. The dignity of the patient should be maintained at all times. Privacy will also allow patients to discuss any personal and confidential matters with more ease.

## 3. Dealing with Medical Conditions

### Medical Emergencies

In the scenario where a student or staff member is extremely unwell, sustains a grave injury or any other medical emergency which requires an immediate transfer to a hospital, the parents or guardians must be directly contacted using the provided contacts. This can be done by any staff member, but it should be done so using the Exsportise-provided handsets.

If the parents cannot be contacted, Exsportise Head Office, The Centre Managers or Welfare Managers acting in loco parentis can give authorisation for emergency treatment, after proper consultation.

A member of staff must always accompany the student until relieved by a parent or guardian (where possible) or until the student has been transferred into the care of the Ward staff.

Out of hours (22:00 – 07:00), the point of contact is the Centre Manager, who will always carry the Emergency phone in case of an emergency.

### Allergic Reactions

#### Symptoms and treatment of **mild allergic reactions**

- Rash
- Flushing of the skin
- Itching or irritation

#### Action

1. If patient is known to suffer from mild allergic reactions, follow any guidance provided on their medical notes
2. The Medical Officer should administer the prescribed dose of antihistamine
3. Make record of the type of medication, date, time, and dose given
4. Observe the patient closely for 30 minutes to ensure symptoms subside

#### Symptoms and treatment of **Anaphylaxis**

- Swollen lips, tongue, throat, or face
- Nettle type rash
- Difficult swallowing and/or feeling of a lump in the throat
- Abdominal cramps, nausea, vomiting
- Widespread flushing of the skin
- Difficulty breathing and / or speaking
- Sudden feeling of weakness caused by fall in blood pressure
- Collapse and unconsciousness

The onset of an anaphylactic reaction is usually sudden with the signs and symptoms of the reaction progressing rapidly, usually within a few minutes

#### Action

1. Call an ambulance, Medical Officer on duty and inform parents (if the patient is a student)
2. Retrieve the patient's epi-pen which they should have on them, if not collect emergency epi-pen from Medical Office
3. Reassure patient that help is on the way
4. Remove epi-pen from the container and follow instructions on device
5. If there are no instructions, pull off the grey safety cap
6. Place the back tip on the patient's thigh at a right angle to the leg (no need to remove clothing)
7. Press epi-pen hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds
8. Remove the epi-pen and note the time of injection
9. Massage the area of injection for several seconds
10. If the patient has collapsed place him / her in the recovery position
11. Ensure ambulance has been called and stay with patient until ambulance has arrived
12. If no improvement of condition within 5 minutes of injection, a second epi-pen can be administered if instructed to do so by emergency services

Anyone suffering from an anaphylactic reaction and requiring the administration of an epi-pen must be taken to hospital for further checks.

The administration of an epi-pen should only be undertaken by staff who have received specific training.

#### Asthma attacks

##### Symptoms and treatment of Asthma attacks

- Unable to continue an activity
- Difficulty breathing and speaking
- Chest may feel tight
- Possible wheeze
- Increased anxiety
- Coughing, sometimes persistently

Students and staff with asthma require immediate access to their inhaler and must, therefore, always carry this with them. A spare inhaler can be deposited in the Medical Office. Students may require assistance with administering their inhaler.

#### Action

1. Get the patient to take their inhaler (usually blue) promptly.
2. Reassure the patient and get them to adopt a position which allows them to breath easiest, usually sitting upright is best
3. Wait five minutes for the symptoms to disappear, if so they can resume normal activities
4. If symptoms have improved but not completely disappeared contact the Medical Office. The Medical Officer on duty should contact parents (if patient is student) and encourage patient to take another dose of their inhaler
5. Loosen any tight clothing
6. If there is no improvement in condition in 5-10 minutes after the second dose, make sure the patient takes one puff of their inhaler every minute for five minutes or until symptoms improve
7. Call an ambulance and accompany patient to hospital

## Diabetes related emergencies

### Symptoms and treatment of Hypoglycaemia (low blood sugar levels)

- Pale
- Glazed eyes and / or blurred vision
- Confusion / incoherent
- Trembling / shaking
- Rapid pulse
- Headache
- Change in normal behaviour, e.g. weepy, aggressive, quiet, agitated, drowsy, anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

A hypoglycaemic attack can happen very quickly and may be caused by a late or missed meal / snack, insufficient carbohydrate, more exercise than usual, warm weather, too much insulin and stress. Anyone suffering with diabetes should test their blood glucose level if blood testing equipment is available.

### Action

1. Call the Medical Officer on duty
2. If patient is known to suffer from hypoglycaemia, follow any guidance provided on their medical notes
3. Give patient either:
  - Something sugary, i.e. a drink of Lucozade, sports drink, Coca-Cola.
  - Patients own glucose tablets x 3
  - Patients own GlucoGelDiabetics should always have their glucose supplies with them.
4. This may be repeated after 15 minutes if patient is still feeling unwell
5. Do not allow the patient to treat him / her self in this situation, you must supervise them
6. Allow patient to have access to regular snacks.
7. If patient is a student, inform the parents

### Action if patient becomes unconscious:

1. Place patient in recovery position and call 999
2. Do not attempt to give glucose via mouth as patient may choke
3. If patient is a student, inform the parents
4. Await arrival of ambulance and accompany patient to the hospital

### Symptoms and treatment of Hyperglycaemia (high blood sugar levels)

- Feeling tired and weak
- Being thirsty
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smells of acetone (like nail polish remover)
- Blurred vision
- Unconsciousness

Hyperglycaemia develops much slower than hypoglycaemia but can be more serious if left untreated. Causes for it can be too little insulin, eating more carbohydrate, an infection, stress and less exercise than normal.

#### Action

1. Call the Medical Officer on duty
2. If patient is known to suffer from hyperglycaemia, follow any guidance provided on their medical notes
3. If conscious and able to do so ask patient to test blood
4. If patient able to do so ask him / herself to take an insulin injection
  - a. If able to take insulin and condition stabilises keep in medical office for further monitoring
  - b. If unable to take insulin call 999, await ambulance and accompany patient to the hospital
5. If patient is a student, contact the parents

#### Epilepsy

##### Symptoms and treatment of Epilepsy

- Confused
- Falling to the ground
- Slow noisy breathing
- Possible blue tinge around the mouth (returning to normal as breathing returns to normal)
- Rigid muscle spasms / jerking
- Twitching of one or more limbs or face
- Possible incontinence

There are several types of epilepsy, but seizures can usually be recognised by the above mentioned symptoms

1. Call 999
  - a. If patient is not known to suffer from seizures
  - b. If seizure lasts for more than 5 minutes
  - c. If patient injures him / herself during seizure which needs urgent medical attention
2. Call Medical Officer on duty
3. If patient is known to suffer from seizures, follow any guidance provided on their medical notes
4. Help patient to the floor if he / she hasn't already fallen to the ground
5. Do not try to stop the seizure (i.e. do not hold patient to the ground). If possible, time the duration of the seizure
6. Do not put anything into their mouth
7. Protect the patient from any danger by moving any harmful objects out of their way
8. Maintain patients dignity (they may show signs of incontinence)
9. As seizure subsides, place patient in the recovery position to maintain the airway
10. Allow patient to rest as necessary
11. If patient is a student, inform the parents
12. If you are still concerned about the patient call 999, await the ambulance and accompany the patient to the hospital

## Communicable Diseases

Communicable diseases are infections that can be transferred from one person to another. Schools and summer camps inherently foster the transmission of communicable infections because they are group settings in which people are in close contact and share supplies and equipment.

Minor infections include:

- common colds
- head lice
- athlete's foot
- ringworm
- verrucae and warts

More serious infections which must be reported include:

- measles
- mumps
- rubella (German measles)
- tuberculosis
- food poisoning

It is a parent / guardian's responsibility to:

- keep up to date their child's immunisation status to reduce their susceptibility to diseases
- inform us of any recent illnesses
- do not send their child to camp with a temperature, vomiting, diarrhoea or unexplained rash
- teach their child the importance of hygiene such as washing their hands

In case of a serious infection at camp, we will liaise with public health, take their advice and inform parents / guardians and booking agents accordingly.

Health and hygiene awareness is promoted through assemblies / house meetings, posters and general behaviour expectations. We also have a policy for dealing with the spillage of body fluids.

Students and staff with minor infections will not be excluded from camp but may be kept in isolation until the infectious period has passed.

#### 4. Local Health Provisions

##### Clayesmore School

Health Provision	GP Surgery	Local Hospital
Address	<p>Child Okeford Surgery (part of Whitecliff Group Practice) Upper Street Child Okeford DT11 8EF Tel: 0044 1258 860687</p> <p>Blandford Hospital (walk in minor injuries unit) Milldown Road Blandford Forum DT11 7DD 11 km / 15 minutes Tel: 0044 1258 456541</p>	<p>Blandford Hospital (walk in minor injuries unit) Milldown Road Blandford Forum DT11 7DD 11 km / 15 minutes Tel: 0044 1258 456541</p> <p>Poole Hospital Longfleet Road Poole BH15 2JB 26 km / 50 minutes Tel: 0044 1202 665511</p> <p>Dorset County Hospital Williams Avenue Dorchester DT1 2JY 40 km / 55 minutes Tel: 0044 1305 251150 Distance to camp</p>
Distance to camp	6 km / 10 minutes	See above

##### Seaford College

Health Provision	GP Surgery	Local Hospital
Address	<p>Petworth Surgery Grove Street Petworth West Sussex GU28 0LP  Tel: 0044 1798 342 248</p>	<p>St Richard's Hospital Spitalfield Lane Chichester West Sussex PO19 6SE  Tel: 0044 1243 788 122</p>
Distance to camp	8 km , 15 minutes	18 km, 25 minutes

##### Oundle School

Health Provision	GP Surgery	Local Hospital
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Address	<p>Oundle Surgery (part of Lakeside Healthcare)</p> <p>Glaphorn Road Oundle Peterborough Cambridgeshire PE8 4JA</p> <p>Tel: 0044 1832 273408</p>	<p>Peterborough City Hospital</p> <p>Edith Cavell Campus Bretton Gate Bretton Peterborough Cambridgeshire PE3 9GZ</p> <p>Tel: 0044 1733 678 000</p>
Distance to camp	0.7 km , 2 minutes	24 km, 25 minutes

### Worth School

Health Provision	GP Surgery	Local Hospital
Address	<p>Maidenbower Surgery 4 Maidenbower Place Crawley RH10 7QH</p> <p>W:6 km / 10 minutes A: 15 km / 17 minutes TEL: 0044 1293 450 400</p> <p>Elm House Dental Practice Station Road Crawley Down West Sussex RH10 4HZ</p> <p>W:6 km / 10 minutes A: 10 km / 12 minutes TEL: 0044 1342 716 972</p>	<p>Crawley Hospital (Urgent Treatment Centre) West Green Drive Crawley, West Sussex RH11 7DH</p> <p>W:13 km / 18 minutes A: 21 km / 24 minutes TEL: 0044 1293 600300 (ex 34141)</p> <p>Princess Royal Hospital Lewes Road Haywards Heath West Sussex RH16 4EX W:22km / 30 minutes A: 7 km / 10 minutes Tel: 0044 1444 441881</p> <p>East Surrey Hospital Canada Avenue Redhill RH1 5RH W:17 km / 28 minutes A: 25 km / 30 minutes TEL: 0044 1737 768 511</p>
Distance to camp		See above

## Teikyo School

Health Provision	GP Surgery	Local Hospital
Address	<p>The Lanes Medical Practice            Plough Ln, Stoke Poges,            Slough SL2 4JW            TEL: 01753662244            Drive: 0.9miles/3 min</p> <p>Spire Thames Valley Private            GP Surgery            Spire Thames Valley            Hospital, Wexham St,            Wexham Street, Slough SL3            6NH            TEL: 01753662241            Drive: 0.9miles/3 min</p> <p>Threeways Surgery            Pennylets Grn, Stoke Poges,            Slough SL2 4AZ            TEL: 01753643445            Drive: 1.2miles/4 min</p>	<p>Wexham Park Hospital            Wexham St, Slough SL2            4HL</p>
Distance to camp		1.7miles/6 min

## 5. Student Medical Records

The medical questionnaire/form must be completed and submitted by parents/guardians prior to attending camp, providing us with the medical history and information of the student.

This questionnaire is necessary to inform the medical team of any medical conditions or treatments required so that they can prepare and put in place plans accordingly to cope with the student's needs. It also provides consent regarding medications and emergency treatment. In accordance with specific health issues that appear on the returned form, the medical team or head office (in consultation) may organise a meeting with the parents/guardians to understand and gain further insight onto a health condition and dealing with it on camp.

Upon arrival at the camp, a basic non-intrusive medical assessment is conducted by the medical team on new students. The medical team will then liaise with the parents to gain further information if there are any health concerns identified that need further information to be followed up.

All medical records are kept on the Exsportise Database and are access restricted to maintain confidentiality according to particular camp users (Medical Team). This information will only be shared on a need to know basis. Head Coaches, Centre Manager, Welfare Manager, the Catering Manager and Head office will be notified of any relevant medical conditions that are important to know in case of a medical emergency during their activity.