



Sidcot  
Live Adventurously

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**Policy Name: Medical Policy**

**Policy Number: 4.1**

**Date: 04 October 2018**

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## Table of Contents

1	<a href="#">Aims</a> .....	4
2	<a href="#">Objectives of this Policy</a> .....	4
3	<a href="#">Scope</a> .....	4
4	<a href="#">Consent to Medical Treatment</a> .....	4
5	<a href="#">Confidentiality</a> .....	5
6	<a href="#">Provision of Medical Services and Healthcare Information</a> .....	6
7	<a href="#">Head injuries</a> .....	9
8	<a href="#">Medication and Food Supplements</a> .....	10
9	<a href="#">Supporting Students with Medical Conditions</a> .....	14
10	<a href="#">Emotional and Mental Health and Wellbeing</a> .....	15
11	<a href="#">Infection Control</a> .....	15
12	<a href="#">Sharps</a> .....	17
13	<a href="#">Safe Disposal of Bodily Fluids</a> .....	18
14	<a href="#">Defibrillator</a> .....	19
15	<a href="#">First Aid</a> .....	19
16	<a href="#">Complaints</a> .....	19
17	<a href="#">Review</a> .....	19
18	<a href="#">Glossary and References</a> .....	19
19	<a href="#">Supporting Policies</a> .....	20
20	<a href="#">Document Change History</a> .....	20
Appendix 1	<a href="#">Health Centre Information</a> .....	21
Appendix 2	<a href="#">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</a> ....	22
Appendix 3	<a href="#">Head Injuries Protocol</a> .....	23
Appendix 4	<a href="#">The RFU return to play after concussion pathway</a> .....	25
Appendix 5	<a href="#">Health Centre Non-Prescription (household) Medication</a> .....	26
Appendix 6	<a href="#">Boarding House Non-Prescription (household) Medication</a> .....	27

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Appendix 7	<a href="#">Boarding House Medication Flow Chart</a> .....	29
Appendix 8	<a href="#">Administering EpiPen: Managing Anaphylactic Shock</a> .....	30
Appendix 9	<a href="#">Flow Chart: Managing Anaphylactic Shock</a> .....	31
Appendix 10	<a href="#">Guidelines for infection control EYFS, Junior School and Senior School</a> .....	32
Appendix 11	<a href="#">Safe Disposal of Body Fluids Flow Chart</a> .....	35

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## 1 Aims

In keeping with the Quaker ethos and philosophy and our obligations as a responsible educational establishment we seek at all times to maintain the general good health of the School population at Sidcot. This encompasses wellbeing of mind, body and spirit, tailoring effective professional practices to suit individual needs.

## 2 Objectives of this Policy

- To provide a high standard of medical care for all students, including boarders;
- To promote every student's emotional, mental and physical wellbeing;
- To ensure that all staff are aware of the necessary protocols and able to access all relevant emergency information when needed;
- To treat all students as individuals – students will always be fully consulted and informed about their choices and treatment;
- To respect patient confidentiality wherever possible;
- To ensure that safeguarding remains central to our approach and to ensure that we always work in the best interests of every child.

## 3 Scope, distribution and definitions

This policy applies to all children receiving education at Sidcot School (EYFS, the Junior School and Senior School (including Sixth Form) and boarders) with specific references as appropriate.

This policy applies wherever staff or volunteers are working with students, even where this is away from the School, for example on an educational visit.

This policy is available on the School website, a hard copy can be provided free of charge from Sidcot School and it may be made available in other formats as requested.

The terms '**child**', '**children**', and '**student**' may be used interchangeably to refer to all those in our care. The term '**young people/persons**' may also be used to refer to students within the Senior School.

The term "**guardian**" refers to educational guardian.

The term "**parent**" refers to all those with parental responsibility for the child.

## 4 Consent to Medical Treatment

By law, students may have the right to consent to, or refuse, medical or dental treatment. This is based on 'competency' as defined below and not the age of the student, although in practice students over the age of 16 years will usually be assessed as 'competent' and asked to consent to their treatment in their own right. Where a student is under the age of 16 years, the practitioner proposing the treatment will assess whether or not the student is 'Gillick competent', that is to say that the student understands the nature of the treatment, as well as the consequences of refusal, and therefore whether they are competent to make their own decisions. A child will be assessed as "Gillick competent" if he or she has sufficient understanding and intelligence to comprehend fully what is proposed.

Confidentiality will usually be maintained unless there is a safeguarding issue which would put the child at greater risk of harm. Please refer to section 5 below and the safeguarding policy. Subject to the foregoing; if a student requires emergency hospital treatment, every effort will be made to obtain the prior consent of a parent and /or guardian. Should this be impossible in the time available, the attending medical practitioner will make a professional judgement and act in the best interests of the student (including decisions on anaesthetic or operation). Ongoing efforts will be made to contact the parent and /or guardian.

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## 5 Confidentiality

We want all our students to feel that they can talk to a member of staff about anything that is concerning them. It is very important that students are confident they will be listened to. In most cases, conversations between young people and staff should remain confidential if this is in accordance with a student's wishes; however, there are limits to this and there are boundaries to our legal and professional roles and responsibilities.

Staff cannot offer or guarantee absolute confidentiality in all circumstances. For example if a child makes an allegation of abuse, if any child is at risk of significant harm (emotional, physical or sexual), or when staff become aware that FGM (Female Genital Mutilation) may have been practised on a girl under the age of 18 years of age (Health Care staff will not examine a child solely to discover if such an act has been carried out).

Allegations of child abuse, whether physical, sexual, emotional or by neglect, cannot by law be kept confidential. As soon as any member of staff realises that a child is making an allegation, they will follow the process outlined in the child protection policy (summarised on the aide memoire on the back of his or her identity card). He/she will remind the student that not all allegations can remain confidential.

Staff will at all times act in accordance with the safeguarding and child protection policy, which incorporates North Somerset Safeguarding Children Board's procedures. If staff are concerned for a child, they may consult with the Designated Safeguarding Lead (DSL) or a member of his team, or social care direct if necessary, informing the DSL subsequently. Staff are fully trained in safeguarding procedures and will adhere to the principles set out in the relevant policies. Staff are also trained in the Prevent Duty and are alert to the need to protect children at risk of being drawn into terrorism or being exposed to extremist views.

Except in those situations outlined above; Health Centre staff are bound by their Codes of Professional Conduct to maintain professional confidentiality. If the Health Centre staff feel that it is in the best interests of a child (assessed as Gillick competent) to share information with a third party, a student's permission to share will be sought.

It is not a breach of confidentiality for a member of staff to ask a more experienced colleague's advice, as long as both staff understand that the information is confidential. Seeking advice and support when unsure is good practice.

It is recognised as best practice to liaise with parents (and where appropriate, guardians) regarding a student's health concerns wherever possible, and the School Nurses will always encourage students to consent to such communication. Where a student is considered 'Gillick competent' and refuses consent, their wellbeing will be monitored and managed by the School Nurses and School Doctor (for boarders). If a student refuses to allow communication with a parent, but is at risk of significant harm, parents and appropriate agencies may be contacted and the procedure outlined in the safeguarding and child protection policy will be followed.

Information concerning the health or personal circumstances of any student passed on by staff during morning briefing must be treated as confidential. Information will only be shared if it is in the student's best interests to do so, and with the appropriate permissions, or alternatively under the safeguarding procedures. Confidential information will be disseminated on a 'need to know' basis only; each case taken individually and assessed accordingly on its own merits.

Information and concerns expressed between staff and students will not be discussed outside staff areas

Information received about a student will only be discussed with them, if appropriate, with an agreed staff member.

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## 6 Provision of Medical Services and Healthcare Information

### 6.1 Information – All Students

- Sidcot School Health Centre provides health promotion, advice and nursing services to support the whole School community;
- Health Centre staff embrace the individual's physical, mental, emotional and social care needs.

The Health Centre is staffed by **four** registered nurses, who are on the current NMC Register (Nursing and Midwifery Council). See [Appendix 1: Health Centre opening times and staff details](#).

Before a student enters the School; a medical card is sent to parents/guardians requesting details of past and current medical conditions and treatment, as well as known allergies and vaccination history. The School's Health Centre must receive a completed Medical Card prior to admission. Where appropriate, a consultation regarding any specific health needs will be made.

In addition, every year, parents/guardians must complete the on-line Annual Medical Consent. This is an online submission form, consenting to:

- The School Nurse giving mild analgesia and emergency treatment to a student, and accessing emergency medical and dental treatment, in each case if the need arises (in accordance with Nursing-Midwifery Council (NMC) Administration of Medicines Policy);
- Students taking part in school trips and other activities that take place off school premises; and being given First Aid or urgent medical treatment during any school trip or activity if the need arises;
- The administration of an emergency asthma inhaler to asthmatic students if the need arises - please refer to Asthma policy 4.3

Students should be up to date with routine immunisations. The School Nurses provide immunisations for day and boarding students in line with the Department of Health Immunisations schedule for North Somerset.

Boarding students are also offered the annual influenza vaccination (through the Annual Consent), and a travel health immunisation service is provided. A charge applies for the influenza vaccination and some travel immunisations.

Parents/guardians will be contacted when immunisations are due, and have the right to accept or decline the immunisation. Nevertheless, where students are 16 years and over, it is ultimately the student's decision whether to receive or decline immunisations and vaccinations.

For further information, this website is helpful:

<http://www.nhs.uk/Planners/vaccinations/Pages/aboutvaccinationhub.aspx>

If a student needs to be taken to hospital, staff will escort/accompany a child taken to hospital by ambulance and stay with the child until a parent arrives (in the case of day students), or until appropriate arrangements can be made with parents/guardians of boarding students.

If a student visits the Health Centre during lesson time, they will be admitted to the health centre using our Patient Tracker record keeping software, this will allow teaching and boarding staff to know who is in the health centre and when they are discharged, although this does not inform staff why the student was seeing the School Nurse, unless the student's consent is sought and given. In the event of a safeguarding concern, the Designated Safeguarding Lead will be contacted.

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## 6.2 Information - Boarding Students

Boarding students will undergo a basic health check, including height, weight with the school nurse upon entry to Sidcot School, and will be registered with the NHS.

Sidcot School Health Centre works closely with the local Doctors' surgery, which provides nominated medical officers (School Doctors). Save for local boarding students whose parents have requested to maintain their registration with their own General Practitioner (GP), all boarding students are registered with the School Doctors for general medical services. The School Doctors and their team run two Doctors' surgeries per week in the School Health Centre, assisted by the School Nurses ([Appendix 1](#)). As doctors' surgeries are held during the School lunch time, students will be given an early lunch pass if needed. If a boarder needs to see a Doctor at any other time during surgery opening hours they will be seen at the local Doctors' surgery, or in an emergency the School will arrange a visit on school premises. ([Appendix 2: Protocol for Calling a Doctor – Out of Hours Services](#)).

If a student has a medical appointment they will be given an appointment slip. They will also have the opportunity to state if and how they would like to be reminded of that appointment in order to maintain confidentiality. Wherever possible, students have access to a doctor of the same gender if they so wish.

UK boarding students registered with the School Doctors are asked to be seen as a temporary resident with their home GP if unwell during holidays. If a boarding student sees a family doctor or a specialist when they are away from School, the parents/guardians must inform the School Nurses as soon as possible so that medical records can be updated, and continuity of care maintained.

Once registered with the School Doctors, boarding students will be entitled to free medical care with the National Health Service (NHS). However, there may be some medication or treatment that will be chargeable to the school bill for students from outside the UK. Some treatment may also need to be provided privately, or referred back to the student's GP at home. Parents may take out private medical insurance if they so wish.

If a boarding student becomes unwell, they will be seen by the School Doctor and looked after in the Health Centre by the School Nurses during the school day, returning to the Boarding House at night and over the weekend. If a boarding student is not well enough to be in the Boarding House, because they have a contagious illness or the Doctor recommends a period of rest and recuperation, parents/guardians will be contacted to collect and look after the student until they are fit to return to School. It is important that guardians of overseas students are happy to take on this responsibility.

Where a student is not well enough to travel home or to guardians, and the student is unable to return to the Boarding House due to risk of cross-contamination, the student will remain in isolation in the Sidcot School Health Centre overnight. A nurse or member of School/Boarding House staff will remain with the student until they are well enough to travel home or return to the Boarding House.

When the Health Centre is closed, healthcare is provided by the individual Boarding Houses in conjunction with the local surgery and NHS out of hours' services (please refer to [Appendix 1](#)).

Routine dental and optical care and ongoing orthodontic treatment, is the responsibility of parents/guardians and should be dealt with during school holidays. In an emergency, arrangements will be made for students to be seen by a dentist or optician with parental consent. A cost may be incurred. If emergency orthodontic treatment is needed whilst at school, such as for a broken brace, Weston Orthodontic Centre will carry out repairs by private arrangement.

## 6.3 Information – Day Students

Day students who become unwell during the school day see the School Nurse, who will assess the health needs of the child and make a decision on the appropriate care and treatment whilst

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in school. If a child is not well enough to be in school, parents/guardians will be contacted (or contact made with the emergency contact if parents/guardians not available), and the child collected as soon as possible. Whilst waiting to be collected, a sick child will remain in the Health Centre under the care of the School Nurses, or in the Junior School or EYFS area under the care of Junior School/Early Years' staff, following consultation with the School Nurses.

Students must not ring their parents/guardians to collect them without first consulting Health Centre staff. This is a health and safety measure for the protection of the child.

#### 6.4 Physical Activity

Students who are well enough to be in school but not well enough to participate in physical activity, such as games lessons or swimming, need to have a note from home (day students) or from the Sidcot School Health Centre at the start of the school day (boarding students).

There may be times when strenuous exercise is not good for a student's current health condition and a 'Try Games Note' recommending light exercise may be given to boarding students.

It is important that wherever possible young people participate in regular physical activity as part of a healthy lifestyle.

#### 6.5 Sexual Health

When supporting young people dealing with sexuality, sexual health and wellbeing issues or decisions, Sidcot School will always encourage the young person to talk with their parents/legal guardians. It is generally felt that this brings about positive outcomes for the young person and their family. However, consent from a parent/guardian is not legally necessary for the prescription of contraception to their child and parents do not have to be informed of any decision to prescribe contraception. Any competent young person in the United Kingdom has the right to the same duties of care and confidentiality as adults.

A young person is said to be Gillick competent i.e. competent to make their own decisions about their sexuality, sexual health and wellbeing and health if they are capable of fully understanding the nature and possible consequences of any decision or treatment they may undertake. Confidentiality may only be breached if the circumstances outlined in para 5 apply.

It is considered good practice for health professionals, including School Nurses and School Doctors, to apply the criteria commonly known as the Fraser Guidelines when considering the duty of confidentiality in respect of a young person being given contraceptive treatment:

- The young person understands the advice and has sufficient maturity to understand what is involved;
- The doctor or nurse could not persuade the young person to inform their parents, nor to allow the doctor or nurse to inform them;
- The young person would be very likely to begin, or continue having sexual intercourse with or without contraceptive treatment;
- Without contraceptive advice or treatment, the young person's physical or mental health would suffer;
- It would be in the young person's best interests to give such advice or treatment without parental consent.

In the United Kingdom, the laws on sexual offences do not affect the ability of professionals to provide confidential sexual health advice, information or treatment if it is in order to protect the young person from sexually transmitted infections or pregnancy, to protect their physical safety, or to promote their emotional well-being.

'For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled' (World Health Organisation).

Within Sidcot School, only the local sexual health clinic, the hospital, the student's GP, or School Doctor for boarding students, can assess and agree a prescription for contraception.



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For information on sex and relationships education please see school policy 7.3.

## **7 Head Injuries**

### 7.1 Contact sports

If a head injury has been sustained, the Head Injury Protocol will be followed, please see ([Appendix 3](#)).

Pending treatment pursuant to the Head Injury Protocol, if a head injury is sustained in any contact sport, in particular during rugby training or a rugby match, RFU Guidelines are followed (see Appendix 4):

Any student with a suspected concussion will be IMMEDIATELY REMOVED FROM PLAY, and will not be returned to the game/training until they are assessed medically.

A student with a suspected concussion will not be left alone.

In all cases of suspected concussion:

- Boarding students will be referred to a medical professional/the School Doctor for diagnosis and ongoing care
- Parents of day students will be advised that the student should undergo a medical examination

Decisions when a student may return to contact sport will be decided by the School Doctor (boarders) or the students own medical practitioner (day students), following the RFU return to play after concussion pathway (see [Appendix 4](#)).

Assessment by the School Nurse does not constitute a diagnosis of concussion or suspected concussion.

## **8 Medication**

This part of the policy sets out the protocols for administering medication, whether prescribed or non-prescription (household), within the School. All medication protocols must be followed and records maintained to ensure that a full audit may be carried out.

### 8.1 Non-Prescription Medication

A range of non-prescription medication suitable for children of all ages is kept in the Health Centre. This medication is available for boarders and day students and administered as per instructions, following assessment of symptoms by a School Nurse during Health Centre opening hours (8am – 8pm Monday to Friday, 9.30 – 12.30 Saturdays) [Appendix 5](#): Health Centre non-prescription medication).

All students must not therefore carry any non-prescription medication in school Non-prescription medication stock is kept securely in a locked cupboard, in a locked room in the Sidcot School Health Centre.

Every year, parents and sometimes guardians (usually where the parents' first language is not English) complete the online Annual Medical Consent which gives permission for the administration of non-prescription medication if the need arises.

#### 8.1.1 Non-Prescription Medication Administration Junior School including EYFS.

If a child in the EYFS requires administration of non-prescription medication from home, either on a short or long term basis, parents must complete the agreement for the School to hold and administer medication, please refer to 8.2.1.

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If children in the EYFS are administered medication from the Sidcot School Health Centre under unforeseen circumstances; the medication will be administered according to the age of the child. Wherever possible the child's current condition will be discussed with a parent prior to giving any medication and parental advice/consent sought. Medication will only be given without first having contact with a parent if the parent is not contactable and if the School Nurse assesses it to be in the child's best interests – for example the administration of paracetamol to lower a temperature. Parents will be contacted as soon as possible, and the child's condition will be closely monitored.

EYFS Medication from home is stored in a locked medicine cabinet or designated locked fridge in the Junior School Staff Room.

#### 8.1.2 Non-Prescription Medication Administration Junior School

If the School Nurse assesses that a Junior School child needs non-prescription medication, wherever possible a parent will be contacted first. If a parent is not contactable and the nurse administers medication, Health Centre staff or the child's class teacher will inform the parent, either by telephone, email or in person when parent collects, that medication has been administered.

#### 8.1.3 Non-Prescription Medication: Senior School Day Students

If the School Nurse assesses that a Senior School day student needs non-prescription medication during the school day, a note will be given to the student to take home to their parent (Years 7 – 11). Students 16 years or older are given medication advice and a note if they feel it would help them to remember what they have taken and when. If the student's condition requires the parent to be informed directly, except in a situation where there would be a breach of confidentiality, the School Nurse will contact parents either by telephone or email.

#### 8.1.4 Non-Prescription Medication: Boarding Students

Boarding students are able to access non-prescription medication from the Health Centre during opening hours in the same way as day students. Non-prescription medication is also available from Boarding Houses when the Health Centre is closed.

No medication should be administered from a Boarding House during Health Centre opening times without prior agreement.

House Staff must record medication given, along with any student health information on the Patient Tracker boarding house record keeping software, which links into the individual students Health Centre records and provides continuity of care.

Non-prescription medication is kept securely in a locked cupboard, in a locked room in the Boarding Houses. (Please refer to [Appendix 6: Boarding House Non-Prescription Medication](#)), containing indications for use, contraindications, dosages, side-effects and the duration of treatment before nursing or medical advice is sought.

There may be times when students bring their own non-prescription medication for occasional use. Following assessment by the School Nurse, well labelled (UK) non-prescription medicines may be booked into the Boarding House Medical Cabinet and dispensed as per instructions. All non-prescription medication from home must be in date, in its original packaging and administered as per instructions, unless advised otherwise in writing from a medical practitioner.

If a student's own non-prescription medication is taken regularly on the recommendation of a medical practitioner, it must be treated in the same way as prescription medication - please refer to paragraph 8.2.4.

Students are actively encouraged not to bring non-European first aid medication to School. Students who arrive with this medication will have it safely stored in a locked cupboard in the Health Centre for safe keeping. Students may be permitted to take this medication, depending on its nature and if parental consent is received, however no further medication will be administered within a 4-hour time period.

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The Boarding House non-prescription stock medication count is monitored and managed through Patient Tracker medical records software, which is managed by the school nurses, and meets the standards for safe storage of health records, and retained in accordance with the retention schedule in the digital safety policy.

Students may hold their own over the counter vitamins and minerals these must be stored in their own locked drawer or cupboard in the Boarding House – they may be retained by the student at the discretion of the nurses This excludes all body building compounds – these are not to be brought into School.

### 8.1 Prescribed Medication

- The Nursing Team will support students to take their prescription medication during the school day, subject to full information being provided from a parent or guardian for all students under 16 years of age;
- All prescribed medication must be pharmacy labelled and contain name, dosage, time to be given during the school day and any other requirement (such as to be taken on an empty stomach);
- Prescribed medication must only be issued to the student for whom it has been prescribed;
- Parental agreement forms for School to hold and administer medication are available from the Sidcot School Health Centre, Senior School Main Office, Junior School Reception and Early Year's department, and are also available to download or complete online through the parents' portal Firefly.

#### 8.2.1 Prescribed Medication EYFS and Junior School

If a child in the EYFS or Junior School requires administration of prescribed medication from home in the short or long term; parents must complete the agreement for School to Hold and Administer Medication Form. Staff administering the medication must be provided with full administration details, to support safe practice with young children. If staff are unable to carry out the medication administration, the School Nurses will carry out this duty and will receive any appropriate training. The medication administration record will be maintained for each medication administered. Once medication is discontinued all records are scanned to the child's individual Patient Tracker medical record.

Medication for the EYFS and Junior School children is stored in a locked medicine cabinet or designated locked fridge in the Junior School Staff Room (see 8.6) if being administered from the Junior School/EYFS.

Parents of children in EYFS and the Junior School will be informed on the same day, or as soon as reasonably practicable, that medication has been given, dose and time administered

#### 8.2.2 Prescribed Medication Senior School Day Students

If a Senior School day student (aged under 16 years) is taking prescription medication from home during the school day, both in the short and long term; the medication needs to be stored at the Sidcot School Health Centre. The student will be encouraged to take responsibility for accessing their prescription medication from the Health Centre at the appropriate times. Where required, students will be reminded to attend the Health Centre for their medication.

Parents will complete agreement for school to hold and administer medication from the Sidcot School Health Centre. Medication administration will be recorded on the individual students Patient Tracker individual medical record for each medication by a School Nurse, and all records kept in the student's individual Health Centre medical file.

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Students over 16 years of age are generally assessed as able to manage their own medication. If concern is raised about a student's ability to manage/take care of their medication; other suitable arrangements can be made with the Health Centre.

Special arrangements may be in place for students with long term health needs and disabilities to manage or access their medication as outlined in their individual healthcare plan - please see policy "Supporting students with medical conditions, disabilities."

### 8.2.3 Prescribed Medication: Boarding Students

The School encourages boarding students, who are deemed to be competent to do so, to be actively involved in the planning and delivery of their own medication. Students are encouraged to take responsibility for accessing their prescription medication from the Health Centre during the school day. A medication Administration Sheet will be completed for any prescribed medication being dispensed from the Health Centre and Boarding House for students under 16 years.

Boarders aged 16 years and over, who are assessed by a School Nurse or School Doctor as sufficiently responsible to keep and administer their own medication following a medication risk assessment, may retain and administer their medication, provided that they keep medication safely stored in a personal locked cupboard within the boarding house. This does not apply to controlled medications. Boarding House staff will be informed of students holding their own prescribed medication; however, personal medical details may remain confidential if the student so wishes.

Where boarding students take their prescription medication (or long term non-prescription medication on medical recommendation) in the boarding house (by agreement with School Nurse and House Master/Mistress), full information and training is provided by the Health Centre team. Once the administration of the prescription medication is at an end, the administration sheet will be scanned to the student individual Patient Tracker notes.

Prescription only medication from home must be recorded in the students Patient Tracker records. It is important to get as much medical information as possible before dispensing prescription medication from home. Where possible, consultation with parents/guardians and/or specialists by School Nurse or School Doctor is best practice.

All prescription medication from home will be discussed with the School Doctor. If the prescription medication instructions are not in English, or English instructions cannot be accessed, to ensure safe use of the medication, the School Doctor may prescribe an English alternative (with the student's/parents' understanding and consent). If the medication is not licenced for use in the UK, the GP will seek further advice to ensure there are no legal implications to such medication being administered. Medication administration records will be maintained as with all prescription medication.

Where oral contraception is prescribed by the School Doctor to a student under the age of 16 years; the Doctor will confirm at the consultation stage that the student is sufficiently responsible to keep & administer their own contraceptive medication.

(See [Appendix 7](#): Boarding House Medication Flow Chart)

### 8.3 Self-Administering of Prescription Medication (Whole School)

Students with health needs outlined in their individual healthcare plan (may have special arrangements to support the delivery of their specific medication and procedures regime please see Supporting Students with medical Conditions and Disabilities Policy).

Asthma medication (please refer to paragraph 9.2 and Asthma Policy) and EpiPens (please refer to paragraph 9.3) are held by students in the Senior School.

Children in the Junior School may carry their own inhaler/EpiPens when parents and staff agree they are competent to do so, if an issue regarding competency arose, advice would be taken from the child's GP. Younger children, including EYFS, will have their reliever inhaler or EpiPen

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kept in the classroom clearly labelled with the child's name, and administration instructions on it. The class teacher will ensure Inhalers/EpiPens are taken to all activities that take place outside of the classroom through the school day, such as meal times and games lessons.

Outside of the above arrangements, prescription medication must not be carried around school by students under 16 years of age.

#### 8.4 Controlled Medications

Good practice dictates that the storage of "controlled medication" must comply with the Misuse of Drugs (Safe Custody) Regulation (1973) as amended.

Any student who is prescribed 'controlled' medication will not be able to hold their own medication. Controlled medication must be dispensed from the Health Centre, or held and dispensed by trained staff from EYFS, Junior School or Boarding House by prior agreement and training provided by the Health Centre Nurses. Controlled medication must be kept in a secure locked medicine cabinet inside a locked staff area. Only those authorised to dispense medication in the Health Centre, Junior School or Boarding House hold the keys to the cupboard. Controlled medication records must be kept up to date. A separate, bound record book with numbered pages is kept for the administration of controlled medication, and the balance remaining is checked and signed at each administration.

#### 8.5 Food supplements

8.5.1 Although students are permitted to take over the counter vitamins and minerals, at the discretion of their parents, the use of supplements, such as protein shakes, creatine and other performance enhancing aids are not permitted within school or boarding houses for any student under 18 years. For students 18 years and over, the use of these supplements, is heavily discouraged, and those wishing to take such products do so at their own risk and not in the company of younger students.

8.5.2 The School provides a healthy, balanced diet, and students are able to increase their protein intake through the meal choices they make whilst in school alongside taking healthy snacks. If students require nutrition advice for taking a protein rich diet, the school nurses or sports staff will be happy to offer guidance.

8.5.3 The Department of Health in the UK advises that young people have a balanced and healthy lifestyle through regular exercise and eating a balanced diet for their needs, and warn against body-building supplements, as there is evidence that excessive protein consumption can be dangerous. There is also concern that some body-building supplements contain heavy metals, or illegal anabolic steroids not declared on the label. Most body building supplements are not licenced for children under 18 years.

#### 8.6 Medication Emergencies

If at any time staff are concerned about a student's medication or individual healthcare plan, they must contact either the School Nurses during Health Centre opening times, or the Out of Hours Doctors service (111). In the event of a medication emergency an ambulance (999) should be called.

#### 8.7 Fridge Temperature Recording

Some liquid medications need to be kept at a cool temperature. The Health Centre has a designated medical fridge. The Junior School (including the EYFS) has a designated locked medicines fridge in the staff room. Prescribed medication from the latter must be administered in accordance with the protocol in paragraph 8.

The Health Centre and Junior School/EYFS medical/medication fridge temperature is checked daily to ensure optimum temperatures are maintained (between 2-8 degrees centigrade – ideally 3-5 degrees centigrade).

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## 8.8 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, Junior School including (EYFS) or Boarding Houses expires. If parents/guardians choose to collect out of date medication, it will be held at the Health Centre for two weeks (day students) or until the end of term (boarding students) after which time it will be returned to the pharmacy for safe disposal

A record is kept of the name of student, and the name, strength and quantity of the medication returned to the pharmacy.

A record of receipt, signed by the receiving pharmacist, is obtained and retained by the Sidcot School Health Centre in a duplicate book.

## **9 Supporting Students with Medical Conditions**

### 9.1 Chronic health conditions and disabilities

The care of students with chronic health conditions or disabilities is managed under the direction of the Health Centre Nurses. There will always be sufficient cover to ensure that treatment is available for each student with a healthcare plan.

The care of students with disabilities or specific health conditions (such as Diabetes, Epilepsy, or Cystic Fibrosis), is tailored to each student's individual requirements is set out in their individual healthcare plan which is regularly reviewed and adapted as needs change.

Please refer to Supporting Students with medical conditions, disabilities and SEN policy 4.2.

### 9.2 Asthma

Please refer to the Asthma policy 4.3. The School encourages independence and self-management of children with asthma.

- Senior school students' reliever inhalers should be carried on their person at all times. These should be labelled with their name and date of birth so that they can be quickly returned in case of loss.
- Children in the Junior School may carry their own inhaler when parents and staff agree they are competent to do so.
- Younger children, including EYFS, will have their inhalers kept in a safe, accessible place in the classroom, clearly labelled with the child's name & administration instructions. The class teacher or EYFS staff will ensure a child's reliever inhaler is always available during the school day.
- The Nursing Staff can store spare inhalers (labelled by the pharmacist) if required.
- Students with diagnoses of asthma have an individual care record (mini care plan); a full care plan will be activated if specific care needs are identified as part of this condition).

Sidcot School has arrangements for the use of an emergency reliever inhaler in School, please refer to the Asthma policy.

### 9.3 Children at Risk of Anaphylaxis

All staff receive training in recognising and responding to anaphylactic shock, including the administration of emergency adrenalin injection – EpiPen, with annual update CPD.

Please refer to Appendix 8 for a list of systems and action to be taken.

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Individual EpiPens for students at risk of anaphylactic shock are carried by Senior School students at all times.

Children in the Junior School may carry their own EpiPens when parents and staff agree they are competent to do so.

Younger children, including EYFS will have their EpiPens kept in a safe, accessible place in the classroom, clearly labelled with the child's name & administration instructions. The class teacher or EYFS staff will ensure a child's EpiPen is always available during the school day. such as meal times and games lessons.

Individual students' EpiPens are also kept in the Senior School Staff Room, near the Refectory.

It is the responsibility of parents of day students to ensure EpiPens are with their child at School and are in date.

(Please refer to [Appendix 8: Administering EpiPen: Managing Anaphylactic Shock](#) and [Appendix 9: Flow chart: Managing Anaphylactic Shock](#))

## **10 Emotional and Mental Health and Wellbeing**

The School promotes the mental and physical health and emotional wellbeing of all its children. Wellbeing is at the forefront of the School's Personal Social Health Education programme, PSHE. Health Centre staff are available to support students in all areas of wellbeing, such as anxiety and depression, eating disorders, self-harm, smoking cessation, sexual health, drug misuse and alcohol misuse.

There are two qualified counsellors employed by Sidcot School to support student wellbeing.

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**

The latest infection control guidance can be found on the Health Protection Agency web site [www.hpa.org.uk](http://www.hpa.org.uk).

Please refer to the guideline for infection control at Appendix 10, which is also available on the School website and parent portal.

### **11.1 Childhood Infections**

Should a child become unwell, Sidcot School follows the guidelines set out by the Health Protection Agency and Ofsted regarding infection control.

The whole school community is encouraged to:

- Use the hand sanitizers on entering the building;
- Ensure regular hand washing with soap;
- Cover mouths when coughing /sneezing, use a tissue and where possible, and dispose of tissues by flushing away or into a rubbish bin (with lid) promptly and carefully;
- Younger children are supported to manage good hygiene within school.

In order to ensure a safe and healthy environment for all children and reduce the risk of infections we:

- Provide disposable protective aprons and gloves for staff when dealing with body fluids or where there is risk of contagious infections;
- Provide hand sanitizers at school entrances;
- Routinely deep clean, and sterilising processes are in place for all areas of the EYFS, Junior School and Senior School;

- 
- If an outbreak of illness occurs a deep clean is completed in the appropriate area/s by Housekeeping staff;
  - The School aims to reduce unnecessary exposure to illnesses and ensures infections are managed effectively;
  - If at any time there are any infectious diseases present within the EYFS or Junior School, information will be clearly displayed in the area where the infection has occurred and parents whose children have direct contact with that area will be notified;
  - Senior School parents will be notified if there is a serious infectious disease outbreak;
  - Should a child become ill they should only return to school when they are over any symptoms, are well enough to do so, and in accordance with the guidance found in ([Appendix 10](#))
  - Boarding students will be cared for by the School Nurses in the Sidcot School Health Centre if they are infectious, until arrangements can be made for them to be collected and cared for by their parents or guardians.
  - Parents of day students must inform the school if their child will not be attending, and if their child has any serious illness or communicable disease.

### 11.2 EYFS

If a child in the EYFS becomes ill at school; an initial assessment of their symptoms may result in parents being called to collect, or the School Nurse attending to assess and manage any symptoms.

Where possible, parents will be contacted by a member of the EYFS staff or School Nurse to agree any actions, such as administering of non-prescription medicines (see 8.1.1) or collecting the child in more serious cases, or in the case of vomiting or diarrhoea.

If a child is unwell at home, depending upon the symptoms, they may have to be kept away from school in accordance with our communicable diseases guidelines found in ([Appendix 10](#))

Should a child be well enough to attend, we do require that parents of children in EYFS notify staff of any illness that has occurred. This ensures staff are able to monitor for any signs of reoccurrence. In extreme cases this will also ensure any symptoms of infectious diseases are picked up early and managed effectively.

### 11.3 Information for Pregnant Mothers

There are a number of infections which can be harmful to the unborn baby. These include:

- Chicken Pox
- German Measles (Rubella)
- Slapped Cheek
- Measles

If a child has been at school when one of the above infections is present, parents will be informed and we advise mothers to see their GP/Midwife to check immunity and seek professional medical advice.

### 11.4 Notifiable Diseases

There is a list of notifiable diseases which we have a legal obligation to report to the Health Protection Agency and Ofsted should a child within school become infected.

In these cases, we work closely with parents, the HPA and Ofsted to ensure we follow any additional advice that may be given.

### 11.5 Head Lice

Anyone can catch head lice, but preschool children, primary school children and their families are most at risk.



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Schools throughout North Somerset no longer carry out routine Head Lice surveillance. It proved not to be effective as well as being humiliating/embarrassing for children. Further; it is regarded as an invasion of privacy.

The parents of a child suspected of having head lice will be informed of the concern. If parents would like a school nurse to check their child, they can come to the Health Centre. The school nurses are always happy to give up to date advice on treatment of infestations with parental consent.

Children will not be sent home from school if there is concern they may have head lice, but parents will be asked to organise treatment at home and prior to their return to school

If necessary, the School Nurse will check boarding students who present with concerns about head lice and treat as necessary.

### 11.6 Verrucas and Warts

Whilst in school, any exposed warts or verrucas must be covered by a small waterproof plaster or dressing.

Students are not excluded from swimming if they have a verruca on their foot. The virus is not contagious in water, however when walking around the poolside or changing rooms a secure waterproof plaster, verruca socks or pool side footwear (flip flop type) shoes must be worn.

Parents are asked to ensure that their children are provided with verruca socks (preferably) or poolside footwear. The health centre keeps a small supply of verruca socks in stock, but cannot guarantee their availability. If the health centre supplies verruca socks, parents will be billed accordingly.

### 11.7 Ticks

Parents are encouraged to watch out for ticks and tick bites when children play outdoors whilst at school, or after returning from school field trips and expeditions.

Ticks can be active all year round but May to September is peak season. Ticks that attach to humans are the size of a pinhead, much smaller than those you see on a pet. They are spider-like creatures with eight legs, and can carry the bacteria that causes Lyme disease.

Preventative measures include using insect repellents containing DEET, wearing long trousers and brushing down clothing after walking through woods, long grass and bracken.

If a student is known to receive a tick bite whilst in school, or whilst on a school trip or expedition, parents will be informed, and encouraged to have the tick removed at their Doctors Surgery, unless they feel confident to carry out the removal themselves (day students). The school Doctor will carry out tick removal for boarding students.

School staff do not carry out tick removal. The School Nurses are happy to give advice, but are unable to remove ticks.

## **12 Sharps**

Any immunisations or vaccinations delivered by injection will take place in the Sidcot School Health Centre where sharps containers that comply with British Standard 7320 are safely stored and returned to the local medical centre when full. Any student's specific medical condition requiring arrangements to be made for the delivery of medication by injection and safe sharps disposal, will form part of the student's individual healthcare plan and risk assessment. Arrangements for disposal of sharps in the Boarding House will be made where appropriate.

### 12.1 Managing Sharps

- Sharps should not be passed from hand to hand; Keep all handling to a minimum; All sharps must go directly into a sharps bin; Do not re-sheath needles.

- 
- Always wear gloves and use litter picker tongues if available when picking up any discarded needles on site (Any discarded needles found must be reported to the senior management team).
  - Always hold sharps in the centre of shaft to prevent injury to fingers/hands.

### 12.2 Needle Stick/Sharps Injury

Sharps are not only medical sharps such as needles for injection, but defined as objects or devices having acute rigid corners, edges, points or protuberances that when handled may accidentally cause a penetrating or cutting injury to the skin. These include scalpel blades, art knives, scissors, lancets, broken glass, ampoules and pipettes and anything with a jagged edge – cans etc.

There are two types of injuries from sharps:

- Uncontaminated - all sharps that have not been in contact with anyone else prior to injury.
- Contaminated – all sharps that have previously been in contact with another person’s body fluids or other sources of contamination (rust, dirt etc).

### 12.3 Procedure after Needle Stick/Sharps Injury

Non–contaminated sharps injury:

- Wash area with soap and water,
- See the School Nurse or your GP;
- Apply antibacterial cream/spray and cover wound,
- All staff/ students must complete accident form promptly.

### Contaminated Sharp injury

- If skin is broken wash area vigorously with soap and water,
- If wound is bleeding DO NOT SUCK, encourage wound to bleed out if only a minor bleed,
- Contact the School Nurse, see GP or attend Accident and Emergency department for medical attention,
- Support and counselling should be sought if required,
- All staff/students must complete accident form promptly.

### 12.4 Risks from Needle Stick/Sharps Injury

Sharps injuries with blood and other potentially infectious body fluids must be acted upon immediately as they are the most common routes for transmitting Hepatitis B and HIV.

The School Nurses and any staff who have contact with medical sharps should receive Hepatitis B immunisation from their GP.

## **13 Safe Disposal of Bodily Fluids**

All body fluids must be treated as if they are contaminated (anything that has been excreted from the body).

- Blood
- Urine
- Faeces
- Mucus
- Vomit

### 13.1 Procedure for Dealing with Body Fluids

(Please refer to [Appendix 11: Safe Disposal of Body Fluids Flow Chart](#))

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Ensure the area is made safe. Put up a hazard sign and keep everyone out of the contaminated area,

Always wear the disposable gloves and apron provided in the Body Fluids Disposal Kit (BFDK), Body Fluids Disposal Kits can be found by all First Aid boxes, the Boarding Houses, Sports Hall and the Health Centre,

Follow the procedure for cleaning up body fluids as per instructions in BFDK. Complete an Incident Form,

Disposal of body fluids and thorough contamination cleaning is carried out under the direction of the Catering and Domestic Manager, with comprehensive cleaning materials available in the Housekeeping department. Please refer to the Health and Safety Policy.

#### **14 Defibrillator**

Sidcot School has a defibrillator to support intervention in the case of sudden cardiac arrest which can happen to people at any age and without warning. It is recognised that quick action in the form of early CPR and defibrillation can help save lives. The School Defibrillator is easy to use and staff are trained in the use of CPR as part of first aid training. The Defibrillator can be found in the entrance lobby of the Senior School Main Entrance.

#### **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 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**

- The Education (Independent School's Standards) Regulations 2014.
- The ISI Regulatory Handbook for Schools – Commentary on the Regulatory Requirements September 2018
- National Minimum standards for Boarding Schools 2015
- Keeping Children Safe in Education September 2018
- Statutory Framework for the Early Years Foundation Stage 2017
- The Children's Act 2004
- Supporting pupils at school with medical conditions (September 2015)
- FGM practitioner's guidelines 2014
- Female Genital Mutilation (Risk and Safeguarding) Guidance for Professionals May 2016
- Keeping Children Safe in Education (September 2018)
- Working together to safeguard Children (Dfe 2018)
- RCN toolkit for School Nurses 2014
- Information Sharing – Advice for practitioners providing safeguarding services to children, young people, parents and carers 2018
- What to do if you suspect a child is being sexually exploited, DfE, 2012

- Infection control: <https://www.gov.uk/government/organisations/public-health-england>
- North Somerset Safeguarding Children’s Board website [www.northsomersetscb.org.uk](http://www.northsomersetscb.org.uk)
- South West Child Protection Procedures website: [www.online-procedures.co.uk/swcpp/](http://www.online-procedures.co.uk/swcpp/)
- Mental Health and behaviour in schools (2016)
- Counselling in Schools - a blue print for the future (February 2016)
- Reasonable adjustments for disabled pupils 2015
- Supporting pupils at school with medical conditions (2015)
- Prevent Duty Guidance for England and Wales (2015)
- The Prevent Duty – Departmental advice for schools and childminders (June 2015)
- The use of social media for on-line radicalisation (July 2015)

## 19 Supporting Policies

- 2.1 Safeguarding and child protection Policy
- 2.6 Complaints procedure
- 2.11 Equal opportunities Policy
- 3.1 Admissions Policy
- 4.2 Supporting students with medical conditions, disabilities and SEN
- 4.3 Asthma Policy
- 4.4 Mental Health and Wellbeing Policy
- 5.6 Smoking, alcohol and drugs policy
- 7.3 Sex and relationships
- 8.1 Health and safety Policy incorporating first aid policy
- 12.1 and 12.2 Digital Security and Digital Safety

## 20 Document Change History

Date of Change	Detail significant changes and any new legislation / guidance taken into account
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

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## **Appendix 1 - Health Centre Information**

### Health Centre Opening Times

Monday – Friday                      8.00 am – 8.00 pm

Saturday                                9.30 am – 12.30 pm

### Health Centre Telephone Numbers

Telephone 01934 845 263

Mobile     07752 447 753

### Health Centre Staff Telephone Numbers

(Please contact for Help and Advice in an Emergency)

Tracy Buckland                                01275 791 070 / Mobile 07954 579 010

Jane Appleby                                    01934 732 075 / Mobile 07969 394 174

Nicky Cashmore                                01934 750 768 / Mobile 07875 288 523

### School Doctors:

Dr. Ruth Colson & Dr. John Jackson

Winscombe Surgery

Hillyfields Way

Winscombe,

North Somerset

BS25 1AF

Telephone 01934 842 211

<http://www.waveringdownmedicalpractice.nhs.uk>

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

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## **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 at The Primary Care Centre, you will be given an appointment time.

GP Clinic Primary Care Centre  
Grange Road, Uphill,  
Weston-super-Mare,  
Somerset BS23 4TQ  
Telephone 01934 724 010

Do not attend without telephoning first; these surgeries are for emergencies only

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, 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 & Dr. Jackson

Hillyfields Way, Winscombe, North Somerset, BS25 1AF

Telephone 01934 842211 / 842911

Medical Information/Medical History: See up to date school medical lists

Care Plan: In Boarding House Student, medical file

Up to date medication Information: In Boarding House Student, medical file

(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).

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### **Appendix 3 - Head Injuries Protocol**

Head injuries may vary from minor bumps to potentially life threatening injuries. The following procedures set out the steps that must be taken in the case of all head injuries.

All students who suffer a bump or blow to the head during term time must be seen by the School Nurse and an accident/incident form must be completed by the member of staff on duty/present at time of injury. The student will be given a head injury advice note.

Minor bumps to the head are assessed at the School Health Centre; usually an ice pack is applied and the student observed for a minimum of 15 minutes. Details of the accident/incident are recorded on the student's medical card, in the Health Centre day book and reported to the Senior Management Team via an accident/incident form. The student or their teacher is given a head injury note, this is to be taken home or to Boarding House (whichever applies) and given to parents/house parents/guardians at the end of the school day.

The School Nurse will make a courtesy call to parents/house parents advising of the injury (an answer phone message may be left).

Students who are assessed as having a more serious head injury are seen at the Health Centre if well enough to be moved. If the student is showing signs of concussion and/or lack of consciousness s/he must not be moved, the attending staff member must administer first aid treatment whilst the School Nurse is called, an ambulance must always be called first in an extreme emergency.

Parents/guardians of day students will be informed as soon as possible and the student will need to be taken home for close observation or taken to hospital according to their ongoing condition. Boarding students will be observed at the School Health Centre or taken to hospital according to their ongoing condition. Boarding House staff and parents/guardians will be informed and kept updated on the student's condition.

A student who has had a bump/blow to the head must be observed closely even if they appear well, and urgent medical help sought immediately if there is deterioration in their condition.

During school excursions/offsite activities any student who receives a blow/bump to the head, will receive same level of care and support as in school, this will be provided by the first aiders on duty at the time and/or the Centre Manager/event organiser.

Outside of term times parents/guardians must inform the school Health Centre if a child has received a bump/blow to the head and any treatment or advice given.



Sidcot School  
Health Centre Notice

Today \_\_\_\_\_ sustained a bump to the head at school and was examined by the School Nurse, no immediate health concerns were raised following the incident. Most bumps to the head do not lead to serious complications; however, you are advised to observe your child and seek further medical advice if you are in any way concerned.

Seek further medical help immediately if your child:

- Becomes increasingly sleepy or unconscious
- Complains of increasingly severe headache
- Complains of blurred or double vision
- Vomits
- Has a fit

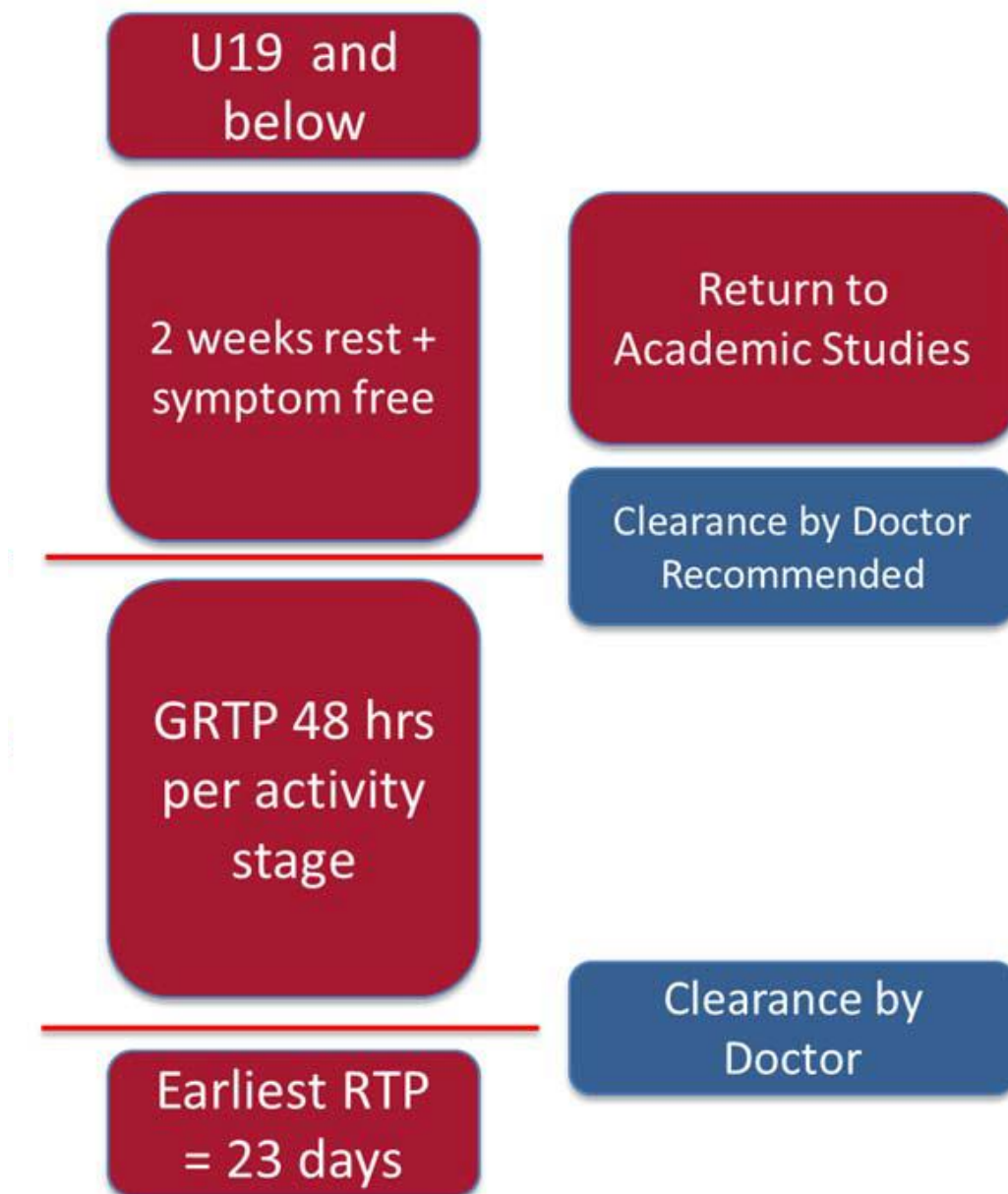
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Details of accident:



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#### Appendix 4 - The RFU return to play after concussion pathway



- Concussion must be taken extremely seriously to safeguard the safety and long term health of young players.
- Players suspected of having concussion must be removed from play and must not resume play in the same match, and until cleared to do so.
- All players suspected of having concussion must be medically assessed.
- Players suspected of having concussion or diagnosed with concussion must go through a Graduated Return to Play protocol (GRTP).
- Players must receive medical clearance before returning to play.

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## Appendix 5 - Health Centre Non-Prescription (household) Medication

### Paracetamol 500mg

Pain Relief/Mild Pyrexia

6 - 12 years: 1 tablet every 4+ hours - no more than 4 tablets in 24 hours

12 years & over: 1 - 2 tablets every 4+ hours, no more than 8 tablet in 24 hours

**Do not give to children under 6 years**

Paracetamol suspension available - Follow instructions on bottle.

### Lemsip (Contains Paracetamol 500mg)

### Lemsip Max (Contains Paracetamol 1g)

Pain relief, congestion - Cold/Flu symptoms

Max 1 sachet every 4 - 6 hours, (count each sachet as 1 paracetamol dose) no more than 4 doses of paracetamol or products containing paracetamol in 24 hours

**Do not give to children under 12**

### Ibuprofen 200mg

Pain relief/anti-inflammatory

Administer as per instructions: 1 – 2 tablets up to 3 times in 24 hours

Can be given in conjunction with Paracetamol for acute Pain/Swelling

**Do not give: to children under 12years, if Asthmatic, has a Stomach problem, is taking other Anti- inflammatory medication or Aspirin remedies**

### Ibuprofen syrup

Available for 3 – 16 years - Follow instructions on bottle.

**(DO NOT GIVE ASPIRIN TO STUDENTS)**

### Simple Linctus:

Relieves cough symptoms - Give 5mls up to 4 times per 24-hour period

**Do not give to children under 12 years**

### Simple Linctus Paediatric

Available: 1 – 12 years Follow instructions on bottle

### Glycerine, Lemon & Honey:

Relieves Coughs & Sore Throats

Children under 12 years: 5mls every 4 hours as required, 12 years & over: 10mls every 4 hours as required

### Piriton:

Allergy Relief - Administer as per instructions

(Only to be used for Hayfever in extreme circumstances)

**MAY CAUSE DROWSINESS - DO NOT DRIVE WHILST TAKING**

**In the case of severe allergic reaction: GIVE PIRITON AND SEEK FURTHER MEDICAL ADVICE**

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**Gaviscon:**

Heartburn and indigestion relief - Administer as per instructions

**Do not give to children under 12 years**

**Imodium/Loperamide Hydrochloride:**

For sudden acute diarrhoea - Administer as per instructions

(If diarrhoea lasts more than 24 hours seek medical advice)

Do not give for a sickness & diarrhoea bug

**Senokot:**

Constipation relief: Follow instructions according to age and severity of symptoms

**Dioralyte:**

Replacement of lost water & body salts following Diarrhoea

Follow instructions according to age and severity of symptoms

**Throat Chest & Lung Lozenges:**

For coughs & Sore Throats – suck as required (all natural ingredients)

**If symptoms continue or become more severe seek further medical advice**

**ALWAYS CHECK INFORMATION LEAFLET BEFORE GIVING ANY MEDICATION**

**Appendix 6 - Boarding House Non-Prescription (household) Medication****MEDICATION HELD IN BOARDING HOUSES**

Paracetamol Tablets 500mg, Ibuprofen, Lemsip/Hot Lemon (contains Paracetamol)

Piriton 4mg, Imodium/Loperamide Hydrochloride, All Natural Lozenges (See information below)

There may be times when other non-prescription Medication may be required by a student, these will be supplied as needed & returned to the Health Centre when they are no longer required.

**WHEN GIVING ANY MEDICATION ALWAYS CHECK INFORMATION LEAFLET ALL MEDICATION SHOULD BE ADMINISTERED AS PER INSTRUCTIONS ON BOX**

- House Staff must record all medication administered (This must include pupil's name, date and time given, and must be signed by the administering House Staff member)
- Staff must record any Boarding House stock medication used for personal use.
- Boarding House staff inform the Health Centre of any medication given 4 hours prior to the Health Centre opening by 8.15am Monday - Friday (9.30am on Saturdays).
- Health Centre Staff will inform Boarding House staff of any student who is administered medication within 4 hours of the Health Centre closing at 8pm weekdays.

All medication held in Boarding Houses must be recorded in the Boarding House Medication Book (A School Nurse will check Boarding House medication stock and records monthly)

**NO MEDICATION SHOULD BE ADMINISTERED FROM THE BOARDING HOUSE DURING HEALTH CENTRE OPENING TIMES WITHOUT PRIOR ARRANGEMENT**

**HEALTH CENTRE OPENING TIMES**

MONDAY- FRIDAY 8.00am – 8.00pm      SATURDAY 9.30am – 12.30pm

**HEALTH CENTRE TELEPHONE NUMBERS: 01934 845 263 / MOBILE 07752 447 753**

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## Boarding House Non-Prescription (Household) Medication

### Paracetamol:

Pain Relief/Mild Pyrexia

Less than 12 years 1 tablet (500mg) - no more than 4 tablet in 24-hour period.

12+ years 1-2 tablets (1gram) - no more than 8 tablet in 24-hour period.

### Ibuprofen:

Pain Relief/Anti-Inflammatory

Administer as per instructions: 1 – 2 tablets up to 3 times in 24 hours **Do not give to children under 12**

Can be given in conjunction with Paracetamol for Acute Pain/Swelling

**Do not give if: Asthmatic, has a stomach problem, or taking other anti-inflammatory medication**

**(DO NOT GIVE ASPIRIN TO STUDENTS)**

### Lemsip: (Contains Paracetamol 500mg)

Pain Relief, Congestion - Cold/Flu symptoms

Max 1 sachet every 4 - 6 hours, (count each sachet as 1 paracetamol dose)

No more than 4 doses of paracetamol or products containing paracetamol in 24 hours

**DO NOT GIVE TO CHILDREN UNDER 12 YEARS**

### Piriton:

Allergy Relief - Administer as per instructions (Only to be used for Hayfever in extreme circumstances)

**MAY CAUSE DROWSINESS - DO NOT DRIVE WHILST TAKING**

**In the case of severe allergic reaction: GIVE PIRITON AND SEEK FURTHER MEDICAL ADVICE**

### Imodium/Loperamide Hydrochloride:

For sudden Acute Diarrhoea - Administer as per instructions (If diarrhoea lasts more than 24 hours seek advice)

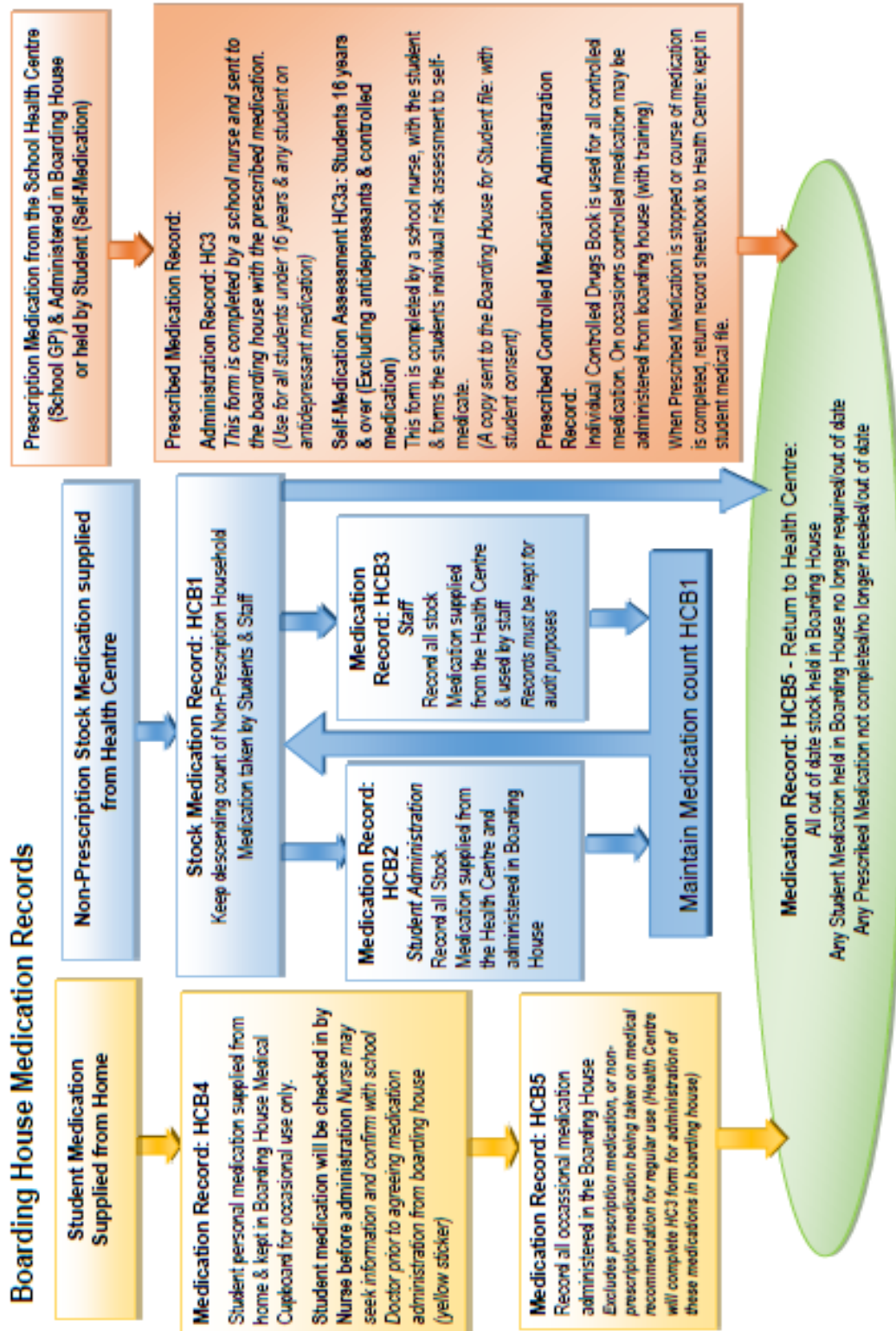
Do not give if student is known to have a sickness & diarrhoea bug

### All Natural Lozenges:

For coughs & sore throats – suck as required (all natural ingredients)

**Always check medication instructions and if in doubt seek further medical advice.**

Appendix 7 - Boarding House Medication Flow Chart



## Appendix 8 - Administering EpiPen: Managing Anaphylactic Shock

<p><b><u>Mild – Moderate Symptoms</u></b></p> <p>Eyes: Itchy, Swollen, runny Nose: Itchy, runny, blocked Mouth: Itchy, or swollen lips or mouth Skin: Itchy hives or rash, redness, swelling of face or other parts of body</p> <p><b>Give Antihistamine medication and observe</b></p>	<p><b><u>Severe Symptoms</u></b></p> <p>Deterioration in Consciousness: disorientation, feeling faint, becoming weak and floppy, glazed expression, unconsciousness</p> <p>Restricted Airway: Tightness of throat, hoarse voice</p> <p>Difficulty breathing: Shortness of breath, coughing, not able to speak in full sentences, noisy/wheezy breathing</p> <p>Deterioration in symptoms: getting steadily worse</p>
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**Not all symptoms may be present and may not appear immediately  
Symptoms may appear more than one hour after exposure**

Treatment by member of staff for students diagnosed with anaphylaxis

- Locate EpiPens: WITH STUDENT  
STAFF ROOM and BOARDING HOUSE
- Take out of packaging calmly
- Check Medication is in date and good condition
- Remove blue safety cap
- Plunge opposite end (orange tip) against outer thigh and listen for click
- Hold in thigh for 10 seconds, remove and rub thigh for 10 seconds
- Keep in sitting position and supported
- If no change in condition/getting worse after 5 minutes, administer second EpiPen in same way
- Keep used EpiPen for paramedic

Whilst treatment is being given another responsible person **must:**

CALL AN AMBULANCE 999

The Ambulance/Paramedic must attend and take Student to hospital (Unless agreed student will be monitored in the school Health Centre)

CALL SCHOOL NURSE ON DUTY: 01934 845263 OR 07752447753

CALL STUDENTS PARENTS (Day Students)

NOTIFY PARENTS/GUARDIANS AS SOON AS POSSIBLE (Boarding Students)

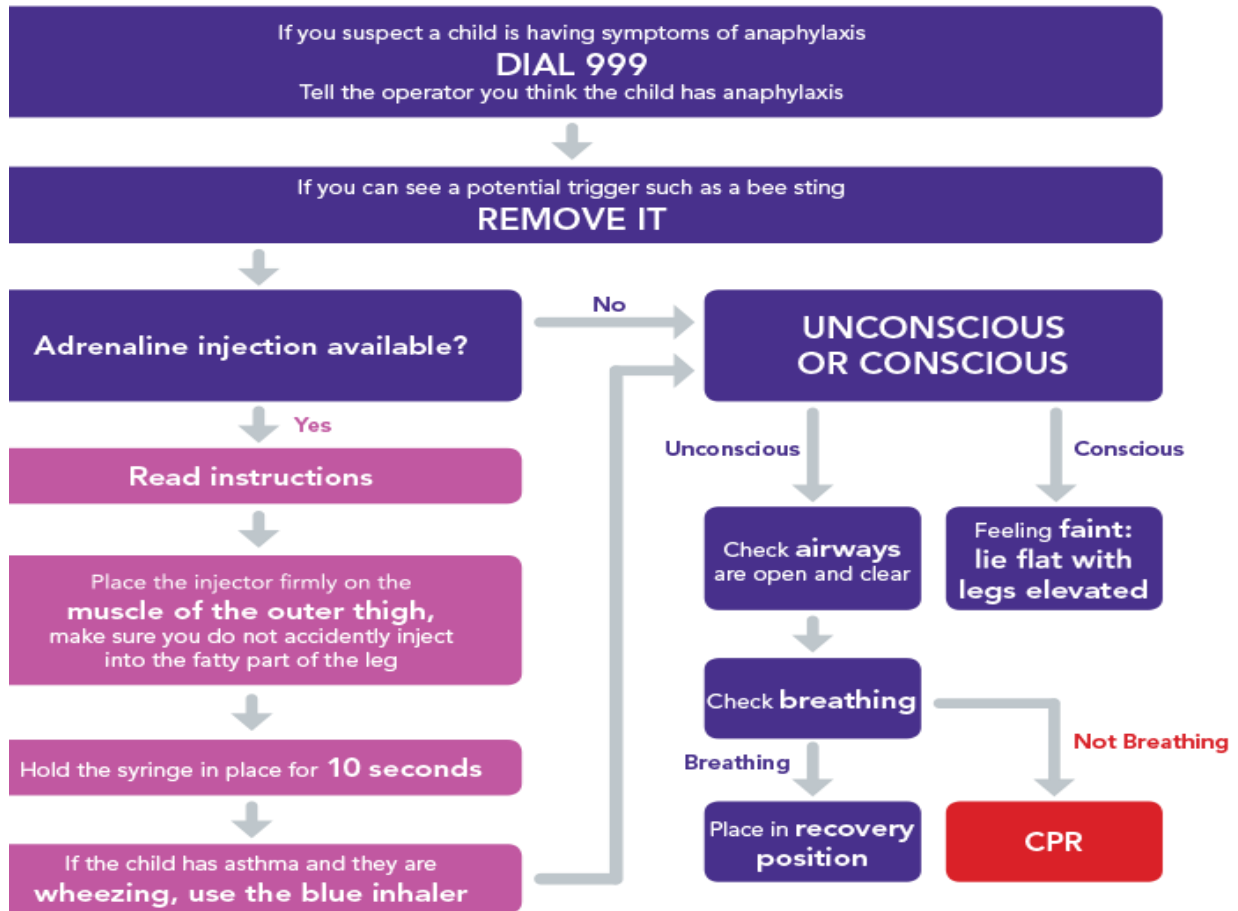
Treatment being given is Adrenaline via EpiPen for **Anaphylactic Shock**

(Take used EpiPen and packaging to hospital)

Although you don't want to give adrenaline unnecessarily, if it is in your opinion needed, please give!

Using the EpiPen in an emergency will not cause the student any harm, however they will need to be assessed by a paramedic and go to hospital for observation, unless the attending paramedic is happy for student to be cared for in the school Health Centre with close monitoring.

## Appendix 9 - Flow Chart: Managing Anaphylactic Shock



## Appendix 10 - Guidelines for infection control EYFS, Junior School and Senior School

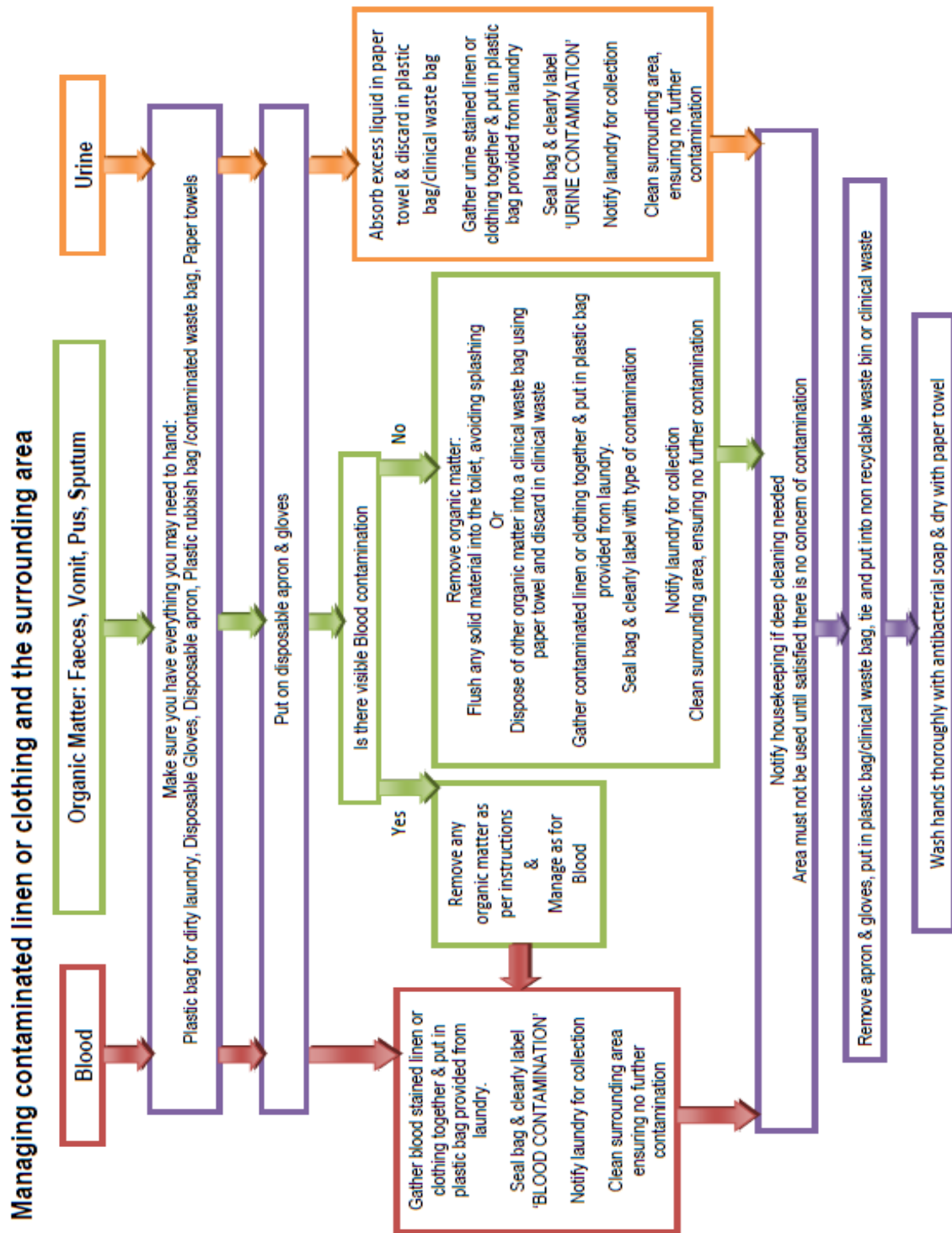
Disease	Time between contact with infection & symptoms	Length of time child is Infectious	Exclude from school Year 3 - 13	Exclude from school EYFS Years 1 & 2	Comments
<b>Gastroenteritis</b> <b>Diarrhoea and/or vomiting</b>	8-10 days	6-16 days	48 hours from last episode of diarrhoea or vomiting.	Exclude for 48 hours + an extra day if unable to maintain good personal hygiene. Exclude from swimming for 1 week. School must be advised	A delayed return to school should apply for any student where there is concern about their ability to manage good personal hygiene
<b>Chickenpox</b>	11-20 days	Up to 4 days before to 5 days after.	5 days from the onset of rash. School must be advised.		Avoid infection in pregnant women and people with a weak immune system. Do not give Ibuprofen.
<b>Campylobacter</b>	1-11 days	Usually not infectious if treated & diarrhoea has resolved.	48 hours from last episode of diarrhoea.	Exclude for 3 days from last episode of diarrhoea. School must be advised	A delayed return to school should apply for any student where there is concern about their ability to manage good personal hygiene
<b>Conjunctivitis</b>	3-29 days Mean = 8	While active by direct contact. Infective up to 2 weeks.	None Stay off school if not well	Must be off school if eyes are very weepy to reduce cross infection. School must be advised	
<b>Fifth disease (slapped cheek)</b>	13-18 days		None, Stay off school if not well. School must be advised		Avoid infection in pregnant women & people with a weak immune system
<b>Glandular fever</b>	33-49 days	At least 2 months	None, Stay off school if not well. School must be advised		
<b>Hand, foot and mouth disease</b>	3-5 days		Stay off school until blisters have crusted over. School must be advised		
<b>Head lice</b>		While harbouring lice.	None: But must be treated chemically or wet combing every three days for 2 weeks to remove all lice.		Long hair should be tied up
<b>Hepatitis A</b>	15-50 days	2 weeks before & 1-2 weeks after jaundice onset.	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).		Ensure good personal hygiene



<b>Herpes simplex virus (cold sores)</b>	1-6 days	While lesions are moist.	Exclusion dependent on good hygiene	Highly infectious, Exclude until sores are dry.	Ensure good personal hygiene Avoid touching infected area Avoid kissing
<b>Impetigo</b>	2-33 days		Until treated for a minimum of 48 hours and until the sores have crusted over		Ensure good personal hygiene Avoid touching infected area. Avoid kissing
<b>Measles</b> * notifiable disease	4-19 days	4-19 days Highly contagious in non-immunised	4 days from onset of rash. School must be advised		Risk of serious infection in people with a weak immune system Avoid infection in pregnant women
<b>Mumps</b> * notifiable disease	15-24 days	10-29 days. Moderately infective in non-immunised	5 days from onset of swelling. School must be advised		
<b>Ringworm</b>		Until lesions resolve.	Until treatment has commenced		Ensure good personal hygiene
<b>Rubella</b> * notifiable disease	13-20 days	1 week before to approx. 4 days after onset of rash.	6 days from onset of rash. School must be advised		Check all female contacts immunity Avoid infection in pregnant women
<b>Scabies</b>		Until mites and eggs are dead.	Can return to school after first treatment. Stay off school if unable to concentrate/manage itchy skin.		Risk of transmission is low in schools but outbreaks do occur. Close contacts should also be treated.
<b>Scarlet fever</b> * notifiable disease	1-3 days	Infectious first 3 days of treatment.	3 days after starting antibiotic treatment. Stay off school longer if not well. School must be advised		
<b>Threadworms</b>		Until all worms are dead.	None	Exclusion dependant on child's ability to manage good hygiene. Ensure handwashing & thorough toilet cleaning. School must be advised	Ensure good personal hygiene Close contacts should be treated. Sand & play doe are known to harbour threadworm eggs & must be changed if a child early years is known to be infected.

<b>Tuberculosis</b> * notifiable disease		Until 14th day of treatment.	Consult local health protection unit for specific advice. School must be advised.	
<b>Warts and verruca's</b>		None	None	Care needed with verruca's around swimming pools & in changing rooms. Waterproof plaster, verruca socks or pool side footwear <b>must</b> be worn.
<b>Whooping cough</b> * notifiable disease	7-10 days	4 weeks after onset of cough. Shorten to 7 days with antibiotics.	5 days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment. School must be advised	Check immunisation of contacts. Highly infectious in non-immune populations.
<b>Viruses and infections</b>	Dependent on virus or infection		Exclude until child is well to be in school and temperature is normal (37 degrees).	If symptoms persist or get worse see GP. Ensure good personal hygiene

## Appendix 11 - Safe Disposal of Body Fluids Flow Chart



Note: chlorine releasing powder found in body fluids disposal kits is not suitable for use on linen (bedding/towels) or clothing as may damage/discolour the fabric