



Medical and First Aid Policy

This policy is the responsibility of the Lead Nurses and the Health and Safety Manager

Last full review: November 23

Next review: November 24

This Policy is applicable to all pupils and staff at St Mary's School, (the "School") and is relevant to parents and guardians of pupils at the School. It aims to ensure that there is a high standard of medical and first aid provision within the School.

The Governing Body of the School is committed to ensuring that the physical and mental health and well-being of pupils is promoted, that all pupils with medical conditions can access and enjoy the same opportunities at the School as any other pupil and to ensure that they are able to play a full and active role in School life, remain healthy and achieve their academic potential. The Governing Body will also ensure that the school implements and maintains an effective management system for first aid and for the administration of medicines to all pupils in its care.

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Legislation

The following legislation is referenced in the formation of the policy.

- Health and Safety at Work Act 1974
- Health and Safety (First Aid) Regulations 1981
- Workplace (Health, Safety and Welfare) Regulations 1992
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Misuse of Drugs Act 1971

Roles and Responsibilities

Nurses

- Responsible for all medical and first aid policies (with Health & Safety Manager)
- Provide day-time medical cover during school term time across all sites and sports facilities.
- Provide medical and nursing care for all boarders at MWH and ensure access to GP and other medical services when needed.
- Provide teaching and supervision to all staff on medical and first aid issues as required.
- Ensure maintenance of first aid equipment (kits, eye wash, defibrillators).
- Coordinate accident/incident near miss forms and keep records of statistics.
- Report notifiable incidents to RIDDOR.

First Aiders

- Provide first aid cover as appropriate to their level of qualification.
- Report incidents and accidents to the nurses for recording keeping.
- Inform the Nurses of any first aid items used and in need of replenishment.

Health & Safety Manager

- Joint responsibility with the Nurses for First Aid Policy.
- Review accident/incident near miss forms and implement any changes necessary to reduce such events.
- Coordinate accident/incident near miss forms outside of school term time.
- Report notifiable incidents to RIDDOR outside of school term time.

The Medical Centre

The Medical Centre is staffed by registered nurses (or qualified first aider in their absence) who are available to assist pupils, provide care support and advice and first aid between the hours of 08.00 – 16.00 Monday to Friday in term time only.

The main medical centre is in the Elms building in the Senior School and is the base for the School nurses. In addition, there is a medical centre at Mary Ward House where a member of the nursing team will be available each morning Monday to Friday from 08.00 to see any girls who are unwell and assess their fitness to attend school.

The School Doctor/General Practitioner (GP) is Dr Judith Clayton who is a member of the Lensfield Road Medical Practice. Dr Clayton holds a surgery at the boarding house every Wednesday morning and appointments can be arranged at Lensfield Road other times. Medical emergencies are seen at Addenbrookes Hospital.

The Lensfield Road practice contact details:

Lensfield Road,

Cambridge,

CB2 1EH

T: 01223 651020.

Medical Rooms

The School has three dedicated medical rooms, where facilities are provided for first aid treatment and medication is stored.

- Senior School - this is within the Medical Centre in the Elms building; it includes a sick bay for children complete with beds and a dedicated shower and toilet.
- Junior School - the medical room has a treatment bed and secure storage for medication.
- Mary Ward House boarding accommodation - the medical room provides a base for the nursing staff and has a clinic room, two isolation rooms and a dedicated shower and toilet.

Visiting the Medical Centre during the School Day

Pupils should be able to visit the Medical Centre during the School day without the knowledge of school staff. This must therefore happen outside of lesson times and when they are not expected to be elsewhere. If a pupil goes to the Medical Centre during lesson time, games etc. It must be for an urgent need and they should expect the boarding staff or teaching staff to be informed of their presence there but not the purpose of the visit. Staff should provide a pupil with a permission card to come to the nurses in lesson time. Some pupils may have pre-arranged permission to visit the medical centre at any time and will carry a card agreed with parents, nurses and Head of year for this purpose.

Access to the Medical Centre for Boarders

Outside of school hours boarding pupils will be cared for by the boarding staff at Mary Ward House. Boarding pupils who are not well enough to attend school will remain in the medical centre at Mary Ward House or at the senior school medical centre depending on the nature of the illness. Nursing staff will see and review them at least daily, arrange review and refer to the School GP as needed or in the case of an emergency.

There will be a handover by the nursing staff to the boarding staff at the beginning and end of each weekday to plan any care required outside school hours. Should you wish to contact the nurses directly please telephone 01223 224169 between these hours or email nurses@stmaryscambridge.co.uk.

Confidentiality

Confidentiality is a fundamental part of the nurse patient relationship. The Nursing & Midwifery Council (NMC) is responsible for maintaining professional standards. A breach of confidence by a nurse may render them liable to disciplinary proceedings by the NMC. The medical centre staff are, however, aware of the need, on occasion, to share information provided by pupils in the interest of the pupil's (or their peer groups) own safety and wellbeing. Staff are aware of the circumstances in which information may need to be shared (e.g., a child protection issue) and of the way this should be handled.

The nursing staff work hard to ensure that pupils are aware of the confidentiality that is offered to them should they require to speak to them about any medical related matter/concern and it is their responsibility to ensure pupils aware that in some instances they may need to share information with others if this is considered by them to be in the best interests of the pupil or for their protection or the protection of the wider school community.

Pupil health records

Pupils' health information forms are completed by the parent or guardian of every pupil. They are submitted directly to the medical centre and are stored on a confidential medical database. Until these health forms have been received pupils will not be able to attend School. Information that is given is regarded as strictly confidential and will be made available on a 'need-to-know' basis to relevant parties within the School i.e., form tutors, boarding house staff, teaching staff or those teachers responsible for pupils on trips or sports functions.

Consent to Medical Treatment

Any child over the age of 16 years of age can consent to their own medical treatment.

Gillick competence is used in medical law to decide whether a child (16 years old or younger) can consent to her own medical treatment, without the need for parental permission or knowledge. A child will be Gillick competent if she has sufficient understanding and intelligence to understand fully what is proposed. In all cases wherever possible, confidentiality will apply although staff will always encourage pupils to discuss any medical concerns with their parents. Pupils are aware however that there may be circumstances where the nursing staff may have to share information with another third party where, for example, it is in the best interests of the pupil or where there is a safeguarding or child protection matter or where there is a risk to a member of the School community.

Infectious diseases

Pupils with infectious diseases will not be allowed in school until deemed safe according to guidelines on infection control in schools (Public Health England March 2019). Any pupil who has had an episode of sickness or diarrhoea must stay at home for a clear 48 hours after the final episode.

First Aid

The School's first aid needs assessment determines the numbers and levels of first aid trained staff. This assessment is reviewed annually by the School's Health & Safety Manager and the School nurses. Provision is made for off site visits and trips, the geographical spread of the School site (incl. sports fields), the age range of pupils, the subjects taught and areas of work, cover for boarders after hours events and during school holidays. In addition to the "routine" pattern of life at the School, appropriate first aid trained members of staff must be present during after School events and off-site visits.

Note: In accordance with the Health and Safety (First Aid) Regulations, Contractors are responsible for the provision of their own First Aid.

Annual training provides members staff with up-to-date information regarding particular medical conditions, including anaphylactic shock. Additionally, staff administering medicines receive annual training. The School arranges the following first aid courses for selected members of staff:

- First Aid at Work (FAW) – duration 3 days. Valid for 3 years.
- Emergency First Aid at Work (EFAW) – duration 1 day. Valid for 3 years.
- Paediatric First Aid (PFA) – duration 2 days. Valid for 3 years.
- First Aid at Work Refresher – duration 2 days. Valid for 3 years.
- Administering Medication Training – duration 1 session. Valid for 1 year.

A list of first aid trained members of staff can be found on SMC. A minimum of at least one qualified first aider must be on each school site when pupils are present.

Hygiene/Infection Controls

To avoid contact with blood and other body fluids, plastic gloves must be worn when appropriate by those members of staff administering first aid. Body fluid clean up kits can be found across the School site. Additionally, antibacterial wipes are available throughout the School for cleaning. Any medical waste must be sealed inside a plastic bag, and then disposed-off in a sanitary bin in the female toilets.

Members of staff are to wash their hands with soap and warm running water after administering first aid.

First Aid Equipment

The following First Aid equipment is available within the School and maintained by the nurses. Staff must inform the nurses of use of these items and if they need replenishment.

- First Aid Kits – checked each term.
- Defibrillators - Instructions for use are displayed in each case. Defibrillators are checked each term by the nurses.
- Eye Wash Bottles - All eye wash bottles are checked each term by the School nurses.
- Burns Kits - held together with first aid kits in areas where burns may be an issue.
- Asthma inhaler and devices – pupils with asthma are required to carry their inhaler at all times. Spare Salbutamol inhalers and aero chamber are available in each First Aid Hub for emergency use. Only diagnosed Asthmatics (see Asthma List) can use this device and permission must have been given by parents for its use.

Emergency Asthma Kit

Pupils with asthma are required to carry their inhaler at all times. In case of emergency the asthma kit contains:

- A Salbutamol metered inhaler with clear expiry date

- A plastic spacer with instructions for use
- List of children with consent
- Instructions on correct use of an inhaler

Adrenaline Auto Injectors (AAIs)

Lists of pupils (including photographs) with allergies must be clearly displayed around school specifically in the staff rooms, where food is made and served and in the First Aid Hubs. Pupils with severe allergies are required to carry personal AAIs. Spare AAIs are available in each First Aid Hub for emergency use.

For more information on pupils diagnosed with severe allergies and/or asthma refer to the specific sections in this policy/

First Aid Hubs

The School First Aid Hubs and the primary locations on the site for first aid equipment outside of the Medical Centres.

Each First Aid Hub has the following:

- First Aid Kit
- Adrenaline Auto Injectors (AAIs) (with the exception of Long Road Sports Facility)
- Asthma Inhalers
- Defibrilators (with the exception of the Sixth Form Centre)

In addition, each hub will have:

- List of qualified First Aiders
- List of Pupils with medical issues (Asthma and Anaphylaxis)

ST MARY'S FIRST AID HUBS
Senior School Reception
Sixth Form Centre Foyer
Junior School Medical Room
Mary Ward House Reception
Long Road Sports Facility – PE Storeroom

Location of First Aid and Medical Emergency Equipment

	FIRST AID KIT	DEFIBRILATOR	ADRENALINE AUTO INJECTORS (AAIs)	ASTHMA INHALERS	EYE WASH BOTTLES	BURNS KITS
SENIOR SCHOOL						
Reception (First Aid Hub)	✓	✓	✓	✓		
Main Kitchen	✓					✓
Cookery Room	✓					✓
Art Centre	✓					
Maintenance Workshop	✓				✓	
Science Hubs (x7)	✓				✓	
Gym	✓					
DT Workshop					✓	
SIXTH FORM CENTRE						
Foyer	✓		✓	✓		
JUNIOR SCHOOL						
Medical Room (First Aid Hub)	✓	✓	✓	✓		
Coach House	✓					
STEM Room	✓				✓	
Staff Room	✓					
Dining Room	✓					
Kitchen	✓					✓
Second Floor Landing	✓					
MARY WARD HOUSE						
Reception (First Aid Hub)	✓	✓	✓	✓		
Kitchen	✓					✓
Boarders Kitchen	✓					
OFF-SITE LOCATIONS						
School Minibus (car)	✓					
Long Road Sports Facility	✓	✓		✓		
Cambridge City Boathouse		✓		✓		

Off-site Visits & Trips

A first aid trained member of staff must be on any visits which take place outside Cambridge City or normal school hours (08:30 – 16:00hrs). All visits must have a minimum of one “medicines trained” member of staff for the administration of pupil medication. It is the Visit Leader’s responsibility to assess the first aid requirements, to include appropriately trained staff and obtain first aid kit(s) from the School Nurses.

First Aid kits must be taken on all school trips.

A First Aid Trip Request Form needs to be completed and submitted to the Medical Centre least one week prior to the trip. This can be found on the Nurses pages of SMC. There is a standard list of the contents of a first aid bag; if members of staff require anything not listed e.g., travel sickness tablets requirements must be specified on the form. More comprehensive larger first aid bags are provided for D of E and some residential trips.

If there are girls on the medical list who require medication, then the Trip Leader must collect these medicines from either the medical room or Senior School reception (see adrenaline auto injectors below) or received from the parents before the trip goes out. Medication received from parents must be accompanied by the completed and signed paperwork Form 5/3A.

It is the duty of the Trip Leader to ensure that medication is returned to the correct place of storage following a trip.

Medical Emergencies and Accidents

All incidents and accidents including near misses must be reported to the nurses as soon as possible using the form in the Appendix. Any subsequent reporting to RIDDOR will be done by the nurses or Health & Safety Manager. In the Junior School, minor accidents are recorded in the first aid folder which is kept in the medical bags in each building. There is a separate EYFS first aid folder for recording minor accidents. All accidents on any site are recorded on the nurses' secure medical digital app Patient Tracker.

Accident statistics are reviewed termly at the School's Health & Safety meeting.

Always call 999 if someone is seriously ill or injures themselves, and their life is at risk.

Examples of medical emergencies include:

CHEST PAIN

DIFFICULTY IN BREATHING

UNCONSCIOUSNESS

SEVERE LOSS OF BLOOD

SEVERE BURNS OR SCALDS

CHOKING

FITTING

CONCUSSION

DROWNING

SEVERE ALLERGIC REACTIONS

Ambulance

When calling the ambulance, the postcodes below should be given:

Senior School, Bateman Street CB2 1LY	Sixth Form Centre, Brookside CB2 1JE
Junior School, Chaucer Road CB2 7EB	Mary Ward House, Brooklands Avenue CB2 8BQ
Cambridge City Rowing Club Boathouse, Kimberley Road CB4 1HJ	Long Road Sports Facility CB4 1HJ

A member of staff should accompany any pupil taken to hospital, the pupil should be chaperoned until the parent or guardian arrives.

Accident & Emergency Department

Where pupils are taken to A&E taxis are normally used for transportation. As with an ambulance, a member of staff should accompany any pupil taken to hospital. The pupil should be chaperoned until the parent or guardian arrives.

Informing Parents

Parents/guardians of any pupil taken to hospital are to be contacted by the nurses/Head of Boarding/Trip Organiser as appropriate, as soon as possible. On returning home from hospital, it is standard practice that a follow up phone call is made by the nurses to check the pupil's wellbeing on the next working day or by Head of Juniors for Junior School pupils. For minor injuries not involving hospital treatment, parents/guardians may be contacted by the nurses/Head of Boarding/ Head of Juniors/Trip Organisers, as appropriate given their knowledge / understanding of the situation.

In the Junior School (including EYFS), minor accident/incidents such as grazes and bumped heads are reported to parents on the same day either with the appropriate note or by telephone or verbally when the child is collected.

Head Injuries

If a pupil at school experiences a head injury, please alert a member of the nursing team. for advice and guidance on how to safely assess and treat the pupil. The head injury must be recorded on the medical data base and parents informed of the injury to enable them to monitor symptoms subsequently.

Following a head injury if a young person is conscious/ awake and there is no deep laceration or severe head damage, it is unusual for there to be any damage to the brain. *'A severe head injury requires immediate attention because there's risk of serious brain damage'* (www.nhs.uk).

Severe head injury

A head injury resulting in unconsciousness, or lack of full consciousness is regarded as severe (for example keeping eyes open)

Any focal neurological deficit needs to be observed and may present as any of the following:

- Problems understanding, speaking, writing, or reading.
- loss of feeling in parts of the body; problems balancing
- general weakness
- changes in eyesight
- problems walking
- Fits or seizures
- Blood or clear fluid from ear
- Swelling or bruising around eyes or behind ears
- Any suspicion of a skull fracture or a penetrating head injury

High impact head injury is defined as:

- Being struck by a motor vehicle,
- a fall of greater than 1metre
- a fall of more than 5 stairs.

All the above are regarded as severe injury and the following procedure should be followed in the School setting.

Severe Head injury procedure

- Carry out neurological assessment using Glasgow Coma Scale and/or SCAT5 assessment as required (see appendix)
- If the pupil is noted to be unconscious for any length of time she should be taken immediately to the nearest A&E department ideally by ambulance (call 999).
- If pupil appears clinically shocked, is disorientated, or confused for a prolonged period following the accident the nurse will arrange for transfer to A&E for boarders. For day girls we will try to contact parents to arrange for transfer to A&E.

Minor head injury

Procedure for minor head injury

- Assess level of conscious and cause of impact
- Immediately apply ice pack to affected area at time of injury.
- Observe for any deterioration.

However, although unusual there could be damage to blood vessels which may bleed next to the brain. Symptoms may not develop for some hours or even days after a knock to the head. In very rare instances symptoms may develop weeks after the head injury. If a child sustains a head injury at school a letter will be given to the child to inform parents.

If any of the following symptoms occur following a head injury the pupil should be seen by a doctor as soon as possible:

- Increasing drowsiness (see below)
- Worsening headache (see below)
- Repeated vomiting or prolonged nausea
- Complaints of neck pain
- Confusion or strange behaviour
- Slurred speech, difficulty speaking or understanding
- Weakness, tingling or burning sensations in an arm or leg
- Dizziness, loss of balance or convulsions
- Blurred or double vision
- Vacant expression
- Deafness in one or both ears
- Blood or clear fluid leaking from nose or ear
- Unusual breathing patterns

Drowsiness

It is quite common for children to want to sleep for a while following a knock to the head, however it should appear to be a normal peaceful sleep and they wake up after a nap.

Parents or guardians may be worried about letting a child sleep following a head injury just before bedtime. If you have a concern wake them up after an hour or so. You can do this a few times during the night if there is particular concern. Whilst the child is asleep check that they are breathing normally and that they are in a normal sleeping position.

Head injury recovery

It is normal after a knock to the head to have a mild headache, there can also be tenderness, bruising or mild swelling of the scalp. Any headache or symptom which becomes worse & worse may be of more concern including Dizziness/Poor concentration or short-term memory/Irritability or being easily annoyed/Poor sleep & tiredness.

Sports injuries involving head injury.

Head Injury advice for PE staff when supervising school sports matches:

A pupil who falls to the ground after a blow to the head can continue playing if

- She gets to her feet unaided and immediately and appears to be fully conscious and orientated.

A greater impact force is often required to produce symptoms in a child compared to an adult. Therefore, if a young person does exhibit clinical symptoms, it is reasonable to assume they have sustained a far greater impact force compared to an adult with the same post concussive symptoms.

The pupil must leave the field and be admitted to the medical room for observation if has any of the following symptoms.

- unable to get up for 10 seconds or more
- appears confused or disorientated 2 minutes after the blow
- Headache
- Vomiting/nausea
- Dizziness
- Balance problems
- Not clear of events leading up to the injury
- Double vision
- Inappropriate emotions
- Vacant stare
- Slurred speech
- Inappropriate playing behaviour

The pupil must be transferred to hospital if they are:

- Unconscious for 60 seconds or more
- Has retrograde amnesia (cannot remember the blow or events leading up to it)
- Any prolonged symptoms from the list above

If the pupil is unconscious on the field the game should be stopped and not be moved until the arrival of ambulance personnel.

If a pupil has sustained a concussion, they should avoid contact sport for 3 weeks to reduce the incidence of second impact syndrome and post-concussion syndrome. All children should be assessed by a doctor before returning to play contact sports after the 3 weeks ban to ensure all physical symptoms have fully resolved. The pupil needs to be symptom free for >24 hours and then return on an individual and appropriate gradual return to play plan (see example in appendix)

Symptoms include:

- Headache
- Irritability
- Concentration and impaired learning
- Mood change
- Impaired balance
- Personality changes

Emergency Dental Care Arrangements

Day Pupils

If a dental emergency occurs with a day pupil their parents will be contacted to collect their child and take to their own dentist.

Boarding Pupils

If a dental emergency occurs involving a boarding pupil the nurses or boarding staff will contact Regent Street Dental Practice who provides dental care. For boarders Parents/guardians will be responsible for any fees incurred.

If a boarding pupil requires orthodontic work, we will do our best to help them to access an orthodontist. Parents/guardians will be responsible for any fees incurred. We advise that pupils go for an assessment of the work required which will give them an accurate estimate of the cost involved.

Dental Practice

Regent Street Dental Practice

102 Regents Street

Cambridge

CB2 1DP

01223 355923

Opening hours Monday to Friday 08.00-17.00 outside these hours call 111

Orthodontist

Cambridge Orthodontic Practice

43 Long Road

Cambridge

CB2 8PP

01223 411922

Medical Care of Boarding Pupils

All new boarding pupils are asked to undergo a brief routine medical examination by the School GP to assess each pupils' general health. Parents are also required to complete the GMS1 form which will be sent to parents with the medical form This is a requirement for registration with the School GP as part of the National Health Service.

Boarders spend more time at school than at home therefore are required to be registered on the School Medical Officers' list under the provision of the National Health Service Act.

If a pupil is ill, she will be cared by the nurses and boarding staff. If there is a serious illness or emergency parents will be contacted by the fastest means available. Parents must ensure the medical centre has up to date and accurate details of how they may be contacted. Should a pupil need to be away from school until they have recovered, parents or guardians will be contacted to make the necessary arrangements.

Medications for Boarders

All medication in the boarding house (including "household medication") must be stored as safely as possible - that is, in a secure locked cupboard (which should be firmly attached to a wall) or fridge as per manufacturers' instruction These are both located in the medical centre. Boarding pupils who keep and administer their own medication must be able to store their medication safely and securely, ideally within a locked cupboard in their room. All rooms contain a safe for this purpose. If this is not possible, they must be stored in the medical centre, locked cupboard or fridge as required.

When pupils start or return to school, all drugs and medicines must be given to the boarding staff or School nurse who will ensure they are stored safely and together with advice of the school medical officer dispense them as prescribed. These medications must be named and listed in the British National Formulary and any foreign language must be translated into English. If necessary, medications will be prescribed for an BNF equivalent. All boarders are registered with the School GP who is responsible for their overall health and welfare and will treat and prescribe medicines as necessary whilst they are in our care.

Sixth Form pupils (i.e., those over the age of 16) may give their own consent for medical treatment and will largely be responsible for the safe storage and self-administration of their own prescribed medicines.

Prescription only medicines(POM)

These are medicines that may only be given to a boarding pupil for whom it was prescribed, in accordance with the prescription or instructions from the pharmacy (National Minimum Standards for Boarding 2015

- Boarders will be prescribed POM either by the School GP or from a specialist medical practitioner that they then bring into school. All POM must be clearly recorded in the medical data system or in hard copy in the medical centre.
- Form 5 (DOH Administration of medicines) is completed for each prescribed medication that a boarding pupil is to receive. Each time a medicine is administered or dispensed it must be recorded on the pupils medical record If the pupil refuses to take the medication this should also be recorded.

Arrangements for boarders who are unwell.

Boarding pupils who feel unwell during the School day should go to the medical centre at the senior school. The nurses will arrange for them to return to Mary Ward House if this is deemed necessary. During evenings and weekends boarders should contact a member of the boarding staff. If unwell all boarders have a mobile phone and list of contact numbers of the boarding staff, should they require assistance rapidly during the day or night. One member of the boarding staff always carries the duty phone which will be available for pupils to call if they need assistance. Boarding staff also have the mobile phone numbers of boarders should they need to contact them rapidly. There is also an emergency pull cord in the sickbays and gym at Mary Ward House should anyone need help in an emergency.

If a boarder is too unwell to attend school, they must remain in the medical centre during school hours which may be on either site depending on the nature of their illness. The nurses or boarding staff will inform reception that the child is unable to attend school. In exceptional circumstances when it is in the child's best interest to remain in their room the child will be checked regularly by a member of the boarding/nursing staff. All treatment/care will be recorded on the medical database so that other members of staff can constantly evaluate and identify any deterioration in the pupil's condition. The nursing staff will stay in close contact with the boarding staff who are caring for the sick pupil to give advice and support and necessary direction on delivery of care. All interventions should be recorded on medical database. Hand overs will take place at least twice daily

Boarders with medical conditions may require specific individual care. The nurses will provide a health care plan in consultation with their parent/guardian and if necessary, the School GP to ensure that arrangements are in place to support pupils whilst in our care.

Vaccination Requirements

Records and requirements for Boarders

It is important that an accurate up to date record of all previous vaccinations is obtained from parents/guardians.

If a pupil receives any vaccinations from any other source other than the NHS, it is vital that we are informed in order that the vaccination is not duplicated. A list of up-to-date vaccinations required prior to entry into the School are listed on the Health Information Form. It is important that pupils are fully vaccinated as infectious diseases can spread rapidly in a school community.

We request that all pupils have had at least two doses of the measles, mumps, and rubella (MMR) vaccination prior to starting school. Boarding pupils are encouraged to receive an annual flu vaccination which will be offered by the NHS to all pupils up to year 11. Sixth form boarders will be offered a flu vaccine from the local pharmacy and will be able to self-consent to this providing they are aged 16 or above.

Records and requirements for all pupils

The nursing team will liaise with the NHS vaccination team to arrange for national vaccination programmes such as HPV, meningitis ACWY and flu to be carried out in school. The NHS Vaccination team come into school to carry out the vaccine programme Consent will be sought by them directly. Parents will receive either a link to give online consent or a paper consent form will be sent to them. They are then responsible for delivering the vaccines to our pupils.

Administration of Medications in School

The following medications protocol has been written with reference to the Department for Education 2015 guidance on 'Supporting students at school with medical conditions', Department of Health Managing Medicines in Schools (2005) and Boarding schools National minimum standards (2015).

We aim to provide guidelines and training for all boarding and teaching staff regarding the safe storage and administration of drugs.

The only medicines that can be administered in school are either those which have been prescribed by a doctor for a specific child or those that have been sanctioned as appropriate by the School GP or nursing staff at the medical centre.

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Parent

No child under the age of sixteen should be given medicines without their parents' consent. Each pupil must have a completed medical form prior to starting school which includes a declaration giving permission for nursing staff, boarding staff, or teaching staff to give appropriate treatment for minor problems using non-prescription medicines. This is also authorisation for boarding staff or a member of staff to approve such medical treatment as is deemed necessary in an emergency. Parents have a clear responsibility to provide the School with written details of the medicines and medical needs of their daughters. They are also expected to inform the School of any changes as they arise. Please note that if a girl has been accepted into the School without prior notification of health problems that could, in our view, significantly affect the management and care of the pupil (and in some circumstances, the other pupils in the School), the School reserves the right to withdraw the School place.

Staff training is provided by the nurses annually on allergies, anaphylaxis, asthma and temperature management. All staff also receive training on medicines and their safe storage and administration.

Parent Responsibility

The administration of prescribed medicines is undertaken under strict supervision by the School. Parents supply the School with all medical information including emergency procedures where relevant to their child's medical needs and are responsible for updating that information as well as the prescribed.

Self-administration of medicines

Pupils under the age of sixteen will only be able to self-administer medicines in exceptional circumstances.

Procedure for Administration of medicines

Staff that administer medicines must undergo annual training which will be provided by the nursing team. The training materials can be accessed online and it is the responsibility of all staff to access this training annually and speak to nursing staff if they have questions or concerns. Once they have passed the training, they are deemed safe to administer medications both Over the counter medicines (OTC) and Prescription only medicines (POM) as directed by the nursing or medical staff.

When issuing medications, the following procedure should be followed:

- The reason for giving the medication must be established.
- Administer the medicines (prescribed by GP) as per pharmacist label on the box.
- Check whether that pupil is allergic to any medication.
- Check whether the pupil has taken any medication recently and, if so, what (ensure maximum dose is not exceeded).
- Check, whether the pupil has taken that medication before and, if so, whether there were any problems.

- Check the expiry or 'use by' date on the medication package or container.
- The pupil should take the medication under the supervision of the person issuing it.
- Record the details – These must be recorded immediately on the Patient Tracker medical database ensuring the correct date, time, reason for medication and dose is documented.

Over the counter medicines

This list contains medicines agreed by the nurses and the School GP that are held in the medical centre and can be administered without a prescription. All medicines administered must be recorded on the medical data system or on the hard copy log.

Oral medications	Creams & topical application
Calcium carbonate (Rennies)	Antiseptic wound spray
Cetirizine	Anthisan
Chlorphenamine maleate	Aqueous cream
Dextrose tablets	Arnica
Dioralyte	Biofreeze
Gaviscon	Bite and sting relief
Ibuprofen	Burn cream
Ibuprofen syrup	Calamine lotion
Loperamide Hydrochloride	Corsodyl mouthwash
Loratadine	Deep heat
Olbas Oil	Diprosbase cream
Paracetamol	Germoline
Rescue remedy	Hydrocortisone 1%
Simple linctus	Magnesium sulphate
Soluble paracetamol	Sore mouth gel
Stugeron	Sudocrem
Strepsils and throat lozenges	Tiger Balm
	Vaseline

Controlled drugs

Controlled drugs (governed by the misuse of drugs act 1971) are occasionally prescribed for pupils in school. They must be stored in a locked cupboard within a locked cupboard (firmly attached to a wall) with only named personnel having access. Controlled drugs are signed in when received and out when dispensed or administered in a hard back bound book.

A controlled drug, as with all medicines should be returned to the parent when no longer required to arrange for safe disposal (via the local pharmacy).

Storage of Medicines

All medication in schools (including “household medication”) should be stored as safely as possible: that is, in a secure locked cupboard (which should be firmly attached to a wall) or fridge as per manufacturer’s instruction.

We discourage pupils from carrying medicines around with them unless they require specific emergency medication in which case parents should complete a care plan in conjunction with the nursing team which is kept in the medical centre and with the emergency treatment.

Adrenaline pens (AAI)

Some pupils with severe allergies (see list at reception or staff room) should carry an adrenaline pen with them. Spare AAIs are kept at reception in individual “medibags” with each girl’s photo and care plan. It is the parents’ responsibility to ensure that an in-date device is held in the school for use in an emergency.

Inhalers

Pupils requiring inhalers should also carry them on their person and a spare inhaler (if provided by parent) will be kept in the medical centre. Parents are required to complete an asthma care plan and emergency asthma consent form annually. These will be held on the school medical data base.

Prescription only medicine (POM)

- These are medicines that may only be given to the pupil for whom it was prescribed, in accordance with the prescription or instructions from the pharmacy and is not kept for general use for other pupils nor added to “stock” for such use” (Standard 3 National Minimum Standards for Boarding 2015).
- Dispose of any unwanted, unused medication with care by returning it to the parents to return to the pharmacist.
- Consult with the medical centre if there is any cause for concern about the type of medicine, its use or any relating factor.
- If a pupil requires a POM to be administered whilst at school. Parents need to complete Form 3A and 5 requesting the school to administer it. And this will then be recorded on the school medical database.

Controlled drugs (CD)

Controlled drugs are stored in a locked cupboard (firmly attached to a wall) in a locked or attended room with only named personnel having access. Controlled drugs are signed in when received and out when dispensed in a hard back bound book. This information is also recorded on the medical database.

A controlled drug, as with all medicines should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist. Administration will always be recorded on the school medical data base.

Administration of Medicines in the Junior School (including EYFS)

Medicines should only be taken in a school setting when essential; where prescribed by a GP, nurse, dentist or pharmacist. The only exceptions to this are certain Over the counter (OTC) medicines Paracetamol, Piriton and Stugeron which are held as stock in the medical centre. Consent must be given by parents on the Health information form giving staff permission to administer these medicines without a prescription if needed throughout the school day.

Parents responsibility

Parents have the responsibility to provide the school with details of medicines and medical needs. It is the parent's responsibility to inform the school of any medications administered prior to the child coming to school and the school's responsibility to inform parents if medication has been administered during the school day. Medicines must be provided in the original dispensed container labelled exclusively for use of that pupil.

- Prescribed medicines are accompanied by written explanation of dosage and consent from the parent. (Forms 3A and 5). This form is stored in the EYFS Administration and Medical folder.
- Parents collect medicines at the end of each day or in the case of medicines such as inhalers and adrenaline pens at the end of each half term for renewal or safe disposal.
- Parents are encouraged to administer their child's medicine outside of school hours, if possible.
- Non-prescription drugs or medicines are not allowed to be brought into school. The school keeps a stock of Paracetamol, Piriton and Stugeron.
- Parents inform the school in writing of any side effects of their daughter's medicine, what constitutes an emergency and what action to take in the event of an emergency.
- Parents of children who suffer from frequent pain should be encouraged to visit their GP.
- If a child refuses to take her medicine the parents are informed that day.

Storage of Medicines

- Medication is stored in a locked cupboard (Standard 3 Nat. minimum Boarding Standards June April 2015) or fridge as per manufacturer's instructions in the Junior School Medical Room.
- Adrenaline auto injectors (AAI) – all girls with prescribed auto injectors should have one stored in the classroom (with the child's knowledge of where it is kept) in the medicines bag with a care plan identifying the child with a photo. A second auto injector should be stored in the medical room in the cabinet. It is the parents' responsibility to ensure that the adrenaline auto injectors are in date (see allergy policy)
- Inhalers (for pupils who require these) are kept in the classroom medical bag, and a spare is kept in the medical cabinet located in the staff room. (see asthma policy)
- Photos of the pupils with allergies and auto injectors are displayed in the medical room and staff room. A list of pupils who have asthma is also displayed. A list for school staff can also be found on the nurse's section of St. Mary's cloud.

Administration of medicines to Junior and EYFS Pupils

- If a pupil's medicine requires technical or medical knowledge prior to its administration, the School nurses will administer that medicine unless another member of staff has had specific training for its administration to that pupil.
- All medicines are administered by a teacher trained in the administration of medicines in the presence of another adult.
- Staff should check the expiry or 'use by' date on the medication package or container.

- Medicine administered to a pupil is recorded on the medical database with the time, date and name before returning the medicine to the medical room. If the pupil refuses to take the medication this should also be recorded, and parents informed.
- Parents must be informed when medicines have been administered the same day or as soon as reasonably practicable.

Illness at School

Illness during the holidays and/or weekends

Pupils must not be sent back to school after the holidays if a pupil is unwell. If parents are in any doubt about their daughter returning to school, please consult the medical centre or boarding house staff. If a pupil has been ill during the holidays, it is very important for the wellbeing of the pupil that all the relevant and up to date information is forwarded in writing to the School GP and school nursing staff as soon as possible, either by a letter sent with the pupil on return or by email to the medical centre. This should include any details of illness, injury, or surgical procedures.

If the pupil has been in the company of anyone who subsequently develops any contagious or tropical disease i.e., meningitis or Covid19, she should only return to school after consultation with the school medical officer. Parents should contact the medical centre as a matter of urgency if any contagious disease occurs at home since the pupil has returned to us so appropriate action may be taken.

Any pupil who has had diarrhoea or sickness should remain at home for at least 48hours after the last episode of diarrhoea or vomiting.

Illness during the school day

If a pupil is unwell in the Senior school, she will be cared for by the nurses in the medical centre for short periods. We aim for this to be no longer than one lesson. If pupils are not well enough to return to lessons after this period parents will be contacted to collect their daughter. We ask therefore that parents contact details are kept as up to date as possible.

Any treatment or medication given throughout the school day will be recorded and stored confidentially on the medical data base and passed onto other staff on a need-to-know basis.

Pupils with specific medical conditions may require an individual care plan to assist staff in school to care safely and effectively for every pupil who may have additional needs. The nurses provide a health care plan in consultation with the pupil and their parent/guardian to ensure that arrangements are in place to support pupils as necessary. This will be shared with school staff on a need-to-know basis and in conjunction with the permission of pupil and her parents.

Off-site Management of Medical Care

School trips

Staff who are undertaking a school trip should ensure that they have up to date medical information of the pupils on the trip in good time prior to departure. They will need to speak directly to the nursing staff to understand the medical needs of any pupils on the trip and up to date medicines information that will need to be administered on the trip. Teachers should also have sight of the parental permission forms for the trip to ensure there is no other recent changes to health or medications that the nursing staff may be unaware of. Nurses will also inform the trip leader of any pupils with a health care plan and ensure staff are aware of individual needs detailed in the plan.

On a visit: medical forms (3-5) are prepared by the parents prior to the day of departure; these notify of prescription medicines. Parents must supply any prescription medicines required for the duration of the offsite visit/trip.

The nursing staff will supply first aid supplies and kits for all off site visits. The kits will also contain basic OTC medicines that may be requires by any pupil whist on the trip. Medication is also provided in the first aid kits that can be administered by the trip staff. Stugeron is provided by the school for pupils who suffer with travel sickness. It is helpful for parents to notify the form teacher if their child is likely to need travel sickness medication. Permission for administration of these is contained on the HLF form completed on admission to the school. Paracetamol is provided for pain relief and temperature control and an Antihistamine, Cetirizine in case of an allergic reaction or hay fever symptoms.

During off site trips essential prescribed medication is administered as above by a designated member of staff and documented on Form 5. This information should be recorded on the medical database on return to the school. Prearranged safe storage of such medication is maintained throughout the trip according to the prescriber's instructions on the label.

On a visit, a child with an adrenaline auto injector (AAI) or inhaler must also take the spare from the medical room/school reception, and this must also be signed in and out and returned afterwards. This will be overseen by the class teacher.

Infectious Outbreaks

An infectious disease is an illness caused by the presence of disease-causing agents or germs, including viruses, bacteria, fungi and parasites and other microbes. These diseases are called communicable diseases or transmissible diseases due to their potential of transmission from one person to another. Transmission may occur by direct contact with an infected person or animal, by ingesting contaminated food or water, or by contact with infected surroundings or contaminated air.

Pupils are a high-risk population for infectious disease, and exposure to a variety of infectious diseases in a school population is inevitable.

Infectious diseases are common in young children who have immature immune systems and are developmentally unable to understand and practice the concepts of good personal hygiene.

Older children and teenagers are exposed to risk due to multiple contacts in different social situations and are therefore also prone to certain infections.

In any school population, there are certain individuals who may have a higher risk of complications if exposed to specific diseases.

Definition of an Outbreak

An outbreak or incident may be defined as:

- A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.
- A single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever, or polio.
- A suspected, anticipated, or actual event involving microbial or chemical contamination of food or water.
- For the Early Years Foundation Stage (EYFS), any food poisoning affecting two or more children cared for on the premises.

Responsibilities (Crisis Management Plan)

In accordance with the schools Crisis Management Plan an infectious outbreak could be classified as crisis depending on its severity, as a result members of the schools Crisis Management Team (CMT) will convene as appropriate. Regardless of the crisis level the CMT coordinator will be the Headmistress or the Head of Juniors with other staff stepping up to fill this role as per the plan in the event they are unavailable.

The nurses are legally responsible for notifying the local Public Health England (PHE) team about any suspicion of a notifiable disease, other relevant infection, or relevant contamination. The School GP will notify PHE about pupils who are registered with Lensfield Road Medical Practice.

The nurses will as soon as is reasonably practicable (but in any event within 14 days of the incident) notify Ofsted regarding any food poisoning affecting two or more EYFS children cared for on the premises. Through consultation with the Operations Manager the Food Standards Agency will be informed where relevant.

Notifying UK Health Security Agency

UKHSA centres are the local presence of the UK Health Security Agency (UKHSA). They support local authorities and the local NHS by providing local services across, health improvement, public health, health protection. The contact details below are for professional use therefore contact should only be made by the School nurses.

UKHSA East of England

Professor Aliko Ahmed, Centre Director

West Wing, Victoria House, Capital Park, Fulbourn, Cambridge, CB21 5XA.

Telephone: 0300 303 8537

East of England Health Protection Team

UK Health Security Agency

Suite 1 First Floor Nexus, Harlow Innovation Park, London Road, Harlow, Essex, CM17 9LX

Telephone: 0300 303 8537

Notifying Ofsted

Complete the online report. It will take about 10 to 20 minutes to complete.

<https://www.gov.uk/guidance/report-a-serious-childcare-incident#what-you-must-tell-ofsted>

You will require:

- Your reference number
- The childcare address
- Details of the incident and those involved.

Notifying Food Standards Agency

Complete the online report for businesses:

<https://www.food.gov.uk/contactbusinessesreport-safety-concern/report-a-food-safety-incident>

You will be asked to provide your contact details and information about the incident. This will include:

- The nature of the incident and its impact.
- Completed and planned actions in response to the incident.
- Details of the product(s) affected.
- Each business involved with the production, supply and distribution of the product(s).

Preparing for an outbreak

Awareness of the various types of infection and how they spread is key to successful health provision.

The school ensures links with external organisations through the following activities:

- Nurses maintain links with School GP service and UKHSA East of England.
- The nurses are part of the Cambridge School Nurses Group.

The school holds small quantities of equipment and supplies necessary to initially respond to a disease outbreak. Additional stocks are readily available from a range of suppliers and specialist contractor cleaning companies. Both

the nurses and Operations Manager hold stocks of Personal Protective Equipment (PPE) to protect members of staff when performing routine cleaning tasks.

The school staff are not trained or equipped to conduct specialist biohazard cleaning/decontamination in this instance a contractor would be used e.g:

Quality Care Cleaning

<https://www.qualitycarecleaning.co.uk/>

Telephone 01223 833300.

Rentokil Specialist Hygiene

<http://www.rentokil-hygiene.co.uk/east-anglia/>

Telephone 01223 859561.

24 Seven Companies Ltd

<http://www.24sevengroup.co.uk/>

Telephone 0870 300 3232.

The School nursing team monitors illness patterns within the boarding house and the wider school community. An awareness is maintained of the illness pattern of day pupils boarders and members of staff. Action will be taken as appropriate in conjunction with the School GP.

In the event of an outbreak

The School nursing team will:

- Where relevant contact the local UKHSAx centre who will advise and may call a meeting.
- Identify high risk populations and recommend actions to the CMT.
- Collect health-related information needed for public communications to parents and the community.
- Communicate information about the infectious disease to the school community and any other stakeholders:
 - Possibly physical symptoms.
 - At risk groups.
 - Medical response – only health professionals should provide medical advice.
 - Actions being taken.

The CMT will:

- Identify number and scope of potential and probable exposures. Isolate the infected pupils.
- Inform parents and UK guardians as appropriate.
- Ensure all discussions, meetings and action lists are clearly documented. Work with PHE around which data needs to be collected.
- Identify the School spokesperson and/or lead for the incident.

The Operations Manager will

- Arrange for the cleaning and sanitizing rooms and facilities as advised by PHE.

Managing the Response

Exclusion/Isolation

Exclusion should be considered with any illness or symptom if any of the following conditions apply:

- If the pupil does not feel well enough to participate comfortably in usual activities.
- If the pupil requires more care than school personnel are able to provide.
- If the pupil has a high fever, vomiting, diarrhoea, behaviour changes, persistent crying, difficulty breathing, lack of energy, uncontrolled coughing, or other signs suggesting a severe illness (if ill with diarrhoea or vomiting, until they have been symptom free for 48 hours).
- If the pupil is ill with a potentially contagious illness and exclusion is recommended by a health care provider, local PHE.

In cases where unvaccinated pupils are exposed to a vaccine preventable disease (such as measles, mumps, rubella, and pertussis), the School Medical team should be consulted in order to determine if exclusion of unvaccinated pupils is necessary.

If school members of staff become ill with an infectious disease, the affected staff member should consult with a health care provider to determine if they can work. If ill with diarrhoea or vomiting, school personnel should not work until they have been symptom free for 48 hours.

Communications

In the event of an outbreak the PHE team will support the school managing the media. Communications with the public and health care providers will be one of the most critical strategies for containing the spread of the infectious disease and for managing the utilization of health care services. The school will follow the Crisis Management Plan procedure.

Recovery

School recovery from the spread of an infectious disease will begin when school officials receive notice from PHE/ the OCT that the school may resume normal operations.

The OCT will determine that the School has:

- Normal supplies, resources, and response systems adequate to manage ongoing school activities.
- Implemented effective sanitization and disinfection procedures.
- Deployed solid waste disposal plans.

The School should:

- Consider impact on whole school community and set aside time and resources to ameliorate such an impact:
 - Special assemblies, communications, tutor group sessions.
 - Counselling or support to affected pupils and staff.
 - Time off for specific staff.
- Provide staff with suitable statements to share with pupils
- Communicate with parent body (and local community) to explain the steps towards normal operations.
- Secure all necessary replacement resources.
- Instigate a review by a member of the SLT.
- Consider sharing 'Lessons Learned' Report with local/national school sector.

Prevention and Mitigation of Infection

Vaccinations

Pupil Vaccinations

Parents/guardians are required to complete a health information form for all pupils this includes a section on vaccinations. The form explains which vaccinations the Department of Health recommends. All parents of pupils are also encouraged to give consent for their daughters to receive vaccinations as part of the UK Immunisation schedule to vaccination.

Staff Vaccinations

The Department for Health strongly recommends that school members of staff be vaccinated against:

- Diphtheria
- Tetanus
- Mumps
- Measles
- Polio
- Rubella (German Measles)

It is especially important for women of childbearing age to be immune to Rubella, as this infection can cause complications for the developing foetus. Seasonal flu vaccination is strongly recommended and is arranged on site annually by the School nurses. All pupils and staff will be offered Flu vaccination

Animals/Pets at School

Animals in the classroom can be beneficial in the education process. However, some animals can transmit infectious diseases to humans. For example, reptiles, shed Salmonella bacteria in their faeces without being sick themselves. People can contaminate their hands with faeces when they handle or clean up after the animal, and disease can spread through the faecal → oral route. Some animals are not appropriate for the classroom, such as: poisonous animals (e.g., poisonous spiders, snakes, and insects); wild, stray, or aggressive animals; or animals from an unknown source. To minimize the risk of pupils and staff acquiring an infectious disease from animals, the following precautions should be taken:

- Keep animal cages or enclosures clean and in good repair. Pupils who assist in cleaning the cage(s) should be supervised and should wash their hands afterwards.
- Pupils and staff should always wash their hands after any contact with animals, and after visiting places with animals such as zoos or farms.
- Pupils should never “kiss” animals or have them in contact with their faces.

Visits to Farms

Prior to arranging school visits to a farm or similar establishment, group leaders should liaise with the School nurses regarding health and hygiene practices.

Pupils with Medical Conditions

Many pupils 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 pupils have medical conditions that, if not properly managed, could limit their access to education. These pupils are regarded as having medical needs. Most children with medical needs can attend school regularly and, with support from the School nurses and the Medical Centre, can take part in all school activities. School staff may however need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk and there may be some activities that are unsuitable.

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, specialist Consultant or specialist Nurse as appropriate. This information is treated as confidential and only shared with other members of staff after discussion with parents to ensure the safety and wellbeing of the pupil.

Individual Health Care Plan (IHCP)

Where appropriate, an IHCP can help the school to identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk. An IHCP should be completed by the nurses with information from the pupil's parents and where necessary a joint meeting will be held reasonable adjustments for the pupil to participate in the School's activities will be made following this meeting

The IHCP will be updated either when the condition or care changes or at pre-determined intervals and is only shared with staff who may be involved with the care of that pupil and held securely and confidentially on the nursing data base system.

All staff should be aware of such medical conditions as asthma, anaphylaxis, diabetes and epilepsy as they may need emergency care and emergency medicines. These are made easily accessible for all staff. All new staff members will be made aware of the terms of this policy during their induction, and of details of protocols relevant to those pupils under their care.

Allergies

Pupils at St Mary's school with significant allergies are identified by either the school health information form submitted by parents on admission to the school or when diagnosed by the School GP or other health care professional whilst they are a pupil at the school

The purpose of this policy is to ensure the safety and well-being of all pupils with allergies in the school environment and that all staff are aware of guidelines and procedure for the management of these conditions.

Allergen prevention

The whole School community have a responsibility to keep allergens to a minimum in school. Individuals must be aware what their trigger allergens are and how to prevent or minimise the risk of contact with them.

Nursing staff must ensure that all teaching staff are made aware of pupils' allergens and the treatment they require if they experience an allergic reaction.

Catering staff must ensure that allergens are kept to a minimum in school food and that all food is carefully labelled and served safely to avoid cross contamination. Please see the Catering Policy for information.

Pupils must be made aware are aware that some food contain ingredients that are allergens for some children and must therefore be stored safely and not shared.

Pupils with severe allergies

All pupils with a severe allergy require a care plan. This should be written by a Health care professional (HCP), Consultant, GP, or nurse in conjunction with the parents and be always kept in school.

The care plan is stored with any emergency medication and in the medical centre and must be followed by attending staff in the event of a reaction. If in school hours staff should call nursing staff or if out of school hours staff should call a first aider and consider calling an ambulance.

Prescribed medication must always be held by the pupil on their person and a spare is kept at reception with the care plan in a Medipac unlocked and easily accessible.

All school staff must be aware of any pupil in the school who suffers with a severe allergy including catering staff, head of year, form teacher and subject teachers and have annual anaphylaxis training.

Lists of pupils including pictures of pupils with allergies are clearly displayed around school specifically in the staff rooms and medical room on all sites and where food is made and served.

Parents are responsible for informing the school about medical information and for providing in-date and labelled medication and updating / replacing this as required.

Action in an emergency allergic reaction

1. Consult care plan
2. Give emergency treatment as prescribed in care plan
3. Give auto injector as prescribed and directed in care plan
4. Monitor closely until ambulance arrives
5. Inform next of kin
6. If available and condition not improving give a second adrenaline auto injector 5 minutes later making note of the time
7. Give used auto injector to ambulance staff with the times of administration.

After the incident have a debriefing with all members of staff involved.

Parents are responsible for replacing used adrenaline auto injectors which should be done immediately.

School trips, sports fixture, lessons and visits off site

All pupils diagnosed anaphylaxis must always have their personal AAI with them, additionally a second personal AAI must always be available. In the event of a school trip or visit away from the school site it will be the responsibility of each pupil to ensure they have their AAI with them. This will be checked by the lead member of staff before leaving the site, they also are to ensure that the pupils second AAI is also taken off-site. In the event of the pupil being without two AAIs then the pupil will be unable to partake in the trip/visit off site.

NB The school emergency anaphylaxis kits are not to replace a lost AAI for a school trip/visit off site.

Pupils with mild or moderate allergic reaction

These pupils may not have a care plan, but their allergy will be recorded on the school health information form on the medical data base and on list stored around the school and in school kitchens on each site. In the event of a reaction staff should call for nursing staff or accompany the pupil to the medical room.

Be aware of and observe for the following:

1. Swelling of the mouth or throat

2. Difficulty swallowing or speaking
3. Alteration in heart rate rapid and pulse (thread)
4. Hives anywhere on the body
5. Abdominal cramps and nausea
6. Sudden feeling of weakness
7. Difficulty in breathing

If the pupil has a care plan, then follow this and give treatment as planned. If medication is required, then this can be given from school stock medicines. The pupil will need to be closely observed by the nurse or first aider and as appropriate a parent called if required to go home for further treatment.

Anaphylaxis resources

The Anaphylaxis Campaign

<https://www.anaphylaxis.org.uk/schools/schools-what-is-anaphylaxis/>

<https://www.anaphylaxis.org.uk/information-training/our-factsheets/>

Asthma

Asthma is the most common chronic conditions affecting young people in school. On average there are two children with asthma in every classroom. There are over 25,000 emergency hospital admissions for asthma amongst children in a year.

All pupils suffering with Asthma are identified, have a treatment plan, always have access to appropriate medicines in school and their asthma is safely managed by school staff.

Supporting documents

DOH September 2014 Guidance on the use of emergency salbutamol inhalers in schools

DfE 2015 Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and academies in England.

Parents responsibilities

Parents are required to complete a school health information form either at school entry or at the request of the nursing team.

- A **School Asthma Card** must be completed by parents in association with the prescribing doctor or nurse and be updated annually. This will act as the pupil's treatment plan to clarify asthma status, detail the pupil's medication and requests permission for school staff to administer prescribed medication. This will also act as permission for staff to use the emergency asthma kit should it be required.
- Parents will then be sent a letter requesting appropriate inhalers be sent to school and reminded that all asthmatic children must hold an in-date inhaler on their person and have one additional inhaler held in school for their child's use.

Key responsibilities for nursing staff

- Identify all pupils with Asthma in the School. A list of pupils suffering with Asthma is kept in the medical centre, reception and with PE staff and updated regularly when new asthmatic pupils join the School. Or an existing pupil is newly diagnosed It must be easily accessed by all staff and designed to act as a quick reminder for all staff of all pupils with a diagnosis of asthma in the school.
- Advise parents that pupils must have access to two inhalers at any time whilst in school. It is the responsibility of parents to ensure that pupils carry one reliever treatment (inhaler) on their person and that one is provided for the school to keep on site for use in case of an emergency.
- The nursing team must ensure an **Emergency Asthma Kit** is available and kept up to date and ready for use for all pupils who have been diagnosed with asthma and parental permission to use it when necessary. This kit can be used by any child who has been prescribed a relieving inhaler but their own is unavailable (for example because it is lost, broken or empty) Written parental consent should be held by the school for this purpose and a list of children with consent will be held with the kit along with guidelines on how to recognise and treat an asthma attack.
- Ensure the safe storage and disposal of asthma medication, treatments and associated medical devices.
- When the health information form is received from parents, pupils who are asthmatic are recorded on the school systems and the medical data base. Parents will then be sent a letter requesting appropriate inhalers be sent to school and reminded that all asthmatic children must hold an in-date inhaler on their person and have one additional inhaler held in school for their child's use.
- Nurses will ensure that the second inhaler held by the school is clearly labelled and stored safely in an accessible place. It should be stored with the child's asthma card or treatment plan along with the register as above.

Procedure for use of emergency asthma kit

It is essential that ONLY children who have been diagnosed asthmatic or have been prescribed an emergency reliever inhaler (salbutamol) are able to use the emergency inhaler and for whom a written consent from the parents has been given.

In the event of the inhaler being used its use should always be recorded by the staff member who administered it in the documents kept with the inhaler.

Parents must always be informed of its use.

Emergency Asthma Kit

The Kit will contain

- A Salbutamol metered inhaler with clear expiry date
- A plastic spacer with instructions for use
- List of children with consent
- Instructions on correct use of an inhaler

Cleaning and Disposal

The plastic spacer should not be reused. Once used It can either be given to the pupil to take home for further use or should be returned to the pharmacy. Inhalers can be reused so long as they have been appropriately washed after use. Please therefore return to nurses who will wash and replace. Empty inhalers should be disposed of as per manufacturer's guidelines through a community pharmacy. The School is registered with a local pharmacy where spent inhalers can be disposed of.

School trips, sports fixture, lessons and visits off site

All pupils diagnosed asthmatic must always have an inhaler with them for their safety and well-being. In the event of a school trip or visit away from the school site it will be the responsibility of each pupil to ensure they have their inhaler with them. This will be checked by the lead member of staff before leaving the site. In the event of the pupil being without their own inhaler the spare prescribed inhaler (stored with the nurses) will be used. If this is unavailable, then the pupil will be unable to partake in the trip/visit off site.

NB The emergency asthma kit can only be used in an emergency and not to replace a lost or spent inhaler for a school trip/visit off site.

Staff Training

Staff should receive regular training on Asthma, recognition of symptoms and treatment including the use of a salbutamol inhaler. This training will be covered as part of the annual inset training and the information will be available for staff to access on SMC. Nursing staff are always available to teach or talk to staff on the safe administration of inhalers or any aspects of asthma care of a child whilst in school.

Epilepsy

Epilepsy is a condition which affects around one in every two hundred children. Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout, can happen to anyone at any time.

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual child can experience. Parents and healthcare professionals should provide information to the school nursing team so that an individual health care plan can be drawn up for each child. This care plan needs to

incorporate the pattern of an individual child's epilepsy. And give staff guidance on how to care for the child in the event of a seizure. If a child should experience a seizure during their time at school details should be recorded and communicated to parents including:

1. Any visual factors which might possibly have acted as a trigger to the seizure – e.g., visual or auditory stimulation, emotion (anxiety or upset)
2. Any unusual feeling prior to the seizure
3. Parts of the body demonstrating seizure activity e.g., limbs or facial muscles
4. The time of the seizure – when it happened and its length
5. Whether consciousness was lost
6. Whether the child was incontinent.

Nutritional Needs Arrangements

This policy should be read alongside the Catering Policy.

The medical centre staff are available during the school day for anyone worried about a pupil who is thought to have any difficulties around eating. The school nursing team are available to all pupils staff and parents if they have any concerns and are experienced in supporting pupils in this area. The nursing team will discuss any concerns with parents as they feel appropriate, and a referral made to their GP with pupil and parents consent. It may also be necessary to contact other health care professionals for advice. We always encourage pupils to discuss any eating issues with their parents and will speak to parents on their behalf if necessary.

In some cases, a pupil may become too unwell to attend school. In this event the school will require written consent from a medical professional before she is able to return to school following a period of treatment. These practitioners follow clear NHS MEED (Medical Emergency for Eating disorder) guidelines which take account of physical parameters and physical wellbeing when assessing a child's wellness to return to school.

Health Monitoring

It is important to remember that girls are growing and that their nutritional requirements are met. We would encourage a healthy approach to eating and give information on a healthy balanced diet. These topics are covered in PHSE lessons and in school information on health and well being

All pupils will have height and weight measurements undertaken upon entry to the school to ensure their growth and development are within the normal parameters. We will repeat these measurements periodically during the pupils' time at school.

We encourage pupils to drink at least 2 litres per day as dehydration can cause several problems such as:

- Headaches
- Urinary infections
- Low blood pressure – tiredness/dizziness/fainting
- Constipation
- Skin problems

For those that participate in a lot of sport, fluid and energy replacement is essential for maximum recovery. It is important that sufficient time is afforded for meal breaks.

Appendix 1: Head Injuries

Head injury information

[Head injury and concussion - NHS](#)

[Severe head injury - NHS](#)

Glasgow Coma Scale

[What is GCS - Glasgow Coma Scale](#)

Sport Concussion Assessment Tool

[SCAT – CATT Online](#)

Gradual Return to Play Plan (example)

Under this programme the pupil can proceed to the next stage only if there are no symptoms of concussion during rest and at the level of exercise achieved in the previous stage. If any symptoms occur while going through the GRP programme the pupils must return to the previous stage and attempt to progress again after a minimum 48-hour period of rest without symptoms.

It is necessary to have a medical practitioner or approved healthcare professional to confirm that the pupil can take part in full contact sport/activities at stage 4.

Graduated Return to Play Programme – each stage is a minimum of 48 hours.		
Rehabilitation Stage	Exercise allowed	Objective
1. Minimum rest period	Complete body and brain rest without symptoms	Recovery
2. Light aerobic exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training. Symptom free during full 48 hour period	Increase heart rate
3. Sport-specific exercise	Running drills. No head impact activities	Add movement
4. Non-contact training	Progression to more complex training drills e.g.	Passing drills. May start progressive resistance training Exercise, coordination and cognitive load
5. Full contact practice and participation in activities	Normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to matches	Pupil rehabilitation	Recover

Further References

[Overview | Head injury: assessment and early ... - NICE](#)

[Emergency medicine - How to assess and manage head injuries | GPonline](#)

Appendix 2: How Illness Spreads

Transmission of an infectious disease may occur through several pathways:

Direct Contact. Direct-contact involves skin-to-skin contact and physical transfer of microorganisms from an infected person to a susceptible host.

- **Person to person:** The most common way for infectious disease to spread is through the physical direct transfer of bacteria, viruses, or other microorganisms from one person to another. These germs can be spread when an infected individual touches, coughs on or kisses someone who is not infected, through the exchange of body fluids from sexual contact or a blood transfusion. Mononucleosis can be spread by saliva. Diseases such as Hepatitis B, Hepatitis C, and the human immunodeficiency virus (HIV) can be spread by contact with infected blood. Infected pupils can possibly transmit these diseases through biting if there is visible blood mixed with their saliva (i.e., from bleeding gums).
- **Animal to person:** A scratch or bite from infected animal or handling animal droppings can cause disease.

Indirect Contact. Many microorganisms can linger on objects such as doorknobs, faucet handles, desktops, and computer keypads. Indirect contact involves contact of a susceptible host with a contaminated intermediate object in the environment. Some infections can be spread indirectly by contact with contaminated clothing. Chickenpox (varicella), shingles (herpes zoster), impetigo, head lice, ringworm, and scabies are all spread this way.

- **Vector.** Vector-borne diseases rely upon organisms, usually insects, for transmission of the parasitic, viral, or bacterial pathogens from one host to another. Bites and stings from mosquitoes, fleas, ticks, and lice carry disease-causing microorganisms on their body or in their intestinal tract which can infect humans.
- **Droplets.** Disease is easily spread when droplets containing pathogenic microorganisms are generated from an infected person during sneezing, coughing, or talking, large droplets travel less than three feet before falling to the ground and do not remain suspended in the air. Transmission via large-particle droplets requires close contact between the infected host and another person. Sick pupils will often contaminate their hands and other objects with infectious nose and throat discharges. When other pupils encounter these objects and then touch their eyes, mouth, or nose, they can become infected. This type of transmission route is common in school settings. Some of the infections passed in this way are the common cold, chickenpox, influenza, meningitis (viral and bacterial), mumps, rubella, pink eye (conjunctivitis), strep throat, and whooping cough (pertussis).
- **Airborne.** Airborne transmission occurs when an infected person coughs, sneezes or talks and generates very small respiratory droplets containing virus or bacteria. These small particles remain suspended in the air for long periods and can be widely dispersed by air currents. When another person inhales these small particles, they can become ill. Airborne transmission of disease can also occur through inhalation of small-particle aerosols in shared air spaces with poor circulation.
- **Foodborne.** Consumption of food and liquids contaminated with pathogenic bacteria can result in illness or death. Common symptoms of foodborne illness (“food poisoning”) include nausea, abdominal pain, vomiting, diarrhoea, gastroenteritis, fever, headache and/or fatigue.
- **Faecal.** Intestinal tract infections are often spread through oral ingestion of viruses, bacteria, or parasites found in the stool of an infected person or animal. This type of transmission happens when objects contaminated with microscopic amounts of human or animal faeces are placed in the mouth. In schools, the area’s most frequently contaminated with faeces are hands, classroom floors, faucet handles, toilet flush handles, toys, and tabletops.

Appendix 3: Accident/Near Miss Record St Mary’s School

Legislation:

Under the Social Security (Claims and Payments) Regulations 1979, employers must keep a record of accidents.

- An accident is defined by the School as: any unplanned event that results in injury or ill health.
- A near miss is defined by the School as: any unplanned event that does not cause injury or damage but has the potential to do so.

Accident		Near miss	
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If completing by hand please fill in using block capitals

About you the person filling in this record:

Name:
Position in the school:
Date form completed:

About the person who had the accident:

Name:	Boarder, day girl, staff, visitor (please circle)
Address:	Age:
	Male / Female (please circle)
	Form if pupil:
Post Code:	Remarks:
Telephone number:	

What happened:

Date:	Time:
Location:	
How it happened:	
Details of the injury (not relevant for near misses):	
Treatment given (and by whom):	
Witnesses:	
Recommendations of those involved to help prevent similar incident:	

Review:

Actions and recommendations of medical persons (including School nurses) and other authorities if involved:

Completed by and date:
(Please Print)

Recording of Accident in School Records:

Reported to RIDDOR: Yes/No	Initials:
Parents informed: Yes/No	Initials:
Follow up call: Yes/No	Initials:

Actions and recommendations of the Health & Safety Manager:

Completed and signed by H&S Manager and date:

Outcome:

Days off work or school:	Permanent partial disability: Yes/No/NK
Off for more than 7 consecutive days: Yes/No	Temp incapacity: Yes/No/NK

Please continue on a separate page if required.

Appendix 4: Form 3A



Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Name of child _____ Date of birth _____

Class _____

Date medicine provided by parent _____

Quantity received _____ Quantity returned _____

Medical condition or illness _____

Name and strength of medicine _____

(as described on the container)

Date dispensed _____ Expiry date _____

Dose, frequency and timing of medicine _____

Special precautions _____

Are there any side effects that the school needs to know about? _____

Procedures to take in an emergency _____

Adult Contact details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must notify the school of any changes in writing.

Staff signature _____ Parent signature _____ Date _____

Appendix 5: Form 5

Record of Medicine Administered to an Individual Child

Date	Time given	Dose given	Name of Member of Staff Administering	Signature Staff	Witness	Signature

Date medicine returned to Parent: _____ Signed: _____