

## 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 DfE Independent School Standards, Part 5 of The Education (Independent School Standards) Regulations, 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.

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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, one Healthcare Assistant, a Counsellor and trained first aiders across the School.

The Health & Wellbeing Centre is staffed by a Healthcare 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, two with wash basin facilities. There are three 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
- School Nurses
- Healthcare Assistant
- School Counsellor

### **1.3 Medical arrangements**

#### **1.3.1 Record keeping**

All information will be communicated via iSAMS and the boarding houses have three types of written record keeping:

- Over the counter Medicine Record
  - MAR Sheet (Medical Administration Record Sheet)
  - Controlled Drugs Book
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- 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 require UK private health insurance 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 will be given once there is availability.

- 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) from Monday to Saturday, but, where possible, they should attempt to avoid missing lessons or School activity time. If students 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. To contact the on-call staff call 07811 819 135 or 07595 270 374.
- 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. Residential staff who are registered with Little Waltham and Great Notley Surgery can make appointment with the visiting MO in the HC.
- Only staff who have completed OPUS Medication Training and safeguarding training may administer medication. Exceptions to this rule, are only to be made in the event of an emergency/life threatening situation, where staff may administer an adrenaline auto-injector (e.g. epi-pen) or help a student to use their asthma inhaler.

#### **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 outside of School hours, they should inform boarding house staff. The on-call Nurse can be contacted, if needed, and will assess and suggest 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 only rest in the Health & Wellbeing Centre once they have been assessed and given permission by Health & Wellbeing Centre staff, after liaison with the Head of Boarding.
- New boarding students can choose to register with the School MO. 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 flexi boarders can choose whether or not to do so, depending on convenience. Boarders 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 boarding students 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. A sight test can be arranged if necessary.

- If a boarding 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 the details. Boarding 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.
- A MO's clinic for boarding students takes place in the Health & Wellbeing Centre on Tuesday and Thursday lunchtimes. If a student needs an urgent appointment outside of these times, students can be seen at one of the Practice Surgeries (either Little Waltham or Great Notley) after assessment by Health & Wellbeing Centre staff. Transport and an escort will be arranged.
- All boarding students have access to medical, dental, optometric and other specialist services. This will be arranged via the Health & Wellbeing Centre, if needed and referrals can be arranged from the MO, with parental consent where required. Appointments are arranged where possible around lessons. Transport is arranged by taxi with an escort where necessary. All under 16-year olds 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 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 support. The external Counsellor runs sessions on Monday mornings for students.

#### **1.6 Medical Information for School trips**

- When a trip is organised, administration staff will run a report on iSAMS to identify whether any students attending the trip have particular medical needs and/or allergies. This information is shared with the trip leader who is then responsible for checking that students have their relevant own medication. The Trip Leader collects the relevant 'over the counter' or prescribed medication, controlled medications, and first aid kits from the H&W Centre. Any relevant medical information that can be shared about students attending a trip is given to the trip coordinator.
- For boarders, the Trip Leader is required to collect the relevant MAR Sheet for each individual participating in the trip and continue the record of administering and recording medication. The Trip Leader is responsible for returning the MAR sheet to the boarding house on return.
- The Health Centre Team will give appropriate instruction and training to the Trip Leader and/or other staff about the medications, their storage and administration.
- It is the Trip Leader's responsibility to inform the H&W Centre a fortnight in advance, the names of the students attending the trip, so that medical provisions and medical advice can be given.
- It is the parent's responsibility to arrange vaccinations when they are required for specific foreign countries. If a full boarder requires a vaccination for a particular School trip, it is the parent's responsibility to ensure that their child's vaccines are up to date.
- Only staff who have completed OPUS Medication training may administer medication. Exceptions to this rule, are only to be made in the event of an emergency/life threatening situation, where staff may administer an adrenaline auto-injector (e.g. epi-pen) or help the student to use their reliever inhaler.

- Students in Years 7-13 who have been prescribed an adrenaline auto-injector or reliver inhaler must carry two such devices with them during the School day and when attending off-site educational visits and sports fixtures.
- Pupils in Year 6 and below are not permitted to carry their own auto-injectors. For pupils in Year 6 and below, the Trip Leader is required to collect their auto-injectors from the Prep Medical Room when attending off-site educational visits and sports fixtures and ensure they are returned to the Prep Medical Room upon arrival back at School.
- Pupils in Year 5 and 6 who have been prescribed a reliver inhaler must carry an inhaler with them during the school day and when attending off-site educational visits and sports fixtures.
- Reliever inhalers of pupils from Reception to Year 4 are kept in the Prep Medical Room. The Trip Leader is required to collect pupils' reliever inhalers from the Prep Medical Room when attending off-site educational visits and sports fixtures and ensure they are returned to the Prep Medical Room upon arrival back at school.
- The Medical & First Aid Policy should always be followed when away from the New School.
- 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 OPUS training to administer medication in accordance with this policy.

## **2 Roles and responsibilities**

### **2.1 Medical care**

The Governors have overall responsibility for the implementation and review of this policy. The policy is reviewed annually by the governing body to ensure compliance with statutory obligations and safeguarding best practice.

The relevant Head of Division is responsible for:

- ensuring that suitable numbers of staff are given First Aid and OPUS training and are able to access all relevant information 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 consider 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 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 GP letter listing treatment, special needs and current medication should be provided. Parents should ensure that their child's immunisations are up to date, according to the UK Department of Health schedule.
- A medical questionnaire (which includes mental health questions) must be completed by parents before their child starts at the School.
- Parents should reach an agreement on the School's role in supporting their child's medical and mental health needs before starting at the School. When an Individual Health Care Plan is required, parents will be invited to consult with the School and relevant healthcare professionals.
- Parents should inform the Health Centre Team where a student will require either prescription or non-prescription medication at School, and of any changes to the medication.
- The School requests that medication is only taken at School if it is essential, or 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 Health Centre 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 in order to give the best care for all of our students.

### **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. All medical personnel, including nurses and first aiders, receive safeguarding training appropriate to their roles in line with KCSIE guidance.

### **2.4 Health & Wellbeing Centre Team**

Nurses and the Healthcare Assistant 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 Health & Wellbeing Centre Team has overall responsibility for the day-to-day management of the 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 are responsible for providing basic medical care/treatment with instructions from parents and the Health Centre 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 of any changes or causes for concern. They will seek advice from the Health Centre Team when necessary (see Appendix F - Medical Administration – quick guide document).

## 2.6 Medical Officer (MO)

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

## 2.7 First Aid

- The Head of Division is responsible for regularly monitoring the systems and management for the protection of the medical welfare of students, and to identify whether review or change in welfare practice is needed.
- The Health and Safety Officer has overall responsibility for ensuring that there is adequate First Aid equipment, facilities, and First Aid personnel on the School site.
- Regular checks are carried out by departments and boarding houses on first aid boxes.
- The Head of Division, in conjunction with the Health & Safety Officer and the Health Centre Team, will regularly review the School's First Aid needs to ensure that the School's First Aid provision is adequate.
- The Head of Division delegates to Admissions (with support from the Health & Wellbeing Centre Team) the responsibility for collating medical consent forms and important medical information for each student when they enter the School, ensuring the forms and information are accessible to staff as necessary.
- 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 112 (which gives the precise location) or 999 and the Health & Wellbeing Centre should be contacted as soon as possible on Ext 232, 207 or 525. In the event of an emergency taking place out of normal School hours, the on-call Nurse should be called on 07811 819 135 or 07595 270 374 in the first instance, and an ambulance called if deemed necessary.

Should a student be diagnosed by a member of the Health Centre 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, someone must remain with the casualty. Reception should always be informed if ambulance has been called 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 (allergic reactions), Haemoglobin Disorders, Sickle Cell Disease, Epilepsy and Diabetes see Appendices included in this policy.

### **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 six Automated External Defibrillators (AED), which are located in the Swimming Pool Office, outside the Porters Office, the Senior Divisions Health & Wellbeing Centre, Head of Prep Division Office and on the wall outside the staff & visitors toilet near the Library and outside the Barn. Swimming Pool, Health Centre Staff and First Aiders are trained in their use.

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 and continue CPR and the use of the AED until help arrives or they are too exhausted to carry on.

### **3.5 Asthma registers and emergency inhalers<sup>1</sup>**

The Health Centre 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 Appendix A.

The Health Centre 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

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

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 Health Centre 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. Boarding houses may choose to keep a copy of the register with their emergency inhalers.

Parents are to notify the School as soon as practicable that their child has been diagnosed with asthma and/or has been prescribed a reliever inhaler via the Medical Questionnaire and Consent Form. 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 Health Centre 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 Health Centre Team.

Emergency inhalers are to be stored, cared for and disposed of in accordance with Part 3 of the Inhalers Guidance. Every boarding house has an emergency asthma kit, and the expiry date should be checked regularly in conjunction with the policy. *(Please refer to Appendix A).*

### **3.6 Procedure in the event of an accident or injury**

If an accident occurs, a 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 Health Centre Team should be called as soon as is possible. First Aiders can also be called, if necessary, and, if the Health Centre Team are not available, should be called immediately. However minor the injury, the Health Centre Team should always be informed.

Any witnesses to any accidents or incidents or near-misses should complete the online EVOLVE form, recording any accidents.

Accident Book, for recording accidents, incidents and near-misses:

<https://evolve.edufocus.co.uk/safety/login.asp>

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 Health Centre 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 and/or serious injury.

## **4 First Aid: First Aiders and First Aid kits**

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 Health Centre 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 and must accompany children on outings. Any assistant who might be in sole charge of children for any period of time must hold a current PFAW certificate.

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/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. 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 Health Centre 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 The Road Vehicles (Construction and Use) Regulations 1986.

#### **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 Health Centre Team. Any incident or treatment must be reported to the Health Centre Team on return to School.

<b>5</b>	<b>Students with medical conditions</b>
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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 Health Centre 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 Health Centre 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 (e.g. cannot be given ibuprofen unless prescribed or with prior agreement from the Health & Wellbeing Centre), anaphylaxis, diabetes and epilepsy and the emergency care that they may require contained in the protocols in their relevant Appendix. These protocols are drafted by the Health Centre Team/MO. Copies of the protocols are available from the Health Centre Team/on the School's website.

The Health Centre 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 Health Centre Team is informed of any changes/updates.

<b>6 Medical records</b>
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The Health Centre Team maintains secure medical documentation regarding any students seen. The Health Centre 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 Health Centre 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 Health Centre 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 iSAMS.

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 Health Centre Team are 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.

All records should be properly completed, legible, current, and available for inspection at all times. Records should provide a complete audit trail of medication.

Medical 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 Health Centre Team and the following information recorded on the students shared electronic health record on iSAMS. The individual record should show:

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

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

#### **6.2 Recording of medicines administered to students**

Medication Administration Records (MAR) sheets are used in all boarding houses to support the timely and safe effective administration of medication, both over the counter and prescription. MAR sheets must be used in addition to recording the information on the iSAMS Medical Module. MAR sheets are also used to monitor and audit the stock levels of prescription and over-the-counter medications. These sheets will be audited on a regular basis by a member of the Health and Wellbeing Centre.

The administration of Controlled Drugs must be recorded in the Controlled Drugs Book as well as being added to iSAMS (but not in the MAR Sheet).

For boarders, Administration of over-the-counter medication (i.e., paracetamol) must be recorded on the over-the-counter medication sheets and added to iSAMS.

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 Health Centre Team.

All records relating to an individual student are held electronically on iSAMS, which can be accessed by the Health Centre Team, boarding staff and other key designated persons.

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 administration must be recorded including any medication refused, missed doses, date discontinued and reason.

Details of any medication errors should be recorded on iSAMS and the Health Centre 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 them 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 Health 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 Health Centre Team, on iSAMS and the MAR Sheet for the relevant student.

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
- 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, medicine should be kept for 14 working days in case this is needed by the Coroner's Office or Court.

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

Heads of Boarding/ Assistant Heads of Boarding should bring the Controlled Drugs Book and controlled medication to the Health & Wellbeing Centre where it is transferred into their safe, and the Health Centre Team will arrange for correct disposal. Medicines should only be disposed of through the Health & Wellbeing Centre.

Return of medicines for destruction should be authorised by the Health Centre 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 over the counter)
- 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 Health Centre Team. The Health & Wellbeing Centre has a stock of some over the counter 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 requires 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 themselves or others and be signed by the MO or member of the Health & Wellbeing Centre.

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 Health Centre Team following discussion with Heads of Boarding/parents and be recorded on iSAMS and in the relevant paper copy (MAR Sheet/Over the Counter Folder/Controlled Drug Book and the self-administration assessment form (provided by the Health & Wellbeing Centre), which should then be uploaded to iSAMS.

### **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 iSAMS.

Where appropriate, individual students will be given responsibility for keeping such medication with them and this will be reviewed on a regular basis. In other cases, the medication 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 this on iSAMS. Boarding staff 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 Health Centre 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 four 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
- **CD's or Controlled Drugs:** The most serious category of drugs. 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 Health Centre Team member to use as stock for treatment of minor ailments. The boarding houses will keep a small stock of over-the-counter medicines and a table of instructions will be easily accessible. This will be monitored by the Health Centre Team who will check the stock every term. It is the responsibility of the HoBs to contact the Health Centre Team for re-stocking. Boarding House staff must record when they receive medicines from the Health Centre Team.

An agreed list and quantity have 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 this Policy. Parents are requested to notify their child's boarding staff or the Health Centre Team of their use. This is particularly relevant with international students who may bring powders or tablets for health without 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.

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 must be in place
- Students are not permitted to take any other form of supplementation e.g. Creatine, HMB, etc
- Students are not permitted to bring or consume caffeinated supplements or energy drinks on school premises. This includes any product that contains high levels of caffeine, such as pre-workout supplements or energy shots

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.

#### **7.7 International medicines**

Medicines that are brought into School by students from abroad must be taken to the Health & Wellbeing Centre so that an assessment can be made. 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.

#### **7.8 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 iSAMS. 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 Health Centre Team. The container must then be clearly re-labelled by the pharmacist or the MO. The Health Centre Team must not alter any information on medication labels.

#### **7.9 Verbal order record for change of dose of prescribed medication by GP/School MO or other prescribers**

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 MAR sheet is available before administration takes place.

#### **7.10 Controlled drugs**

Controlled Medications – these have been prescribed by a medical professional and must be kept in a lockable unit, separate from all other medication of other categories.

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.

Controlled Medications are recorded in the Controlled Drug Book.

#### **7.11 Storage of medicines**

All medicines should be stored in secure designated areas. These include:

- the Health & Wellbeing Centre
- the Preparatory Divisions Medical Room
- Boarding Houses (in a safe or locked drawer)
- personal safe, locked drawer or cupboard, if boarder 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 auto-injectors 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. Spare adrenaline auto-injectors and emergency inhalers for children in the Preparatory Divisions are stored in the Prep Medical Room. In the case of medication, which is not required in an emergency, the student will be told where their medication is stored.

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 & 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. All other classes of drug should not be placed in the cupboard.

Only the Health Centre Team, Heads of Boarding and Assistant Heads of Boarding (all of whom have completed OPUS training) 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/safe from all other medications. The stock should be clearly labelled, and amount stored documented on the relevant sheet.

#### **7.12 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 the Head of Boarding or in the Health & Wellbeing Centre in the Controlled Drugs cupboard/safe.

#### **7.13 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, or in a secured room, 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. No other items should be stored in the medication fridge.

Staff should contact the Health Centre 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 OPUS 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 iSAMS and reported to the Health Centre Team for further discussion with the student and the MO. Staff must record on iSAMS 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 Health Centre 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 must be included in the individual Health Care Plan as appropriate.

### **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 iSAMS
- Over the counter remedies should not be administered for longer than 48 hours without obtaining medical advice from the Health Centre 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 in the Controlled Drug Book. The Controlled Drug book will identify the amount given, signed, and a decreasing total of stock as they are administered. This book should be returned half-termly to the Health Centre 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 Recording medication**

- Pharmacy Medications and General Sales List Medications are recorded in the Over-the-Counter Record
- Prescription-only Medication is recorded on the MAR Sheet (Medical Administration Record Sheet)
- Controlled Medications are recorded in the Controlled Drug Book.
- All records are added to iSAMS

## **8.3 Administration of medicines during the School holidays**

At half term or at the end of term, any necessary medications would be signed out to the parent or guardian, and if deemed appropriate, to the student, as long as they are 16 or over. Details of medicines taken out are recorded in the MAR Sheet or Controlled Drug Book and the administration is supervised by a member of staff in the Boarding House/Staff responsible for the student whilst away from School. If there is a residential trip during a School holiday, after which a student then goes directly to their own parent or guardian, the Trip Leader is required to hand the medication to the parent or guardian and record it on the MAR Sheet or Controlled Drug Book. The Head of Boarding is then required to update iSAMS with this information.

## **8.4 Drug administration errors**

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

Accident Book, for recording accidents, incidents, and near-misses

<https://evolve.edufocus.co.uk/safety/login.asp>

## **8.5 The handling of non-prescribed controlled drugs**

A licence is required to possess a Schedule 1 (i.e. Illegal) controlled drug. If a circumstance arose where a member of staff is 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 (including time, date, location, and circumstances in which the item was seized) should be written as soon as practicable and be handed to the police with the confiscated item. 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, and this was passed to the police, and the details of the officer to whom it was given recorded, and they 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 seizing them.

#### **8.6 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 (BNF) website ([www.bnf.org](http://www.bnf.org)) or by contacting NHS 111.

#### **8.7 Hazard notification and drug alerts**

In the event of a medicine being recalled or alert being issued by the MHRA (Medicines and Health Centre Regulatory Agency), the Health Centre 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 Health Centre Team is responsible for processing and acting upon the information at the time.

#### **8.8 Adverse drug reactions**

Any adverse drug reaction (ADR) or suspected ADR should be discussed with the MO and/or the Pharmacist, before any further administering of that drug. If appropriate, the reaction should be reported to the Medicines & Healthcare Regulatory Agency (MHRA) via the Yellow Card scheme. Yellow cards are available in the BNF (British National Formulary), where you can find information about what types of reaction need to be reported. It is also possible to report such incidents via the Yellow Card website (<https://yellowcard.mhra.gov.uk/>). A member of The Health Centre Team is responsible for dealing with and acting upon the information at the time.

#### **8.9 Staff induction and training for giving medicines**

The Health Centre 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 OPUS-trained staff, in accordance with below. Staff responsible for the administration of medicine have access to students' individual Health Care Plans via iSAMS.

- 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 Health Centre Team members, Heads of Boarding, Assistant Heads of Boarding, Matrons, Boarding Assistants in some situations, and a member of staff attending each off-site trip 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 such as OPUS Medication Training and support from the Health Centre 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 Health Centre Team and/or a qualified health professional. The Health Centre 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 administer medicines, or undertake health care procedures, without appropriate OPUS 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 Health Centre Team and MO train and assist School staff in dealing with medical conditions and administering medicine
- OPUS Medication Training

## **9 Immunisations**

Information about immunisations and vaccines can be obtained from:  
<https://www.nhs.uk/vaccinations/>

### **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. The local immunisation team plan 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.

### **9.3 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 GP Surgery.

## **10 Consent to treatment**

Parents are requested to provide written consent for the administering 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 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 Health Centre 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, Head of Division, Head of Boarding, SLT, 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 that 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 it is 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:

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

The Health Centre Team maintains secure medical documentation about any students who have been seen. The Health Centre 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 iSAMS that The Health Centre 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 Lead DSL, Mrs Suzanna Minnis. 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.

# 12 Accident records and reporting

## 12.1 Accident records

All accidents, diseases and dangerous occurrences (unless very minor in the view of the Health Centre Team), must be recorded on the School's EVOLVE accident reporting system. See also *Health & Safety Policy*.

The Accident Book, for recording accidents, incidents and near-misses is available via:  
<https://evolve.edufocus.co.uk/safety/login.asp>

The date, time and place of the incident must be noted with the personal details of those involved with a brief description of the nature of the incident and what first aid was given. A report on the situation, including details of what happened to the injured or ill person at the incident and immediately afterwards should be written by the member of staff who is present or witnessed the situation, or the person who it was first reported to and this report must be added to EVOLVE. Records will be stored in accordance with the School's policy on data retention.

## 12.2 Accident form and reporting

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 or reduce risks that could help avoid a further incident taking place. A copy of the form will be sent electronically to the Health & Safety Officer, who will keep a record. This applies to both Senior and Preparatory Divisions, including Early Years.

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 whether a member of the Health Centre Team or ambulance should be called to attend. The Health Centre 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.

The H&S Officer is responsible for ensuring that the accident report forms 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 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.<sup>3</sup> The School will inform parents of any head injury received by pupils from EYFS to Year 6 on the same day.

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.<sup>4</sup>

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.<sup>5</sup>

The School must inform Ofsted about any of the following:

- anything that requires resuscitation
- admittance to hospital for more than 24 hours
- a broken bone or fracture
- dislocation of any major joint, such as the shoulder, knee, hip or elbow
- any loss of consciousness
- severe breathing difficulties, including asphyxia
- anything leading to hypothermia or heat-induced illness

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:

### **12.3 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)
- 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).

### **12.4 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

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<sup>3</sup> EYFS requirement (3.50).

<sup>4</sup> All EYFS providers(3.51)

<sup>5</sup> Registered EYFS only - most providers will not be registered.

- 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, 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.

Staff 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 a member of staff 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 Health Centre 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 Lead DSL, Head of Boarding, Head of Division and the Health & Wellbeing Centre 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 Health Centre 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 Head of Division

### **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
- 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.

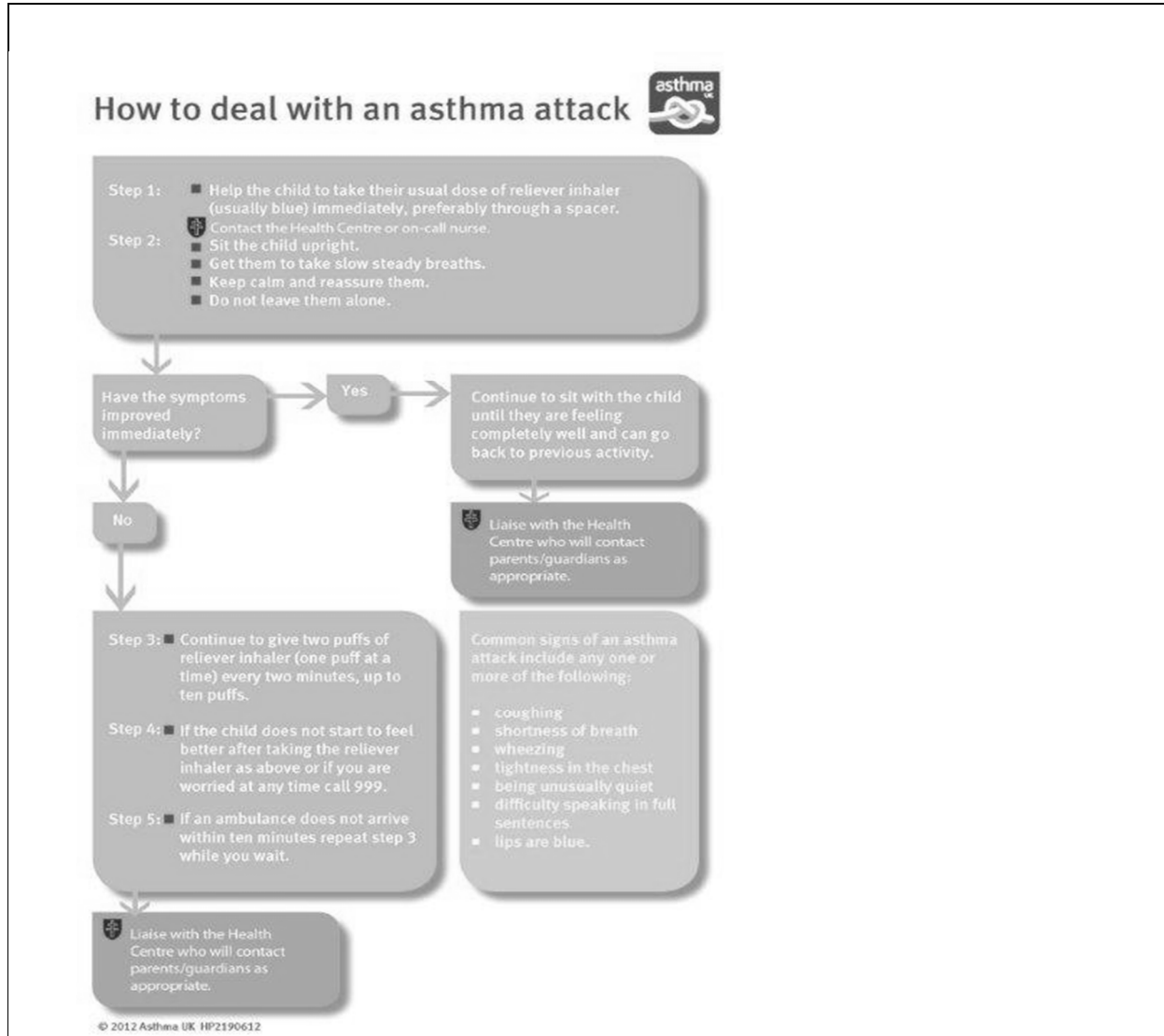
If there are any mental health concerns with a student, it is important for these to be raised as soon as possible. Detailed information and guidelines can be found in the School's *Emotional Health & Wellbeing Policy*.

## **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 Health Centre Team.

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

## APPENDIX A: Asthma management



## APPENDIX B: 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*.

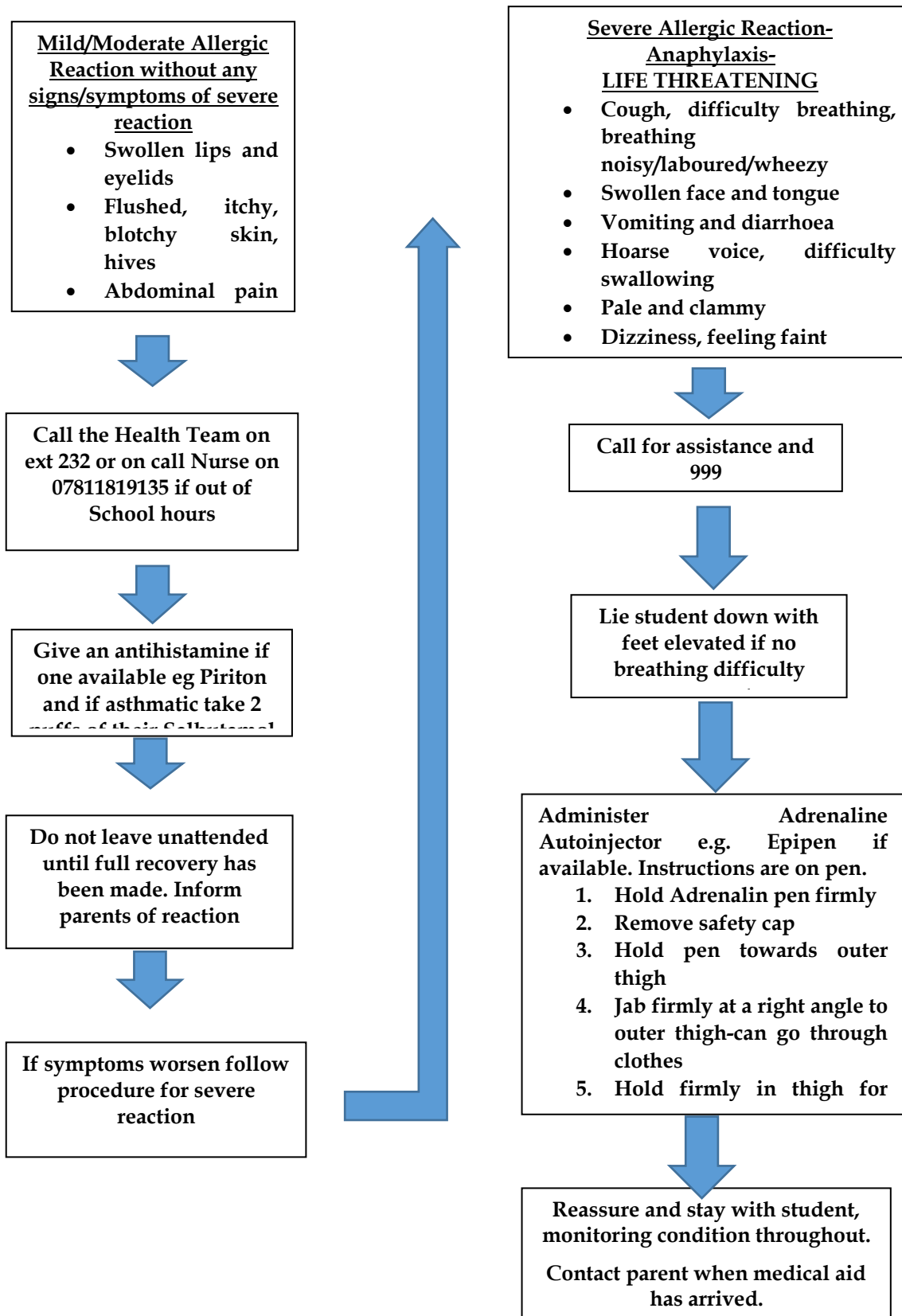
An allergy is the response of the body's immune system to an allergen (normally harmless substance), e.g. food, insect stings and medicines. Severe allergic reactions are known as anaphylaxis and are potentially life-threatening. Allergy to peanut and tree nuts is the most common food allergy in adults 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 with them during the school day and when attending off-site educational visits and sports fixtures.

Pupils in Reception to Year 6 who have been prescribed an adrenaline auto-injector have these stored in the Medical Room in the Preparatory Division; when attending off-site educational visits and sports fixtures, the relevant member of staff will ensure that any prescribed AAIs are in the first aid kit

Students in Years 5-13 who have been prescribed a reliever inhaler must ensure that they carry their inhaler/s with them during the School day and when attending off-site educational visits, trips 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.

**APPENDIX B (i): Anaphylaxis algorithm (for severe allergic reaction)**



### **Treating hypoglycaemia**

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

#### **Symptoms**

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

#### **Treatment**

- Call the Health & Wellbeing Centre Team on ext. 232 or 07811 819 135 or 07595 270 374 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 an ambulance called immediately via 112/999 and contact parent/ guardian immediately.

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

If the person regains consciousness and they request food, they should be given some slow-release carbohydrate food, such as a biscuit or a cereal bar.

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

## **APPENDIX D: 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 hours.
- If they are having a seizure, they may be trapped behind something or kicking against something. If you are with someone who is having a 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 112 or 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.

## APPENDIX E: Haemoglobin disorders - Sickle Cell Disease management

Sickle Cell Disease is a serious and lifelong, genetic condition that children inherit from their parents and is present from birth.

Sickle Cell is a disease that affects the shape of the red blood cells in the affected person's body, and it also affects the cell's ability to transport oxygen effectively around the body in the people with sickle cell disease. As previously mentioned, the red blood cells change their shape into the sickle shape when they release oxygen in the small blood vessels. These sickle cells are then stiff and cannot circulate properly. The sickled cells can become stuck and cause blockages in blood vessels, this can cause the person's organs to be at risk of being starved of oxygen. Nearly all people with Sickle Cell Disease have anaemia – this means the haemoglobin in the blood is low.

The disease can cause the student to have what is known as a 'crisis', these crises can occur all over the body and can be debilitating. Crises can be caused by: Extreme hot/cold – changes in temperature, infection, dehydration, fever, injury, over exertion from exercise/swimming and stress.

### **Signs of mild/moderate crisis:**

- Onset of pain in any part of the body.
- Headaches.
- High temperature.
- Feeling tired/lethargy which appears to worsen.

### **Management of mild/moderate crisis:**

- Contact Health Centre and/or parents and send student for assessment.
- Allow the student to rest in a comfortable position.
- Offer additional fluids/drinks.
- OPUS trained staff can give paracetamol or ibuprofen if student is in pain.
- Observe general condition.

### **Seek urgent medical attention:**

- Sudden severe onset of pain that occurs in any area of the body.
- Sudden swelling in the abdomen.
- Severe headache, dizziness, stiff neck.
- Painful or difficulty breathing.
- Males only – painful or difficult erection that last more than two hours.
- The student is drowsy/unable to speak.
- Weakness and inability to walk.
- Loss of consciousness.
- Very pale in colour.
- Change in behaviour – appearing unusually quiet, confused or disorientated.

### **How to prevent a crisis/day to day management**

- Water – ensuring the student is always hydrated and has access to a drink can help prevent the student from becoming ill.
- Toilet breaks – the student may need to go to the toilet more frequently as they produce large quantities of dilute urine.
- Tiredness – The anaemia that is caused by Sickle Cell can make the student tired and lethargic, if this is the case, a rest period should be encouraged. Time out in the Health & Wellbeing Centre should be permitted if needed.
- Students with Sickle Cell Disease can partake in physical activity and should be encouraged to do so but also reminded to recognise their limitations. The student should be allowed to self-assess their condition on a session-by-session basis. Exposure to extreme temperatures (hot, wet, freezing) can precipitate a sickle cell crisis and they should not be forced to participate. Ensure the student is appropriately dressed for an outdoor activity.
- Trips off site – ensure appropriate clothing and safety measures i.e. adequate hydration, access to analgesia.
- The student can stay inside during extreme, cold or damp weather.
- Teaching and support staff to be sensitive to the student's emotional state, stature and absenteeism.
- Allow students to visit the Health & Wellbeing Centre to take any necessary medications.

Children who have Sickle Cell Anaemia are at increased risk of infection, if any signs of infection are suspected it is vital that the student is referred to the Health Centre team or medical support is called if appropriate via 999.

All staff who work directly with children with Sickle Cell Disease can receive training from the Essex Sickle Cell and Thalassemia Service. This can be arranged through the Health and Wellbeing Centre.

All students with Sickle Cell Disease have an individual care plan that is created in conjunction with the Essex Sickle Cell and Thalassemia Service. The Health Centre Team hold a centre copy and can share this if appropriate.

## APPENDIX F: Medication administration – quick guide

There are four main types of medication. Records are added to iSAMS and as hard copies as explained below.

1. General Sales List (GSL): homely remedies or non-prescribed medications that are available from a variety of shops at lower levels, not requiring a pharmacist to be present for the sale e.g. paracetamol (16 pack).  
**GSL medications are recorded in the Over the Counter Medicine Record and on iSAMS.**
2. Pharmacy Medications (P): a pharmacist needs to be present for the sale e.g. paracetamol (100 pack).  
**P Medications are recorded in the Over the Counter Medicine Record and on iSAMS. In the Over the Counter Record folder, each type of medication has its own sheet.**
3. Prescription-only Medicines (POMs) are prescribed for an individual by a GP or medical specialist.  
**POMs are recorded on the MAR Sheet (Medical Administration Record Sheet) and on iSAMS. Every student has their own individual MAR Sheet.**
4. Controlled Medications (CDs) – these have been prescribed by a medical professional and must be kept in a separate lockable unit.  
**Controlled Medications are recorded in the Controlled Drug Book and on iSAMS.**

Please note that *only* staff who have completed OPUS Training may administer medication.

Remember the Six Rights of administering medication:

Right Person  
Right Medicine  
Right Dose  
Right Time  
Right Route  
Right to Refuse

- OPUS Training is to be completed and up to date for all staff responsible for administering medications.
- Always check medical instruction labels and balances before administering medication.
- Any medications brought in by students need to be checked by the Health Centre.
- The School has a supply of over-the-counter (OTC) medications (paracetamol, ibuprofen).
- Medication Administration Records (MAR) sheets should be checked as a minimum twice per day by the staff in each boarding house to ensure all pupils take their prescribed medications.
- Any medication that is administered needs to be updated on the student's iSAMS medical profile as a matter of high priority at the earliest opportunity.
- Controlled Medications are medications that have been prescribed by a medical professional and must be kept in a separate lockable unit. As defined in our Medical Policy, the Head or Assistant Head of Boarding is required to bring the Controlled Drugs Book from their boarding house to the Health & Wellbeing Centre to ensure that documentation is

completed correctly. All Controlled Medications are to be collected from the Health and Wellbeing Centre, and at the end of the course of medication, or at the moment they cease to be taken, must be returned to the H&W Centre and paperwork completed there. The H&W staff will arrange for disposal as necessary.

- Prescription-only medications must only be given to the person that it is prescribed for.
- Pupils should not be carrying their own medication unless there is a specific need, and this has been agreed – with documentation - by the Health and Wellbeing Centre.
- Remember the 6 R's – if you are in any doubt, do not administer medication. Contact a member of the Health and Wellbeing Team, or if they are not available, contact the Head of Boarding.
- For liquid medicines, please ensure the 'Date of Opening' is written clearly on the bottle or box.
- Expiry dates of all medicines should be checked on a monthly basis by the Head of Boarding.
- Medical fridges are for medicines only – no food products should be stored in there. The fridge thermometer should be checked on a weekly basis.
- Over the counter medication is to be recorded onto the appropriate over the counter record.

**New Hall School does not allow students to carry or administer any medications in School, without prior consultation and permission from the Health & Wellbeing Centre Team.**