St Mary's School
CAMBRIDGE

Medical and First Aid Policy

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

Last full review: November 24

Next review: November 25

This policy applies to all individuals working for St Mary's School (the School) at all levels (whether permanent, fixed term or temporary), and includes staff, Governors, volunteers, agents, or any other person associated with us (collectively referred to as "staff" in this policy), pupils at 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 Governors of the School is committed to ensuring that the physical and mental health and wellbeing 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 Governors 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

- Joint responsibility with the Health & Safety Manager for this policy.
- Provide day-time medical cover during school term time across all sites and sports facilities.
- Provide medical and nursing care for all boarders at Mary Ward House (MWH) and ensure access to General Practitioner (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 accidents/incidents 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 8.00am – 4.00pm Monday to Friday in term time only.

The main Medical Centre is in the Elms building in the Senior School, Bateman Street, and is the base for the School Nurses. In addition, there are Medical Rooms at MWH, where a member of the nursing team will be available each morning Monday to Friday from 8.00am to see any pupils who are unwell and assess their fitness to attend school.

The School Doctor/GP is Dr Judith Clayton who is a member of 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
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: the Medical Room 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.
- MWH 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 staff, therefore, this must happen outside of lesson times and when they are not expected to be elsewhere (in this policy called contact time). If a pupil goes to the Medical Centre during contact time, it must be for an urgent need and they should expect the staff member 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 contact 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 MWH. Boarding pupils who are not well enough to attend school will remain in the Medical Room at MWH 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 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 Nurses 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, for example, they may need to share information with others if this is considered by them to be in the best interests of the pupil, 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, for example, 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 their own medical treatment, without the need for parental permission or knowledge. A child will be Gillick competent if they have 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 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, 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 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, plus the types and natures of emergency medical equipment. This assessment is reviewed annually by the Health & Safety Manager and Nurses. Provision is made for off-site visits and trips, the whole of the School site, the age range of pupils, the subjects taught and areas of work, and cover for boarders after hours events and during school holidays. Outside of normal school hours, appropriate first aid trained members of staff must be present during School events and off-site visits. In accordance with the Health and Safety (First Aid) Regulations, Contractors are responsible for the provision of their own first aid.

Anaphylaxis training is delivered annually and is mandatory for all school staff. Additionally, all pupil facing staff receive medicines training annually. 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.
-

A minimum of at least one qualified first aider must be on each school site when pupils are present.

First Aid Hubs

The School First Aid Hubs and the primary locations on the site for first aid equipment outside of the Medical Centres. Items are inspected on a termly basis and stocks maintained by the nurses. Staff must inform the nurses if items have been used or are in need of replenishment.

Each First Aid Hub has the following:

- First Aid Kit
- Emergency Adrenaline Auto Injectors (AAIs)
- Emergency Asthma Kits
- Defibrillators (with the exception of the Sixth Form Centre).

In addition, each hub will have a:

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

ST MARY'S FIRST AID HUBS LOCATIONS
Senior School Reception (Cortile)
Sixth Form Centre Foyer (no defibrillator)
Junior School Medical Room
MWH Reception
Long Road Sports Facility – PE Storeroom

Location of First Aid and Medical Emergency Equipment

	FIRST AID KIT	DEFIBRILATOR	EMERGENCY ADRENALINE AUTO INJECTORS (AAIs)	EMERGENCY ASTHMA KITS	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	✓					
MWH						
Reception (First Aid Hub)	✓	✓	✓	✓		
Kitchen	✓					✓
Boarders Kitchen	✓					
OFF-SITE LOCATIONS						
School Minibus (& people carrier)	✓					
Long Road Sports Facility	✓	✓	✓	✓		
Cambridge City Boathouse			✓	✓		

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 toilets.

Members of staff are to wash their hands with soap and warm running water before and 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, checked each term.
- Eye Wash Bottles – checked each term.
- Burns Kits – held together with First Aid Kits in areas where burns may be an issue, checked each term.
- Asthma Inhaler and Devices – pupils with asthma are required to carry their inhaler at all times. Spare Salbutamol inhalers and Aero Chambers are available in each First Aid Hub for emergency use. Only diagnosed asthmatics (see the 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
- a 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 the 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.

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 (8.30am – 4.00pm). 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 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 Health & Safety Manager and the Nurses least one week prior to the trip. There is a standard list of the contents of a First Aid Kit; if members of staff require anything not listed (e.g. travel sickness tablets) they must be specified on the form. More comprehensive larger First Aid Kits are provided for DofE and residential trips.

If there are pupils on the Medical List who require medication, then the Trip Leader must collect these medicines from either the Nurses or have received them from the parents of the pupil before the trip goes ahead. 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 accidents/incidents, 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 the Health & Safety Manager. In the Junior School, minor accidents are recorded in the First Aid Folder which is kept in the First Aid Kit 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 Committee 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
- unconsciousness
- severe burns or scalds
- fitting
- drowning;
- difficulty in breathing
- severe loss of blood
- choking
- concussion
- severe allergic reaction

Ambulance

When calling an 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 and should be chaperoned until their parent/guardian arrives.

Accident & Emergency Department

Where pupils are taken to Accident and Emergency (A&E), taxis are normally used for transportation. A member of staff should accompany any pupil taken to hospital. The pupil should be chaperoned until their parent/guardian arrives.

Informing Parents

Parents/guardians of any pupil taken to hospital are to be contacted by the Nurses/Head of Boarding/Trip or Visit Leader 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 or Visit Leaders, as appropriate, given their knowledge and/or understanding of the situation.

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

Head Injuries

'A severe head injury requires immediate attention because there's risk of serious brain damage' (www.nhs.uk).

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

Following a head injury if a pupil is conscious and there is no deep laceration or severe head damage, it is unusual for there to be any damage to the brain.

Severe head injury

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

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

- problems understanding, speaking, writing or reading
- loss of feeling in parts of the bod
- 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 1 metre
- a fall of more than 5 stairs.

Severe Head injury procedure

In case of severe head injury:

- 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, they 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:

- for boarders, a Nurse will arrange for transfer to A&E;
- for day pupils, the parents/guardian will be contacted to arrange transfer to A&E.

Minor head injury

In case of minor head injury:

- assess level of consciousness 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 head injury. In very rare instances, symptoms may develop weeks after the head injury.

If a child sustains a head injury, a letter or telephone call will be used to inform the parents/guardians of the pupil.

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 pupils to want to sleep for a while following a head injury, however, it should appear to be a normal peaceful sleep and they wake up after a short sleep.

Parents/guardians may be worried about letting a pupil sleep following a head injury just before bedtime. If there are concerns, then wake the pupil up after approximately an hour. This can be done a few times during the night if there is particular concern. Whilst the pupil 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 head injury to have a mild headache, there can also be tenderness, bruising or mild swelling of the scalp. Any headache or symptom which becomes continually worse may be of more concern. Other symptoms may include dizziness, poor concentration, poor short-term memory, irritability or being easily annoyed, or poor sleep and tiredness.

Sporting injuries involving head injury

The following is head injury advice for staff when supervising School sports match.

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

- they get to their 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.

pupil must leave the field and be observed if they have any of the following symptom:

- unable to get up for 10 seconds or mor
- appears confused or disorientated 2 minutes after the incident
- a 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 have a severe head injury as defined in this policy.

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 pupils 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 more than 24 hours and then return on an individual and appropriate gradual return to play plan (see Appendix).

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, they will be cared by the Nurses and boarding staff. If there is a serious illness or emergency, parents/guardians will be contacted. Parents/guardians must ensure the Nurses have 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/ guardians will be contacted to make the necessary arrangements.

Medications for Boarders

All medication in MWH (including "household medication") is stored safely 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 Rooms at MWH. Boarding pupils who keep and administer their own medication must be able to store their medication safely and securely: all rooms contain a safe for this purpose. If this is not possible, they must be stored in the Medical Rooms as required.

When pupils start, or return, to school, all medicines must be given to the boarding staff or the Nurses, who will ensure they are stored safely and together with advice of the Nurses, dispense them as prescribed. These medications must be named and listed in the British National Formulary (BNF) 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.

Pupils, aged 16 and above, may give their own consent for medical treatment and in most cases 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 they were prescribed, in accordance with the prescription or instructions from the pharmacy and is not kept for general use for other boarding pupils nor added to "stock" for such use (National Minimum Standards for Boarding 2022).

- Boarders will be prescribed POM by the School GP or from a medical practitioner. If they bring POM into school, they must be clearly recorded in the medical database or in hard copy in the medical centre.
- Dispose of any unused medication with care by returning it to the parents to return to the pharmacist.
- Consult with the Nurses if there is any cause for concern about the type of medicine or its use.
- Form 5 (Department of Health: 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 pupil's 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 MWH, if this is deemed necessary. During evenings and weekends, boarders should contact a member of the boarding staff. If unwell and they require assistance rapidly during the day or night, all boarders have a mobile phone and list of contact numbers of the boarding staff. One member of the boarding staff 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 Medical Rooms at MWH should anyone need help in an emergency.

If a boarder is too unwell to attend school, they must remain in the Medical Centre or Medical Rooms at MWH depending on the nature of their illness, during school hours. The Nurses or boarding staff will inform reception that the pupil is unable to attend school. In exceptional circumstances when it is in the pupil best interest to remain in their room the pupil will be checked regularly by a member of the boarding/nursing staff. All treatment and 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 Nurses 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. Handovers 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

An accurate and up-to-date record of all previous vaccinations must be obtained from parents/guardians.

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

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

We request that all pupils have had at least two doses of the measles, mumps, and rubella (MMR) vaccination prior to starting school.

The Nurses will liaise with the NHS vaccination team to arrange for national vaccination programmes such as HPV, MenACWY and flu to be carried out in school. The NHS Vaccination team come into school to carry out the vaccine programme and consent will be sought by them directly. They are 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 guidance on Supporting Pupils at School with Medical Conditions (2017), Department of Health Managing Medicines in Schools (2015) and Boarding schools: National minimum standards (2022).

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.

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 the Nurses.

No pupil under the age of 16 should be given medicines without the consent of their parents/guardians. Each pupil must have a completed medical form prior to starting school which includes a declaration giving permission for the Nurses, the boarding staff, or teaching staff to give appropriate treatment for minor problems using non-prescription medicines. This is also authorisation for boarding staff or teaching staff to approve such medical treatment as is deemed necessary in an emergency.

Parent Responsibility

If a pupil 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.

Parents/guardians have a responsibility to provide the School with written details of the medicines and medical needs of their child. They are also expected to inform the School of any changes immediately.

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 16 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 Nurses. Staff can speak to the Nurses staff if they have questions or concerns. Once they have completed the training, they are deemed safe to administer medications both over-the-counter medicines (OTC) and POM, as directed by the Nurses.

When issuing medications, the following procedure should be followed:

- establish the reason for giving the medication
- 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 medication (to 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
- ensure the pupil takes the medication under the supervision of the person issuing it
- record the details – these must be recorded immediately on the medical database ensuring the correct date, time, reason for medication and dose is documented.

Over-the-counter Medication (OTC)

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 databases or on the hard copy log.

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

Controlled drugs

Controlled drugs (governed by the Misuse of Drugs Act 1971) may be 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 hardback book. This information is also recorded on the medical database.

A controlled drug, as with all medicines, should be returned to the parent/guardian 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 database.

Storage of Medicines

All medication (including “household medication”) is stored safely in a secure locked cupboard (which should be firmly attached to a wall) or fridge (as per manufacturers’ instruction).

Pupils are discouraged from carrying medicines with them, unless they require specific emergency medication. In this case, parents/guardians should complete a care plan in conjunction with the Nurses. The primary care plan is kept in the Medical Centre with further supplied of the emergency treatment.

Adrenaline pens (AAI)

Some pupils with severe allergies (lists are displayed around the School), should carry an AAI with them. Spare AAIs are kept at reception in individual “medibags” with each pupil’s photo and a copy of their care plan. It is the responsibility of the parents/guardians to ensure that an in-date device is held in the school for use in an emergency.

Inhalers

Pupils requiring inhalers should carry them at all times and a spare inhaler (if provided by parent/guardians) will be kept in the Medical Centre. Parents/guardians are required to complete an asthma care plan and emergency asthma consent form annually. These will be held on the School medical database.

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 (National Minimum Standards for Boarding 2022).

- Pupils will be prescribed POM by a medical practitioner. If they bring POM into school, they must be clearly recorded in the medical database or in hard copy in the medical centre.
- Dispose of any unused medication with care by returning it to the parents to return to the pharmacist.
- Consult with the Nurses if there is any cause for concern about the type of medicine or its use.
- If a pupil requires a POM to be administered whilst at school, parents/guardians need to complete Form 3A and 5 requesting the school to administer it. This will then be recorded on the school medical database. If the pupil refuses to take the medication this should also be recorded.

Controlled drugs (CD)

Controlled drugs (governed by the Misuse of Drugs Act 1971) may be 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 hardback book. This information is also recorded on the medical database.

A controlled drug, as with all medicines, should be returned to the parent/guardian 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 database.

Administration of Medicines in the Junior School (including EYFS)

Medicines should only be taken in a school setting when essential. Such essential medicines are prescribed by a GP, nurse, dentist or pharmacist. The only exceptions to this are certain OTC medicines, for example, Paracetamol, Piriton and Stugeron, which are held as stock in the medical centre. Consent must be given by parents/guardians on the Health Information Form giving staff permission to administer theses medicines, if needed, throughout the school day.

Parent/Guardian responsibility

Parents/guardians have the responsibility to provide the school with details of medicines and medical needs. It is the their responsibility to inform the School of any medications administered prior to the child coming to school and it is the responsibility of the School 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 parental consent (Forms 3A and 5). This form is stored in the EYFS Administration and Medical folder.
- Parents/guardians collect medicines at the end of each day or in the case of inhalers and adrenaline pens, at the end of each half-term for renewal or safe disposal.
- Parents/guardians 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/guardians inform the school, in writing, of any side effects of the pupil's medicine, what constitutes an emergency and what action to take in the event of an emergency.
- Parents/guardians of pupils who suffer from frequent pain should be encouraged to visit their GP.
- If a pupil refuses to take their medicine the parents are informed that day.

Storage of Medicines

- Medication is stored in a locked cupboard (National Minimum Boarding Standards 2022) or fridge as per manufacturer's instructions in the Junior School Medical Room.
- Adrenaline Auto Injectors (AAI) – all pupils with prescribed AAI should have one stored in the classroom (with the pupil's knowledge of where it is kept) and in the medicines bag with a care plan identifying the pupil with a photo. A second AAI should be stored in the Medical Room in the cabinet. It is the parents'/guardian's responsibility to ensure that the AAI are in date.
- Pupil's inhalers are kept in their classroom medical bag, and a spare is kept in the medical cabinet located in the Staff Room.
- Photos of the pupils with allergies and AAIs are displayed in the Medical Room and Staff Room. A list of pupils who have asthma is also displayed.

Administration of medicines to Junior and EYFS Pupils

- If a pupil's medicine requires technical or medical knowledge prior to its administration, the Nurses will administer that medicine unless another member of staff has had specific training for its administration.
- All medicines that are administered by a member of staff trained in the administration of medicines must be 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/guardians informed.

- Parents/guardians must be informed when medicines have been administered the same day or as soon as reasonably practicable.

Illness at School

Illness during non-school days

Pupils must not be sent back to school if a pupil is unwell. If a parent/guardian is in any doubt about their child returning to school, please consult the Medical Centre or MWH staff. If a pupil has been ill, 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 Nurses as soon as possible. This can be either by a letter sent with the pupil on return or by email to the Nurses. 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, they should only return to school after consultation with the Nurses. Parents should contact the Nurses, as a matter of urgency, if any contagious disease is detected outside of normal school hours, so appropriate action can be taken.

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

Illness during the school day

If a pupil is unwell in the Senior School, they will be cared for by the Nurses in the medical centre for a short period. If pupils are not well enough to return to lessons after this short period, parents/guardians will be contacted to collect the pupil. We ask 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 database 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 for every pupil. The Nurses provide a Health Care Plan (HCP) in consultation with the pupil and their parent/guardian to ensure that arrangements are in place to support pupils. This will be shared with school staff on a need-to-know basis and in conjunction with the permission of the pupil and their parents/guardians.

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 prior to departure. They will need to speak directly to the Nurses 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 of which the Nurses may be unaware. The Nurses will also inform the Trip Leader of any pupils with a Health Care Plan and ensure staff are aware of individual needs.

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

The Nurses will supply first aid 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/guardians to notify the Trip Leader/Nurses 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. An antihistamine, Cetirizine, is provided 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 AAI or inhaler must also take a spare from the medical room or school reception, and this must also be signed in and signed out and returned afterwards. This will be overseen by the Trip Leader.

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.

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 School's Crisis Management Plan (CMP) 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 Head or the Head of Junior School with other staff deputising to fill this role as per the CMP.

The Nurses are legally responsible for notifying the local UK Health Security Agency (UKHSA) centre 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 and within 14 days of the incident, notify Ofsted regarding any food poisoning affecting two or more EYFS children cared for on the premises. In this case, 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 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 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

The Nurses will need to complete the online report, which can be found:

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

It requires:

- the School's reference number
- the School's childcare address
- details of the incident
- the pupils involved

Notifying Food Standards Agency

The Operations Manager will need to complete the online report for businesses, which can be found:

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

They will be asked to provide the School's 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:

- the 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 stock of Personal Protective Equipment (PPE) to protect members of staff when performing their roles.

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

The Nurses monitor illness patterns within MWH 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 Nurses will:

- where relevant contact the local UKHSA 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 the information listed below 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 and isolate the infected pupils;
- inform parents/guardians as appropriate
- ensure all discussions, meetings and action lists are clearly documented
- work with local UKHSA 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 sanitising rooms and facilities as advised by UKHSA.

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 UKHSA.

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

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

Communications

In the event of an outbreak the local UKHSA 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 utilisation of health care services. The School will follow the CMP procedure.

Recovery

School recovery from the spread of an infectious disease will begin when the Nurses receive notice from UKHSA/the Outbreak Control Team (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 sanitisation and disinfection procedures
- deployed solid waste disposal plans.

The School should:

- consider impact on whole school community and set aside time and resources to lessen 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 parents/guardians (and local community) to explain the steps towards normal operations
- secure all necessary replacement resources
- instigate a review by a member of the CMT
- 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/guardians of pupils are also encouraged to give consent for their child 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 who are considering pregnancy to be vaccinated to Rubella, as this infection can cause complications. Seasonal flu vaccination is strongly recommended and is arranged on site annually by the Nurses. All pupils and staff will be offered Flu vaccination.

Animals

Animals/Pets at School

Some animals can transmit infectious diseases to humans, for example, reptiles can shed Salmonella bacteria in their faeces. 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, for example, poisonous animals (poisonous spiders, snakes, and insects), wild, stray, or aggressive animals, or animals from an unknown source.

To minimise 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
- pupils should never “kiss” animals or have them in contact with their faces

Visits to Farms/Zoos

Prior to arranging school visits to a farm, zoo or similar establishment, group leaders should liaise with the Nurses regarding health and hygiene practices. Pupils and staff should always wash their hands after any contact with animals.

Pupils with Medical Conditions

Pupils may 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 Nurses, can take part in all school activities. Staff may need to take extra care in supervising some activities to make sure that these pupils are not put at risk, and there may be some activities that are unsuitable.

Parents/guardians have responsibility for their child's health and should provide the School with information about their child's medical condition. Parents/guardians 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/guardians 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/guardians and, where necessary, a joint meeting will be held and reasonable adjustments for the pupil to participate in the School's activities will be made.

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

All staff should be aware of medical conditions such as asthma, anaphylaxis, diabetes and epilepsy as they may need emergency care and emergency medicines. 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 the School with significant allergies are identified by either the Health Information Form, or when diagnosed by the School GP or other health care professional.

Allergen prevention

The 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.

Nurses must ensure that all 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 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 Healthcare Professional (HCP), consultant, GP, or nurse in conjunction with the parents/guardians 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 the Nurses or if out of school hours staff should contact a qualified first aider and consider calling an ambulance.

Prescribed medication must always be held by the pupil and a spare is kept at reception with the care plan in an unlocked First Aid Kit.

All staff must be aware of any pupil in the School who suffers with a severe allergy and have annual anaphylaxis training.

Lists of pupils including pictures of pupils with allergies are clearly displayed around the School, specifically in the Staff Room and Medical Rooms on all sites, and where food is made and served.

Parents/guardians 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 parents/guardians, or 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/guardians are responsible for replacing used adrenaline auto injectors which should be done immediately.*

Off-site trips, visits, sport fixtures and lessons

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 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 trip leader/lead member of staff before leaving the site, they also are to ensure that the pupil's second AAI is also taken off-site. In the event of the pupil being without two AAIs then the pupil will be unable to go on the off-site trip, visit, sport fixture or lesson.

The school emergency anaphylaxis kits are not to replace a lost AAI for an off-site trip.

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 Database and on lists placed around the School. In the event of a reaction staff should call the Nurses or accompany the pupil to the Medical Centre/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 the School's stock of medicines. The pupil will need to be closely observed by a Nurse or first aider and, as appropriate, a parent/guardian 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

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 staff.

Supporting documents

DOH September 2015 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/Guardians responsibilities

Parents/Guardians are required to complete a school health information form either at school entry or at the request of the Nurses.

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 staff to administer prescribed medication. This will also act as permission for staff to use the emergency asthma kit should it be required.

Parents/Guardians will then be sent a letter requesting appropriate inhalers be sent to the School and reminded that all asthmatic children must hold an in-date inhaler on their person and have one additional inhaler held in the School for the use of the pupil.

Key responsibilities for the Nurses

The Nurses must 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.

When an existing pupil is newly diagnosed, this must be communicated to all staff and the list must be updated. The list is designed to act as a quick reminder for all staff of pupils with a diagnosis of asthma.

The Nurses must advise parents/guardians that pupils must have access to two inhalers at any time whilst in school. It is the responsibility of parents/guardians to ensure that pupils carry one inhaler on their person, and that one is provided for the school to keep on site for use in case of an emergency.

The Nurses 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. The Nurses must ensure parental permission has been given to use it. This kit can be used by any pupil who has been prescribed an inhaler if their own is unavailable (e.g. because it is lost, broken or empty).

The Nurses will 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 Medical Database. Parents/Guardians will then be sent a letter requesting appropriate inhalers be sent to the School and reminded that all asthmatic children must hold an in-date inhaler on their person and have one additional inhaler held in the School for their child's use.

The 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 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
- a 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 Nurses. Inhalers can be reused so long as they have been appropriately washed after use. Please return it to the 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.

Off-site trips, visits, sport fixtures and lessons

All pupils diagnosed asthmatic must always have an inhaler with them for their safety and wellbeing. In the event of an off-site trip, visit, sport fixture and lesson, it will be the responsibility of each pupil to ensure they have their inhaler with them. This will be checked by the trip leader/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. In the event of the pupil being without their inhaler, then the pupil will be unable to go on the off-site trip, visit, sport fixture or lesson.

The school emergency asthma kits are not to replace a lost/spent inhaler for an off-site trip.

Staff Training

Staff should receive regular training on the recognition of symptoms and treatment of asthma, 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. The Nurses are available to advise staff on the safe administration of inhalers or any aspects of asthma care of a pupil.

Epilepsy

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 Nurses so that an individual Health Care Plan can be created for each child. This care plan needs to incorporate the pattern of an individual child's epilepsy. It must 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, for example, 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 Nurses are available during the school day for anyone worried about a pupil who is thought to have any difficulties around eating. The Nurses are available for all pupils, staff and parents/guardians, if they have any concerns. The Nurses may discuss any concerns with parents/guardians as they feel appropriate, and a referral may be made to the pupil's GP, with 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/guardians and will speak to parents/guardians 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 the pupil 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 wellbeing when assessing a pupil's wellness to return to school.

Health Monitoring

It is important to remember that pupils 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 PHSEE lessons and in school information on health and wellbeing.

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 (e.g. 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**	

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 the 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

St Mary's School
CAMBRIDGE

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: _____