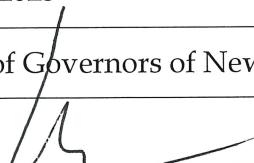


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New Hall School

Medical & First Aid Policy

Reviewed by	Senior Leadership & Management Team
Date	15/06/2023
Authorised by	Board of Governors of New Hall
Signed	

MEDICAL AND FIRST AID POLICY

This Policy is applicable to all students and staff at New Hall School and is relevant to parents and guardians of students at the School. It aims to ensure that there is a high standard of medical and first aid provision within the School for all ages.

This policy complies with s3(13) of the Independent School Standards, the Health and Safety at Work Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981, and the Approved Code of Practice and Guidance for the Health and Safety (First Aid) Regulations 1981. Its status is advisory only.

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1 Health Care Arrangements

This Policy covers the School's arrangements for first aid, the administration of medication, the care of students with medical conditions and for those who are unwell.

The School has a Health & Wellbeing Centre, with two Nurses and one Healthcare Assistant, approximately 13 trained first aiders and a Counsellor.

The Health & Wellbeing Centre is staffed by a Health Care Team who receive ongoing training and appraisal and provide medical care for the boarding and day students, as well as staff and visitors who may need medical assistance during the School day.

1.1 Health & Wellbeing Centre Accommodation

The Health & Wellbeing Centre has three in-patient bedrooms, 2 with wash basin facilities. There are 3 student toilets which would be assigned for individual use if required for isolation to prevent cross infection. There is a staff bedroom for when the on-call member of staff has to care for a boarder overnight. There are three consulting rooms where students are assessed for appropriate care. There is a kitchenette where drinks and light meals can be prepared. Other meals would be arranged through the Catering Department.

1.2 Health & Wellbeing Centre Team

School Medical Officer/GP: Dr Ramoo/Dr Kithsiri

School Nurses: Mrs Cily Tomy and Mrs Jessica Sell

Healthcare Assistant: Mrs Carla Coyne

School Counsellor: Miss Gillian Wharmby

1.3 Medical Arrangements

All information will be communicated via the Medical Records System (MRS). See Section 6 for further details.

- Medical care of all students at the School is provided under the NHS by General Practitioners from Little Waltham and Great Notley Surgery, Notley Green, Braintree, CM77 7GS. One of the partners, is the School Medical Officer ('MO'), who visits the School twice a week. Other appointments can be made at the surgery.
- School fees include personal accident & dental accident insurance. All students are offered health insurance, personal effects and School fees refund insurance cover when they join the School.
- Students who require private specialist referrals outside the NHS would require UK private health insurance e.g. School Axa PPP medical insurance scheme, as international private insurance is not recognised for covering any consultations or treatment in the UK. If specialist referrals are required without appropriate cover, a referral would be made to be seen by the NHS and an appointment would be given once there was availability on that waiting list.
- Students, both day and boarding, may attend the Health & Wellbeing Centre for routine health advice or treatment between the hours of 8.00am and 6.00pm (normal School hours), but, where possible, they should attempt to avoid missing lessons or School activity time. If they need urgent or emergency treatment they can attend at any time.
- New Hall School has Nurses who can be called for medical advice, urgent /emergency care and for care of an unwell day student or boarder at any time. In order to contact the on call staff call 07811 819 135 in the first instance.
- For emergencies during School hours the Health & Wellbeing Centre can be contacted on internal Ext 232 or through reception on Ext 0

- Staff may attend the Health & Wellbeing Centre during School hours for medical advice and/or treatment.

1.4 Medical Information

Medical information, whether it relates to a student's condition or any care given whilst at School, is documented on the iSAMS Medical Module. This system is restricted for use by designated users only, to protect confidentiality. Access will be restricted to that reasonably required.

1.5 Care of Boarding Students

- When boarding students feel unwell out of School hours they should inform the boarding house staff. The on-call Nurse can be contacted if needed and will assess and give the appropriate care for the boarder. If required, boarding students will be admitted to the Health & Wellbeing Centre. If a boarder is admitted during the School day, the Head of Boarding should be informed. Parents/guardians should be informed of any admission and kept up to date with care and treatment given as well as progress of their recovery. In an emergency, an ambulance should be called, or arrangements made to escort the student to A&E.
- Boarders are not permitted to rest in the boarding house without permission if they are unwell and should not rest in the Health & Wellbeing Centre unless they have been assessed and given permission, after liaison with the Head of Boarding.
- New boarding students can choose to register with the School MO. This registration will take place as soon as possible in the September of their joining academic year. If a student is registered with the MO, this will replace any registration at another GP surgery. We advise that all full boarders register, whilst weekly boarders can choose whether or not to do so, depending on convenience. Students are entitled to register with another local doctor and arrange their own appointments and transport, but the School Health & Wellbeing Centre must be informed with whom the student is registered and the School informed if a student will be absent.
- All registered boarders will have a medical at the Health & Wellbeing Centre to discuss any past medical history, whether they are taking any medication and to have base line recordings of blood pressure, height and weight, and a sight test can be arranged if necessary
- If a student is seen by another doctor or other healthcare professional during the holidays, or at any other time, the Health & Wellbeing Centre should be informed of details. Students can see another GP during the holidays if they are registered with the MO as a Temporary Resident. If they complete a full registration form with another GP, their notes will be transferred away from the MO.
- A MO's clinic for boarding students takes place in the Health & Wellbeing Centre on Tuesday and Friday lunchtimes. If a student needs an urgent appointment outside of these times, students can be seen at the Practice Surgery after assessment by Health & Wellbeing Centre staff. Transport and an escort will be arranged.
- All boarders have access to medical, dental, optometric and other specialist services. This will be arranged via the Health & Wellbeing Centre and with referrals arranged from the MO and parental consent where required. Appointments will be arranged where possible around lessons. Transport will be arranged by taxi with an escort where necessary. All under 16s must be escorted and the Health & Wellbeing Centre staff will assess whether older students require an escort or not, depending on the nature of the appointment attended. When arranging an escort, any member of staff may be asked to accompany students on external visits; all New Hall staff have DBS clearance, and they will be instructed to brief the Health & Wellbeing Centre on their return with any relevant information.

- The School Counsellor runs sessions from Monday to Friday for students requiring emotional support. The external Counsellor comes in on a Monday morning. Day students may also use this service.

1.6 Medical Information for School Trips

- Any relevant medical information that can be shared about the students attending the trip will be given to the trip organiser. A Medical Flag report will be produced for each trip for all students who suffer from a medical condition or allergy, will be provided by the Healthcare Assistant.
- The Healthcare Team will arrange First Aid kits for School trips and any other homely or prescribed medications needed. They will give appropriate instruction and training to the trip organiser and/or other staff about the medications and their storage and administration.
- It is the teacher/trip organiser's responsibility to inform, in advance, regarding the names of the students attending the trip so that medical provisions and medical advice can be given.

<h2>2 Roles and Responsibilities</h2>
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2.1 Medical Care

The Governors have overall responsibility for the implementation and review of this policy.

The Vice Principal (Boarding) is responsible for:

- ensuring that sufficient numbers of staff are suitably trained and are able to access all relevant information and teaching support materials required to assist students with medical conditions
- ensuring that sufficient numbers of trained staff are available to support students' medical needs at all times whilst they are under the care of the School, including making contingency plans for staff absence and emergency situations
- ensuring that information regarding an individual student's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need-to-know basis
- ensuring that risk assessments take into account the additional risks posed to individual students as a result of their medical conditions
- the overall development and monitoring of individual Health Care Plans at the School
- ensuring that staff have sufficient understanding to ensure the well-being of children in their care for example to understand instructions such as those for the safety of medicines

2.2 Parents

The School promotes on-going communication with parents to ensure that the specific medical needs of all students in its care are known and met.

Parents should provide the MO with sufficient information about their child's medical condition or needs. Ideally, a G.P. letter listing treatment, special needs and current medication should be provided. They should ensure that their child's immunisations are up to date, according to the UK Department of Health schedule and give dates of when administered.

Parents should reach agreement on the School's role in supporting their child's medical needs; in accordance with the School's policy and complete the School's Medical Questionnaire and Consent Forms upon admission. Where appropriate, parents will be invited to consult with the School and relevant healthcare professionals to produce an individual Health Care Plan for their child.

Parents should also inform The Healthcare Team where a student will require either prescription or non-prescription medication to be taken at School and of any changes to the medication required.

The School requests that medication is only taken at School if it is essential, that is where it would be detrimental to the student's health not to administer the medication during the School day. Where possible, medicines should be taken at home, before and after attending School.

The Healthcare Team will seek student and parental agreement where appropriate before passing on information about the student's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a student.

2.3 Health Team, Boarding Staff, Teaching and relevant support staff

All staff must be aware of the contents of this document and their likely/possible role in providing care for the student, e.g. administration of medicines. They must seek any advice from the Health & Wellbeing Centre.

2.4 Health Team

Nurses and the Healthcare Administrator are responsible and accountable for the day-to-day medical care of day and boarding students in the Health & Wellbeing Centre. This includes the maintenance of records and communication with relevant staff and parents. They must all work within the guidelines in this policy and within their governing body's professional code of conduct.

The Healthcare Team has overall responsibility for the day-to-day management of the Senior Divisions Health & Wellbeing Centre and all activities connected to the care of the student including administration of medicines. The Nurses administer medication and review medical records along with the Healthcare Assistant.

2.5 Boarding Staff

Boarding staff have responsibility to work according to these guidelines. They are responsible for providing basic medical care/treatment with instructions from the parents and The Healthcare Team, e.g. giving medication and monitoring of mild illness. They are responsible for maintaining records in the boarding house and communicating to the Health & Wellbeing Centre team and parents any changes or causes for concern. They will seek advice from The Healthcare Team when necessary.

2.6 Teaching Staff and other Staff

Non-boarding staff have occasional involvement and responsibility to work according to these guidelines, for example, in an emergency or when accompanying students on a School excursion away from School premises.

2.7 Medical Officer (MO)

The MO has overall responsibility for advising the School on health care for students. This includes liaising with The Healthcare Team and authorising appropriate homely medication and its use within the terms of this policy.

2.8 First Aid

- The Vice Principal (Boarding) is responsible for regularly monitoring the systems and management for the protection of the medical welfare of students to identify whether review or change in welfare practice is needed.
- The School will ensure that there are adequate and appropriate First Aid equipment, facilities and First Aid Personnel on the School site.
- The Vice Principal (Boarding) delegates to The Healthcare Team the day-to-day responsibility for ensuring that there is adequate First Aid equipment, facilities and First Aid Personnel available to the School.
- The Vice Principal (Boarding), in conjunction with the Health & Safety Officer and Health Team, will regularly review the School's First Aid needs to ensure that the School's First Aid provision is adequate.
- The Vice Principal (Boarding) delegates to The Healthcare Team the responsibility for collating medical consent forms and important medical information for each student and ensuring the forms and information are accessible to staff as necessary.
- The Health & Safety Officer is responsible for ensuring that staff have the appropriate and necessary First Aid training and that they have appropriate understanding, confidence and expertise in relation to First Aid.
- The Health & Safety Officer is responsible for ensuring that the School has an adequate number of First Aid Personnel on site at all times.
- All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of First Aid. All staff will use their best endeavours, at all times, to secure the well-being and welfare of the students.

3 First Aid: Emergencies Procedure in the event of an Accident/Illness

3.1 Emergencies

In the event of an emergency an ambulance should be called via 999 and the Health & Wellbeing Centre should generally be contacted without delay on Ext 232. If out of normal School hours the on-call Nurse should be called on 07811 819 135 in the first instance and an ambulance called if deemed necessary. They will take over the administration of First Aid but should not be left and will call for further assistance if necessary. This does not, however, affect the ability of any person to contact the emergency services in the event of a serious medical emergency before implementing the terms of this policy and make clear arrangements for liaison with the ambulance services on the School site.

Should a student be diagnosed by a member of The Healthcare Team or MO with concussion after a head injury, strict guidelines are in place to ensure that they are safely treated, monitored and have gradual return to exercise. Refer to the School's *Concussion and Graduated Return to Play Policy*.

3.2 Calling an ambulance

If an ambulance is required, there must be someone with the casualty at all times. If that person is on their own, they must shout for help. When help has arrived and, in your assessment, an ambulance is required, call 999 in the first instance, then The Healthcare Team should be contacted in the Health & Wellbeing Centre on Ext 232 or, if out of hours,

via the on call number. Ensure someone has informed reception that an ambulance is on its way and where it is needed, so that they can meet the ambulance on arrival. Reception will inform one of the Senior Leadership Team. Examples of medical emergencies may include:

- a significant head injury
- fitting, unconsciousness or concussion
- difficulty in breathing and/or chest pains
- exhaustion, collapse and/or other signs of an asthma attack
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- possibility of a serious fracture

Arrangements should be made to ensure that any student is accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact the student's parent(s) (or legal guardian(s)) in time.

For management procedures for asthma, anaphylaxis and epilepsy and diabetes see Appendix.

3.3 External Out of Hours Contacts:

NHS Direct: 111

Broomfield Hospital: 01245 363 0000

Court Road, Chelmsford CM1 7ET

Sharrow Dental and Orthodontic Practice: 01245 354046

3.4 Automated External Defibrillators ('AEDs')

New Hall School has five Automated External Defibrillators (AED), which are located in the Swimming Pool Office, outside the Porters Office, the Senior Divisions Health & Wellbeing Centre, Preparatory Division Reception and on the wall outside the staff & visitors toilet near the Library. Swimming Pool, Health Staff and some First Aiders are trained in their use.

The AEDs should only be used where a person is in cardiac arrest. The machine will not work if the person is conscious, breathing and/or their heart is still beating.

If a person is suffering from a cardiac arrest, the first person on the scene should immediately call the emergency services and commence CPR. If possible, a First Aider who is trained in the use of AEDs should be called for. However, AEDs are designed to be used by **any** person by following the step-by-step instructions on the AED Machine.

The person administering the AED should ensure that the area around the casualty is clear before administering the AED. They should then stay with the casualty until the emergency services arrive.

3.5 Asthma register and emergency inhalers¹

The other requirements of this policy apply to emergency inhalers, including, but not limited to, appropriate training, use, supply, storage, care, disposal and record keeping.

¹ See DfE Inhalers Guidance: keeping an emergency inhaler (and adopting the procedures in the Inhalers Guidance) is optional but recommended.

The Healthcare Team is responsible for ensuring that the Inhalers Guidance is properly implemented and followed.

General information on how to recognise and respond to an asthma attack is contained in the guidance referred to in the Appendix.

The Healthcare Team will hold and be responsible for restocking at least 2 emergency inhalers (which may be bought without prescription). An emergency inhaler may be used if a student's prescribed inhaler is not available (for example, because it is broken, or empty) or in the event of an asthma attack.

Only students who have been diagnosed with asthma and/or who have been prescribed a reliever inhaler may use an emergency inhaler. The Healthcare Team will maintain an up-to-date register of students who have been diagnosed with asthma and/or who have been prescribed a reliever inhaler and in respect of whom parental consent to the use of the emergency inhaler has been obtained. The register should be reviewed regularly (at least annually) to consider students' changing asthma care needs. A copy of the register is to be stored with the emergency inhalers.

Parents are to notify the School as soon as practicable that a particular student has been diagnosed with asthma and/or has been prescribed a reliever inhaler. Notification should be accompanied by a completed consent form signed by the parents in the form set out at Annex B of the Inhalers Guidance (a copy of which is available from the Healthcare Team on request). Completed consent forms should be stored on the student's file and, where appropriate, the individual Health Care Plan updated accordingly.

The School adopts the Inhalers Guidance in respect of the use of emergency salbutamol inhalers and holds stock salbutamol inhalers which can be used when a student is not able to access their own inhaler.

If an emergency inhaler is used by a student, the Healthcare Team will notify the relevant parents or guardian(s) as soon as practicable. If the emergency inhaler is used on a trip, the organising member of staff is responsible for informing the Healthcare Team.

Emergency inhalers are also to be stored, cared for and disposed of in accordance with Part 3 of the Inhalers Guidance.

Please also refer to Appendix A.

3.6 Procedure in the Event of an Accident or Injury

If an accident occurs, then the member of staff in charge should be consulted. That member of staff will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. If necessary, the Healthcare Team should be called as soon as is possible. Appointed Persons or First Aiders can also be called, if necessary, and, if The Healthcare Team are not available, should be called immediately. However minor the injury, The Healthcare Team should always be informed, even if not called.

Any witnesses to any accidents or incidents should complete the online Evolve form, recording any accidents.

If a First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for The Healthcare Team, or for an ambulance, or make arrangements to transport the injured person to an emergency department or arrange access other appropriate medical services.

Staff should always call an ambulance when there is a medical emergency an/ or serious injury.

4 First Aid: First Aiders and First Aid Kits

The First Aid arrangements within this policy are based on the results of a risk assessment carried out by the School in regard to all staff, students and visitors.

First Aid means the treatment of minor injuries which do not need treatment by a medical practitioner, as well as treatment of more serious injuries prior to assistance from a medical practitioner, for the purpose of preserving life and minimising the consequences of injury or illness.

The main duties of First Aiders are to give immediate First Aid to students, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary.

First Aiders are members of staff who have completed an approved First Aid course and hold a valid certificate of competence in First Aid at Work ('FAW'), Emergency First Aid at Work ('EFAW'), Paediatric First Aid certificate ('PFAW') or an approved alternative qualification which has been identified in place of FAW, EFAW or PFAW which meets the requirements of the First Aid Guidance.

There will be at least one First Aider on site when children are present. As well as The Healthcare Team, there are a number of teaching resident and support staff who are trained and qualified as First Aiders. This comprehensive list can be obtained from the Estates Administrator.

In the Early Years Foundation Stage (EYFS) setting, at least one person who has a current paediatric First Aid certificate ('PFAW') will be on the premises at all times when children are present. Any assistant who might be in sole charge of children for any period of time must hold a current PFAW certificate. On outings including children from the EYFS there must be at least one person who has a current PFAW certificate³.

First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the Estates Administrator.

First aiders will undergo updated FAW, EFAW and PFAW training at least every three years to maintain their qualification.

4.1 First Aid Kit

First Aid kits are marked with a white cross on a green background. The content of the First Aid kits will be determined by the School's First Aid needs assessment and will usually be

stocked in accordance with Workplace First Aid kits. Staff who are responsible for their department's/class First Aid kits must contact the Health & Wellbeing Centre with their re-stock requests when needs arise.

All requirements for departmental/class First Aid kits are supplied by The Healthcare Team and are regularly stocked at request of individual departments. The contents of the First Aid kit are as follows:

- A leaflet giving advice on first aid
- 20 Individually wrapped sterile adhesive dressings (assorted sizes)
- 2 Sterile eye pads
- 2 Individually wrapped triangular bandages (sterile)
- 6 Safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings
- 2 large sized individually wrapped sterile unmedicated wound dressings
- 3 Pairs of disposable gloves
- 2 Ice packs
- 3 Sick bags
- 10 Sterile individually wrapped wound cleaning wipes
- 3 Sterile Saline ampules for irrigation
- 1 Foil blanket
- 1 Scissors
- 1 Roll of tape
- 3 Sanitary pads
- 3 Tampons
- 1 Thermometer
- Tweezers
- Medicines in a separate bag as needed

First Aid kits are available for trips and other off-site events and can be collected in advance from the Health & Wellbeing Centre. All staff should be aware of where their nearest First Aid kit is located.

The School's minibuses must have a prominently marked First Aid kit on board which is readily available for use and which is maintained in a good condition. The First Aid kit should be stocked in accordance with part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078).

4.2 Sports Department

The Sports Department is responsible for providing First Aid kits for the relevant sporting areas within the School. We have Paramedic ambulance cover for specified sporting fixtures through Medics24 Ltd and PFA; they are permitted to transport any casualty to hospital, preventing any delay of treatment.

A First Aid kit should be taken with any travelling team. If an incident occurs, medical treatment should be sought from the visiting School's First Aid Personnel. If necessary, the student should be taken to the nearest Emergency Department by a member of Staff.

Treatment and after-care should then be followed up by The Healthcare Team. Any incident or treatment must be reported to the Healthcare Team on return to School.

5 Students with Medical Conditions

Many students will at some time have a medical condition that may affect their participation in School activities and learning. For many this may be a short-term condition. Other students have medical conditions that, if not properly managed, could limit their access to education. These students are regarded as having medical needs. Most children with medical needs are able to attend School regularly and, with support from the School and The Healthcare Team, can take part in School activities. However, School staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk and there may be some activities that are unsuitable.

An individual Health Care Plan can help the School to identify the necessary safety measures to support students with medical needs and ensure that they and others are not put at risk. An individual Health Care Plan should be completed by the Healthcare Team with information from the student's parents. A meeting with the parents should be held in the case of any condition that may require the School to make reasonable adjustments for the student to participate in the School's activities.

Parents or guardians have prime responsibility for their child's health and should provide the School with information about their child's medical condition. Parents should give details in conjunction with their child's GP or Paediatrician. The MO, Health Team and specialist voluntary bodies may also be able to provide additional background information for School staff. This information would be confidential and only shared with other members of staff after discussion with parents to ensure the safety and wellbeing of the student.

All staff should be aware of such medical conditions as asthma, anaphylaxis, diabetes and epilepsy and the emergency care that they may require contained in the protocols in the Appendix. These protocols are drafted by The Healthcare Team/MO. Copies of the protocols are available from The Healthcare Team / on the School's website.

All new starters will be made aware of the terms of this policy during their induction, and of details of protocols relevant to those students under their care.

The Healthcare Team can be contacted for any information or advice on these specific conditions and any other conditions a student may have. Specific medical information is only shared with relevant staff in so far as it is important for the wellbeing of the student, whilst at School and on trips. Further details can be requested and given if appropriate for the student's care. This is updated as soon as the School is informed of the condition and as and when The Healthcare Team is informed of any changes/updates.

6 Medical Records

The Healthcare Team maintains secure medical documentation regarding any students seen. The Healthcare Team record all consultations with students on the iSAMS Medical Module and consultations with the MO on their NHS medical records. To ensure continuity of care and patient safety, the boarding staff and specifically identified other individuals have limited access to information stored on the electronic medical records system that The Healthcare Team have not marked as restricted or confidential.

The MO's notes are strictly confidential unless the MO and/or student, if of sufficient maturity and understanding, give permission for the information to be shared to those in loco parentis of their care. Please see section 11.

There should be an individual Health Care Record (in the form of the Medical Questionnaire) and individual Health Care Plans where necessary, containing relevant information provided by parents and recording significant health and welfare needs and issues. This will be held in conjunction with shared electronic records (iSAMS), which can be accessed by The Healthcare Team, boarding staff and other key designated persons.

An individual Health Care Plan will be kept for each student with a chronic/notable condition, whether or not regular medication is required and it should be updated on at least an annual basis or as appropriate if circumstances change as identified on their individual Health Care Record. This will be held on the MRS.

All communications concerning students' past illnesses, current health or future treatment should be addressed to the School Medical Officer direct, accompanied by a letter from the doctor consulted.

The Healthcare Team will be responsible for documenting all medication given to students, any other information relating to their medication, ensuring the appropriate maintenance of records and use of the iSAMS Medical Module within the Health & Wellbeing Centre and advising other members of staff. They can appoint other members of staff to be the "designated person" to oversee medication procedures on a day-to-day basis with appropriate instruction.

All records should be properly completed, legible, current and available for inspection at all times. Records should provide a complete audit trail of medication. A list of specimen signatures should be kept by the Health & Wellbeing Centre of all staff who are deemed competent to be involved in the administration of medicines, and/or first aid, following relevant training and/or induction.

Medicine records should be kept for at least 15 years from the date of the last entry.

There is a statutory requirement to record information on all medicines in boarding Schools. Records of current medication must be kept for each student. The following records relating to all medicines must be kept:

- all medicines received by the School
- all medicines prescribed for students
- all medicines administered by the School
- all medicines transferred out of the School or returned to the pharmacy for disposal

6.1 Receipt of Medicines

All medicines brought into School from whatever source should be formally received by a member of The Healthcare Team and the following information recorded on the students shared electronic health record on the MRS. The individual record should show:

- Date of receipt
- Name and strength of medicine
- Quantity received

Relevant consent forms should be completed by the parent, or member of Health Team if a boarding student, and uploaded to the MRS so that it may be viewed by all parties permitted to administer medication.

6.2 Recording of Medicines Administered to Students

All medication administered to students must be recorded on iSAMS. This will include prescribed medication and non-prescribed medication administered by boarding staff or the Healthcare Team.

All records relating to an individual student are held electronically on the MRS, which can be accessed by the Healthcare Team, boarding staff and other key designated persons all specific staff are to be competent in their use of the iSAMS Medical Module.

The iSAMS Medical Module should be consulted at the time of administering medication to observe the time of the last administered dose. The reason for its administration must be recorded including any medication refused, missed doses, date discontinued and reason.

Details of any medication errors should be recorded on the MRS as a note and the Healthcare Team must be notified as soon as practicable.

6.3 Disposal of Controlled Drugs and Other Medicines

All controlled drugs that are out of date or no longer required should be returned to the local pharmacy for destruction or the MO will return to the surgery pharmacy, after obtaining positive consent from the parent of the student for whom they were prescribed. A record of receipt, signed by the receiving Pharmacist, should be obtained and retained by the School Healthcare Team. All other unwanted drugs are to be returned to the pharmacy for destruction.

Prescribed medicines for an individual student are their property and should be returned to the student, parent or member of staff as appropriate when leaving the School for any period. Failure in them being collected will result in them be destroyed at the pharmacy. Consent, verbal or written, is required before the medicine can be returned to the pharmacy for disposal. This consent should be recorded, by a member of the Healthcare Team, on the MRS for the relevant student.

6.4 Disposal of medicine should occur when:

The expiry date is reached.

- A course of treatment is finished or is discontinued.
- When a dose of medicine has been removed from the original container but then not taken by the student. It should be kept by the Health & Wellbeing Centre and returned to the pharmacy for safe disposal.
- Positive consent has been obtained if the medicine is not a stock item but belongs to a student.
- If a student has left the School and the medication has not been collected by the parent or student within 14 days of contacting them.
- In the event of death of a student, keep for 14 working days in case needed by Coroner's Office or Courts.

Controlled drugs obtained on individual NHS prescriptions may be disposed of by returning to the supplying pharmacy.

Boarding house staff should sign the drugs out by documenting such on the MRS. Medicines should only be disposed of through the Health & Wellbeing Centre.

Return of medicines for destruction should be authorised by the Healthcare Team, who should ensure that the record of return is completed; this can also be given to the MO for disposal

The record of disposal should include:

- The student's name (for prescribed, controlled drugs and individual homely remedies)
- Name, strength and quantity of medicine
- Date of return
- Consent of student (as appropriate)
- Signature of medical team authorising the return

7 Medications in School

Where a student requires supervision to take their medication or where such medication will be administered by staff, students receiving medication should be made aware of when and where they should attend at the prescribed times to receive their treatment.

New Hall School does not allow students to carry or administer any medications in School, without prior consultation and permission from The Healthcare Team. The Health & Wellbeing Centre has a stock of some homely medications that can be given after assessment e.g.: paracetamol.

7.1 Self-Administration Assessment (not applicable for Preparatory Divisions students unless a diagnosed condition requiring them to carry their own medication.)

A comprehensive risk assessment will be undertaken to ensure that an individual student can self-medicate without risk to self or possible risk to other students and be signed by the member of staff assessing and the student.

The type of drug to be taken must also be part of the assessment as students will not be permitted to self-administer controlled medicines. This must be conducted by The Healthcare Team following discussion with boarding staff/parents and it be recorded on the MRS and the self-administration assessment form, which should then be uploaded to the MRS patient record.

7.2 Students' Self-Administration of Medicines (not applicable for Preparatory Divisions students unless a diagnosed condition requiring them to carry their own medication)

When a student is responsible for self-administering medication, prescribed or non-prescribed, an entry must be kept with information of the medication and the times of administration which will be documented on the MRS patient record.

Where appropriate, individual students will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis. In other cases, the equipment will be kept, suitably labelled, at the Health & Wellbeing Centre/by the HoB.

Boarding staff must undertake regular checks that the student has taken the medication and document such a check on the MRS. They must ensure that medication is locked away so that it cannot be taken by other students.

When necessary, discussions should be undertaken by boarding staff with the student to encourage compliance in taking medication. Tactful support or timely reminders must be given to the student if necessary to aid compliance. If they are unable to comply, the right to self-medicate may need to be reviewed.

Any problems should be reported to The Healthcare Team.

7.3 Obtaining Supplies of Medication

The supply of medicines to boarding Schools in the UK comes under the remit of the Medicines Act 1968. This legislation identifies medicines into three categories:

- GSL or General Sales List: may be purchased from any retail outlet
- P or Pharmacy Only: may be purchased within a community pharmacy when a Pharmacist supervises the sale
- POM or Prescription Only Medicines: may only be obtained by presentation of a written prescription signed by an authorised prescriber.

Over the counter medications are purchased and ordered through the School's GP pharmacy. All medications obtained are logged in a record book and are regularly checked.

7.4 Homely Remedies or non-prescribed medication

Medicines in the P or GSL category may be purchased by a designated Healthcare Team member to use as stock for treatment of minor ailments. The boarding houses will keep a small stock of homely medicines and a table of instructions will be easily accessible. This will be monitored by the Healthcare Team who will check the boxes every term, it is also the responsibility of the HoBs to contact the Healthcare Team for re-stocking. Boarding House staff must record when they receive medicines from the Healthcare Team.

An agreed list and quantity has been compiled in conjunction with the MO as General Practitioner of students.

These medicines must not be labelled for an individual if they are to be administered to several students. Receipt and stock balance must be recorded in the appropriate log. Where non-prescribed drugs are bought by a student or parent, they should be recorded and stored appropriately.

At the time of admission and in the EYFS setting, Paracetamol consent forms will be completed asking for parental permission to administer Paracetamol should a child require it during the School day.

7.5 Complementary Medicines

Most complementary treatments, including fish oils, homeopathic treatments etc., are considered as over the counter medicines within the terms of the Policy and parents are similarly requested to notify their child's boarding staff or The Healthcare Team of their use. This is particularly relevant with international students who may bring powders or tablets for health with no clear labelling.

7.6 Sports Supplements

Sports supplements (also called ergogenic aids) are products used to enhance athletic performance that may include vitamins, minerals, amino acids, herbs, or botanicals (plants) – or any concentration, extract, or combination of these. These products are generally available over the counter without a prescription.

Sports supplements have become increasingly popular among gym-goers, and not just a small number of serious athletes. People who are interested in fitness and improving their physique may opt for supplements that can enhance their muscle growth when combined

with exercise such as weightlifting. They may also look for ways to control their appetite when they are trying to lose weight, as part of a bodybuilding diet.

Young elite sportsmen/sportswomen may be required by their clubs to take these supplements. Therefore, to ensure the safety of New Hall students there are strict guidelines on the use of sports supplements at School.

7.7 The School's position regarding sports/ dietary supplements is as follows:

- Students at New Hall do not need to take any form of dietary/weight training supplements.
- All students are recommended and encouraged to follow a healthy balanced diet.
- No student under the age of 16 should be taking any form of protein or other supplementation. If any such supplements are found by staff, they can expect them to be confiscated and students will be reprimanded.
- Should a senior student be part of an elite academy, or under the supervision of the Director of Sport, they are permitted to take Whey Protein only. In both circumstances written permission from the parents and an agreement from the School has to be in place.
- Senior players are not permitted to take any other form of supplementation e.g. Creatine, HMB, etc.

Should any student or parent wish to discuss the School's position on any of the above, or discuss their own personal situation, please contact the Director of Sport.

7.8 International Medicines

Medicines that are brought into School by students from abroad must be taken to the Health & Wellbeing Centre by the students so that an assessment can be made and it can be discussed as to why they are taking them. An appointment can then be made to see the MO to ensure that the medications are licenced in the UK. The MO may then prescribe either the same medication or an equivalent.

7.9 Prescribed Drugs

Written prescriptions, both NHS and private may be provided for individual students for medicines in all categories.

The Medicines Act clearly defines that prescribed medicines must only be administered to the person for whom they have been prescribed, labelled and supplied. Medicines supplied for individuals are the property of that individual. These medicines may not therefore be used as "stock" by the School.

Staff must not tamper with supplies of prescribed packs of medicines or decant from one container to another for the purpose of storage. This includes remains of the current supply when a new supply is received. The original supply should be finished first. Stock levels of medication should be kept at an appropriate level for each student dependent on need.

Before it can be administered a prescribed medicine must have a printed label showing:

- Student's name
- Date of dispensing
- Name and strength of the medicine
- Dose and frequency of the medicine

Multiple containers should be labelled individually. Where items have an inner container, (e.g. eye drops, creams, etc.) the label should be applied to the item instead of, or as well as, the outer container. If the label becomes detached, damaged or illegible the advice of the Pharmacist should be sought before the product is used.

It is good practice to record that a request for a repeat prescription has been made. This should be documented on the MRS. If medicine is supplied which is unexpectedly different from that received in the past, staff must check with the Pharmacist and/or the prescriber before formally receiving or administering the medication.

If the GP or MO changes the dose of a medication, then they must inform The Healthcare Team. The container must then be clearly re-labelled by the Pharmacist or the MO. The Healthcare Team must not alter any information on medication labels.

7.10 Verbal Order Record for Change of Dose of Prescribed Medication by GP/School MO or other prescriber

No verbal orders are to be accepted for a change in dose or frequency of an already prescribed drug unless an accompanying fax, email or written instruction onto the MRS is available before administration takes place.

7.11 Controlled Drugs

The Misuse of Drugs Act 1971 is the legislation governing controlled drugs. Controlled drugs will only be supplied on an NHS or private prescription for individual students.

The School is not permitted to hold controlled drugs as “stock items”. The above information relating to prescribed drugs also applies to this group.

Those students who are permitted to possess a controlled drug will be advised that it is an offence to pass the drug to any other person for use.

7.12 Storage of Medicines

All medicines should be stored in secure designated areas.

These include:

- The Health & Wellbeing Centre
- Boarding Houses (in a safe or locked drawer)
- Personal safe, locked drawer or cupboard, if student is permitted to self-administer.

The School will carry out a risk assessment to consider any risks to the health and safety of the School community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

Parents should collect all medicines belonging to their child at the end of each term and are responsible for ensuring that any date-expired medication is collected from the School

Medication access keys or codes should only be held by authorised designated members of staff.

Emergency medication such as inhalers, adrenaline pens and blood glucose testing meters will be kept in the Health & Wellbeing Centre in a clearly marked box, but in order to allow immediate access the box will not be locked. A spare AHI for children in the Preparatory Divisions is stored in the Prep Medical Room. The Health & Wellbeing Centre holds emergency inhalers in accordance with paragraph 3 of this policy (Emergencies/Procedures in the Event of an Accident or Illness). In the case of medication, which is not required in an emergency, the student will be told where their medication is stored and who holds the key.

Non-prescribed stock medication must be stored separately from prescribed medication, in a locked cupboard that is securely fixed to a wall in the Health & Wellbeing Centre or in the boarding house. The Health & Wellbeing Centre stores some regular use medications in the locked dispensary in the Health and Wellbeing Centre.

Prescribed medicines should be stored in a locked cupboard or safe that is securely fixed to a wall in the Health & Wellbeing Centre or boarding house. There should be sufficient space to store individual students' medication.

Controlled drugs should be stored in a locked metal cupboard securely fixed to a wall, in a secure location in the Health & Wellbeing Centre. The cupboard should be reserved only for the storage of controlled drugs and other items such as money or jewellery. All other classes of drug should not be placed in the cupboard.

Only The Healthcare Team are authorised to hold the keys to the controlled drugs cupboard.

If it is necessary to store controlled drugs in the boarding house due to the timings a student has to take the medication, they must be stored in a separate locked cupboard from all other medications. The stock should be clearly labelled, and amount stored documented on the relevant sheet.

Secure storage for medicines will be available at all short-term accommodation used by the School.

7.13 Storage of Self-Medication Medicines

Those students assessed as competent to self-medicate may store their own individual drugs (not controlled drugs) in their safe, locked drawer, or locked cupboard, to which they personally have access. It must not be accessible to other students. The School must have a contingency plan for staff to access this, with the permission of the student, in case of a problem or emergency arising. It is the responsibility of the boarding staff to always ensure the security of this medication when in the areas for which they have responsibility. Controlled drugs are either held in the safe in the Boarding House which is accessed only by the Head of Boarding or in the Healthcentre in the controlled drugs cupboard.

7.14 Cold Storage

A separate and secure dedicated refrigerator is available to be used exclusively for stock and prescribed medicines requiring cold storage. It should be kept locked at all times. It should be cleaned and defrosted regularly. The temperature should be measured and recorded daily on a record sheet using a maximum/minimum thermometer. The normal range is 2-8°C.

Staff should contact The Healthcare Team on duty if temperatures are recorded outside of the normal range and adjust if necessary. Pharmaceutical advice should be taken regarding the stability of the contents of the fridge in such circumstances. Prescribed short- and long-

term medicines requiring cold storage should be kept in the Health & Wellbeing Centre fridge. If a refrigerated medication is required by a boarder in the evening when the Health & Wellbeing Centre is closed, arrangements should be made for access or storage.

8 Administration of Medicines

Administration of medicines is undertaken only by staff designated as competent and given training/instruction. Prescribed medicines should be administered strictly in accordance with the instructions stated by the prescriber. They should only be used for the stated purpose and not administered to anyone other than the student stated on the label. Administration should be made at an appropriate time in order to maximise benefit from the medicine (e.g. may be necessary to take before or after meals or last thing at night). It is an individual's right to refuse medication. Steps should be taken to explain the benefit of taking the prescribed medication. However, persistent refusal should be recorded on the MRS and reported to The Healthcare Team for further discussion with the student and the MO. Record on the MRS any refusal of medication and the reason and that it has been reported to the MO. Record any advice received from the prescriber. Only a medically qualified member of The Healthcare Team may administer medication requiring specialised or invasive technique after receiving consent.

These may include:

- Medicines administered by the rectal route
- Giving oxygen and nebuliser
- School emergency asthma inhalers
- Emergency Adrenaline Auto Injectors (AAI)

In exceptional circumstances this may be delegated to another member of staff who will receive suitable training/instruction.

- The student/parent must have given consent for this delegation.
- Details of support and accountability to be included in the individual Health Care Plan.

8.1 Procedure for the Administration of Medicines:

- Check the identity of the student.
- Check the medication chart on iSAMS, dosage instructions, noting any recent changes and ensure that the medication has not already been administered.
- Check that the student is not allergic to the medicine before giving it.
- Check the expiry date of the medicine.
- Administer the medicine following the prescribed instructions.
- Chart the administration immediately on iSAMS after the medication has been given.
- Where there is a choice of dosage (i.e. 250mg or 500mg), record the amount given.
- Where a drug is to be given "as required", record whether given or not and reason as a note on the MRS.
- Homely remedies should not be administered for longer than 48 hours without obtaining medical advice from the Healthcare Team.
- For controlled drugs, appropriate entry must be made on the student's iSAMS record. The balance should be checked and maintained by staff after each administration. In the boarding house environment, the administration should be recorded on iSAMS and also on the controlled drug form supplied with the medication when given to the boarding staff by the Healthcare Team. This form will have amount received signed in and a decreasing total of stock as they are administered. This form should be returned half-termly to the Healthcare Team to be checked and safely filed.

- A record should be made of doses irretrievably lost (dropped or spilled) during administration in case further supplies are then needed to finish the course.
- Crushing tablets or opening capsules to aid administration must always be avoided; advice about alternative formulations should be sought from the MO.

8.2 Administration of Medicines Away from School

When away from School the parent of the student would receive the balance of the prescribed medication. For occasional days out, a separate supply may be organised.

Details of medicines taken out should be recorded and the administration supervised by the staff responsible for the student whilst away from School. The administration guidelines above should be followed. A record of any administration of medicines whilst on the trip should be communicated back to The Healthcare Team.

A first aid kit containing authorised homely remedies, will be provided in the event of excursions off the School premises. This would usually only include Paracetamol and Chlorphenamine (Piriton) tablets. Any other student medications would be given to the trip organiser with instruction on administration from the parents and/or The Healthcare Team, with information as to the reason for giving and any medical conditions.

Students in Years 7-13 who have been prescribed an adrenaline auto-injector must carry two such devices about their person during the school day and when attending off-site educational visits and sports fixtures. Students in Years 7-13 who have been prescribed a reliever inhaler must ensure that they carry their inhaler/s about their person during the school day and when attending off-site educational visits and sports fixtures.

The Medical Policy should always be followed when off the premises.

8.3 Drug Administration Errors

- If an error in drug administration is identified, clinical advice must be sought immediately, no matter how trivial it may seem.
- Appropriate line manager and Health Team must be informed.
- The MO must be informed, even if advice is initially sought from a different source, and a record made on the student's NHS record.
- An Incident Form should be completed to enable a review to take place into how the error occurred to prevent a similar incident happening again.

If a student attending an off-site visit or sporting event cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this policy.

8.4 The Handling of Non-Prescribed Controlled Drugs

A licence is required to possess a Schedule 1 controlled drug. If a circumstance arose where a member of staff was required to remove a substance from a person, they may only take possession of the substance for the purpose of handing it over to the Police for destruction. A written statement should be produced as soon as practicable but, in any case, before handing the item to the police, which must include the time, date, location and circumstances in which the item was seized. The actions taken should, whenever possible, be witnessed by another member of staff and the statement by the person seizing the item be countersigned by the witness. A record must also be made of the time and date the item is passed to the police and the details recorded of the officer to whom it was given, who

should also sign the record. Any items seized must be passed to the police as soon as practicable, but in any case within 24 hours of seizure.

8.5 Medicines Information and Pharmaceutical Advice

Staff should have access to appropriate information about medicines. They should contact the local community Pharmacist if additional information is required concerning individual medicines. This information can be found on the British National Formulary website (www.bnf.org) or by contacting NHS 111

8.6 Hazard Notification and Drug Alerts

In the event of a medicine being recalled or alert being issued by the MHRA (Medicines and Healthcare Regulatory Agency), the Healthcare Team should notify the Boarding Staff as appropriate and take the necessary action detailed within any alert document or communication. A record should be kept of any action taken. The Healthcare Team is responsible for processing and acting upon the information at the time.

8.7 Adverse Drug Reactions

Any adverse drug reaction (ADR) or suspected ADR should be discussed with the MO and/or the Pharmacist, before any further administration of that drug. If appropriate the reaction should be reported to the Medicines and Healthcare Regulatory Agency (MHRA) via the yellow card scheme. Yellow cards are available in the BNF, where information about the types of reaction to report is also given. It is also possible to report such incidents via the BNF website (www.bnf.org). A member of The Healthcare Team is responsible for dealing with and acting upon the information at the time.

8.8 Staff induction and training for giving medicines

The Healthcare Team has overall responsibility for the administration of medicine and the arrangements for students with medical conditions within the School. This responsibility may be delegated, as appropriate, to other members of the Healthcare Team, who have received training in accordance with below.

The Healthcare Team will ensure that all staff are supervised where appropriate. Any staff responsible for the administration of medicine will have access to students' individual Health Care Plans.

- If the employee is employed as a nurse, they must have current registration status with the Nursing and Midwifery Council (NMC).
- If the employee is employed as a Paramedic, they must have a current registration with the Health and care professions council (HCPC).
- All Healthcare Team members should, as part of the Health & Wellbeing Centre induction, be instructed on procedures for:
 - obtaining medication
 - storing medication
 - administering medication
 - recording activity

Relevant members of staff will receive appropriate training and support from the Healthcare Team and/or a qualified health professional, including training on the side effects of medication and what to do if these occur. If the administration of medication involves technical, medical or other specialist knowledge, appropriate individual training tailored to the individual student will be provided to appropriate staff by the Healthcare Team and/or a qualified health professional, where appropriate. The Healthcare Team and/or qualified

health professional will lead on identifying and agreeing with the School, on an on-going basis, the type and level of training required.

Staff must not give prescription medicines, or undertake health care procedures, without appropriate training. For the avoidance of doubt, a first aid certificate does not constitute appropriate training in supporting students with medical conditions.

The School engages the following health professionals to train and assist School staff in dealing with medical conditions and administering medicine:

- The Healthcare Team and MO train and assist School staff in dealing with medical conditions and administering medicine.

9 Immunisations

Information about immunisations and vaccines can be obtained from: www.immunisation.nhs.uk.

9.1 National Child Health Programme

It is the School policy to facilitate the immunisation of children as recommended in the National Child Health Programme. The local immunisation team will make arrangements for immunisations to be carried out during the School day. Parents must consent to and are notified of vaccinations given, as well as students' GPs.

9.2 Influenza

It is School policy to offer identified groups of students an annual vaccination against seasonal influenza.

9.3 Travel Vaccinations

These will be discussed with the travel vaccination nurses for boarding students registered with the MO and will be administered by the Nurses at the Surgery.

10 Consent to Treatment

Parents are requested to provide written consent for the administration of first aid, medical treatment and medication. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.

Unless in exceptional circumstances, no student under the age of 16 will be given prescription or non-prescription medication without parental consent.

In the EYFS setting, staff will ensure that parents are informed in writing on each and every occasion that any medication was administered and, if for any reason medication has not been administered, parents will be informed and an explanation will be given.

11 Confidentiality, Safeguarding and Child Protection and Communication

The Healthcare Team/MO will be responsible for reviewing students' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a student's functioning at the School to the

DSL, Vice Principal (Boarding), class teachers and First Aiders on a 'need to know' basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a student or other members of the School community.

Whilst legally, students over the age of 16 can consent to treatment on their own behalf as they are presumed Gillick competent, those under the age can only do so if they are deemed Gillick competent. If not Gillick competent, consent would need to be obtained from someone with parental responsibility unless in an emergency. Emergency treatment can be given without consent to save the life of, or prevent serious deterioration in, the health of a child.

If a young person who is Gillick competent asks professionals not to share information about treatment, their wishes can be honoured, unless we feel there are safety issues that require us to share information.

Gillick competent means for a particular decision a young person understands:

- Understands the problem and implications
- Understands the risks and benefits of treatment
- Understands the consequences if not treated
- Understands the alternative options
- Understands the implications on the family
- Is able to retain (remember) the information
- Is able to weigh the pros and cons
- Is able to communicate a reasoned decision about what their wishes are

The Healthcare Team maintain secure medical documentation about any students who have been seen. The Healthcare Team record all consultations with students on this system and consultations with the MO on their NHS Medical Records. This is confidential. To ensure continuity of care and patient safety, the boarding staff and specifically identified other individuals have limited access to information stored on the electronic medical records system that The Healthcare Team have not marked as restricted or confidential.

11.1 Safeguarding and Child Protection

All staff are attentive to child protection issues and any safeguarding concerns must be documented on MyConcern and passed immediately to the School's Designated Safeguarding Lead. All staff will follow School procedures as set out in the School's *Safeguarding & Child Protection Policy and Procedures*.

11.2 Communication

We aim to maintain effective communication with parents and other key members of staff where consent and confidentiality allow, but not hindering the safety of the student in School.

12 Accident Records and Reporting

12.1 Accident Records

All injuries, accidents, illnesses and dangerous occurrences (unless very minor in the view of the Healthcare Team) must be recorded on the School's Evolve accident reporting system.

The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness and what first

aid was given. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored in accordance with the School's policy on data retention.

12.2 Accident Form

All accidents requiring medical attention in the Health & Wellbeing Centre require completion of an accident form on the Evolve system, so that accidents can be monitored and action taken, if required, to remove cause to avoid a further incident occurring. A copy of the form will be sent electronically to the Health & Safety Manager, who will keep a record. This applies to both Senior and Preparatory Divisions, including Early Years.

These records will be kept for at least three years or if the person injured is a minor (under 18), until they are 21.⁴

The Healthcare Team will fill in an Evolve System report form in respect of any accident causing personal injury to staff. The H&S Officer will take reasonable steps to investigate the circumstances of such accidents once they receive notice of it. If it is found that there are discrepancies between the information reported and the H&S Officer's findings these should also be recorded.

The first aider should assess whether the person should go to the Health & Wellbeing Centre, or a member of Healthcare Team attend or an ambulance called. The Healthcare Team should always be contacted to attend, even if an ambulance is already on its way.

If possible, give the name of the injured person, location of the accident, what has happened and if a first aider is present until the medical team nurse arrives.

12.3 Reporting

In the event of an accident, injury or illness requiring medical attention in the Health & Wellbeing Centre, the relevant member of staff should complete an Evolve system accident form. These records will be regularly monitored by the Principal, or a senior member of staff, to identify whether review or change in practice is needed.⁵

All injuries, accidents and illnesses, however minor, must be reported to the MO/Health Team and the H&S Officer and they are responsible for ensuring that the accident report forms (Evolve) are filled in correctly and that parent(s) or guardian(s) and HSE are kept informed as necessary.

In the event of serious accident or injury, parents or illness or guardian(s) must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Principal if necessary.

The School will inform parents of any accidents or injury or first aid that is given to students in the EYFS setting on the same day, or as soon as is reasonably practicable.⁶

⁴ Requirements under Social Security (Claims and Payments) Regulations 1979, see regulations 24 and 25 - a requirement for employers who employ more than 10 members of staff (i.e. most Schools).

⁵ Boarding Schools only - see NMS Appendix 3.

⁶ EYFS requirement (3.50).

The School must notify local child protection agencies, as appropriate, of any serious accident or injury to, or the death of, any child whilst in their care and act on any advice given.⁷ The School (as a registered provider) must notify Ofsted of any serious accident, illness or injury to, or death of, any child whilst in their care, and of the action taken in respect of it. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.⁸

Schools are legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (RIDDOR) to report the following to the HSE:

- **Accidents involving Staff**
 - work related accidents resulting in death or 'specified' injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or
 - work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days; or
 - cases of work-related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
 - certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).
- **Accidents involving students or visitors**

Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

 - any School activity (on or off the premises);
 - the way a School activity has been organised or managed (e.g. the supervision of a field trip);
 - equipment, machinery or substances; and / or
 - the design or condition of the premises.

More information on how and what to report to the HSE can be found in Incident Reporting in Schools (accidents, diseases and dangerous occurrences) (EDIS1 (revision 3)) and at <http://www.hse.gov.uk/riddor/resources.htm>. It is also possible to report online via the following link: <http://www.hse.gov.uk/riddor/index.htm>.

13 Infectious Disease/Illnesses in School

Boarding Schools have a legal duty to the health, safety and welfare of the students in their care and the staff they employ. The steps taken in boarding schools to protect students and staff from infection are an important element in the quality of care they provide.

Infectious diseases occur naturally and commonly in school settings. This is a result of the degree of close contact between students and between students and staff, and the difficulties in maintaining a perfect state of hygiene. Infections acquired in the School may spread to staff,

⁷ All EYFS providers(3.51)

⁸ Registered EYFS only - most providers will not be registered.

family members and the community. Outbreaks of infection may lead to disruption of the School routine and costly control measures. Where possible, the School will prevent the increase in an outbreak of infection into the School and limit its spread. Exposure to an infectious disease is not normally a reason for medical exclusion from School. If an infectious disease is present at School, then the local Public Health England advisors should be contacted so that appropriate control measures can be discussed.

All staff should take precautions to avoid infection and to follow basic hygiene procedures, such as regular hand washing.

The First Aider should take the following precautions to avoid risk of infection:

- cover any cuts and grazes on their own skin with a waterproof dressing;
- wear suitable single use disposable gloves when dealing with blood or other bodily fluids;
- use suitable eye protection and a disposable apron where splashing may occur;
- use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- wash hands after every procedure.

If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water;
- wash splashes out of eyes with tap water or an eye wash bottle;
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
- record details of the contamination;
- report the incident to The Healthcare Team and take medical advice if appropriate.

13.1 Care of the Infectious Boarder

A boarding school has a duty of care, which extends beyond the classroom and the School day. The Vice Principal (Boarding) should be informed of any outbreak. If a student is diagnosed with an infectious disease, a number of options should be considered:

- They return to the care of their family
- They go to the care of the guardian
- They remain in School under the care of The Healthcare Team.

13.2 Isolation for the Infectious Boarder being cared for in School

- They will stay in the Health & Wellbeing Centre where they will be isolated and cared for during the infectious period of the particular disease/illness, e.g. 48 hours after the last vomit and/or diarrhoea in gastroenteritis
- They will not be in close contact with any other students in this time
- They will have their own wash and toilet facilities
- In the event of an outbreak where more accommodation may be required for isolation of boarders, a contingency plan would be made, whereby other isolated accommodation would be located and staffed in the event of this need. This decision would be made by the Principal and Vice Principal (Boarding)

13.3 Care of the Infectious Day Student and Staff

They should stay at home until after they are no longer infectious and a risk to the School community. The standard guidance is 48 hours after the last bout of vomiting or diarrhoea.

In the EYFS setting, the School will discuss with parents the procedures for children who may become ill or infectious and take necessary steps to prevent the spread of infection and illnesses.

14 Health Education

Throughout the student's School life, through the PSHEE and RSE programmes and specific curriculum areas such as Biology, Theology and other educational lessons, the student will be informed about the importance of being healthy.

- Healthy eating
- Hygiene
- Mental health – e.g. stress, depression
- Puberty
- Sleep
- Friendships
- Sexual relationships

If a student needs support or advice with any of the above concerns, then they should be directed to the Health & Wellbeing Centre. It is important that confidentiality is maintained wherever possible, but the student must be made aware that the School has a duty of care and may need to contact parents, speak to other members of staff or get specialist advice, preferably with consent.

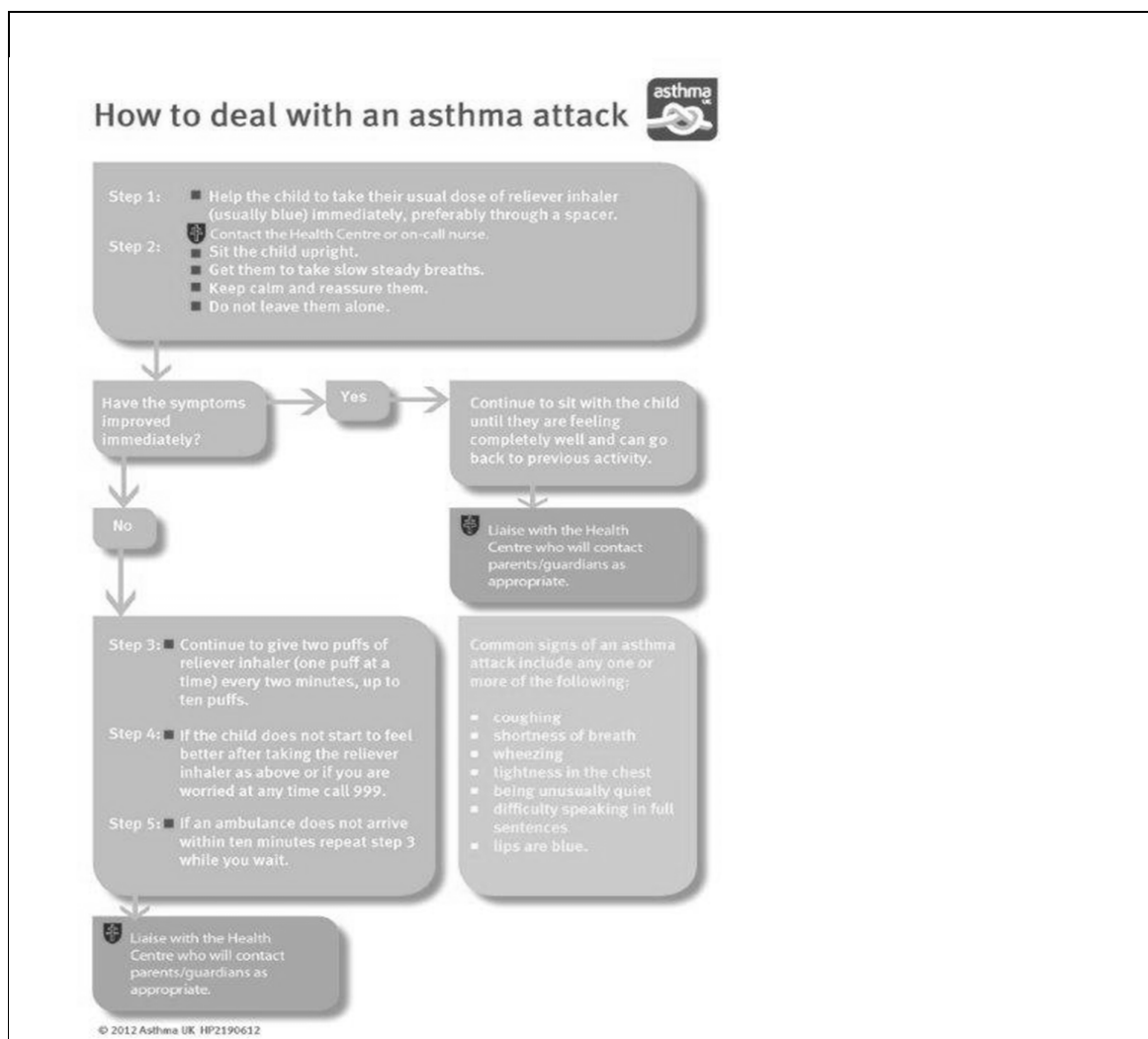
If there are any mental health concerns with a student, it is important for these to be raised as soon as possible. Detailed information and guidelines can be found in the School's *Emotional Health & Wellbeing Policy*.

15 Complaints

If parents or students are dissatisfied with the medical support provided at the School, they should raise these concerns in the first instance with the Healthcare Team.

If the Healthcare Team cannot resolve the issue, then a formal complaint can be raised via the School's complaint's procedure.

Asthma Management



Allergy and Anaphylaxis Management

New Hall Senior Divisions and New Hall Preparatory Divisions are committed to a whole School approach to the health care and management of those in the School community suffering from specific allergies. Further information is available in the School's *Allergy & Anaphylaxis Policy*.

An allergy is the response of the body's immune system to an allergen (normally harmless substance), e.g. food, insect stings and medicines. Severe allergic reactions are known as anaphylaxis and are potentially life-threatening. Allergy to peanut and tree nuts is the most common food allergy in adults and children. The School cannot guarantee a completely allergen free environment, but aims to minimise the risk of exposure, encourage self-responsibility and plan for an effective response to possible emergencies.

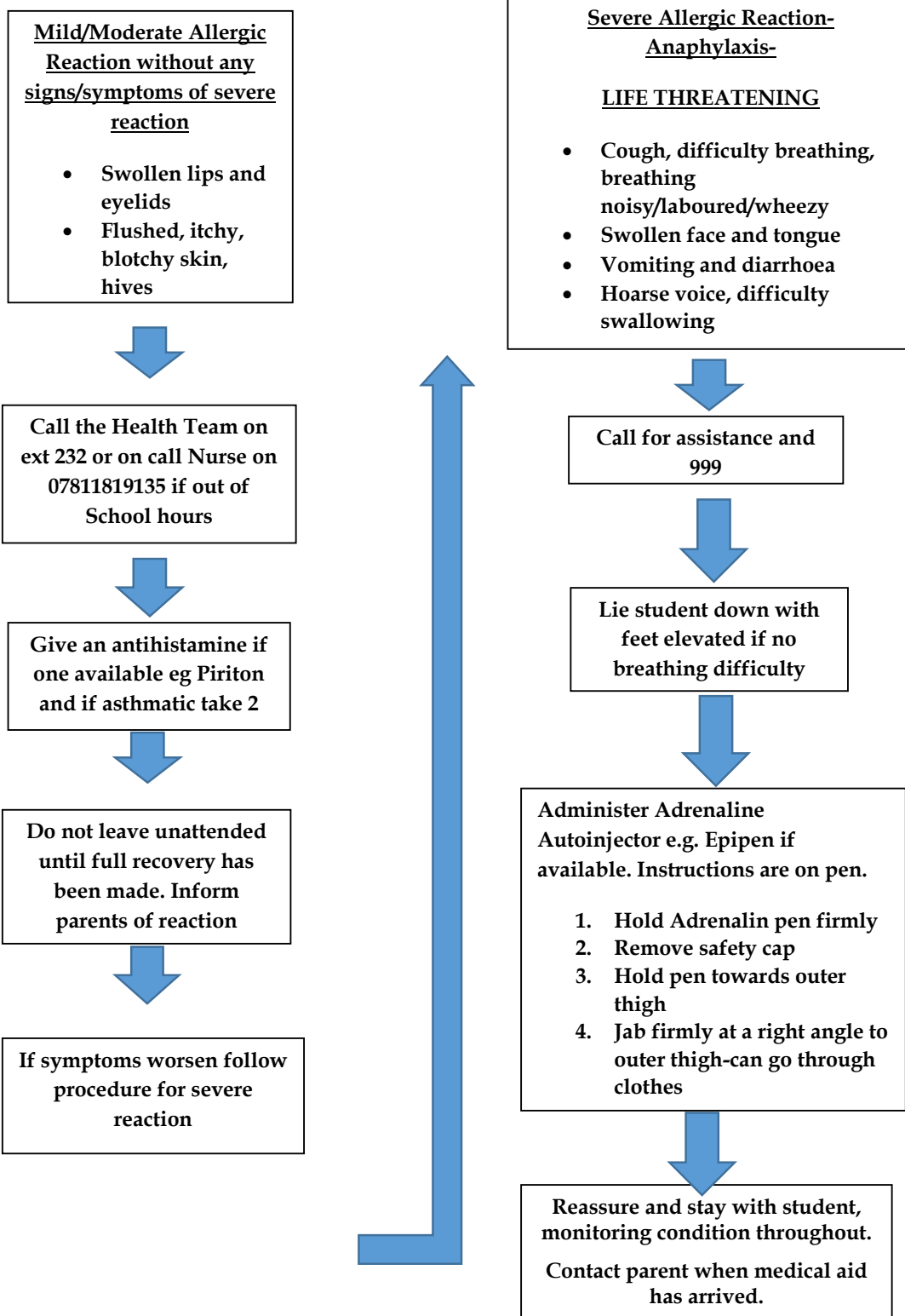
Students in Years 7-13 who have been prescribed an adrenaline auto-injector must carry two such devices about their person during the school day and when attending off-site educational visits and sports fixtures. Students in Reception to Year 6 who have been prescribed an adrenaline auto-injector have these stored in the Medical Room in the Preparatory Division.

Students in Years 5-13 who have been prescribed a reliever inhaler must ensure that they carry their inhaler/s about their person during the school day and when attending off-site educational visits and sports fixtures. Pupils in Reception-Year 4 who have been prescribed a reliever inhaler have these stored in the Medical Room in the Preparatory Division.

Aims of the School and Health Team:

- Encourage students to take responsibility for their allergies, minimising risk of exposure to the allergen and to carry their adrenaline auto-injector (e.g. epi-pen) at all times.
- Encourage the student to inform their peer groups.
- Parents to give accurate up to date medical information in writing to the School, detailing advice and management to be included in the student's care plan.
- Parents to provide adrenaline auto-injector and medication and replace medication when necessary.
- The Healthcare Team to hold medication and adrenaline auto-injector and care plans. Where permitted and in consultation with the School, the student carries one and the other held in the Health & Wellbeing Centre.
- Catering to only cook with nut-free produce and have food clearly labelled.
- Cookery lessons to have a list of students with allergies.
- For all information and medications to be given to staff arranging trips.
- For staff to be aware of allergies/anaphylaxis and have regular adrenaline auto-injector training. Training can be given by an external trainer or by The Healthcare Team.
- If an allergic reaction is suspected, call for assistance from the Health & Wellbeing Centre ext. 232 or the on-call Nurse on 07811819135, if out of normal School hours, giving as much information as possible to assist with emergency.
- All staff who work directly with children to be trained and given regular updates on allergy and anaphylaxis management, including use of adrenaline auto-injector pens.

Anaphylaxis Algorithm (for severe allergic reaction)



Diabetes Management - Emergency Treatment of Hypoglycaemia in Diabetes

Treating hypoglycaemia

Hypoglycaemia (Hypo) means low blood sugar of less than 4mmol/l.

Symptoms

- Mild – tingling, feeling hot and sweaty, light headed, headache, blurred vision, hunger and dizziness
- Moderate – disorientated, lack concentration, change in personality, irritability and confusion.
- Severe - unconsciousness

Treatment

- Call the Healthcare Team on ext. 232 or 07811 819 135 if out of normal School hours.

In most cases, you can treat hypoglycaemia yourself when you recognise the symptoms.

Treating an episode of hypoglycaemia

The immediate treatment for hypoglycaemia is to have some sugary food or drink (about 15 to 20g of rapidly acting carbohydrate) to end the attack.

For example, this could be:

- a glass of fruit juice or non-diet soft drink
- between three and five dextrose tablets
- a handful of sweets

At first, you should avoid fatty foods and drinks, such as chocolate and milk, because they do not usually contain as much sugar as those items suggested above. The sugar which they do contain may also be absorbed more slowly.

After having something sugary, you should have a longer-acting carbohydrate food, such as a few biscuits, a cereal bar, a piece of fruit or a sandwich.

It will usually take around 15 minutes to recover from a mild episode of hypoglycaemia. If you have a blood glucose meter, measure your blood sugar again after 15 to 20 minutes. If it's still too low (below 4 mmol), you should have some more sugary food or a drink before testing your levels again in another 15 to 20 minutes.

When treating someone else with hypoglycaemia, if the above treatment is not effective, you may be able to help them by applying glucose gel (or honey, treacle or jam if glucose gel is not available) to the inside of their cheeks, then gently massaging the outside of their cheeks.

It may take 10 to 15 minutes before they feel better. This should not be done if the person is drowsy or unconscious because of the risk of choking.

If you have several episodes of hypoglycaemia within a week, you should contact your diabetes care team to find out the underlying cause. Your medication may need to be adjusted, or there may be another condition causing hypoglycaemia that needs to be treated.

If a person is unconscious

If a person loses consciousness because of severe hypoglycaemia, they need to be put into the recovery position and given an injection of the hormone glucagon (if they have an injection kit). The injection will raise their blood glucose level.

The injection should be carried out by a friend or family member who knows what they are doing, or by a trained healthcare professional.

You should dial 999 to request an ambulance if:

- a glucagon injection kit isn't available
- there's nobody available who's trained to give the injection
- the injection is ineffective after 10 minutes

Never try to put food or drink into the mouth of someone who is unconscious as they could choke.

If you are able to give a glucagon injection, and the person regains consciousness, they should eat some longer-acting carbohydrate food, such as a few biscuits, a cereal bar or a sandwich.

You should continue to monitor the person for signs of recurring symptoms in case they need to be treated again.

Epilepsy Management - Emergency Procedure during an Epileptic Seizure

- send someone to call the Health & Wellbeing Centre on ext. 232 or 07811819135 if out of normal School hour
- If they're having a tonic-clonic seizure, they may be trapped behind something or kicking against something. If you are with someone who is having a tonic-clonic seizure (fit):
 - move them away from anything that could cause injury – such as a busy road or hot cooker
 - cushion their head if they are on the ground
 - loosen any tight clothing around their neck, such as a collar or tie, to aid breathing
 - when their convulsions stop, turn them so that they are lying on their side
 - stay with them and talk to them calmly until they have recovered
 - note the time the seizure starts and finishes do not put anything in the person's mouth, including your fingers. They may bite their tongue, but this will heal. Putting an object in their mouth could cause more damage.
 -
 - as the person is coming round, they may be confused, so try to comfort them.

Do you need to call an ambulance?

You do not necessarily have to call an ambulance, because people with epilepsy do not need to go to hospital every time they have a seizure.

Some people with epilepsy wear a special bracelet, or carry a card, to let medical professionals and anyone witnessing a seizure know that they have epilepsy.

However, you should dial 999 if:

- it is the first time someone has had a seizure
- the seizure lasts for more than five minutes
- the person does not regain full consciousness, or has a series of seizures without regaining consciousness

Remember what happens

- Make a note of what happens during the seizure, as this may be useful for the person or their doctor.
- Be aware of what the person does during the seizure. Make a note of what they are like afterwards (e.g. sleepy, confused, or aggressive), and record how long the seizure lasts.

The following information may be helpful:

- Where was the person?
- What were they doing?
- Did the person mention any unusual sensations, such as an odd smell or taste?
- Did you notice any mood change, such as excitement, anxiety or anger?
- What brought your attention to the seizure? Was it a noise, such as the person falling over, or body movements, such as their eyes rolling or head turning?
- Did the seizure occur without warning?
- Was there any loss of consciousness or altered awareness?
- Did the person's colour change? For example, did they become pale, flushed or blue? If so, where – the face, lips or hands?
- Did any parts of the body stiffen, jerk or twitch? If so, which parts were affected?
- Did the person's breathing change?

- Did they perform any actions, such as mumbling, wandering about or fumbling with clothing?
- How long did the seizure last?
- Was the person incontinent (could not control their bladder or bowels)?
- Did they bite their tongue?
- How were they after the seizure?
- Did they need to sleep? If so, for how long?

If the patient suffers from epilepsy, when they have recovered assist them to record the details of their seizure in their diary. Seizure diaries are available free of charge from the Epilepsy Society helpline (01494 601 400), Monday to Friday 9.00am-4.00pm.