Medical Policy

Policy Number: 4.1

Date: September 2026

Next review: September 27 (or earlier following legislative change)

Table of Contents

1	Aims	3
2	Objectives of this Policy	3
3	Scope	3
4	Consent to Medical Treatment	3
5	Confidentiality	4
6	Provision of Medical Services	5
7	Head injuries	8
8	Medication	9
9	Supporting Students with Medical Conditions	12
10	Emotional and Mental Health and Wellbeing	13
11	Infection Control	14
12	Sharps	16
13	Safe Disposal of Bodily Fluids	17
14	Defibrillator	17
15	First Aid	17
16	Complaints	17
17	Review	18
18	References	18
19	Document Change History	18
Appendix 1	Health Centre Information	19
Appendix 2	Protocol for calling a Doctor – out of hours' services	20
Appendix 3	Flow chart: Managing Anaphylactic Shock	21
Appendix 4	Guidelines for infection control EYFS, Junior School and Senior School	22
Appendix 5	Safe Disposal of Body Fluids Flow Chart	26

1. Aims

In keeping with the Quaker ethos and philosophy, and in recognition of its responsibilities as a learning community, Sidcot School is committed to promoting and maintaining the general health and wellbeing of all members of the School population. This encompasses wellbeing of mind, body, and spirit, and is achieved through the delivery of high-quality, professional care that is responsive to individual needs.

2. Objectives of this Policy

The School aims to provide a high standard of medical care for all students and to promote their emotional, mental, and physical wellbeing. In doing so, Sidcot School is committed to ensuring that all members of staff are aware of the appropriate medical protocols and are able to access relevant emergency information when required.

Students are treated as individuals at all times, and, where appropriate, are fully consulted and informed about decisions relating to their care and treatment. The School recognises the importance of respecting patient confidentiality, while ensuring that information is shared appropriately to support the safety and wellbeing of the student.

Safeguarding remains central to all medical provision within the School, and all actions are taken in the best interests of the child. The administration of medication is carried out in accordance with professional guidance, including that provided by the Royal Pharmaceutical Society and the Royal College of Nursing.

The School is also committed to ensuring compliance with its statutory duties under Section 100 of the Children and Families Act 2014, relating to the support of students with medical conditions.

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3. Scope, Distribution and Definitions

This policy operates in conjunction with the School's Safeguarding and Child Protection Policy, Data Protection and Confidentiality Policy, and Supporting Students with Medical Conditions Policy, all of which provide additional guidance relevant to the provision of medical care within the School.

The policy applies to all students receiving education at Sidcot School, including those in the Early Years Foundation Stage (EYFS), Junior School, Senior School (including Sixth Form), and boarding provision, with specific provisions applied as appropriate to each setting.

It is applicable in all circumstances where staff or volunteers are working with students, including situations that take place away from the School site, such as educational visits and off-site activities.

This policy is available on the School website, and a hard copy can be provided free of charge upon request. The School will also make the policy available in alternative formats where required.

For the purposes of this policy, the terms *child*, *children*, and *student* may be used interchangeably to refer to all individuals in the School's care. The term *young person* may also be used to refer specifically to students within the Senior School. The term *guardian* refers to an educational guardian, and *parent* refers to any individual with parental responsibility for the child.

4. Consent to Medical Treatment

Students may, in law, have the right to consent to or refuse medical or dental treatment. This decision is based on an assessment of competency rather than solely on age, although students aged 16 years and above will generally be presumed to have the capacity to consent to their own treatment.

For students under the age of 16, the practitioner proposing the treatment will assess whether the student is *Gillick competent*. This means determining whether the student has sufficient understanding and maturity to fully comprehend the nature and purpose of the proposed treatment, as well as the potential consequences of accepting or refusing it. Where a student is deemed Gillick competent, they may be able to make decisions about their own medical care.

Confidentiality will be respected wherever possible; however, this may be overridden where there are safeguarding concerns and information sharing is necessary to protect the student or others from harm. In such circumstances, guidance outlined in the School's Safeguarding and Child Protection Policy will be followed.

In the event that a student requires emergency medical treatment, every reasonable effort will be made to obtain prior consent from a parent or guardian. Where this is not possible within the time available, the attending medical practitioner will exercise professional judgement and act in the best interests of the student, including decisions relating to treatment, anaesthesia, or surgical intervention. Ongoing efforts will be made to contact the parent or guardian.

All matters relating to consent and the sharing of medical information will be managed in accordance with the Data Protection Act 2018 and UK GDPR. Health information will only be shared where there is a lawful basis to do so, including circumstances where it is necessary to protect vital interests, fulfil safeguarding responsibilities, or where consent has been appropriately obtained.

5. Confidentiality

The School aims to ensure that all students feel able to speak to a member of staff about any concerns they may have. Students should feel confident that they will be listened to and treated with respect. In most circumstances, conversations will remain confidential; however, there are clear limits to confidentiality, defined by the School's legal and professional responsibilities. The welfare of the child is paramount in all decision-making.

Allegations or concerns relating to child abuse, whether physical, sexual, emotional, or due to neglect, cannot be kept confidential. Where a member of staff becomes aware of such a disclosure, they will follow the procedures set out in the School's Safeguarding and Child Protection Policy and will explain to the student that confidentiality cannot be maintained in these circumstances.

All staff act in accordance with the School's safeguarding procedures, which reflect the requirements of the North Somerset Safeguarding Partnership. Where concerns arise, staff may consult with the Designated Safeguarding Lead (DSL) or a member of the safeguarding team, and, where necessary, external agencies. The DSL will be informed of all such actions. Staff receive regular safeguarding training and are also required to adhere to the Prevent Duty.

Outside of safeguarding situations, Health Centre staff are bound by their professional codes of conduct to maintain confidentiality. Where a student is assessed as Gillick competent, consent will be sought before sharing information, unless there is a clear risk of harm.

Seeking advice from an appropriate colleague does not constitute a breach of confidentiality, provided that information is shared sensitively and on a 'need to know' basis.

The School recognises the importance of communication with parents and, where appropriate, guardians. Students will be encouraged to consent to such communication. Where a competent student refuses consent, their wellbeing will continue to be monitored; however, information may be shared without consent if there is a risk of significant harm.

Information relating to a student's health or personal circumstances will only be shared where it is necessary, proportionate, and in the student's best interests. Confidential information must not be discussed outside appropriate staff areas.

All health records are processed and stored securely in accordance with data protection legislation and the School's data retention schedule, and systems used for recording such information must meet appropriate data security standards.

6. Provision of Medical Services

6.1 Information – All Students

Sidcot School Health Centre provides health promotion, advice, and nursing services to support the wellbeing of the whole School community, taking into account each student's physical, mental, emotional, and social needs. The Health Centre is staffed by professionals registered with the Nursing and Midwifery Council (NMC).

Prior to admission, parents or guardians are required to complete a Medical Card providing details of medical history, current conditions, treatments, and known allergies. This must be received before a student joins the School, and further consultation will be arranged where necessary.

Each year, parents or guardians must complete the School's Annual Consent Form, which includes consent for the administration of non-prescription and emergency medication, emergency medical and dental treatment, and participation in off-site activities requiring first aid or urgent care. This also includes consent for the use of emergency asthma inhalers where appropriate.

Students are expected to be up to date with routine immunisations. These are delivered in line with NHS and local authority schedules. Boarding students are also offered an annual influenza vaccination, for which a charge may apply. Parents retain the right to consent to or decline immunisations; however, students aged 16 and above may make their own decision.

In the event of hospital treatment, a member of staff will accompany the student and remain with them until appropriate handover to a parent, guardian, or agreed responsible adult.

Students attending the Health Centre during the school day are recorded using the School's patient tracking system. Relevant staff are informed of attendance and discharge, while maintaining student confidentiality unless consent is given or safeguarding concerns arise.

The School maintains robust emergency planning arrangements, including access to trained staff, equipment, and clear escalation procedures.

6.2 Information – Boarding Students

Boarding students are registered with NHS services, typically through the School Doctors, unless alternative arrangements are requested. Medical provision includes weekly on-site clinics, supported by School Nurses, with access to local GP services where required.

Boarding students requiring medical attention outside scheduled clinics will attend the local surgery or be seen on site where appropriate. Out-of-hours support is accessed via NHS services.

Parents must ensure that the School is informed of any medical consultations undertaken during holidays to ensure continuity of care.

UK-registered boarding students receive NHS care; however, overseas students must ensure that appropriate healthcare arrangements are in place, including visa-linked healthcare entitlements or private insurance where applicable.

Students with ongoing medical needs must provide full information prior to admission, and arrangements for medication and equipment will be agreed with the Health Centre.

Students who become unwell will be assessed by School Nurses. Where symptoms are mild, students will remain within school or boarding provision. If recovery is not achieved within 48 hours, or if symptoms are more significant, arrangements may be made for care with parents or guardians.

Students with a high temperature or infectious illness may be required to return home or to guardians to recover. Guardians of overseas students are expected to provide appropriate care during illness.

When the Health Centre is closed, boarding staff provide first-line care and access NHS services where required.

Routine dental and optical care remains the responsibility of parents and should be arranged during school holidays. Emergency treatment will be arranged where necessary, with parental consent.

6.3 Information – Day Students

Day students who become unwell during the school day will be assessed by the School Nurse. Where a student is not fit to remain in school, parents or guardians will be contacted to arrange collection. While awaiting collection, students will be cared for by appropriate staff.

Students must not contact parents directly regarding illness without first attending the Health Centre, in order to ensure appropriate assessment and safeguarding.

6.4 Physical Activity

Students who are well enough to attend school but not to participate fully in physical activity must provide appropriate written notification from home or the Health Centre.

Where appropriate, students may be encouraged to undertake modified or light activity. The School promotes regular physical activity as part of a healthy lifestyle, while ensuring that participation is appropriate to the student's current health.

6.5 Sexual Health

The School supports students in matters relating to sexual health and wellbeing, encouraging open communication with parents or guardians where appropriate.

Where a student is assessed as Gillick competent, they may access confidential advice and treatment without parental consent. Health professionals will follow established professional guidance, including the Fraser Guidelines, when determining whether to provide such care.

Confidentiality will be maintained unless safeguarding concerns arise, in which case appropriate procedures will be followed.

Contraceptive treatment and specialist advice will be provided through appropriate external services, including local sexual health clinics, GPs, hospitals, or the School Doctor for boarding students.

7. Head Injuries

Head injuries may range from minor bumps to potentially serious or life-threatening conditions, and all must be treated with appropriate caution.

Any student who sustains a bump or blow to the head during term time must be assessed by the School Nurse, who will provide appropriate treatment and advice. An accident or incident form must be completed by the member of staff present at the time of the injury. The student will be issued with a head injury advice note to be shared with parents, guardians, or Boarding House staff.

In cases of severe head injury, loss of consciousness, or suspected concussion, the student must not be moved unless necessary for safety. First aid should be administered immediately, and the School Nurse must be contacted without delay. In an emergency, an ambulance must be called promptly.

Parents or guardians of day students will be informed as soon as possible, and arrangements made for the student to return home for observation or to attend hospital, depending on clinical need. Boarding students will be observed in the Health Centre or referred to hospital as appropriate. Boarding staff and parents or guardians will be kept informed of the student's condition and any required follow-up care.

All students who have sustained a head injury must be monitored closely, even where initial symptoms appear minor. Urgent medical attention must be sought if there is any deterioration in the student's condition.

During off-site activities or educational visits, students who sustain a head injury will receive the same level of care, with first aid provided by trained staff and appropriate escalation where required.

Where a head injury occurs outside of school during term time or holidays, parents or guardians must inform the Health Centre so that appropriate advice, monitoring, and follow-up can be initiated.

Where a head injury results in concussion, the School's Concussion Protocol must be followed, including adherence to current national guidance such as the HEADCASE Graduated Return to Activity and Sport (GRAS) programme.

7.1 Head Injuries: Sport / Risk of Concussion

Where a head injury occurs during sport or physical activity, the School's Concussion Protocol will be followed in full. This applies to all students and all activities, regardless of the level of play or setting.

8. Medication

This section sets out the procedures for the safe storage, administration, and recording of medication within the School. All medication must be managed in accordance with established protocols, with clear records maintained to ensure full accountability and audit. Boarding staff receive annual training in the administration of medication from the School Nursing Team.

8.1 Non-Prescription Medication

A range of age-appropriate non-prescription medication is held within the Health Centre and administered following assessment by a School Nurse during opening hours. Students should not carry non-prescription medication in school unless specific arrangements have been agreed.

Medication is stored securely in locked cupboards within locked clinical areas. Where required, parental contact will be made prior to administration, particularly for younger students. If a parent is not immediately contactable, medication may be administered where this is considered to be in the student's best interests, and parents will be informed as soon as possible.

In the Junior School and EYFS, arrangements for medication are agreed with parents and managed through the Health Centre. Medication brought from home must be appropriately packaged, in date, and clearly labelled.

In the Senior School, the School Nurse will determine the need for non-prescription medication and inform parents where appropriate. Students aged 16 years and above may receive advice and take responsibility for their own use of medication where appropriate. Boarding students may access non-prescription medication through the Health Centre or Boarding Houses when the Health Centre is closed. All medication administered within Boarding Houses is recorded on the School's medical recording system to ensure continuity of care.

Students may occasionally bring personal non-prescription medication. This will be assessed by the School Nurse and, where appropriate, stored and administered in line with School procedures. Regular use of non-prescription medication must be treated as prescribed medication.

8.2 Prescribed Medication

The School Nursing Team will support students in taking prescribed medication during the school day. All medication must be clearly labelled by a pharmacy and include the student's name, dosage, and administration instructions.

Parents or guardians must provide full information regarding prescribed medication and complete the relevant consent documentation via the School's systems. Medication is administered only to the student for whom it has been prescribed.

A risk assessment will be undertaken to determine whether a student is able to self-administer medication safely. This assessment will consider the student's understanding, maturity, and ability to manage dosage, storage, and timing.

In the EYFS and Junior School, prescribed medication is administered by trained staff and stored securely within the Health Centre.

In the Senior School, students are encouraged to take increasing responsibility for managing their medication, supported by the Health Centre. Students aged 16 years and above may be permitted to manage their own medication, subject to assessment.

Boarding students who are assessed as competent may retain and administer their own medication, provided it is stored securely in a locked personal space. This does not apply to controlled drugs, which must remain under supervised storage and administration.

Where medication such as oral contraception is prescribed, the prescribing clinician will assess the student's competence and ability to manage treatment independently.

Special arrangements may be required for students with long-term medical conditions or disabilities, as outlined in their Individual Healthcare Plan.

8.3 Controlled Medications

The management of controlled drugs within the School will comply with the requirements of the *Misuse of Drugs Regulations* and associated guidance. Appropriate systems are in place to ensure safe storage, administration, and regular auditing of all controlled medications.

Controlled drugs must be stored securely in accordance with the Misuse of Drugs (Safe Custody) Regulations. This includes storage in a locked controlled drug cabinet within a secure staff-only area, with access restricted to authorised personnel only.

Students who are prescribed controlled medication will not be permitted to hold or self-administer such medication. All administration will be carried out by appropriately trained staff within the Health Centre or Boarding Houses, in accordance with agreed procedures.

Accurate records must be maintained for all controlled medications. A bound register with numbered pages will be used to record each administration, and the remaining balance of the medication will be checked and signed at every administration to ensure full accountability.

8.4 Food Supplements

Students may take over-the-counter vitamins and mineral supplements with parental agreement; however, the use of body-building supplements, including protein powders, shakes, or other performance-enhancing products, is **not permitted for students under the age of 18** within the School or Boarding Houses.

For students aged 18 and over, the use of such supplements is strongly discouraged. Any student choosing to use these products does so at their own risk and must not do so in the presence of younger students.

The School promotes a balanced and healthy diet and provides nutritious meal options to support students' dietary needs, including appropriate intake of protein through food. Students seeking advice on nutrition may consult the Health Centre or sports staff.

The School advises against the use of body-building supplements due to potential health risks, including excessive protein intake and the possibility of undeclared substances such as heavy metals or anabolic agents. Many such products are not licensed for use in individuals under 18 years of age.

8.5 Fridge Temperature Recording

Certain medications, including liquid medicines and vaccines, must be stored within a controlled temperature range to ensure their safety and effectiveness. The Health Centre maintains a designated, lockable medical refrigerator for this purpose.

All medication requiring refrigeration must be stored securely within this fridge and administered in accordance with the protocols outlined in Section 8.

The temperature of the medical refrigerator is checked and recorded daily to ensure that it remains within the required range of 2°C to 8°C, with an optimal operating range of 3°C to 5°C.

8.6 Disposal of Medicines

No out-of-date medication can be administered within Sidcot School; this includes any regular and emergency drugs.

Parents/guardians will be informed if medication which is intended for use by their child and held in the Health Centre, or Boarding Houses expires.

9.1 Chronic Health Conditions and Disabilities

The care of students with chronic health conditions or disabilities is coordinated by the Health Centre. Trained staff are available at all times to ensure that treatment and support can be delivered in accordance with each student's Individual Healthcare Plan (IHP).

Provision is tailored to the needs of each student, including those with conditions such as diabetes, epilepsy, or cystic fibrosis. Individual Healthcare Plans are regularly reviewed and updated to reflect changes in medical needs or circumstances.

Further guidance is provided in the *Supporting Students with Medical Conditions, Disabilities and SEN Policy (4.2)*.

9.2 Asthma

The School supports students with asthma in line with the Asthma Policy (4.3) and encourages the development of independence and self-management where appropriate.

Senior School students are expected to carry their reliever inhaler and spacer at all times. In the Junior School, students may carry their inhalers where it is agreed that they are able to do so safely and competently. For younger children, including those in the EYFS, inhalers are stored in a clearly labelled and accessible location, with staff ensuring that they are readily available throughout the school day.

Spare inhalers may be held in the Health Centre where required. Students with asthma will have an individual care record, and a full Individual Healthcare Plan will be implemented where additional support is needed.

The School maintains emergency asthma procedures in accordance with national guidance. Further detail is provided in the Asthma Policy.

9.3 Students at Risk of Anaphylaxis

All staff receive regular training in recognising and responding to anaphylaxis, including the use of adrenaline auto-injectors.

Students in the Senior School are expected to carry their prescribed auto-injectors at all times. In the Junior School, students may carry their own devices where this is considered appropriate. For younger children, including those in the EYFS, auto-injectors are stored in clearly labelled and accessible locations, with staff ensuring that they are available at all times, including during activities such as lessons, meals, and physical education.

Emergency auto-injectors are also held in key locations across the School site.

Parents are responsible for ensuring that prescribed devices are in date and available for their child. The School maintains clear procedures for responding to anaphylaxis, and staff are expected to follow these at all times. Further detail is provided in Appendix 3.

10. Emotional and Mental Health and Wellbeing

The School promotes the emotional and mental wellbeing of all students through a whole-school approach.

Staff are trained to identify early signs of mental health concerns, and appropriate referral pathways are in place, including escalation to safeguarding where risk is identified.

The School works collaboratively with external agencies where required, including CAMHS and local health services.

Students have access to counselling services and pastoral support, and concerns are managed in accordance with safeguarding procedures.

The Health Centre and Wellbeing Hub (Rose Cottage) provide a collaborative and holistic approach to student health and wellbeing. The Wellbeing Hub is staffed by the Student Wellbeing and Safeguarding Lead, and Pastoral Support and Attendance Lead. Sidcot School also employs two qualified counsellors.

Please refer to the Mental health and wellbeing policy 4.4, Anti-bullying policy 5.4, and Smoking, alcohol and drugs policy 5.6.

11. Infection Control

11.1 Childhood Infections

Sidcot School follows current guidance issued by the UK Health Security Agency (UKHSA), including *Health Protection in Education and Childcare Settings*, to manage the prevention and control of infectious diseases.

The School promotes good hygiene practices across the whole community to reduce the spread of infection. Students and staff are encouraged to maintain high standards of personal hygiene, including regular hand washing, appropriate use of hand sanitiser, and covering the mouth and nose when coughing or sneezing. Younger children are supported by staff to develop and maintain these practices.

The School takes appropriate measures to maintain a safe and healthy environment. This includes the use of personal protective equipment, such as gloves and aprons, when dealing with body fluids or where there is a risk of infection, as well as routine cleaning procedures across all areas of the School. Enhanced cleaning measures will be implemented where necessary, particularly in response to outbreaks of illness.

Where cases of infectious disease occur, the School will take appropriate steps to minimise transmission. This may include informing parents where there is a relevant risk, particularly within the EYFS and Junior School, and providing guidance on symptoms and recommended exclusion periods. Communication with Senior School parents will take place where there is a significant outbreak or where specific action is required.

Students who are unwell should remain at home until they are fit to return to school and in accordance with national guidance on exclusion periods. Boarding students who become unwell with an infectious condition will be cared for within the Health Centre where appropriate, or arrangements will be made for them to return home or to their guardian.

Parents and guardians are expected to inform the School if their child is absent due to illness, particularly where this involves a communicable disease.

The School follows UKHSA guidance in relation to exclusion periods, outbreak management, and infection control procedures at all times.

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11.2 EYFS

If a child in the EYFS becomes unwell while at school, an initial assessment will be undertaken by staff, and the School Nurse will be involved where appropriate. Parents or guardians may be contacted to collect the child, depending on the nature and severity of the symptoms.

Where possible, parents will be consulted before any medication is administered. In cases where symptoms are more significant, including vomiting or diarrhoea, children will be sent home in line with School procedures and infection control guidance.

If a child is unwell at home, parents should follow the School's communicable disease guidance (Appendix 4) when determining whether the child is fit to return. Parents are also expected to inform EYFS staff of any recent illness to enable appropriate monitoring and early identification of any recurring or infectious symptoms.

11.3 Information for Pregnant Mothers

Certain infections, including chickenpox, rubella (German measles), slapped cheek (parvovirus B19), and measles, may pose a risk during pregnancy. Where cases of these infections are identified within the School, parents will be informed as appropriate. Pregnant individuals are advised to seek medical advice from their GP or midwife regarding immunity and any necessary precautions.

11.4 Notifiable Diseases

The School has a legal obligation to report certain notifiable diseases to the UK Health Security Agency (UKHSA) and, where appropriate, to Ofsted. In such cases, the School will work closely with parents and relevant agencies to ensure that all guidance and requirements are followed.

11.5 Head Lice

Head lice are common, particularly among younger children. The School does not undertake routine screening, as this is not recommended practice.

Where head lice are suspected, parents will be informed so that appropriate treatment can be carried out at home. Students will not normally be excluded from school; however, treatment should be undertaken promptly to reduce further spread.

Boarding students presenting with head lice will be supported by Health Centre or boarding staff to ensure appropriate treatment.

11.6 Verrucas and Warts

Students with verrucas or exposed warts should ensure that these are covered with an appropriate waterproof dressing while at school.

Students are not excluded from swimming due to verrucas; however, appropriate protective measures, such as waterproof dressings, verruca socks, or suitable footwear, should be used around poolside areas.

Parents are responsible for ensuring that students have suitable coverings or protective footwear where required.

12. Sharps

All procedures involving sharps, including needles used for immunisations or medication administration, are carried out in accordance with safe clinical practices. Immunisations and injections take place within the Health Centre, where appropriately compliant sharps containers are securely stored and managed in line with relevant standards.

Where a student requires regular injectable medication, arrangements for administration and the safe disposal of sharps will be detailed within the student's Individual Healthcare Plan and risk assessment. Where appropriate, suitable arrangements may also be made within Boarding Houses.

12.1 Safe Management of Sharps

Sharps must be handled with extreme care at all times to minimise the risk of injury. Handling should be kept to an absolute minimum, and sharps must never be passed directly from hand to hand. Used sharps must be disposed of immediately into an approved sharps container, and needles must not be re-sheathed after use.

Where staff are required to handle discarded sharps, appropriate protective equipment must be used. This includes wearing gloves and, where available, using suitable tools to collect items safely. Any discarded sharps found on site must be reported immediately to senior staff.

12.2 Sharps Injuries

Sharps include not only medical needles but also any object capable of causing a penetrating injury, such as scalpel blades, lancets, broken glass, or other sharp instruments.

In the event of a sharps injury, immediate action must be taken. The affected area should be washed thoroughly with soap and water, and medical advice sought from the School Nurse, GP, or Accident and Emergency department as appropriate. The incident must be reported and recorded promptly.

Where there is a risk of contamination, the injury must be treated as a medical priority. The wound should be encouraged to bleed gently where appropriate, but the affected area must not be sucked. Urgent medical assessment should be sought, and appropriate follow-up care, including support if required, should be arranged.

12.3 Risk from Sharps Injuries

Sharps injuries present a potential risk of transmission of blood-borne infections, including Hepatitis B and HIV. All such incidents must therefore be treated seriously and managed promptly in accordance with medical guidance.

Staff who are regularly exposed to sharps as part of their role should ensure that appropriate immunisations, including Hepatitis B, are maintained in line with occupational health guidance.

13. Safe Disposal of Bodily Fluids

All bodily fluids must be treated as potentially contaminated. This includes blood, urine, faeces, mucus, and vomit. Appropriate precautions must be taken at all times to minimise the risk of infection and ensure the safety of students and staff.

13.1 Procedures for Managing Bodily Fluids

In the event of bodily fluid contamination, the affected area must be made safe immediately. Where necessary, the area should be clearly marked or cordoned off to prevent access until cleaning has been completed.

Staff must use appropriate personal protective equipment, including disposable gloves and aprons, which are provided within Body Fluid Disposal Kits (BFDKs). These kits are available across the School, including near first aid stations, in Boarding Houses, sports facilities, and within the Health Centre.

Cleaning and disposal of bodily fluids must be carried out in accordance with the procedures outlined in the Body Fluid Disposal Kits and relevant school guidance. All incidents must be recorded using the appropriate reporting systems.

The management and disposal of contaminated materials, and any required deep cleaning, is overseen by the Catering and Domestic Manager, with support from the Housekeeping team. Further guidance is available within the School's Health and Safety Policy and Appendix 5.

14. Defibrillator

Sidcot School has automated external defibrillators (AEDs) available on site to support immediate intervention in the event of sudden cardiac arrest. Cardiac arrest can occur at any age and without warning, and prompt action, including early cardiopulmonary resuscitation (CPR) and defibrillation, is critical in improving outcomes.

A defibrillator is located in the entrance lobby of the Senior School main entrance and is clearly signposted to ensure ease of access in an emergency. The device is designed for use by trained and untrained responders, with clear instructions provided.

Staff receive training in CPR and the use of defibrillators as part of the School's first aid provision.

An additional semi-automatic defibrillator is held within the Health Centre for use by qualified healthcare professionals. All equipment is subject to regular checks to ensure it remains fully operational and ready for use.

15. First Aid

Please refer to the Health and Safety policy 8.1, for details of the First aid policy. Staff are trained in First Aid throughout the School, and there will always be a minimum of one suitably qualified paediatric First Aider either on site or present on any outing.

16. Complaints

Should parents/guardians or students be dissatisfied with medical care or treatment they may discuss their concerns directly with the School Nurse, School Doctor (boarding students) or follow the procedure outlined in the complaints policy which is available on the website or in hard copy form free of charge.

17. Review

This policy will be reviewed annually by the Lead School Nurse, in conjunction with the Deputy Head Pastoral, or sooner if incident changes to practice or legislation so require. It will be presented to the Board of Governors at their Annual Safeguarding Review.

18. References

- Keeping Children Safe in Education (September 2025) Keeping children safe in education 2025
- Statutory Framework for the Early Years Foundation Stage (2025) EYFS statutory framework for group and school-based providers
- Supporting pupils at school with medical conditions (update 2017) Supporting pupils at school with medical conditions (publishing.service.gov.uk)
- Working Together to Safeguard Children (2025) Working together to safeguard children - GOV.UK
- RCN toolkit for School Nurses (2019) An RCN Toolkit for School Nurses: Supporting your practice to deliver services for children and young people in educational settings | Royal College of Nursing
- Information Sharing – Advice for practitioners providing safeguarding services to children, young people, parents and carers (2024 DfE non statutory information sharing advice for practitioners providing safeguarding services for children, young people,parents and carers
- Infection control: Preventing and controlling infections in children and young people's settings - GOV.UK
- Mental Health and behaviour in schools (2018) Mental health and behaviour in schoolsThe ISI Regulatory Handbook for Schools – Commentary on the Regulatory Requirements 2025 Inspection handbook :: Independent Schools Inspectorate National Minimum standards for Boarding Schools (2026) Boarding schools: national minimum standards - GOV.UK
- UKHSA – Health Protection in Education Settings - Health protection in children and young people's settings, including education - GOV.UK

19. Document Change History

Date of Change	Detail significant changes and any new legislation / guidance
3.12.2016	Updating of references, minor grammatical changes and clarification of anomalies. Adoption by Board.
19.05.2017	Policy updated to reflect changes to around food supplements (para 8).
07.10.2017	Reviewed and adopted by Board.
24.09.2018	Review and updated to reflect changes in documentation – Patient Tracker Record Keeping Software

02.04.2019	Update information re EHIC Update information re Concussion
01.09.19	Clarification re Auto Injectors
05.10.2019	Policy adopted by Board at Annual Safeguarding Review
14.09.2020	Include information COVID-19 Update – EU students must have health insurance, EHIC stops December 2020
30.09.2021	Changes to Covid-19 arrangements in line with government guidance.
01.12.2022	Removal of Covid 19 arrangements Update on arrangement for guardians.
01.12.2023	Reviewed and updated by Senior Nurse and Pastoral Lead
05.06.2024	Reviewed and updated by Nurse Lead
23.01.2025	Included reference to the Royal Pharmaceutical Society
01.06.2025	Reviewed by Senior Nurse – changed the details of the HealthCentre and GP surgery. Changed the wording around prescribed medications and anaphylaxis. Formatting changes.
08.06.2026	Reviewed by Senior Nurse: • updated all references and links • added ISI compliance information • updated sections • formatted text

Appendix 1 Health Centre Information

Health Centre Opening Times

Monday – Friday 8.00 am – 6.00 pm

Health Centre Telephone Numbers

Telephone 01934 845 263

School Doctors:

Dr Ruth Colson

Winscombe Surgery

Hillyfields Way

Winscombe,

North Somerset

BS25 1AF

Telephone 01934 842 211

Doctor's Surgery is held every Thursday at 1.15 pm at the Sidcot School Health Centre for boarding students.

Appendix 2 - Protocol for calling a Doctor – out of hours' services

It is no longer the local GP who covers out of hours' emergency care for patients

Winscombe Surgery provides services Monday – Friday 8 am - 6.30pm (excluding Bank Holidays) At all other times staff need to follow the Instructions Below:

If you feel you need medical advice or assistance, but it is not an immediate emergency call 111.NHS 111 is available 24 hours a day, seven days a week.

- When you call NHS 111, you will need to clearly give the patients details, medical symptoms and any appropriate history. You will be advised of any immediate action you need to take to help the patient. Arrangements will be made for you to be contacted or seen by an appropriate health care professional.
- If you are advised that the patient needs to be seen by a doctor you will give details of Medical Centre to attend and appointment time.
- If the patient has been prioritised for a home visit, NHS 111 will organise this, you may be contacted by the Doctor prior to the visit.
- If the condition of the patient deteriorates, or you are unsure of the arrangements call 111 again and report concern/changes.

In an Emergency, do not hesitate to call 999

Information you will need to provide at the walk-in centre, Minor Injuries, A&E or to a visiting Doctor or paramedic:

Child's name

Date of Birth

Current address: Boarding House, School Address: Sidcot School, Oakridge Lane, Winscombe, BS25
1PD

Parents' Information: Contact details

UK Guardian Information: Contact Details

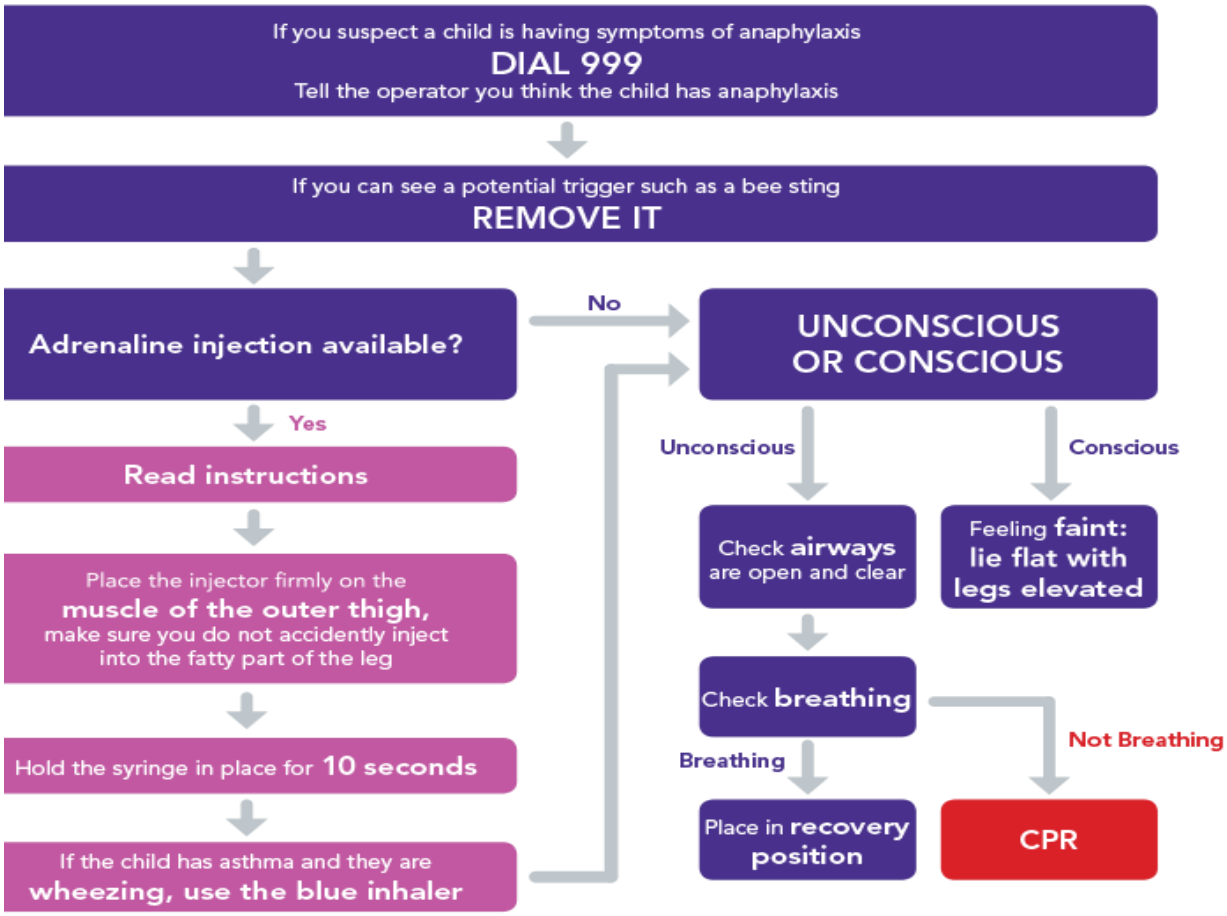
GP: Dr Colson

Winscombe Surgery, Hillyfields Way, Winscombe, North Somerset, BS25

1AF Telephone 01934 842211 / 842911

(There are a small number of local boarding students who parents have chosen not to register with the school GP – These details are forwarded to the Boarding House for the students Boarding House medical file).

Appendix 3 Flow Chart: Managing Anaphylactic Shock



Appendix 4 Guidelines for infection control EYFS, Junior School and Senior School

Guidance_on_infection_control_in schools_poster.pdf (hscni.net)

Appendix 5 - Safe Disposal of Body Fluids Flow Chart