

# Handbook of Medical Protocols and Practice

## 2015 - 2016



CATERHAM PREPARATORY SCHOOL



CATERHAM SCHOOL

# CONTENTS

	<i>Page</i>
Acute Injuries	50
Automated External Defibrillator (AED)	12
Alcohol Abuse Policy	52
Asthma Care Policy	39
Communication	31
Counselling	62
Crisis Management	53
Diarrhoea and/or Vomiting Policy	40
Policy for Administration of Drugs	51
Eye Injury Advice Sheet	42
Eye Injury Policy	41
First Aid Policy	5
General Medical Policy	22
Head & Neck Injury Policy	39
Head Injury Advice Sheet	40
Health Advice and Promotion	60
Health Centre, Role of the	25
Health Centre Practices	26
Details of Surgery Times and Appointment System	26
Policy for Visiting the Health Centre	27
Registration of New Boarders	27
Periodic Medical Examinations	28
Routine Immunisations	28
Dental Care	29
Optical Treatment	29
Immunisations	35
Medical Records	34
Policy for Sudden Illness	46
Welfare Plans	59
 Appendix	
Policy and Procedure for Carrying out a Drugs Test	62
Consent to a Drugs Test Form	63
Medical Information for Parents of Boarders	64
Medical Information for Parents of Day Pupils	67
Medical Information Form for Boarding Pupils	69
Medical Information Form for Day Pupils	77

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***Guidance from the BSA Boarding Briefing Paper Number Four Medical Protocols and Practices. Rewritten May 2015.***

**CONTACT DETAILS:**

**9/999 – in event of serious injury. Then inform Reception (0) in working hours.**

**Ext 250, Mobile 07930 177837 – in event of minor injuries or to report a serious injury once an ambulance has been called.**

**Introduction**

This policy is applicable to all both the Senior and Preparatory School including all pupils in the EYFS setting. Caterham School recognises its legal duty to make suitable and sufficient provision for first aid to pupils, staff and visitors, including those travelling or working away from School premises and pupils within the Early Years Foundation Stages and to appropriately respect the confidentiality and the rights of pupils as patients. This includes the right of the pupil deemed to be 'Gillick competent' (Fraser Guidelines) to give or withhold consent for his/her own treatment.

Written consent for administration of medical and dental treatment, first aid and non-prescription medicine is required from parents and guardians.

Management responsibility for all first aid functions is held by the Health and Safety Committee. The Health Centre Manager will be responsible for promoting and implementing the policy by:

- Reporting accidents to the appropriate authority;
- Encouraging staff to take training in first aid;
- Authorising refresher training;
- Providing first aid cover;
- Maintaining adequate first aid supplies and equipment;
- Recording details of individual Boarders records (including personal health and welfare information), administration of medication, treatment and first aid (kept confidentially), significant illnesses, significant accidents and injuries, parental permission for medical and dental treatment, first aid non-prescription medication, Care plans for Day pupils and Boarders with Special Needs (where applicable);
- Notifying Senior Management immediately of serious accidents.

A. The Headmaster or Senior Member of staff will regularly monitor systems and management of medical welfare and records of significant accidents to identify whether review or change in welfare practice is needed.

**B. The purpose of the Policy is therefore:**

- To provide effective, safe First Aid cover for pupils, staff and visitors.
- To ensure that all staff and pupils are aware of the system in place.
- To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.

**First Aid**

There is provision for having at least one qualified person on each School site when children are present. NB The term FIRST AIDER refers to those members of the school community who are in possession of a valid First Aid at Work (FAW) certificate or equivalent. The names of those qualified and details of their qualifications can be accessed on the staff shared area.

**C. FIRST AIDERS/NURSES will:**

- Ensure that their qualifications are always up to date.
- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or Emergency Services.
- Help fellow First Aiders at an incident and provide support during the aftermath.
- Act as a person who can be relied upon to help when the need arises.

- Ensure that their portable first aid kits are adequately stocked and always to hand.
- Insist that **any** casualty who has sustained a significant head injury is seen by professionals at the hospital, either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital; ensure that parents are aware of **all** head injuries promptly.
- Ensure that a child who is sent to hospital by ambulance is either:

Accompanied in the ambulance at the request of paramedics. Followed to a hospital by a member of staff to act in loco parentis if a relative cannot be contacted or the parent is not present e.g. at a sports fixture. Met at hospital by a relative.

- The First Aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate person should be sent.
- Liaison **must** occur with the teacher in charge of cover, to ensure that lessons are covered in the event of an absent teacher.
- Keep a record of each student attended to, the nature of the injury and any treatment given, on the data system in the Health Centre. In the case of an accident requiring hospital treatment, an Accident Form must be completed by the appropriate person.
- Ensure that everything is cleared away, using gloves, and every dressing etc. be put in a yellow bag for contaminated/used items and sealed tightly before disposing of the bag in a bin. Any bloodstains on the ground must be washed away thoroughly. No contaminated or used items should be left lying around.

#### **SMT will:**

- Ensure that there is always a qualified first aid person available on each school site.
- Report to the Health Centre all staff accidents at work that fall under RIDDOR.

#### **THE TRUSTEE BODY will:**

- Provide adequate First Aid cover as outlined in the Health & Safety [First Aid] Regulations 1981.
- Monitor and respond to all matters relating to the health and safety of all persons on school premises.
- Ensure all new staff are made aware of First Aid procedures in school.
- Ensure that relevant insurances are in place.

#### **HEALTH CENTRE STAFF will:**

- Ensure that first aid cover is available throughout the working hours of the school week.
- Ensure that they always obtain the history relating to a student not feeling well, particularly in the cases of headaches, to ensure that no injury has caused the student to feel unwell.
- Ensure that in the event that an injury has caused a problem, the student **must** be referred to a First Aider/Nurse for examination.
- At the start of each academic year, provide staff with a list of students who are known to be asthmatic, anaphylactic, diabetic, epileptic or have any other serious illness.
- Have a file of up to date medical consent forms for every student. A separate medical consent form is required for each pupil for every trip or outing.

#### **STAFF will:**

- Familiarise themselves with the first aid procedures in operation and how to contact the Health Centre. They will also ensure that they know who the current First Aiders are.
- Be aware of specific medical details of individual students when publicised by Health Centre
- Ensure that their students/tutees are aware of the procedures in operation.
- Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
- Send for help to Health Centre as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty.

- Reassure, but never treat, a casualty unless staff are in possession of a valid Emergency Aid in Schools Certificate or know the correct procedures; such staff can obviously start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if clearly needed.
- Send a student who has minor injuries to Health Centre if they are able to walk where a Nurse will see them; this student should be accompanied.
- Send a student who feels generally 'unwell' to the Health Centre, unless their deterioration seems uncharacteristic and is causing concern. Contact the Health Centre if concerned.
- Ensure that they have a current medical consent form (including contact details of each pupil's own GP) for every student that they take out on a residential school trip which indicates any specific conditions or medications of which they should be aware.
- Have regard to personal safety.
- Report all personal accidents that happen at work

**OFFICE STAFF** will:

- Call for the Health Centre, unless they are a First aider themselves, to treat any injured pupil. This should be done by telephone on 01883 335050 or 07930 177837.
- Support the Health Centre Staff/First Aiders in calling for an ambulance or contacting relatives in an emergency
- **NOT** administer paracetamol or other medications

**Accident prevention**

The School assesses risks and makes appropriate first aid arrangements to deal with these risks. First aid provisions are to be reassessed annually, or whenever there is a relevant change concerning those for whom the School is responsible or the hazards to which they are exposed.

Additionally, the School will ensure that contractors on its premises either have suitable and sufficient first aid provision, or if the work involves no special risks, that the contract may include their use of the School's first aid facilities, by agreement.

**Policy: Use of an automated external defibrillator**

This school policy aims to provide clear and simple instructions for the use of the AED provided at Caterham School for all first aiders in the case of an emergency.

The AEDs can be found in various locations around the campus.

Sports Centre in Reception, Concourse in Main School, Humphries Hall in Front Kitchen Area, Soderberg Hall outside internal entrance doors, Shirley Goss building by secretary's desk in reception and in Bursar's lodge in common area.

They are kept unlocked and accessible for all emergencies. They are kept fully equipped and they are checked remotely every 12 hours by DOC UK (from who they are leased). If an AED is found to be faulty they will send an engineer to check the machine. Standard AED pads are suitable for use in children older than 8 years. Key staff will be provided yearly training on the AED by a qualified instructor and regular updates/training practice will be available on request. All staff will be shown the basics of using the machine

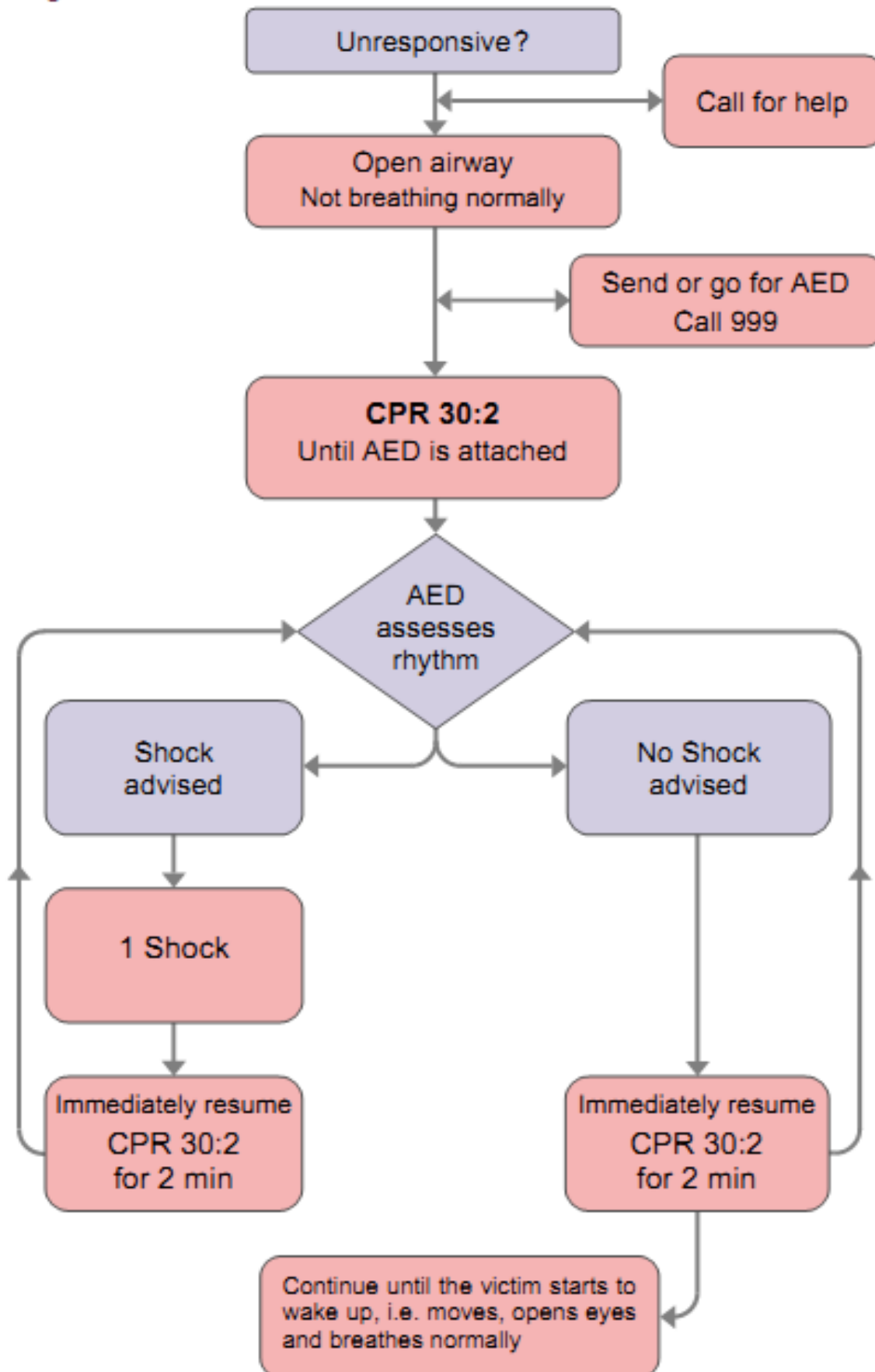
In the UK approximately 30,000 people sustain cardiac arrest outside hospital and are treated by emergency medical services (EMS) each year.

Electrical defibrillation is well established as the only effective therapy for cardiac arrest caused by ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT). The scientific evidence to support early defibrillation is overwhelming; the delay from collapse to delivery of the first shock is the single most important determinant of survival. If defibrillation is delivered promptly, survival rates as high as 75% have been reported.

The chances of successful defibrillation decline at a rate of about 10% with each minute of delay; basic life support will help to maintain a shock-able rhythm but is not a definitive treatment.

The Resuscitation Council (UK) recommends strongly a policy of attempting defibrillation with the minimum of delay in victims of VF/VT cardiac arrest. Sequence of actions when using an automated external defibrillator the following sequence applies to the use of both semi-automatic and automatic AEDs in a victim who is found to be unconscious and not breathing normally:

### AED algorithm



1. Follow the adult BLS sequence. Do not delay starting CPR unless the AED is available immediately.
2. as soon as the AED arrives:
  - If more than one rescuer is present, continue CPR while the AED is switched on. If you are alone, stop CPR and switch on the AED.
  - Follow the voice / visual prompts.
  - Attach the electrode pads to the patient's bare chest.
  - Ensure that nobody touches the victim while the AED is analysing the rhythm.
- 3A. if a shock is indicated:
  - Ensure that nobody touches the victim.
  - Push the shock button as directed (fully-automatic AEDs will deliver the shock automatically).
  - Continue as directed by the voice / visual prompts.
  - Minimise, as far as possible, interruptions in chest compression.
- 3B. if no shock is indicated:
  - Resume CPR immediately using a ratio of 30 compressions to 2 rescue breaths.
  - Continue as directed by the voice / visual prompts.
4. Continue to follow the AED prompts until:
  - qualified help arrives and takes over OR
  - the victim starts to show signs of regaining consciousness, such as coughing, opening his eyes, speaking, or moving purposefully AND starts to breathe normally OR
  - You become exhausted.

### **Placement of AED pads**

Place one AED pad to the right of the sternum (breast bone), below the clavicle (collar bone). Place the other pad in the left mid-axillary line, approximately over the position of the V6 ECG electrode. It is important that this pad is placed sufficiently laterally and that it is clear of any breast tissue.

Although most AED pads are labelled left and right, or carry a picture of their correct placement, it does not matter if their positions are reversed. It is important to teach that if this happens 'in error', the pads should not be removed and replaced because this wastes time and they may not adhere adequately when re-attached.

The victim's chest must be sufficiently exposed to enable correct pad placement. Chest hair will prevent the pads adhering to the skin and will interfere with electrical contact. Shave the chest only if the hair is excessive, and even then spend as little time as possible on this. Do not delay defibrillation if a razor is not immediately available.

### **Defibrillation if the victim is wet**

As long as there is no direct contact between the user and the victim when the shock is delivered, there is no direct pathway that the electricity can take that would cause the user to experience a shock. Dry the victim's chest so that the adhesive AED pads will stick and take particular care to ensure that no one is touching the victim when a shock is delivered.

### **Defibrillation in the presence of supplemental oxygen**

There are no reports of fires caused by sparking where defibrillation was delivered using adhesive pads. If supplemental oxygen is being delivered by a face mask, remove the face mask and place it at least one metre away before delivering a shock. Do not allow this to delay shock delivery.



**Minimise interruptions in CPR**

The importance of early, uninterrupted chest compressions is emphasised throughout these guidelines. Interrupt CPR only when it is necessary to analyse the rhythm and deliver a shock. When two rescuers are present, the rescuer operating the AED applies the electrodes while the other continues CPR. The AED operator delivers a shock as soon as the shock is advised, ensuring that no one is in contact with the victim.

**CPR before defibrillation**

Provide good quality CPR while the AED is brought to the scene. Continue CPR whilst the AED is turned on, then follow the voice and visual prompts. Giving a specified period of CPR, as a routine before rhythm analysis and shock delivery, is not recommended.

**Voice prompts**

The sequence of actions and voice prompts provided by an AED are usually programmable and it is recommended that they be set as follows:

- deliver a single shock when a suitable rhythm is detected;
- no rhythm analysis immediately after the shock;
- a voice prompt for resumption of CPR immediately after the shock;
- a period of 2 min of CPR before further rhythm analysis.

## **Senior School Procedure**

### **Practical arrangements at the point of need**

Minor injuries will be dealt with by staff who are qualified First Aiders. Staff should not provide first aid treatment for which they have not been trained. In all cases, except for injuries of a very minor or trivial nature, the Health Centre should be contacted as soon as is reasonably practicable to take over the incident.

In the event that emergency services are required, staff are reminded to inform Reception that they have called for the emergency services. During silent hours, the Senior Member on duty from the Boarding Staff must additionally be informed of any injuries.

In cases of obvious serious injury, the First Aider will be expected to:

- Assess the situation.
- Make the area safe.
- Give emergency first aid, for which they have been trained and are competent.
- Get help – summon an ambulance by ringing 999. As soon as possible as another person to inform Reception. The receptionist will ensure that a nominated person is asked to guide the emergency services to the nearest convenient point.
- Inform the Health Centre (Ext 250) as soon as is practicable.

### **Qualified first aiders and access to first aid equipment**

The names and normal location for each First Aider and the location of first aid kits are available on the shared area. All members of staff are required to identify the nearest first aid qualified staff and location of the nearest first aid kit to their normal working area.

The School recognises the need for training in first aid; qualification is to be updated every three years. Records and dates shall be kept by the Health Centre Manager of all First Aiders' qualifications and training shall be provided by suitable external organisations, such as St John's Ambulance.

There is at least one person qualified in first aid on each school site when children are present.

### **Recording accidents, informing parents and RIDDOR**

An accident report must be fully completed by the staff member, pupil or visitor for all injuries incurred at work, on School premises or off site activities, however minor. An Accident Report Sheet is maintained at the Health Centre; this sheet must be filled in as soon as possible after any injury. Accident reports will be kept, in accordance with current Data Protection requirements, securely in the Health Centre. When the Health Centre is closed during School holidays, records will be kept by the Bursary and then transferred to the Health Centre Manager when the Health Centre reopens.

If, because of their injury, staff members, pupils or visitors are incapable of completing a report, then that report is to be completed by a person nominated by the injured person or those involved assisting or treating the injured person.

The Estates Bursar is responsible for reporting all notifiable accidents to the enforcing authorities, and when necessary, to parents of pupils. Any injury to the head must always be reported to parents. In the absence of the Health Centre Manager, the Head of House or Tutor will report. The Estates Bursar, as the Health and Safety Officer, must also be kept informed of all accidents, near misses and injuries.

### **Access to first aid kits**

First aid kits are located in/near every department. Staff who use contents of first aid kits are to ensure that they are replenished from stores held at the Health Centre. The Health Centre Manager must also conduct regular checks of first aid kits to ensure contents are adequate for purpose.

**Arrangements for pupils with particular medical conditions**

Before trips, expeditions and activities, pupils are assessed with specific needs for asthma, epilepsy, diabetes, allergies and other declared medical conditions, including medication; these needs should be indicated on a “medical in confidence” form as part of the risk assessment process.

Adrenaline auto injectors are kept in marked orange pouches (with pupils’ names) in the Health Centre. Administration of adrenaline auto injectors will normally be by medically qualified or trained staff.

**Hygiene procedures for dealing with the spillage of body fluids**

In the event of the spillage of body fluids, staff are to contact the cleaning supervisor, who will deal with the situation.

**Calling an ambulance**

If an ambulance is needed, call 999 and then inform Reception (0) during working hours to avoid confusion or duplication. During silent hours, 999 may be called direct but senior staff on duty are to be alerted urgently. In the event of a casualty being a pupil, he or she must be accompanied to hospital by a member of staff. Under no circumstances must another pupil be used as an escort.

**Provision for Boarders**

The School has and implements as appropriate policies for the care of boarders who are unwell and these include First Aid, care of those with chronic conditions and disabilities dealing with medical emergencies and the use of household remedies. Appropriate accommodation is available for boarders who are unwell. In addition to the provision onsite boarders have access to local medical, dental and optometric and other specialist services or provisions as necessary. Procedures are in place to ensure that prescribed medicine are only given to the boarder to whom they are prescribed. Procedures are in place to ensure that boarders are allowed to self-medicate are assessed as sufficiently responsible to do so. Procedures are in place to ensure the appropriate respect of the confidentiality and the rights of pupils as patients. This includes the right of the pupil deemed to be ‘Gillick competent’ to give or withhold consent for his/her own treatment. The procedures and policies relating to boarders healthcare, the provision of that care and the maintenance of non HS records are regularly monitored by the Deputy Head in charge of Boarding to enable them to identify whether review or change is needed.

**Notifiable incidents and diseases**

In line with the Accident, Records and Notification procedures in the United Learning Health and Safety document (p 13 ff) Caterham School will notify the HSE, under RIDDOR, of any serious accident, illness or serious injury to, or death of, any pupil whilst in our care, and of action taken in respect of it. A pupil’s GP has the responsibility of reporting notifiable diseases and ensuring that a pupil is safe to return to school and not cause public health problems from infections. For boarders, this role will be fulfilled by the School Medical Officer if appropriate during term time. However, the School may seek advice from the Health Protection Agency if a pupil is believed to be suffering from a notifiable disease as identified under the Health Protection (Notification) Regulation 2010 (see Appendix ). If Caterham School, without reasonable excuse, fails to comply with this requirement, we commit an offence. Contact details for Ofsted are as follows: [www.ofsted.gov.uk](http://www.ofsted.gov.uk) or by telephone on 0300 123 4666.

**Lessons Learned**

The School’s Health and Safety Committee reviews all incidents recorded in the Accident Folder at each meeting. The Committee will examine whether a future, similar incident could be avoided and what procedures, if any, could be put in place to reduce the likelihood of a recurrence.

**Preparatory Department Procedure**

The **First Aid procedure** at Caterham is in operation to ensure that every student, member of staff and visitors will be well looked after in the event of an accident, no matter how minor or major.

It is emphasised that the **team** consists of **trained nurses and qualified First Aiders**. All Preparatory School teaching Staff and TAs and playground assistants (including Pre Prep) receive basis first aid training on a three yearly cycle.

In the event of an accident all members of the school community should be aware of the support available and the procedures available to activate this.

Any First Aid trained staff may be called upon to make an assessment of the need for the provision of first aid. However, during the normal course of the school day School Receptionist forms the first port of call for assessment of first aid needs, except at break times when it is the playground supervisor and timetabled additional duty member of staff.

The process follows the process of assessment, treatment, or call for support of Health Centre if deemed necessary, and recording of minor incidents & accidents on an accident/injuries reporting sheet kept in Reception. A copy is sent home with the student and the carbon copy is sent to the Health Centre for filing with the student's medical file.

There are a number of first aid boxes located at the prep school- Reception, Science laboratory and Soderberg Hall. In addition to these there is a first aid 'belly bag', used by the playground supervisor. The Science Laboratory, Art and Design & Technology rooms have 'eye wash' resources. Ice packs and sick bags are kept in the kitchen. All first aid provisions are checked regularly by the Health Centre staff and / or replenished as requested by staff.

The following ailments / injuries are treated as set out below:-

- Minor grazes and cuts are cleaned with water / wipes and where deemed appropriate covered with a plaster. All staff are aware of the need for good hygiene practices when dealing with spillage of bodily fluids (as detailed in main section of whole school policy). Details of pupil, date, time, injury, treatment and signature of the attending member of staff are recorded in the accident/injuries book.
- Bumps to the head are initially looked at by School Receptionist. Where bumps to the head occur the pupil will always go to the Health Centre for assessment by the school nurse. Where there is a major bump to the head the Health Centre is contacted and a school nurse attends the pupil(s) at the Preparatory school. The Health Centre records the injury and a card detailing the incident is sent home to the parent(s).
- Where a suspected broken bone or dislocation has occurred the Health Centre is contacted and a school nurse attends the pupil(s) at the Preparatory school. Parents are then contacted. In extreme cases it may be necessary to call for the assistance of ambulance.
- Where a child presents themselves as unwell an initial assessment of their condition is made & they may then be monitored in Reception for a period of time. If deemed necessary the parent(s) are contacted to collect the pupil and take them home.
- Where a pupil is physically sick, the parent(s) are contacted as a matter of course and asked to collect their child. The parent(s) are then asked to keep their child at home for at least 48 hours.
- Headaches may be treated by the administering of paracetamol liquid medicine (only if parents have signed an agreement to this on the general medical form they complete when pupil starts at Caterham). This is carried out at the Health Centre.
- Where a pupil presents with a rash this assessed and if deemed necessary the pupil is sent to the Health Centre.
- Where a more serious accident has occurred involving pupil(s), staff, parents or other adults, the details of the accident / incident is recorded on a specific form and sent to the Health Centre for storing in the accident / incident file in Health Centre. A form (HSC) must be completed and sent to the Health Centre if the child is sent to Accident and Emergency.

School Receptionist may make contact with the parent(s) of a pupil who has presented as possibly needing first aid. This would be to inform them of the details of the accident / incident prior to the child going home at the end of the school day. It may also be to inform them that further treatment may be necessary, for example a trip to the dentist.

### **Administration of Medicines**

- School Receptionist will **only** administer medicine in the case where a pupil is prescribed four doses per day. In these cases a written request must be given to the school, stating dosage and time required.
- Pupils, who have an inhaler should keep this on their person. A spare emergency inhaler should be handed in to School Receptionist. These will be kept in a locked cupboard in Reception. For P.E and Games the inhaler be kept by the P.E. teacher(s) and kept in the immediate vicinity of where the P.E or Games lesson/and or inter school fixtures are taking place. A care plan is written for these pupils by the Health Centre.

### **Specific Conditions**

#### **Nut Allergies**

At present there are four pupils who have serious nut allergies that may require the administration of an adrenaline auto injectors in cases of an incident. The school operates a 'no nuts' policy. Pupils may not bring in cakes or other chocolates into school, unless they are nut-free. The staff room is also a nut free environment. The pupils from the Preparatory School hold 2 adrenaline auto injectors on their person in a small bag at all times including away trips/outings and games. Pupils from Pre-Preparatory- their adrenaline auto injectors are kept in the First Aid cupboard in the staffroom at Mottrams. All staff receive annual adrenaline auto injectors training from the Health Centre staff.

#### **Physical Sickness**

If a pupil is physically sick inside the school building a special disinfectant powder is used to cover the vomit and the school cleaning department is then notified. They then are responsible for the cleaning of the area affected.

All staff have access to CHIP, where updated medical information is available. A hard copy will be provided annually, this is confidential medical information and as such is kept within the confines of the Preparatory and Pre-Preparatory staffrooms, as this information comes under the Data Protection Act. After School Care also have a copy.

### **Pre-Preparatory Department**

Any First Aid trained staff may be called upon to make an assessment of the need for the provision of first aid. However, if available during the normal course of the school day, Mrs Fiona Walker, a trained 'First Aider at Work, is called upon to make an assessment of first aid needs, except at break times when it will be the playground supervisors of that day.

The process followed is - assessment, treatment, or call for support of Health Centre if deemed necessary, and recording of accidents. All accidents/illnesses are recorded on accident sheet. These are in a carbonated book, the top copy goes home to parents and the carbon copy is sent to the Health Centre for storing in student's medical file.

There are a number of first aid boxes located at the Pre-Preparatory School – one in the staffroom, one in the nursery and one kept in the 'playground box' and a portable hip bag. The playground box is taken out by whoever is on playground duty. All first aid provisions are checked each term by the Health Centre staff and / or replenished as requested by staff. First Aid boxes are checked regularly by Fiona Walker.

At the beginning of each academic year the Health Centre team provides information on the ailments, conditions and treatments (that have been supplied by parents regarding their children). This is confidential medical information and kept in the confines of the staff room. Some individual care plans e.g. for severe allergies are kept on the wall in the staff room. There is a locked cabinet for medication to be stored. The key is 'blu-tacked' to the top of the cabinet.

The following ailments / injuries are treated as set out below:-

- Minor grazes and cuts are cleaned with water / sterile cleansing wipes and where deemed appropriate covered with a plaster. Details of pupil, date, time, injury, treatment and signature of the attending member of staff are recorded on an accident/illness sheet. All staff are aware of the need for good hygiene practices when dealing with spillage of bodily fluids (as detailed in main section of whole school policy).
- All pupils with minor bumps to the head are assessed and an ice pack is usually administered. Details of the accident are recorded as above on an accident/illness sheet. The pupil has an 'I bumped my head' sticker attached to their clothing in order all staff are aware of the pupil and can monitor their well being. A 'Head Bump' letter, as drawn up by the Health Centre, is then completed and sent home with the pupil at the end of the school day.
- Pupils, who are assessed as having more serious bumps to the head, and possibly bleeding, are taken to the Health Centre. Two adults are required, one driving a vehicle and one monitoring the pupil. A car seat, appropriate to the size of the pupil, is utilised. A member of staff phones the Health Centre to notify them a pupil is on the way over. Parents are also informed at this stage. Sometimes a nurse from the Health Centre may attend at the Pre-Preparatory. Details of the accident (name, date, treatment) are recorded on a sheet (as above).
- Where a suspected broken bone or dislocation has occurred the Health Centre is contacted immediately and a school nurse attends the pupil(s) at the Pre-Preparatory School. Parents are then contacted. In extreme cases it may be necessary to call for the assistance of an ambulance.
- Where a child presents as unwell, they are assessed by a member of staff and the pupil's parent(s) are contacted to come and take the pupil home. A discussion with a parent may be made if the illness is deemed infectious to prevent spread to other pupils. (Health centre staff may be consulted and Public Health Agency(PHA) guidelines followed.
- Where a pupil is physically sick, the parent(s) are contacted as a matter of course and asked to collect their child. The parent(s) are then asked to keep their child at home for at least 48 hours (from the last vomit). If parents are unable to be contacted the pupil will be taken to the Health Centre (as above).PHA guidelines followed.
- Where a pupil presents with a rash this is assessed by Fiona Walker and if deemed necessary the pupil is sent to the Health Centre or parents contacted to take the pupil home.

### **Paediatric first aid**

Under Early Years Foundation Stage requirements, at least one person on the premises and at least one person on outings must have a paediatric first aid certificate. It must be clear from the certificate that the course followed has covered first aid for children (with the words 'children', 'child' or 'paediatric' somewhere on the certificate). The course must involve a minimum of twelve hours training. As a general principle, the first aid training should be appropriate to the age of the children in question.

### **Administration of Medicines**

- Members of Pre-prep staff receive yearly update training on adrenaline auto injectors and asthma inhalers. Any further training needed for administering of medicines will be given by Health Centre Staff.
- In the EYFS setting training is provided for all staff who administer drugs, usually only prescription medicines are administered, written permission is obtained from parents for individual medicines to be administered. Where medicine is administered to a child, parents are informed the same day, or as soon as reasonably practicable.
- Two members of staff should be present (only those who have agreed) when administering medicines to pupils in cases where a child is prescribed four doses of medicine per day. In these cases the school MUST receive written request, stating dosage and time. In other cases parents may by arrangement visit the school to administer medicines to their own child. All medicines that require refrigeration will be kept in the fridge within the staff room.

- All staff including those in the EYFS setting, bringing in personal medication will place in a separate labelled container within the staffroom fridge.
- Where a pupil or pupils have an inhaler, this is kept in the medicine cupboard. When the pupil attends lessons outside of Pre-Preparatory, e.g. PE or Games, the inhaler is put in the 'inhaler bag' and taken over with the pupil and given to the teacher responsible for that lesson. An assessment about the need for the administering of the inhaler is made through liaison with the Health Centre, parents and assessment of the pupil. A care plan is written for these pupils by the Health Centre. Some pupils may recognise their need and notify a member of staff. It is best practice to administer inhalers through a spacer of some description eg volumatic or able spacer and need the assistance of an adult to ensure the medicine is correctly applied. A permission to administer medicine/inhaler form is brought from home on the day with pupil requires medicine, if medicines are given a copy is sent home.

### **Physical Sickness**

If a pupil is physically sick inside the school building a special disinfectant powder is used to cover the vomit and the school cleaning department is then notified. They then are responsible for the cleaning of the area affected.

### **Sanitary Accidents**

In the case of a pupil wetting themselves, the attendant members of staff member will wear a pair of gloves, to assist in the changing and washing of the pupil. The soiled clothing is placed in a 'nappy sack'; double bagged using an ordinary plastic bag, kept on the pupil's peg and sent home at the end of the school day. A supply of clean clothing is kept at the Pre-Preparatory. Please read this in conjunction with the Intimate Care policy.

### **Early Years**

A first aid shoulder bag is kept in the nursery. This goes out with the children when they go outdoors. The nursery phone is also taken out. Additional first aid supplies and a thermometer are kept on a shelf in the nursery. Supplies are replenished on a regular basis by the Health Centre. Cuts, bumps and injuries are dealt with by nursery staff and the injury is recorded on an accident/ incident sheet and the parent informed and signature given. The top copy is sent home to the parents, if a pupil has a head bump they also have a sticker. Four members of staff in Early Years hold the Paediatric first aid certificate: Mrs Kathy Browett, Mrs Beverley Sutehall, Mrs Sally Jackson and Mrs Kim Haughey.

### **After-School Care**

The after-school care team have a separate first aid kit which is kept in a locked cupboard in the after school care room. At the beginning of each academic year the Health Centre team provides information on the ailments, conditions and treatments (that have been supplied by parents regarding their children). This is confidential medical information and kept in the locked cupboard within the confines of the after school area.

After School Care have qualified first aiders. The Health Centre is available during After School sessions including Paediatric 1<sup>st</sup> aid qualification held by staff.

**THE EXECUTION OF THIS POLICY will be monitored by the TRUSTEES, SMT and the HEALTH CENTRE TEAM.**

National Minimum Standards for Boarding Schools (2015)  
Reviewed by Mrs L. Paine & Mr R. Charlesworth April 2016

Appendices held as separate documents:-

- List of current staff and their first aid qualifications
- A4 sheet entitled 'Immediate Action following a serious accident or incident on a school trip'.
- Parental Medical Consent Form
- Notification of a School Party Visit out of School (Risk Assessment Document).
- Guidance for Health & Safety of Pupils on Educational Visits checklist (for staff) and <http://www.education.gov.uk/schools/adminandfinance/healthandsafety/f00191759/departementa-l-health-and-safety-advice-on-legal-duties-and-powers-for-local-authorities-headteachers-staff-and-governing-bodies>
- Health & Safety of Pupils on Educational Visits (DfE publication 1998)
- Health Protection (Notification) Regulation 2010



**IMMEDIATE ACTION FOLLOWING A SERIOUS ACCIDENT OR INCIDENT ON A SCHOOL VISIT**

**A copy of the following guidelines must be taken by all party leaders and their deputies.**

**A serious accident is defined as:**

“An accident leading to a fatality, serious or multiple fractures, amputation or other serious injury. Circumstances in which a party member might be at serious risk/have a serious illness. “Any situation in which the press or media might be involved.”

**1) Be Prepared**

Brief your group on emergency procedures before they set off, including details of communications, so that they know how to deal with these should the party get split up.

**2) Care of Group in an emergency**

- a) Establish nature and extent of the emergency. Advise other school trip staff of the incident and that emergency procedures are in operation.
- b) Ensure safety from further danger.
- c) Contact local emergency services immediately and follow their advice.
- d) Arrange for one adult to remain at the incident site to liaise with emergency services until the incident is over and all children are accounted for.

**3) Communication**

- a) Contact the school (the School Office during working hours or the Deputy Head, Headmaster or Bursar at other times – or the emergency contact number).
- b) Be ready to give the following information:
  - i) Telephone number you are calling from (and an alternative)
  - ii) What happened including details of injuries
  - iii) To whom
  - iv) Where
  - v) When
  - vi) What has happened since.
- c) If a fatality is involved, has this been confirmed? By whom?

**4) Next Steps and General Advice**

- a) Parents and relatives will naturally be anxious to establish what is happening but do NOT let party members (staff or pupils) telephone home until after you have made contact with the school and this has been agreed. The school will arrange to contact the parents of those involved. In serious incidents the parents of all party members should be informed.
- b) Do NOT speak to the press or media. Refer enquiries to the local emergency services handling the incident on the ground and promise that “an official statement will be made through the school as soon as possible”. Under no circumstances should the name of the casualty be divulged to the media.
- c) Do NOT admit liability of any sort to anyone.

- d) Do NOT allow anyone, apart from medical services, to see any party member without an independent witness being present.
- e) Retain all equipment involved in an unaltered condition.
- f) As soon as possible keep a written record of all that happens.
- g) Be as compassionate as possible with anyone involved.
- h) If you change location, remember to let the school/home based contact have the new telephone number at which you can be contacted.
- i) You should follow the instructions from the local police/emergency services and, unless they request otherwise:
- j) The Party Leader should write down as soon as practicable all relevant details. A record should be made of any witnesses. Any associated equipment should be kept in its original condition.
- k) Keep the party together – if a pupil has to go to hospital, if at all possible, a member of staff should accompany them and stay with them until a relative arrives.
- l) Keep in close contact with the school so that you can decide jointly what the next steps should be.

**Caterham School Emergency Procedure- (extract from Caterham School Emergency Plan document Annex D)**

Health Protection (Notification) Regulation 2010

Regulation 2(7)

**SCHEDULE 1 Notifiable Diseases**

Acute encephalitis, Acute meningitis, Acute poliomyelitis, Acute infectious hepatitis, Anthrax, Botulism, Brucellosis, Cholera, Diphtheria, Enteric fever (typhoid or paratyphoid fever), Food poisoning, Haemolytic uraemic syndrome (HUS), Infectious bloody diarrhoea, Invasive group A streptococcal disease and scarlet fever, Legionnaires' Disease, Leprosy, Malaria, Measles, Meningococcal septicaemia, Mumps, Plague, Rabies, Rubella, SARS, Smallpox, Tetanus, Tuberculosis, Typhus, Viral haemorrhagic fever (VHF), Whooping cough and Yellow fever

This schedule has no associated Explanatory Memorandum.

**GENERAL MEDICAL POLICY****1. Statement**

The care of our pupils is paramount. With adequate information we endeavour to help our pupils to remain healthy, enabling them to continue to access their education without stigma or exclusion. In order for this to occur parents, pupils and staff need to work closely together. The school has a fully staffed Health Centre in order to cover the medical needs of the members of the school.

**2. Provisions**

There is a Health Centre at the Main School for the treatment and management of both in and out patients. This contains a waiting room, office, consultation/treatment room, lounge, kitchen, two three-bedded rooms, with en suite toilet and washing facilities, a shower room and a sluice. In addition there is a self-contained flat available for the Health Centre Manager or nurse when required to sleep in over-night.

**3. Health Centre Staff**

The school employs a non-resident full time Health Centre Manager and three part time non-resident nurses. All nursing staff working in the Health Centre are Registered Nurses (RN) and their names are on the register of their regulatory body, the Nursing and Midwifery Council (NMC).

The school has a contract with a local GP surgery and the doctors hold a surgery twice a week. A doctor will see all new boarders and the surgery is on call in the case of emergency.

Pupils have access to a doctor of the same gender and this can be arranged through the Health Centre.

**4. Boarders**

The Medical Officer and the Health Centre Manager have overall responsibility for the medical care of the boarders. All boarders are normally registered under the National Health Service with the Townhill Medical Practice, Caterham. Boarders who live locally may remain registered with another doctor.

It is preferred that regular dental check ups are carried out during the holidays with the family dentist. A local dentist will deal with emergencies. Any expense incurred will be payable by the parents.

Optical treatment can be arranged by the Health Centre but all expenses incurred are payable by the parents.

## **5. Day Pupils**

The Health Centre Manager will care for any sick pupils or any emergency. Parents will be contacted if she deems this necessary. Day pupils can only return home once their parents have been contacted.

The Medical Officer will give emergency care. In the case of more serious injuries, the Health Centre Manager or nurse will arrange for the pupil to be taken to the Accident and Emergency Department. Parents will be contacted immediately.

If a pupil changes from a day pupil to being a boarder then they may register with the School's Medical Practice. A form has to be completed by parents of day pupils who become temporary boarders.

## **6. Medical Information**

A medical form has to be completed for every new pupil. The form outlines significant past medical problems, current ones and present treatment, as well as known allergies. Some information from these medical forms is entered on the school's database.

## **7. Medical Consent**

A pupil's ability to consent to, or refuse medical or dental treatment is acknowledged and is based on the so-called 'competency' of the pupil as judged by the doctor, dentist or nurse proposing the treatment.

Parental consent from parents of boarders for emergency hospital treatment, the administration of medication, immunizations and vaccinations is obtained on the medical questionnaire form before the pupil enters the school. Parental consent from parents of day pupils for the administration of medication is obtained on the medical form before the pupil enters the school.

## **8. Confidentiality of Medical Information**

The School Medical Officer and School Nursing Staff have a divided loyalty; firstly to the pupils as patients and secondly to the School. Occasionally conflicts may occur between maintaining confidentiality and the need for communication of information to those who have been given designated responsibility for the care of their child by parents.

Pupils should be made aware that they can discuss any matter with the Medical Officer or School Nursing Staff in complete confidence. Any breach of that confidence would be discussed with the pupil first and only if it was thought that the health or welfare of other pupils in the school was at risk, or that it was in the pupil's own interest to share the information.

Teachers should know of pupils with disabilities that might lead to their being placed at risk in certain activities, e.g. defects of vision or hearing, epileptics, diabetics, asthmatics etc. The teaching staff and the Catering Manager will also be advised of significant allergies, e.g. nut allergies.

Parents are made aware that details from the medical questionnaire may be passed on to teaching staff on a need to know basis.

The Nursing and Midwifery Council (NMC) Code of Conduct states:

- A nurse must respect a person's right to confidentiality
- A nurse must ensure people are informed about how and why information is shared by those who will be providing their care
- A nurse must disclose information if they believe someone may be at risk or harm, in line with the law of the country in which they practice

The NMC also states that nurses should ensure they gain consent for treatment.

Full details of the NMC Code of Conduct and its supplementary advice are kept in the Health Centre.

Where necessary, Registered Nurses will seek advice from the NMC, their professional organisation, or the School Medical Officer, if they are unsure about issues surrounding confidentiality and consent.

<b>CATERHAM SCHOOL HEALTH CENTRE</b>
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**The School Health Centre has the following roles:**

- Provision of medical and nursing care to Boarders.
- Provision of medical and nursing care to Day Pupils when they become ill at school.
- Provision of Screening to Specific Pupil Groups.
- Provision of medical and nursing care to Staff where appropriate.
- Advising the Headmaster of the Senior School and the Headmaster of the Preparatory School on specific issues as they arise.

**To achieve this requires the maintenance of high professional standards, including effective communication with parent, guardians and staff.**

<b>HEALTH CENTRE PRACTICES</b>
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**1. DETAILS OF SURGERY TIMES AND APPOINTMENTS SYSTEM****NURSE SURGERIES****Monday-Friday****08.00-08.45****10.55-11.15****13.00-14.00****17.30-18.30****Saturday 08.45 – 17.45****DOCTORS SURGERIES****Monday****16.30 – 17.00****Friday****08.00-08.30****Doctor's Appointments at Health Centre**

- **Boarders** wishing to see a doctor (male or female) should contact Health Centre to book an appointment at least one day in advance.
  - Pupils name is placed in the Doctor's Surgery appointment book and a reminder e mail sent to the boarding staff.
  - Emergencies will be seen without an appointment. The boarder will be assessed by the nurse and seen at the end of surgery, or sooner if necessary.
  - **Emergency appointments.** In an emergency boarders will be seen at the school or Townhill Medical Practice. Escort and transport will be arranged via the Health Centre.
- **Resident Boarding Staff only** who are registered with the school practice should make an appointment at Townhill Medical Practice. If circumstances do not permit that member of staff (who is registered with the practice) to visit Townhill Medical Practice, then an appointment must be made 2 days in advance, with Health Centre Staff. The School Medical Officers require medical records before the member of staff can be seen.

**Doctors appointments at Townhill Medical Practice**

- Any boarder can be seen at Townhill Medical Practice by booking an appointment via the Health Centre.

**Appointments with an Optician**

- Boarders requiring an optical appointment should make an appointment via the Health Centre.

## **POLICY FOR VISITING THE HEALTH CENTRE**

### **Boarders**

- Boarders may visit the Health Centre at **all** surgery times.
- **During lesson times**, no boarder may visit the Health Centre without obtaining permission slip from a member of staff.
- **19.00-08.00** – Any boarder feeling ill during this period of time must contact a member boarding staff who will telephone the nurse on call. **Staff should not hesitate to call the nurse.**
- **Sundays**- In emergency boarding staff will telephone the nurse on call.

### **Day Pupils**

- Day Pupils may visit the Health Centre at **break times**, without a permission slip.
- **During lesson times** (including private study periods) day pupils must have a written permission from a member of staff before visiting the Health Centre.

### **Pre-Prep and Prep**

- Health Centre nurses will see prep and pre-prep children whenever necessary. A member of staff **must** telephone the Health Centre before sending a child.
- All children should be accompanied.

## **2. REGISTRATION OF NEW BOARDERS**

- All boarders will be registered with the Townhill Medical Practice unless parents/guardians express, in writing, to the Health Centre Manager, a preference for their son/daughter to remain with their own GP. This would only be acceptable if boarders' parents/guardians live locally.



### **3. DETAILS OF APPROPRIATE PERIODIC MEDICAL EXAMINATIONS CARRIED OUT**

#### **Boarders**

- All new boarders registered with the School Medical Officer will be given a medical examination at the beginning of the academic year. This examination includes height, weight, blood pressure, urine and eye test by the school nurse. Thereafter, the doctor carries out medical examinations when necessary due to illness or injury.
- At the beginning of each academic year boarders' height and weight will be monitored.
- Appointments are made for outside medical examinations e.g. dental, optical, physiotherapy, hospital consultant, chiropodist as required via the Health Centre.

#### **Preparatory School**

- Teachers may request eyesight and hearing tests if a problem becomes apparent.

### **4. ROUTINE IMMUNISATIONS**

- These are carried out according to guidelines issued by the Department of Health.
- Details of all vaccinations are recorded on the pupil's medical form.
- A local immunisation team will come in and vaccinate relevant year groups for required vaccinations.

## **DETAILS OF PROVISION FOR DENTAL CARE**

### **Boarders**

- Routine dental treatment should be carried out during school holidays.
- If a boarder develops an emergency problem whilst in school, an appointment can be made under the NHS via the Health Centre Manager.
- Pupils under 16 will need to be accompanied by a member of the boarding staff, who can sign their treatment form.
- If it is necessary to arrange transport, the cost for this service will be met by the parents/guardians and added on to their school account.
- If a cost is incurred, parents/guardians will be notified prior to treatment for consent to proceed.

### **Day Pupils**

- If a day pupil requires urgent dental treatment, parents will be contacted to arrange emergency treatment at their own dentist.

## **5. DETAILS OF PROVISION OF OPTICAL TREATMENT**

### **Boarders**

- All boarders will have their eyesight tested by a Health Centre nurse on entering Caterham School, as part of their general health check.
- It is advised that all routine visits to the opticians be carried out during the school holidays.
- If there are concerns about a boarder's eyes/eyesight, the Health Centre Manager can make an appointment to see the local optician.
- Pupils under 16 will need to be accompanied by a member of the boarding staff, who can sign their treatment form.
- If it is necessary to arrange transport, the cost for this service will be met by the parents/guardians and added on to their school account.
- If a cost is incurred, parents/guardians will be notified prior to treatment for consent to proceed.
- All boarders who wear contact lenses must have a pair of glasses in BHSE.

### **Day Pupils**

- If a day pupil needs emergency optical treatment, i.e. lost contact lens/broken glasses, parents will be contacted to arrange emergency treatment at their own optician.

<b>COMMUNICATION</b>
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**1. POLICY FOR CONTACTING THE HEALTH CENTRE**

- **Telephone Numbers.** Term time only

Direct Line	01883 335050
Internal extension number	01883 343028 ext. 250
Mobile	07930 177837

- 8.00 - 19.00 – Use any of above numbers
- There is an answer phone on which messages can be left.

- **Mail**

Address: Health Centre  
Caterham School  
Harestone Valley Road  
Caterham  
Surrey  
CR3 6YA

e-mail: [health.centre@caterhamschool.co.uk](mailto:health.centre@caterhamschool.co.uk)

- **Internal Post**

- Pigeon hole in staff room

**2. POLICY FOR CONTACTING A MEMBER OF THE NURSING STAFF ON CALL**

- The name of the nurse on call is clearly marked on the duty rota, which is circulated half-termly to all boarding house staff.
- Use the mobile number of the nurse on call. Details are on the duty rota.
- **Staff should never hesitate to call the nurse on duty.**

**3. POLICY FOR CALLING OUT THE DOCTOR OUTSIDE OF SURGERY HOURS**

- The Health Centre Manager is responsible for calling the doctor outside surgery hours.
- The on call doctor's name is given to the Health Centre.
- **In an emergency**, if unable to contact Health Centre nurse on call, please telephone the **Health Centre Manager**.
- **In an Extreme emergency** dial (9 on a school line for an outside line) 999 and ask for the ambulance, giving clear instructions of boarders name, date of birth, school, address and nature of problem.
- Following this call, please contact the nurse on call.

**4. POLICY FOR CALLING EMERGENCY SERVICES IN CASE OF AN ACCIDENT****BOARDING STAFF**

STEP	ACTION BY BOARDING STAFF	DETAILS
1	Phone Health Centre or On Call  IF ACCIDENT IS CONSIDERED SERIOUS PHONE 999 FIRST AND THEN THE HEALTH CENTRE	Health Centre – 250 or 07930 177837 On Call – See Duty Rota  Health Centre will advise of action to be taken.
2	Phone Head of Girls' Boarding (Beech Hanger) Phone Head of Senior Boys' Boarding (Viney) Phone Head of Junior Boys' Boarding (Townsend)  IF UNABLE TO CONTACT ABOVE PHONE HEAD OF BOARDING	07449 396597  07449 480568  07449 517700  07449 467106 Office Extension 269
3	Pupil must be accompanied to hospital – usually by Head of House. IF HEAD OF HOUSE UNAVAILABLE THEN DUTY STAFF TO ACCOMPANY.  CHECK YOU HAVE TAKEN THE RELEVANT PHONE DETAILS WITH YOU.	If transport is by ambulance staff to travel in ambulance. Health Centre to sort out transport if there are problems.
4	At hospital –accompanying staff to keep Health Centre or On Call updated.	Health Centre 01883 335050 or 07930 177837
5	On return from hospital contact Health Centre or on Call	Health Centre 01883 335050 or 07930 177837
6	Head of House to liaise with Health Centre re contacting parents and guardians	Details on iSAMS

**HEALTH CENTRE STAFF**

<b>STEP</b>	<b>ACTION BY HEALTH CENTRE STAFF</b>	<b>DETAILS</b>
1	On receiving notification of an accident.	Advise boarding staff of immediate action to be taken.
2	Transport to hospital.	Ensure that pupil is accompanied.
3	Phone Head of Boarding and keep him updated	07449 467106 Office Extension 269
4	Phone parents and guardians	Details on ISAMS
5	Contact Headmaster If unavailable to contact by 'phone send an e-mail	Head 07429 940971 Head Home 01883 344534
6	Contact Head of House before 'phoning parents and guardians	Beech Hanger 07449 396597 Viney 07449 480568 Townsend 07449 517700

**5. COMMUNICATION BETWEEN HEALTH CENTRE STAFF**

- Frequent communication between all Health Centre staff verbally, either in person or by telephone, or by E-mail.

**6. COMMUNICATION WITH SENIOR STAFF**

- As necessary, by face to face contact, telephone or E-mail.
- During scheduled meetings.

**7. COMMUNICATION WITH SPORTS AND RESIDENTIAL STAFF**

- **Sports staff** – Direct contact, in person or by telephone.
- **Residential staff** – Face to face contact or via house or mobile phone.

**8. COMMUNICATION WITH BOARDERS AND DAY PUPILS' PARENTS / GUARDIANS**

- **Boarders** – Either by telephone, e-mail fax or letter, depending on urgency of situation.
- **Day Pupils** – By telephone, e-mail or letter.
- **Matters concerning whole school** – A note can be put in the half termly newsletter.

**9. COMMUNICATION WITH BOARDERS' PARENTS/GUARDIANS WHEN A PUPIL IS ADMITTED TO THE HEALTH CENTRE**

- When a boarding pupil is in the Health Centre for the day and/or being kept in the Health Centre overnight, the nurse on duty will either speak to the parents directly (if they speak English) or e mail them to update them on their child's illness or reason for staying in the Health Centre.
- The pupil will be allowed to use the Health Centre land line 'phone to speak to their parents, if their own mobile phone is not working. The nurse on duty must make sure that the parents do not have any questions that need answering.

<b>MEDICAL RECORDS</b>
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**1. NEW PUPIL RECORDS AND EXAMINATIONS****• Medical Records**

1. Medical forms are sent out to prospective parents and on return are checked by Health Centre Manager and the School Medical Officer.
2. Medical problems, which may affect school life, are recorded on the school's database. All teaching staff have access to relevant information kept in a file in the staff room.
3. Every pupil has a computer record on which all visits and treatments are recorded.
4. Each pupil has their own folder containing relevant medical documents.

**• Medical examinations**

- Medical examinations are given routinely to all new boarders and recorded by both Health Centre Manager and School Medical Officer on appropriate medical records.

**2. DISEASE REGISTERS AND SPORTS INJURIES****• Disease Registers**

- All illnesses are recorded by Health Centre staff and where appropriate, School Medical Officer.
- The Health Authority will be informed of any notifiable illnesses.

**• Sports Injuries**

- Sports injuries are recorded when reported.
- Statistics are produced at the end of each term.

**IMMUNISATIONS****1. POLICY AND RECALL**

- Boarders registered with the Townhill Practice are updated with immunizations as required. Boarders should be up to date following the schedule outlined on the next page. Vaccinations offered in the UK only will be updated by Health centre.
- Details of previous vaccinations are recorded on the medical form.
- Consent is required.
- Due vaccines are noted.
- As vaccinations become due, pupils will be called in to the Health Centre.
- Boarders requiring vaccinations for travel need to visit the Health Centre to discuss requirements.
- Appointments for Yellow Fever and Rabies vaccinations will need to be made at a registered travel clinic. This should be done via the Health Centre.
- The Health Centre needs to be kept informed of any vaccinations given outside school.
- All boarders are given a record of immunisations given/known on leaving Caterham School.



AGE	Immunisation (Vaccine Given)
2 months	<ul style="list-style-type: none"> <li>• <b>DTaP/IPV(polio)/Hib</b> (diphtheria, tetanus, pertussis (whooping cough), polio, and <i>Haemophilus influenzae</i> type b) - all-in-one injection: Pediacel®; plus:</li> <li>• <b>PCV</b> (pneumococcal conjugate vaccine) - in a separate injection: Prevenar 13®.</li> <li>• <b>Rotarix®</b> (rotavirus gastroenteritis) - oral route (drops).</li> <li>• <b>Bexsero®</b> (meningitis B)</li> </ul>
3 months	<ul style="list-style-type: none"> <li>• <b>DTaP/IPV(polio)/Hib</b> (2nd dose: Pediacel®); plus:</li> <li>• <b>MenC</b> (meningitis C) - in a separate injection: NeisVac-C® or Menjugate Kit®.</li> <li>• <b>Rotarix®</b> (rotavirus gastroenteritis) - oral route (drops).</li> </ul>
4 months	<ul style="list-style-type: none"> <li>• <b>DTaP/IPV(polio)/Hib</b> (3rd dose: Pediacel®); plus:</li> <li>• <b>PCV</b> (2nd dose: Prevenar 13®) - in a separate injection.</li> <li>• <b>Bexsero®</b> (2nd dose: meningitis B)</li> </ul>
Between 12 and 13 months	<ul style="list-style-type: none"> <li>• <b>Hib/MenC</b> (combined as one injection) - 4th dose of Hib and 2nd dose of MenC: Menitorix®; plus:</li> <li>• <b>MMR</b> (measles, mumps and rubella) - combined as one injection: Priorix® or MMR II®; plus:</li> <li>• <b>PCV</b> (3rd dose: Prevenar 13®) - in a separate injection.</li> <li>• <b>Bexsero®</b> (3rd dose: meningitis B)</li> </ul>
2, 3 and 4 years	<ul style="list-style-type: none"> <li>• <b>Nasal flu spray</b> Fluenz®.</li> </ul>
3 years and four months to 5 years	<ul style="list-style-type: none"> <li>• <b>Pre-school booster of DTaP/IPV(polio)</b>: Repevax® or Infanrix-IPV®; plus:</li> <li>• <b>MMR</b> (second dose: Priorix® or MMR II®) - in a separate injection.</li> </ul>
Around 11-13 years (girls)	<ul style="list-style-type: none"> <li>• <b>HPV</b> (human papillomavirus types 16 and 18) - <b>two injections</b>: Gardasil®. The second injection is given 6-24 months after the first one.</li> </ul>
Around 13-18 years	<ul style="list-style-type: none"> <li>• <b>Td/IPV(polio) booster</b>: Revaxis®.</li> <li>• <b>Men ACWY</b> - given to 17-18 year olds and first time students up to 25 years.</li> </ul>

<b>EMERGENCY CONTRACEPTION</b>
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- The morning after pill is available at the Health Centre.
- Girls need to speak to one of the Health Centre nurses who will check with the Pharmacist at Vitaltone and the School Medical Officer that the dose is appropriate.
- Risks and contra indications are discussed.

**GENERIC POLICY FOR ASTHMA CARE**

If someone is having difficulty breathing the following action should be taken.

- Keep calm. Ask someone to contact the Health Centre (if during school hours) x250 or 07930 177837
- Sitting position is most comfortable and aids breathing. Loosen tight clothing ie tie & collar
- Ask whether the person is asthmatic and whether they have their inhaler with them?
- If they have an inhaler ask whether they have used it. Ensure they do use it as prescribed. (preferably with a spacer)
- Look at the person's colour, are they blue around the mouth? Do they have grey coloured face? Are they breathing very fast and shallow?
- If the inhaler is making no difference to breathing within 5 minutes or condition is worsening ring (9) 999.
- Stay with person and talk calmly to them while waiting for ambulance or whilst breathing returns to normal. A drink of water sipped often calms the breathing rate.
- When emergency services are called try to note down how long the episode has been going on, any triggers or precipitating factors and give as much information to emergency services as possible and any treatment given.

**POLICY FOR PUPILS WITH DIARRHOEA AND/OR VOMITING**

**‘ALL cases of diarrhoea and/or vomiting should be regarded as potentially infectious and should normally be excluded, from work, school or other institutional settings, until 48 hours after the person is free from diarrhoea and/or vomiting.’**

**(Guidance from Health Protection Agency (HPA))**

If a child has been sent home from School with diarrhoea and/or vomiting they are expected to be kept away from School for 48 hours from the cessation of symptoms.

Where a pupil has been kept away from School with diarrhoea and/or vomiting they also must be kept at home for 48 hours from the cessation of symptoms.

Prevention of Spread of Infections

Good and thorough hand washing after all visits to the toilet and before eating can lessen the spread of infections. Ordinary soap, preferably liquid, and warm water and proper drying can reduce risks of contamination considerably. At home a separate towel for the use of the affected person will also reduce contamination and cross infection.

Alcohol hand sanitising solution is available in the refectory, boarding houses and health centre.

Treatment

Normally 24 hours of water or rehydration solutions only and then a gradual re-introduction of diet will allow most people to fully recover over 3-5 days. If there is sustained vomiting or diarrhoea you may need to contact your GP / NHS Direct / A & E particularly if younger pupils are affected.

**POLICY FOR HEAD AND NECK INJURIES****Injury to the head**

- In the event of a pupil receiving a head injury during the course of a supervised games session the member of staff in charge of the games session will arrange for the pupil to be taken to the Health Centre accompanied by an adult, preferably the adult that witnessed the event. The nurse on duty will assess the injury according to the protocol set out below. If the pupil is unconscious or unable to walk to the Health Centre then medical assistance should be summoned from the Health Centre/ 999.
- In the event of a pupil receiving a head injury during the course of a school match at home then the first aid official present at the match will assess the nature of the injury and arrange for the pupil to be taken to the Health Centre where the nurse on duty will assess the injury according to the protocol set out below.
- In the event of a pupil receiving a head injury during the course of an away school match the first aid official present at the games session will assess the nature of the injury and arrange appropriate action to be taken. On return to Caterham the member of staff in charge of that team should take the pupil to our own Health Centre for assessment by the nurse on duty.
- In the event of a pupil receiving a head injury at other times then if a member of staff is present the pupil should be taken to the Health Centre where the nurse on duty will assess the injury according to the protocol set out below. If no member of staff is present then the pupil should go to the Health Centre where the nurse on duty will assess the injury according to the protocol set out below. If the pupil is unconscious or unable to walk to the Health Centre then medical assistance should be summoned from the Health Centre/999.

**Caterham School Health Centre Protocol for assessing a pupil following a head injury**

- Ask what has happened from the patient if conscious, if not from bystanders.
- Do not move if unconscious or possibility of broken limbs/back injury. Is there any blood? Oozing from the ears?
- Assess conscious level by talking to patient? Are they aware of time and place etc.?
- Unconscious patient – breathing, colour, signs of bleeding
- If patient is unconscious or unable to respond to questions immediately call 999 stating where and what has happened.
- Check pupil reaction with torch – are pupils equal in size and reacting to light? If not call ambulance.
- Do they have a headache? Any bruising can be treated with ice pack to reduce swelling. Sit quietly until feeling less shaky. Give paracetamol if appropriate.
- When feeling better discharge from Health Centre if happy with condition and give out head injury advice sheet. Contact parents/boarding staff to inform them of the injury.

**Injury to the neck**

- If this occurs at any time during the course of an activity supervised by a member of staff then medical assistance must be summoned immediately. If the pupil is on the ground following such an injury then no attempt should be made to move the pupil. Any pupil receiving any type of neck injury should always report to the Health Centre for assessment.

## CONCUSSION GUIDELINES

Where a student or member of staff has received an injury to the head, neck or face then concussion must be ruled out/assessed for.

### Concussion

**Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common type of brain injury.**

The medical term for concussion is minor traumatic brain injury.

### Common Early Signs and Symptoms of Concussion

Indicator	Evidence
Symptoms	Headache, dizziness, 'feeling in a fog'
Physical Signs	Loss of consciousness, vacant expression, vomiting, inappropriate playing behaviour, unsteady on legs, slowed reactions
Behavioural Changes	Inappropriate emotions, irritability, feeling nervous or anxious
Cognitive Impairment	Slowed reaction times, confusion/disorientation, poor attention and concentration, loss of memory for events up to and/or after the concussion
(Ref IRB 2013)	

If a student is unable to answer questions about themselves such as date of birth, day of the week and where they are, they will need to visit A & E for a medical professional review. The School Medical Officer may see a boarder/staff registered with School Medical Practice.

Anyone who complains of headache, poor concentration, tiredness and/or nausea who has had an injury outlined above should be suspected of having concussion. They should stop playing sport (if not already done so). If symptoms worsening they MUST seek medical attention.

Anyone who has concussion (or repeated injury to the head) MUST NOT play for 2 weeks (adult) or 3 weeks at least (if under 19 years old). They should then have a graded return to play (GRTP) when symptoms have subsided. This begins with gentle exercise, moving onto harder training and finally, if symptoms do not return, to contact play (see below). GRTP follows strict guidelines administered by Head of Rugby and laid down by Rugby Football Union. Rugby coaches have all been issued with pocket Concussion Recognition Tool™.

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

(See MOSA concussion guidelines for more detailed information October 2015)

<http://boarding.org.uk/userfiles/bsa/pdf/Advice%20and%20Guidance/MOSA%20Concussion%20guideline.pdf>

All students who have had an injury to their head or neck should be reported to the Health Centre so a central record can be kept, ensuring that pupils are not eligible for team selection while they are on a return to play protocol.



Name..... Date .....

**HEAD INJURY**

**IMPORTANT GUIDELINES FOR PARENTS OF CHILDREN WITH HEAD INJURIES**

You should check your child hourly, waking him/her if necessary to make sure they are fully rousable.

There is no need to keep your child awake as sleep is important for recovery.

Headaches and vomiting are not unusual after a head injury. Paracetamol may be given for a headache and clear fluids such as water or squash will reduce the risk of vomiting.

You should observe your child regularly until you go to bed. There is no need to get up every hour during the night but if you wake it will do no harm to check the child.

**YOU SHOULD TAKE YOUR CHILD TO THE NEAREST ACCIDENT AND EMERGENCY DEPARTMENT IF:**

- 1) There is increasing headache.
- 2) There is any complaint of blurred or double vision.
- 3) There is persistent vomiting.
- 4) There is increasing difficulty in rousing your child.
- 5) Your child becomes unconscious.
- 6) A fit occurs (twitching of limbs)

**Signed .....**  
( Health Centre Nurse )

<b>POLICY FOR EYE INJURY</b>
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**Injury to the eye**

- In the event of a pupil receiving an eye during the course of a supervised games session the member of staff in charge of the games session will arrange for the pupil to be taken to the Health Centre where the nurse on duty will assess the injury according to the protocol set out below. If the pupil is unconscious or unable to walk to the Health Centre then medical assistance should be summoned from the Health Centre.
- In the event of a pupil receiving an eye during the course of a school match at home then the first aid official present at the match will assess the nature of the injury and arrange for the pupil to be taken to the Health Centre where the nurse on duty will assess the injury according to the protocol set out below.
- In the event of a pupil receiving an eye during the course of an away school match the first aid official present at the games session will assess the nature of the injury and arrange appropriate action to be taken. On return to Caterham the member of staff in charge of that team should take the pupil to our own Health Centre for assessment by the nurse on duty.
- In the event of a pupil receiving an eye at other times then if a member of staff is present the pupil should be taken to the Health Centre where the nurse on duty will assess the injury according to the protocol set out below. If no member of staff is present then the pupil should go to the Health Centre where the nurse on duty will assess the injury according to the protocol set out below. If the pupil is unconscious or unable to walk to the Health Centre then medical assistance should be summoned from the Health Centre.

**Caterham School Health Centre Policy for examination of a pupil following an eye injury**

- Find out what has happened from the patient if conscious, if not from bystanders.
- Do not move if unconscious or possibility of broken limbs/back injury.
- Assess conscious level by talking to patient? Are they aware of time and place etc.?
- Unconscious patient – usual observations.
- Can the pupil open his/her eye? Is there any bleeding in or around the eye? Apply pressure to stop bleeding. Look for foreign bodies in the eye if possible and wash out with saline if appropriate. Is there any blurred or double vision? If there is any suggestion of a cut on the eyeball or fracture then pupil needs to go to A & E. Boarders may be seen by the School Medical Officer if available.
- Check pupil reaction with torch – are pupils equal in size and reacting to light? If not call ambulance.
- Do they have a headache? Any bruising can be treated with ice pack to reduce swelling. Sit quietly until feeling less shaky. Give paracetamol if appropriate.
- When feeling better discharge from Health Centre if happy with condition and give out eye injury advice sheet. Contact parents/boarders staff to inform them of the injury.

Name..... Date .....

**YOU SHOULD TAKE YOUR CHILD TO THE NEAREST ACCIDENT AND EMERGENCY DEPARTMENT/YOUR GP/OPTICIAN IF:**

**EYE INJURY**

**IMPORTANT GUIDELINES FOR PARENTS OF CHILDREN WITH EYE INJURIES**

You should check your child can see properly in the injured eye. It may help to apply an ice pack if there is bruising or swelling.

There is no need to keep your child awake as sleep is important for recovery.

Headaches are not unusual after a eye injury especially if the injury was caused by something hitting the eye region. Paracetamol may be given for a headache

You should observe your child regularly.

- 1) There is increasing pain in the eye.
- 2) There is any complaint of blurred or double vision.
- 3) There is bleeding into the eye or from the eye.
- 4) There is any stickiness or oozing from the eye particularly first thing in the morning.

**Signed** .....  
( Health Centre Nurse )

**POLICY FOR ANAPHYLAXIS**

There are a number of pupils in the whole School who carry adrenaline auto injectors for treatment of anaphylaxis shock reactions. The variety of allergens from nuts to wasp/bees and stoned fruit means that we cannot completely exclude one of these reactions occurring. We can minimise risks as far as possible by following good practice guidelines.

The School is a nut-free School ie this means that no nuts or nut products are provided in School. Pupils need to be reminded and encouraged not to bring cakes, biscuits or sweets containing nuts to School. Some children may be allergic enough to have a reaction to inhaled allergens so if the allergen is in the vicinity of an allergic child it may be enough to cause a reaction.

Those pupils who have dietary allergies are all identified to the Catering staff. Anyone who may have been exposed to their allergen may complain of...

- Itchy skin/eyes or a rash may develop
- Tingling of mouth (if ingested) +/- swollen tongue
- Voice may change/ become croaky
- Feeling faint/dizzy
- Shortness of breath/ difficulty breathing
- Many people describe a 'feeling of doom'

If the reaction is mild or slowly developing then anti histamines may be given chlorphenamine (piriton), cetirizine or loratidine. The drug may be tablet or liquid given as follows 1 tablet (chewed) or in liquid form (5-10 mls depending on size of child). If the pupil has asthma, ventolin inhaler may also be used (2 puffs).

If symptoms do not improve within 5-10 minutes OR symptoms are getting worse the pupil's adrenaline auto injectors must be used. Each pupil in the Senior School should have 1 adrenaline auto injectors on their person at all times (Prep & Pre-Prep pupils may have them in their bags or nearest cupboard). The adrenaline auto injectors is injected following instructions on side of tube (all staff should have training updated each year). At that point someone else should be calling (9)999 and stating 'anaphylaxis reaction'. School policy states that there should be a spare adrenaline auto injectors in School for every pupil who requires an adrenaline auto injectors (best practice guidelines). When the first adrenaline auto injectors is used the spare should be collected and taken to the pupil who is having the reaction. If there is no improvement in breathing after 5-10 minutes the second adrenaline auto injectors should be given. Stay with the pupil and keep them calm.

Each pupil has an individualised care plan which is on the box containing the spare adrenaline auto injectors.

Spare adrenaline auto injectors in Senior School are in the unlocked linen cupboard in the Health Centre (open 8am-7pm Mon-Fri, 9-6pm Sat)

In the Prep School pupils carry two adrenaline auto injectors.

Spare adrenaline auto injectors in Pre-Prep are kept in the drug cupboard in staff room on 1<sup>st</sup> floor in drug cupboard. (Most Pre-Prep pupils have both their adrenaline auto injectors in this cupboard.)

<b>POLICY FOR STAFF TAKING STUDENTS ON TRIPS</b>
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All staff taking pupils on School trips MUST to be aware of medical conditions such as adrenaline auto injectors carriers and asthma sufferers. (For overnight and overseas trips medical forms are filled in but for day trips a shorter form is used asking parents to identify any health issues.)

All up to date medical information known to the Health Centre is on CHIP.

Some pupils with complex medical needs have specific care plans which are available from the Health Centre.

Any member of staff leading school trips must ensure they have any spare adrenaline auto injectors with them as there must always be one in the pupil's possession and one spare for each pupil. It is unsafe practice to go on a School trip with only one adrenaline auto injectors for each pupil.

Those pupils suffering from asthma who need to carry an inhaler must have at least one inhaler with them (two for residential trips and trips abroad).

Staff must know what to do in the event of an asthma attack or anaphylaxis episode. (see relevant policies).

**ACUTE INJURIES POLICY - MANAGEMENT OF SPORTS INJURIES****1. MEDICAL AND NURSING COVER**

- Medical and nursing cover is available 24 hours a day, 7 days a week, during term time.
- First aiders attend all home matches during the Autumn and Spring terms and planned sports day events in the Summer Term.
- At all home sporting fixtures, a registered nurse is always available in the Health Centre.
- In an emergency, a member of staff, at the site of an accident should summon an ambulance.
- Parents / Guardians must be notified if at all possible, when a day pupil / boarder is sent to hospital.

**2. BEST USE OF GP / HOSPITALS**

- Whenever possible, an accident or injury should be reported to the Health Centre.
- A nurse will assess the injured person and call the necessary emergency services.
- Less serious injuries can be seen by the on call doctor or taken directly to a hospital with an accident and emergency department.

**3. LATER TREATMENT OF SPORTS INJURIES e.g. PHYSIOTHERAPY**

- Private or NHS treatment is available.
- Boarders will be assessed by the GP and referred for further treatment if necessary.
- When an appointment is obtained, the Health Centre Manager will arrange transport and escort to place of treatment.
- The Headmaster and relevant boarding staff are informed of all injuries requiring hospital treatment.

<b>POLICY FOR SUDDEN ILLNESS</b>
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**1. GENERAL POLICY****1. Boarders**

- The Health Centre staff **must** be notified immediately in the event of sudden illness.
- Boarders should be sent to the Health Centre.
- If a boarder is too ill to visit the Health Centre the nurse will visit the boarding house.
- Depending on the severity of the illness, a GP or ambulance may be called.
- Parents/guardians will be notified as soon as possible as set out in the accident protocol.
- No boarder should travel to hospital without an escort.

**• Day Pupils**

- The Health Centre staff **must** be notified immediately in the event of sudden illness.
- The pupil should be sent to the Health Centre.
- If the pupil cannot come to the Health Centre the nurse will see him/her in school.
- Every endeavour will be made to contact parent/guardian or another relative.
- If the illness is thought serious, the School Medical Officer will visit or an ambulance will be called.
- If staff are unable to contact relative/guardian, a designated member of staff will accompany the pupil to hospital and take responsibility for his/her welfare until contact is made.

**2. SPECIFIC MATTERS CONCERNING PREP SCHOOL**

- As for Day Pupils.

<b>ALCOHOL ABUSE POLICY</b>
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If a boarder is clearly heavily under the influence of alcohol and it is felt that there is a potential risk to that pupil going to sleep in that state then this procedure should be followed. If in doubt follow the procedure - you must not take any risk that could endanger the safety of the pupil or put yourself in a situation that could be considered as a neglect of duty.

**BOARDING STAFF**

STEP	ACTION BY BOARDING STAFF	DETAILS
1	Phone Health Centre or On Call  IF CONDITION IS CONSIDERED VERY SERIOUS PHONE 999 FIRST AND THEN THE HEALTH CENTRE	Health Centre – 250 or 07930 177837 On Call – See Duty Rota  Health Centre will advise on immediate action to be taken.
2	Phone Head of Girls' Boarding (Beech Hanger) Phone Head of Senior Boys' Boarding (Viney) Phone Head of Junior Boys' Boarding (Townsend)  IF UNABLE TO CONTACT ABOVE PHONE HEAD OF BOARDING	07449 396597  07449 480568  07449 517700  07449 467106 Office Extension 269
3	Remain with pupil. Ensure that either another member of staff or prefect is present with you.	Follow immediate advice given by Health Centre Staff.
4	On arrival of Health Centre Staff. The boarding staff have the right to insist on admission to the Health Centre. Under no circumstances is a member of the boarding staff to remain overnight on their own in the room with the pupil in the house.	Accompany pupil to Health Centre.
5	Phone Head of Boarding once pupil has been admitted to Health Centre.	07449 467106 Office Extension 269
6	Assessment of situation by Head of Boarding.	Decision made on further action to be taken.

**HEALTH CENTRE STAFF**

STEP	ACTION BY HELTH CENTRE STAFF	DETAILS
1	On receiving notification of the situation	Advise boarding staff of immediate action to be taken.
2	Examine pupil.	Assess the situation – pupil must be admitted to Health Centre if it is considered that there is the slightest risk to that pupil being left alone asleep during the night.



<b>CRISIS MANAGEMENT POLICY</b>
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**CONTINGENCY PLANS FOR MANAGING A MAJOR OUTBREAK OF ILLNESS e.g. FLU/SICKNESS/FOOD POISONING**

**Boarders**

- In case of a major outbreak of illness, every effort will be made to accommodate the sick children in the Health Centre.
- In the event of the Health Centre becoming full, isolation dormitories will be set up in the boarding houses, where nursing staff will work along side matrons.
- Boarders will have access to a nurse 24 hours a day.
- If necessary, extra nursing staff will be available.
- Parents/Guardians will be notified by the Health Centre Staff and where possible to take these children home (if in England) when fit to travel. **The School cannot insist that parents/guardians do this.**
- Serious outbreaks will be sent to hospital.

**Day Pupils**

- All sick day pupils should remain at home and not come into school. Update information will be sent out to all day parents via Clarion Call.

**Action by Health Centre**

**Contact:**

- **Head of Boarding**
- **Heads of Boarding Houses and Matrons**
- **Housekeeper**
- **Catering Manager**
- **Contact Public Health England**

	<b>Action Required</b>
Head of Boarding	<ul style="list-style-type: none"> <li>• Inform Headmaster</li> <li>• In consultation with The Health Centre Manager, Heads of Boarding and the Senior Boarding Matron implement the contingency plan as set out in the appendix.</li> </ul>
Heads of Houses and Matrons	<ul style="list-style-type: none"> <li>• Set up isolation areas in the Boarding Houses – <b>see appendix.</b></li> </ul>
Health Centre	<ul style="list-style-type: none"> <li>• Liaise with Matrons and ensure that extra equipment is sent into the house in the case of an outbreak involving sickness.</li> <li>• Liaise with Housekeeper over laundry arrangements and extra cleaning materials.</li> <li>• Liaise with Catering Manager over delivery of meals to the Health Centre and Boarding Houses.</li> <li>• Make staffing arrangements in order to ensure that Health Centre staff visit pupils in the isolation areas in the houses three times a day and if necessary at additional times.</li> <li>• Rearrange duty rota and if necessary arrange for additional staffing. (see Bank).</li> </ul>
School Medical Officer	<ul style="list-style-type: none"> <li>• Advise the Headmaster on action to be taken and determine the length of time that has to elapse following the last symptoms of an illness before a pupil is allowed to return to school.</li> </ul>
Matrons	<ul style="list-style-type: none"> <li>• Liaise with Housekeeper over laundry arrangements and extra cleaning materials.</li> <li>• Isolation notice to be put up on doors leading to the isolation areas.</li> <li>• Rearrange duty rota and if necessary arrange for additional staffing.</li> </ul>
Housekeeper	<ul style="list-style-type: none"> <li>• Liaise with Health Centre and Matrons over extra laundry requirements.</li> <li>• Liaise with Health Centre and Matrons over additional cleaning materials and equipment.</li> <li>• Arrange for extra staffing of laundry and cleaners if necessary.</li> </ul>

**APPENDIX – ISOLATION AREAS IN THE BOARDING HOUSES**

<b>Stage</b>	<b>Accommodation Area</b>	<b>H.C.</b>	<b>House</b>
1	Health Centre – two wards.	3 boys 3 girls	
2	Health Centre – additional available accommodation: 1 extra camp bed in each ward, a mattress in the counselling room and use of the two gap rooms nearest the Health Centre (one extra mattress in each room = 4 extra beds available).	4 boys 4 girls + 8 other additional spaces	
3	The pupils' own single en-suite room in the boarding house is to be used.	3 boys 3 girls	26 boys 24 girls
4a	If the outbreak of illness involves mainly boys who do not have a single en-suite room then the three double rooms in the NE Wing 2 <sup>nd</sup> Floor nearest the Health Centre are to be used first as the isolation areas (isolated toilet and washing facilities at the end of the corridor) and then the four-bedded room in the NE Wing 1st Floor nearest the Health Centre is to be used (Health Centre toilet and washing facilities to be used). Pupils occupying these rooms will have to be transferred to other rooms.	3 boys 3 girls	26 boys 10 boys 24 girls
4b	If the outbreak of illness involves mainly girls who do not have a single en-suite room then the two wards in the Health Centre are to be used for girls only and the boys are accommodated in the isolation areas indicated in 3a.	6 girls	26 boys 10 boys 24 girls
4c	If the outbreak of illness involves additional girls who do not have single en-suite rooms then the four single rooms on the 1 <sup>st</sup> Floor nearest HoH's house are to be used ( isolated toilet and washing facilities in the bathroom nearest these rooms). Pupils occupying these rooms will have to be transferred to other room	6 girls	26 boys 10 boys 24 girls 4 girls
5	In the event of the outbreak involving numbers above those that can be accommodated up and including stage 3 then further decisions will be made as this situation is approached.		

- Daily update meetings will be held in the morning and as required with the Health Centre Manager and Head of Boarding. Additional meetings will be arranged as required (Heads of Houses and the Senior Boarding Matron are expected to be available as required by the Head of Boarding)

**POLICY FOR ADMINISTRATION OF DRUGS****POLICY FOR STORAGE OF MEDICINES**

All medicines including OTC and prescribed medicines must be stored in locked areas.

**In Health Centre**

In the Health Centre a tray of OTC medicines is kept on the desk in the treatment room during term time. This room is kept locked when a nurse is not present. This tray is locked in the metal medicine cabinet present in the linen cupboard in Health Centre during holidays. Extra stock, spare inhalers, boarders' medication and the CD cupboard are also in this cabinet. It is kept locked at all times and only nurses have the key to access this cabinet.

**Controlled Drugs**

The CD cupboard is a metal cabinet bolted to the inside of drugs cabinet. The key is locked inside the metal drugs cabinet and only nurses have access to them. A book for recording all CDs is kept next to the cupboard inside the drugs cabinet. This book shows stock levels also of any CDs held and the student they belong to.

**In the Boarding Houses**

In the boarding houses medicines are kept in locked metal cupboards present in the matrons' room in each boarding house. The key is kept locked in the filing cupboard (Townsend & Viney or key safe (Beech Hanger) and only duty staff have access to these places which are kept locked at all times. The medicines, both OTC and students' own are checked termly by Health Centre Manager and noted in the drug book kept in each boarding house. These books are checked termly by Head of Boarding.

No student is allowed medication in their room unless it has been checked by Health Centre Staff (and a label attached) or it is prescribed by the School Medical Officer and the student is deemed competent to take the medicine correctly (Frazer/Gillick competent). Any such medicines MUST be locked away in student's own locked drawer. If this rule is broken on more than 1 occasion the responsibility to take the medicine correctly may be withdrawn and the student may have to report to the H/C or boarding matron for their medicines daily. Students in years 1-3 must be given their prescribed medicines by house staff. An administration sheet will be given to the boarding house by H/C staff indicating when the drug should be given. Staff must initial when they have given out the medicine in accordance with policy (see administration of medicines policy).

**In Prep School**

In the Prep School there are 5 bottles of chlorphenamine(piriton) for use in cases of allergy whether known or unknown ailment. Any indication of rash, hives or other symptoms of allergy, staff are authorised by parents to give a dose of chlorphenamine. A bottle is taken out to home and away matches by girls and boys sport in clearly marked ORANGE bum bags. Spare inhalers and adrenaline auto injectors can also be put in these bags while students are playing. This provides a central place for emergency medications that may be needed. When these bottles are not at matches they are kept locked in a cupboard in the staff room, the key is hanging beside the cupboard hidden from view.

**I. POLICY FOR ADMINISTRATION OF PRESCRIBED MEDICATION BY TRAINED NURSING STAFF**

- Only given to Boarders if the School Medical Officer has prescribed the treatment.

- Any medication given is recorded on the drug chart medical card, stating date, drug, dosage and time given.
- Drugs are then administered to Boarders at the times stated on chart.
- Drugs are only to be given to the pupil for whom they are prescribed.

## **2. POLICY FOR ADMINISTERING NON-PRESCRIBED MEDICATION BY TRAINED NURSING STAFF**

- The nursing staff can administer non- prescribed (over the counter) medication without GP consent.
- Medical forms are checked for suitability of drug before administration.
- Any non-prescribed drug given is recorded on their medical card, stating date, drug given, dosage, time and reason for administration.
- The list of non-prescribed medication used by the Health Centre is indicated on the Caterham School Medical Information Form.

## **3. POLICY FOR THE ADMINISTRATION OF PRESCRIBED AND NON- PRESCRIBED MEDICATION BY UNTRAINED HOUSE STAFF**

- Untrained house staff are permitted to give prescribed and non-prescribed medication to boarders as agreed in the following protocols. **The nurse on duty will inform boarding houses by e mail, by 7 p.m., of any medication given to boarders during that day. The matron on duty must inform the Health Centre by 8 a.m. of any medication given overnight.**

The following policy must be followed:

- **The reason for giving the medication must be established.**
- **Check whether that pupil is allergic to any medication.**
- **Check whether or not the pupil has taken any medication recently and, if so, what (e.g. paracetamol must not be taken more frequently than every four hours and the maximum dose in 24 hours for that age group must not be exceeded).**
- **Check whether or not 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 following details in the medication book:**
  1. Date,
  2. Time,
  3. Name of Pupil,
  4. Reason for the medication
  5. Nature of the medication
  6. Name of nurse consulted (if applicable)
  7. Signature of person administering medication.

### **Prescribed drugs**

- Directions for the administration of prescribed drugs will be given in advance to house staff by the Health Centre staff.

### **Non Prescribed drugs that can be given by house staff: -**

- **Paracetamol**

- One dose of Paracetamol may be given to a boarder after surgery hours.
- Paracetamol may be given every 4-6 hours. (maximum 4 doses in 24 hours)
- Recommended dosages
- Under 16 - One Paracetamol tablet( 500mg ) or 10mls 6+ Suspension
- Liquid.Over 16 - Two Paracetamol tablets (1000mg
- Record as above

- **Ibuprofen**

- **Only to be given on instruction from the Health Centre. The nurse on duty must be called outside of surgery times.**
- Give after food or with drink of milk or biscuit.
- Recommended dosages
  - Over 12 - One large tablet (400mg) 8 hourly or 3 times daily.
- Record as above

- **Lemsip**

- For cold and flu symptoms
- It is recommended that Lemsip is given only if a boarder has not had any other medication and is preparing for bed. It is not to be given with paracetamol.
- Record as above

- **Throat Lozenges**
  - Only for sore throats
  - One may be given 2-3 hourly.
  - Record as above
- **Cough Lozenges**
  - For mild coughs
  - One may be given 2-3 hourly
  - Record as above
- **Cough Medicine**
  - Please check with the Health Centre that the boarder has not had any prior medication. Outside of surgery times check the drugs given template sent from the Health Centre.
  - Dosage: - Follow instructions on bottle.
  - Record as above
- **Chlorphenamine (Piriton)**
  - Antihistamine used for rashes, itchiness or allergy symptoms. Can cause drowsiness.
  - Under 12 – 5mls every 4-6 hours.
  - Over 12 – 10mls every 406 hours.
  - Record as above.

#### **4. POLICY FOR THE ADMINISTRATION OF PRESCRIBED AND NON-PRESCRIBED MEDICATION BY BOARDERS**

- **Fifth Year and Sixth Form** are permitted to administer their own medication at the discretion of Health Centre Manager and staff when judged competent under Gillick/Frasier guidelines, a responsibility form is signed by the pupil.
- **Fourth Year and below** will be given their prescribed medication either at the Health Centre or by the boarding duty staff who will have been given the medication and instructions by the Health Centre Manager.

#### **5. POLICY FOR THE ADMINISTRATION OF PRESCRIBED AND NON-PRESCRIBED MEDICATION BY DAY PUPILS IN THE SENIOR SCHOOL**

- **Prescribed Medication**
  - If a day pupil requires prescribed medication whilst at school the medication should be handed in to the Health Centre before school.
  - Medication will be given to the pupil at the required times.
  - **N.B.** This excludes **asthmatics** carrying inhalers and severe **allergy sufferers** carrying adrenaline auto injectorss.
- **Non- Prescribed Medication**
  - No pupil should carry non-prescription medication at school.
  - If such medication is required during the day this will be available in the Health Centre.

- 
- **POLICY FOR DISPOSAL OF MEDICINES**
- 
- Where medicines have gone out of date or are not needed anymore they are collected in Health Centre and sent to the pharmacy used by the School for disposal...Vitaltone Pharmacy in Caterham. Expired medicines are clearly marked for return to pharmacy. Any medicine taken from the boarding houses that has expired is noted in the drugs book.
- If the medicine is a controlled drug the number of tablets or quantity of medicine is recorded in the CD book as returned to pharmacy and the pharmacist also completes his own paperwork on receipt of said CD. The Health Centre Manager will organise returning medicine to the School Pharmacist and ensure checking that paperwork is properly completed.
- 
- **Procedure for adverse reaction to medication**
- 
- When a medicine is suspected in an adverse reaction the student must report it to health centre staff or house staff if no nurse on duty. The nurse will determine the severity of the reaction, give anti histamines if allergic-type reaction, and recommend stopping the medication in consultation with School Medical Officer. If the reaction is allergic in nature the student's medical information may need updating. Details also need to be given to parents. The Health centre Manager will update CHIP and update parents and boarding staff.
- 
- **Procedure if medicines given in error**
- 
- If a student is given the wrong medicine or too much of a certain medicine this must be reported to the Health Centre Manager initially who will then inform relevant Head of Department (Senior, Prep & Pre-Prep Schools). The Health Centre Manager, in consultation with the School Medical Officer, will determine the action that needs to be taken in respect of the student immediately. The Poisons Unit at Guys may also be accessed 0844 892 0111. If a day pupil is involved parents must be informed. The Health Centre Manager will then review procedures to make sure procedure have been followed and communication has been adequate. Any changes that are needed will be implemented as soon as possible. A written record will be made and kept on student's school record.



**COUNSELLING POLICY****• POLICY FOR REFERRAL FOR COUNSELLING**

- If a pupil requires counselling, referrals can be made via the Health Centre or the Chaplain.
- Any pupil can e mail the counsellor direct.

**POLICY FOR MANAGING SELF-HARM****Definition**

Self-harm is defined as 'intentional self-poisoning or injury, irrespective of the apparent purpose of the act'. (NICE, Clinical Guidance 16, July 2004). Self-harm is an expression of personal distress, not an illness, and there are many varied reasons for a person to hurt him or herself. Self-harm includes poisoning, asphyxiation, cutting, burning and other self-inflicted injuries.

**Possible factors leading to self-harm**

- Social circumstances
- Family dynamics
- Pubescent changes
- Self-identity
- Transition
- Acceptance
- Overall physical and mental wellbeing

A pupil may show/tell a member of staff (tutorial or support) evidence of self harm. These pupils should be encouraged to go to the Health Centre at School if not already there.

Pupils who self-harm will be offered immediate treatment for the consequences of their self-harm, regardless of their willingness to accept any further treatment/counselling.

Self-harm often takes place in secret and nursing staff will be aware of the difficulties a pupil may have in discussing issues surrounding self-harm.

Nursing staff recognise that self-harm is a situation which will require on-going long term care and treatment and possible specialist intervention, and will refer pupils for further treatment as appropriate to that pupil.

- The Nursing staff will administer first aid treatment as needed: cleaning and dressing wounds. Nursing staff will advise on wound healing and measures to prevent infection for further cutting.
- Try to remove object used for self -mutilation if any.

- The Nursing staff will discuss, as far as the pupil will allow and cooperate, the issues surrounding the self-harm and the various ways of seeking further advice and treatment. During this discussion the Nursing staff will attempt to gain the pupils' consent to disclosure to a third party. (This may be to the School Child Protection Liaison Officer or other suitable person.)
- A full record will be kept in the pupil's notes in the Health Centre.
- Information may only be passed on with the pupils' consent, unless they are at serious risk. Where appropriate the school nurse will disclose information without the pupils' consent.
- Nursing staff recognise that self-harm is a situation which will require on-going long term care and treatment and possible specialist intervention, and will refer pupils for further treatment as appropriate to that pupil.
- Resources available include; School Medical Officer, School Counsellor, CAHMS, NSPCC, School Child Protection Liaison Officer.

### **Confidentiality and consent**

The Nursing and Midwifery Council (NMC) Code of Conduct states:

- A nurse must respect people's right to confidentiality.
- A nurse must ensure people are informed about how and why information is shared by those who will be providing their care.
- A nurse must disclose information if they believe someone may be at risk of harm, in line with the law of the country in which they practice.
- The NMC also states that nurses should ensure they gain consent for treatment.
- Full details of the NMC Code of Conduct and its supplementary advice are kept in the Health Centre.
- Where necessary, Registered Nurses will seek advice from the NMC, their professional organisation or the GP if they are unsure issues surrounding confidentiality and consent.

<b>EATING DISORDERS POLICY</b>
--------------------------------

This may refer to pupils suspected of anorexia, bulimia and bigorexia (bulking up).

An alert about a pupil may come from parents, members of the School Staff or other pupils. This concern may be voiced to a Tutor or Head of Year or to a member of the Health Centre.

When a concern is voiced the Head of Year and a member of the Health Centre will discuss the best way forward.

The pupil will be required to consent to a talk/interview with a member of the Health Centre and possibly to be weighed, have their height measured and body mass index (BMI) calculated. These results will determine whether further referral is necessary.

The pupil's consent must be gained to speak to parents unless the pupil is in immediate physical or mental danger. In this case the pupil may be told who is being informed but their consent is not necessary.

The pupil is encouraged to seek help from parents and their own General Practitioner (if a day pupil) or School Medical Officer, parents and Head of House (if a boarder). A plan of action may be agreed with the pupil to best serve their recovery.

Specialist referral is available through the School Medical Officer or General Practitioner including Eating Disorders Service (NHS) and the Priory (or other such private services).

There may also be need to refer to children and adolescent mental health services (CAMHS), if under 18 years old, and adult mental health services, if over 18 years old.

It may be necessary to exclude a pupil from school whilst their condition is severe or they are unwilling/unable to acknowledge or able to deal with their condition.

## **WELFARE PLANS**

- When an individual Welfare Plan is required for a boarder this is written by the Head of Boarding in consultation with the relevant staff.

## **FIRST AID**

- **ACCIDENT RECORDING**
  1. All accidents on school premises must be recorded stating date, name of injured person, time of accident, nature of injury, treatment given and outcome. The person giving the treatment should sign this in full.
  2. All accidents should be reported to the Health Centre at earliest convenience.
  3. Separate HSE accident books are used for staff and pupils. HSE forms for pupils are only filled out if a pupil is taken from school by ambulance without their parents present or if the accident is deemed of a serious nature involving school environment.

**POLICY FOR HEALTH ADVICE AND PROMOTION**

- **Health Promotion posters** are displayed in the Health Centre and rotated at regular intervals covering subjects such as dental care, alcohol and smoking.
- **Literature, videos and equipment** are available via our Primary Care Team Resource Centre in Redhill. Telephone number can be obtained from the Health Centre.
- The Health Centre Manager takes **PSHEE** sessions in co-ordination with the school staff to discuss Health Issues, such as diet, sexually transmitted disease and contraception.
- Health Centre staff give inset talks to boarding pupils on various different health issues.
- **Confidential help and advice** is available. Pupils and staff are welcome at the Health Centre to discuss health related problems

**Boarders topics for workshops**

First, Second and Third Year boys and girls in small groups (typically 6-7) learn about and discuss smoking, alcohol and receive handouts with information about the topics.

Fourth and Fifth Year will have workshops on healthy eating (particularly focusing on preparing the body and mind for exams, caffeine drinks) and keeping healthy.

Lower Sixth boys and girls are having topics such as mental health, healthy eating, contraception and relationships again in small groups in the Health Centre.

**APPENDIX**

**Policy & Procedure for carrying out a Drugs Test**

**Consent to a Drugs Test**

**Medical Information for Parents of Boarders.**

**Medical Information for Parents of Day Pupils**

<b>POLICY &amp; PROCEDURE FOR CARRYING OUT A DRUGS TEST</b>
---

1. The pupil will be accompanied by the Deputy Head to the Health Centre.
2. The procedure for the drugs test that is to be administered will be explained to the pupil. He/she will be invited to go to the toilet with a specimen bottle and asked to produce a specimen of urine.
3. The member of Health Centre staff facilitating this test will read the temperature gauge on the container to determine if a fresh urine sample has been given.
4. In the presence of another senior member of staff and the pupil, the urine sample will be tested.
5. If the sample is negative the pupil will be dismissed.
6. If the sample is positive the pupil will be asked if he/she considers this to be fair. If the answer is “no” a further urine sample will be taken and another test performed.
7. In the event of a positive test the pupil will be referred to the Headmaster for further appropriate action.
8. Parents will be informed of the result after the test has been performed.

NB: If the pupil is unable to perform, liquid may be given to him/her to drink, in order to enable a urine sample to be given.

No pupil will be allowed to leave until a sample has been produced.

If a number of pupils are being tested then no one will be permitted to leave the Health Centre until the tests have been completed on all pupils.

**CONSENT TO A DRUGS TEST**

Name ..... Form .....

The procedure for drugs testing has been explained to me and I agree to undertake the test as described in the Caterham School Procedure for Drug Testing.

Pupil signature .....

Date.....

The procedure for drugs testing has been explained to me and I agree to my son/daughter undertaking the test as described in the Caterham School Procedure for Drug Testing.

Parent signature.....

Date.....

**MEDICAL INFORMATION FOR PARENTS OF BOARDERS**

- **National Health Service**

All boarders are normally registered under the National Health Service with the *School Medical Officer, Doctor Christopher Warwick, Townhill Medical Practice, Guards Avenue, Caterham, Surrey CR3 5XL* and they are entitled to medical treatment, including hospital care, under the NHS. The School Medical Officer holds a surgery in School twice a week, sees all new boarders as routine and is on call in the case of emergency. Pupils have access to a doctor of the same gender and appointments will be arranged if needed.

A pupil who is registered with the Townhill Practice and who needs to see another doctor in the holidays should be registered as a temporary patient with the home doctor.

Any new boarders who are already registered with an NHS doctor in the United Kingdom and who are intending to register with the Townhill Practice should give their existing National Health Service Medical Card to the School Health Centre Manager at the beginning of their first term.

If a pupil changes from being a day pupil to being a boarder then they may register with the School Medical Practice.

- **How the National Health Service in the UK works**

In the UK all patients see their General Practitioner (GP) as the first point of contact, regardless of the medical problem. The GP makes an assessment of the problem, and determines any treatment, necessary investigations or tests, including x-rays and blood tests, and determines, with the patient, whether they need to see a specialist. Unlike other countries, it is not possible to see a specialist without first seeing your GP. This same system applies, regardless of whether the specialist involved is private or part of the NHS. We will always discuss with parents whether they wish their child to be seen within the NHS, or to go privately, but all arrangements must be made via the Health Centre.

Since many of the boarders are living far from home, which is often in a different country, the Health Centre will always contact boarder's parents to discuss the need to be seen by a specialist, but they are bound by the UK system in terms of how healthcare is provided. Our focus is on providing the highest possible quality healthcare, and the NHS is widely considered the best healthcare system in the world.

Parents should be aware that if they choose to make private arrangements for their children to be seen by doctors without the agreement of the Health Centre team, they take on the full responsibility for the healthcare provided, and the Health Centre may be unable to provide the necessary monitoring or support. We strongly advise that all healthcare must be organised solely through the Health Centre, which provides 24 hour access to our dedicated team of doctors and nurses. Parents insisting on their children receiving medical care which does not have the agreement of the Health Centre team may be asked to remove their children from the school. This is in order to ensure that the pupils receive safe, co-ordinated and consistent healthcare, in line with UK regulations.

**Doctor:**

- Doctor Christopher Warwick MA (Cantab) MB BChir DGM DRCOG FRCGP MA (Education)

Dr Warwick qualified as a doctor from the University of Cambridge in 1997, and as a General Practitioner in 2002. He works in a local General Practice, and is also Deputy Head of the GP School of Health Education Kent, Surrey and Sussex, responsible for the postgraduate training of nearly 900 trainees throughout the South East of England.

Dr Warwick has 13 years of experience working with the school, and has been the School Medical Officer since 2007. He has a special interest in teenage healthcare.



Practice website: [www.townhillmedicalpractice.nhs.uk](http://www.townhillmedicalpractice.nhs.uk)

- **Health Centre**

The School has a Health Centre for the treatment and management of both in and out patients. The Health Centre is staffed by a full time Health Centre Manager and three part time nurses. All nurses working in the Health Centre are Registered Nurses.

Surgeries are held each day in the Health Centre. There are separate rooms in the Health Centre for the treatment of in-patients.

- **Admission to Hospital**

In the case of an emergency everything possible is done to contact parents immediately. In exceptional cases, however, the Headmaster or his nominated representative has the right to authorize medical and surgical treatment, including the administration of anaesthetic.

Pupils will normally be admitted under the National Health Service; if parents already have their own private medical insurance and would prefer that their child receives private treatment, then they should ensure that they fill in the appropriate section on the Medical Information Form. Please note that if a pupil needs medical treatment outside School he/she will be accompanied by a member of staff, with travel costs payable by parents.

- **Medication**

If your son or daughter returns to School with any prescribed medication this **must** be handed in to the Matron, who will contact the Health Centre Manager. **Pupils are not allowed to purchase or keep non prescribed medication.** If for any reason you feel it is necessary to give your son or daughter any medication, including vitamins and supplements, **YOU MUST** make the Health Centre aware of this. This is most important because should it be necessary for your son or daughter to be prescribed medication whilst they are under our care we must be aware of anything else they may be taking in order to be able to ensure that there is no chance of a possible adverse reaction due to incompatibility of drugs. This is essential for the health and welfare of all pupils.

If a pupil is prescribed medicine by a doctor during the holidays, the School Medical Officer must be informed by letter from the prescribing doctor. This is a matter of professional courtesy between doctors. This is a normal course of action in the UK.

Should a pupil consult a doctor during the holidays or have an emergency admission to hospital the School would expect a letter or e-mail to the Health Centre or to the School Medical Officer so that the best care of the pupil can be given.

Updating medical records keeps any pupil as safe as possible.

- **Immunisations**

We are very keen to ensure that pupils are up to date regarding routine immunisations in accordance with the School's requirements. New pupils are expected to be up to date with immunisation in accordance with the schedules issued by the Department of Health. The Health Centre will arrange for those pupils who are not fully immunised to receive the appropriate immunisations as soon as practicable, both for their own protection and for that of the wider school community.

- **Dental Treatment**

Routine dental treatment should be carried out during the School holidays. If a boarder develops an emergency problem whilst in School an appointment can be made under the NHS by the Health Centre Manager. Any expense incurred will be payable by the parents.

- **Optical Treatment**

This can be arranged by the Health Centre but all expenses incurred are payable by the parents.

- **Glasses / Contact Lenses**

All students who wear glasses must have two pairs with them at School in case of breakage. Glasses used for sports must be plastic.

Those students who wear contact lenses must have a pair of glasses with them at School in case of being unable to wear their lenses e.g. due to eye irritation/infection. It is also good practice for those under 16 years old not to wear their contact lenses for seven days a week and to have at least one day in glasses.

In case of breakage the School can arrange to have new glasses made up but this may take two to four days. There will normally be a cost involved. Ideally anyone with glasses should bring a copy of their prescription with them to School to hand in to the Health Centre so that this can be kept on record at this means that new glasses can be arranged more quickly.

- **Communication**

The Health Centre Manager will always contact parents and/or guardians whenever appropriate and parents are encouraged to contact the Health Centre Manager or the School Medical Officer if they are in any way concerned about their child's health.

### **Health Centre Staff**

**Doctor:**

- Doctor Christopher Warwick

**Health Centre Manager:**

- Lesley Paine RN

### **Health Centre Telephone Number:**

- **From the U.K. 01883 335050**
- **From outside the U.K 0044 1883 335050**

### **Medical Information Forms**

These forms must be completed and the appropriate sections signed by parents of all new pupils entering the School. It is very important that the Health Centre has the correct and relevant information about pupils.

The Health Centre Manager should be notified, if, in future, there are any changes in these medical details.

*Current at November 2015*

**MEDICAL INFORMATION FOR PARENTS OF DAY PUPILS****D. National Health Service**

The School Medical Officer is Doctor Christopher Warwick, Townhill Medical Practice, Guards Avenue, Caterham, Surrey CR3 5XL

If a pupil changes from being a day pupil to being a boarder then they may register with the School Medical Practice.

**E. Health Centre**

**The School has a Health Centre for the treatment and management of both in and out patients. The Health Centre is staffed by a full time Health Centre Manager and three part time nurses. All nurses working in the Health Centre are Registered Nurses.**

Day pupils who are ill and are not well enough to attend School should not be sent to the Health Centre at the beginning of the day but should be kept at home.

**The Health Centre Manager will care for any day pupil who becomes ill while at school during the day or in the case of any emergency. Parents will be contacted if she deems this necessary. Day pupils can only return home once their parents have been contacted.**

**The Medical Officer will give emergency care. In the case of more serious injuries, the Health Centre Manager will arrange for the pupil to be taken to the Accident and Emergency Department. Parents will be contacted immediately.**

**Health Centre Staff****Doctors:**

Doctor Christopher Warwick

**Health Centre Manager:**

Lesley Paine RN

**Health Centre Telephone Number:**

<b>From the U.K.</b>	<b>01883 335050</b>
<b>From outside the U.K</b>	<b>0044 1883 335050</b>

../continued overleaf

**F. Medication**

If a pupil requires medication whilst at School a letter will be required from the parent stating the pupil's name, medication and dosage required. The letter and medication should be handed in to the Health Centre before school. Medication will be given to the pupil at the required times. **This excludes asthmatics carrying inhalers and severe allergy sufferers carrying Adrenaline auto injectors.**

**No pupil should carry non-prescribed medication at school. If this is necessary a letter must be sent to the Health Centre Manager and any medication held at the Health Centre.**

**G. Communication**

The Health Centre Manager will contact parents when appropriate and parents are encouraged to contact the Health Centre Manager or the School Medical Officer if they are in any way concerned about their child's health.

**Medical Information Forms**

**These forms must be completed and the appropriate sections signed by parents of all new pupils entering the School. It is very important that the Health Centre has the correct and relevant information about pupils.**

**The Health Centre Manager should be notified if, in the future, there are any changes in these medical details.**



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# CATERHAM SCHOOL

## MEDICAL INFORMATION FORM FOR BOARDING PUPILS

**Name** .....

**House** .....

### MEDICAL INFORMATION FORM

Strictly Confidential: The information on this form will be held in the Health Centre for the use of the School Medical Officer and Health Centre Manager. (For further details see section in the form on confidentiality)

Personal Details – please complete

<b>Surname of Pupil</b> (In full/block letters)	
<b>First Names</b>	
<b>Gender</b> (please delete as appropriate)	<b>Male/Female</b>
<b>Date of Birth</b>	
<b>Country of Birth</b>	
<b>Home Address</b>	
<b>Home Telephone No.</b>	
<b>Home Fax No.</b>	
<b>Home email</b>	

**NHS Details - for all pupils already registered with an NHS Doctor**

Doctor's Name	
Doctor's Address	
NHS Number	

**Private Medical Treatment – please complete**

If appropriate do you wish your child to Receive private medical treatment? (please delete as appropriate)	Yes/No
Is your child a member of a Private Medical Scheme? (please delete as appropriate)	Yes/No
Name of Medical Scheme	
Medical Scheme Reference Number	

**MEDICAL DETAILS – please complete ALL sections**

<b>Illness</b>	<b>Please tick if YES</b>	<b>Date if known</b>
Chickenpox		
German Measles (Rubella)		
Glandular fever		
Jaundice		
Measles		
Mumps		
Scarlet Fever		
Whooping Cough		

<b>Operations</b>	<b>Please tick if YES</b>	<b>Date if known</b>
Appendectomy		
Tonsillectomy		
<b>Any others – list below</b>		

<b>Other Conditions</b>	<b>Please tick if YES</b>	<b>Date if known</b>
Asthma		
Anxiety		
Bone or Joint Diseases		
Eating Disorders		
Eczema		
Enuresis (Bed Wetting)		
Fits/Convulsions		
Hay Fever		

**Other Medical Information**

<b>Details of Other Medical Problems</b>	<b>Date of start of treatment</b>

<b>Allergies to</b>	<b>Please tick if YES</b>
<b>Dust</b>	
<b>Nuts</b>	
<b>Wasp/Bee stings</b>	
<b>Drugs – please indicate which drug(s) below</b>	

**Medication – please indicate below if your child is at present taking any form of medication.**

<b>Medication being taken</b>	<b>Details of Dosage</b>	<b>Date of Initial Prescription</b>

ALL MEDICINES SHOULD BE TAKEN TO THE HEALTH CENTRE IN ORDER THAT THE SCHOOL MEDICAL OFFICER OR HEALTH CENTRE MANAGER CAN DECIDE HOW THE MEDICINES SHOULD BE ADMINISTERED. PUPILS SHOULD NOT CARRY MEDICINES WITH THEM IN SCHOOL AT ANY TIME WITHOUT PRIOR PERMISSION FROM THE SCHOOL'S MEDICAL STAFF.



School Games and Activities – if you consider that your child is not fit to take part in all or any of the normal games and activities, please give details below.

.....  
.....  
.....

Special Dietary Requirements – if your child has any special dietary requirements, please give details below:

.....  
.....  
.....

**Sight and Hearing**

	<b>Please tick if YES</b>	<b>Date of last test</b>
<b>Does your child wear glasses?</b>		
<b>Does your child wear contact lenses?</b>		
<b>Has your child had a hearing test?</b>		

<b>Results of Hearing Test</b>

**Any Other Relevant Information**

Please indicate below any other health information about your child that our medical or teaching staff should be aware of:

.....  
.....  
.....  
.....

**IMMUNISATIONS AND VACCINATIONS**

Please complete the details below with dates to ensure that your child is properly protected.

Immunisations/Vaccinations	Please tick if YES	Date if known
Chicken Pox		
Diphtheria		
Poliomyelitis booster		
Tetanus booster		
Whooping Cough (Pertussis)		
Measles		
Mumps		
Rubella (German Measles)		
HIB		
Meningitis C		
Meningitis ACWY		
BCG		
Mantoux/Heaf Test		
Hepatitis A		
Hepatitis B		
Rabies		
Typhoid		
Yellow fever		

**For girls only, please also complete the details below.**

Immunisations/Vaccinations	Please tick if YES	Date if known
HPV 1		
HPV 2		

**PARENTAL AUTHORISATION**

Please sign ALL of the following sections in the appropriate places below:

• **Permission to act on behalf of parents in the event of an emergency**

I give permission to the Headmaster or designated representative to give consent to any dental, medical or surgical treatment, including anaesthetic or blood transfusion required in an emergency by my child, if the School is unable to contact parents/guardians.

Signed ..... Date .....

• **Permission to Administer Medication**

I give permission for my child to receive medication from a qualified nurse or designated member of staff according to the School's Medical protocol for the administration of drugs. This includes over the counter non prescription medication, including the following:- Paracetamol, Ibuprofen, Co-Codamol, Migralve, Beechams Cold & Flu, Beechams Max Lozenges, Sudofed, Chlophenamine (Piriton), Cetirizine, Senokot, Lactulose, Tums (indigestion), Gaviscon, Simple linctus, Honey and Lemon Cough Syrup, Benlylin for Coughs, Olbas Oil, Loperamide (Imodium), Bazuka (verruccas), Buscopan (cramps), Cinnarizine (anti sickness)

Signed ..... Date .....

• **Permission for Inoculations/Vaccinations**

I agree to my child receiving inoculations against polio, tetanus and diphtheria and any vaccinations necessary for the country of residence. If we do not receive a full vaccination history, with dates, for your child we will vaccinate them to bring them in line with UK schedule, as recommended by Public Health England.

Signed. .... Date .....

• **Update of Medical Information**

I undertake to keep the School Medical Officer and/or the Health Centre Manager fully informed of any medical conditions that may arise in the future.

Signed ..... Date .....

**To be completed by a Doctor before starting Caterham School**

I consider the above named person to be in sound health and free from any defect disabling him/her from school life.

Name of Doctor .....

Signature of Doctor .....

Address .....

.....

Date .....

**NOTE ON CONFIDENTIALITY OF MEDICAL RECORDS**

In this respect, Caterham School follows the advice of the President of the BSA's Medical Officers of Schools Association.

- In accordance with the School Medical Officer's and Nurses' professional obligations, medical information about pupils, regardless of their age, will remain confidential.

- However, in providing medical and nursing care for a pupil, it is recognised that on occasions the doctor and nurses may liaise with the Headmaster and other academic staff, house staff and parents or guardians, and that information, ideally with the pupil’s prior consent, will be passed on as necessary.
- With all medical and nursing matters, the doctor and nurses will respect a pupil’s confidence except on the very rare occasions when having failed to persuade that pupil, or his or her authorised representative, to give consent to divulgence, the doctor or nurses consider that it is in the pupil’s better interests or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

**Medical Information Forms**

Details of information concerning allergies and conditions that prevent a pupil from participating in normal school games and activities will be made available to the academic staff and house staff. The School Medical Officer may reveal other information to the Headmaster on the basis of ‘a need to know’. The Headmaster may pass this information on to other staff based on his judgement of ‘a need to know’.

For Official Use Only			
		Date	Signature
Height			
Weight			
Blood Pressure			
Pulse			
Eyes			
Urine			
G.P. Check			
G.P Registration			
Medical Card Received			



CATERHAM SCHOOL

# MEDICAL INFORMATION FORM FOR DAY PUPILS

**Name** .....

**House** .....

## MEDICAL INFORMATION FORM

Strictly Confidential: The information on this form will be held in the Health Centre for the use of the School Medical Officer and Health Centre Manager. (For further details see section in the form on confidentiality)

Personal Details – please complete

<b>Surname of Pupil</b> (In full/block letters)	
<b>First Names</b>	
<b>Gender</b> (please delete as appropriate)	<b>Male/Female</b>
<b>Date of Birth</b>	

<b>Country of Birth</b>	
<b>Home Address</b>	
<b>Home Telephone No.</b>	
<b>Home Fax No.</b>	
<b>Home email</b>	

**N HS Details**

<b>Doctor's Name</b>	
<b>Doctor's Address</b>	
<b>NHS Number</b>	

**MEDICAL DETAILS – please complete ALL sections**

<b>Illness</b>	<b>Please tick if YES</b>	<b>Date if known</b>
Chickenpox		
German Measles (Rubella)		
Glandular fever		
Jaundice		
Measles		
Mumps		
Scarlet Fever		
Whooping Cough		

<b>Operations</b>	<b>Please tick if YES</b>	<b>Date if known</b>
Appendectomy		
Tonsillectomy		
<b>Any others – list below</b>		

<b>Other Conditions</b>	<b>Please tick if YES</b>	<b>Date if known</b>
Asthma		
Anxiety		
Bone or Joint Diseases		
Eating Disorders		
Eczema		
Enuresis (Bed Wetting)		
Fits/Convulsions		
Hay Fever		

<b>Allergies to</b>	<b>Please tick if YES</b>
Dust	
Nuts	
Wasp/Bee stings	
<b>Drugs – please indicate which drug(s) below</b>	

Other Medical Information

<b>Details of Other Medical Problems</b>	<b>Date of start of treatment</b>

**Medication – please indicate below if your child is at present taking any form of medication.**

<b>Medication being taken</b>	<b>Details of Dosage</b>	<b>Date of Initial Prescription</b>

PARENTS SHOULD ENSURE THAT ANY PUPIL WHO HAS TO TAKE MEDICATION AT SCHOOL DURING THE DAY IS AWARE OF THE CORRECT DOSAGE TO BE TAKEN. IF PARENTS HAVE ANY CONCERN THEY SHOULD CONTACT THE NURSE IN THE HEALTH CENTRE.



School Games and Activities – if you consider that your child is not fit to take part in all or any of the normal games and activities, please give details below.

.....  
.....  
.....

Special Dietary Requirements – if your child has any special dietary requirements, please give details below:

.....  
.....  
.....

**Sight and Hearing**

	<b>Please tick if YES</b>	<b>Date of last test</b>
Does your child wear glasses?		
Does your child wear contact lenses?		
Has your child had a hearing test?		

<b>Results of Hearing Test</b>

**Any Other Relevant Information**

Please indicate below any other health information about your child that our medical or teaching staff should be aware of:

.....  
.....  
.....  
.....

**IMMUNISATIONS AND VACCINATIONS**

Please complete the details below with dates to ensure that your child is properly protected.

Immunisations/Vaccinations	Please tick if YES	Date if known
<b>Chicken Pox</b>		
<b>Diphtheria</b>		
<b>Poliomyelitis booster</b>		
<b>Tetanus booster</b>		
<b>Whooping Cough (Pertussis)</b>		
<b>Measles</b>		
<b>Mumps</b>		
<b>Rubella (German Measles)</b>		
<b>HIB</b>		
<b>Meningitis C</b>		
<b>Meningitis ACWY</b>		
<b>BCG</b>		
<b>Mantoux/Heaf Test</b>		
<b>Hepatitis A</b>		
<b>Hepatitis B</b>		
<b>Rabies</b>		
<b>Typhoid</b>		
<b>Yellow fever</b>		

**For girls only, please also complete the details below.**

Immunisations/Vaccinations	Please tick if YES	Date if known
HPV 1		
HPV 2		

**PARENTAL AUTHORISATION**

Please sign ALL of the following sections in the appropriate places below:

• **Permission to act on behalf of parents in the event of an emergency**

I give permission to the Headmaster or designated representative to give consent to any dental, medical or surgical treatment, including anaesthetic or blood transfusion required in an emergency by my child, if the School is unable to contact parents/guardians.

Signed ..... Date .....

• **Permission to Administer Medication**

I give permission for my child to receive medication from a qualified nurse or designated member of staff according to the School's Medical protocol for the administration of drugs. This includes over the counter non prescription medication, including the following:- Paracetamol, Ibuprofen, Co-Codamol, Migralve, Beechams Cold & Flu, Beechams Max Lozenges, Sudofed, Chlophenamine (Piriton), Cetirizine, Senokot, Lactulose, Tums (indigestion), Gaviscon, Simple linctus, Honey and Lemon Cough Syrup, Benlyn for Coughs, Olbas Oil, Loperamide (Imodium), Bazuka (verruca), Buscopan (cramps), Cinnarizine (anti sickness)

Signed ..... Date .....

• **Update of Medical Information**

I undertake to keep the School Medical Officer and/or the Health Centre Manager fully informed of any medical conditions that may arise in the future.

Signed ..... Date .....

## **NOTE ON CONFIDENTIALITY OF MEDICAL RECORDS**

In this respect, Caterham School follows the advice of the President of the BSA's Medical Officers of Schools Association.

- In accordance with the School Medical Officer's and Nurses' professional obligations, medical information about pupils, regardless of their age, will remain confidential.
- However, in providing medical and nursing care for a pupil, it is recognised that on occasions the doctor and nurses may liaise with the Headmaster and other academic staff, house staff and parents or guardians, and that information, ideally with the pupil's prior consent, will be passed on as necessary.
- With all medical and nursing matters, the doctor and nurses will respect a pupil's confidence except on the very rare occasions when having failed to persuade that pupil, or his or her authorised representative, to give consent to divulgence, the doctor or nurses consider that it is in the pupil's better interests or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

### **Medical Information Forms**

Details of information concerning allergies and conditions that prevent a pupil from participating in normal school games and activities will be made available to the academic staff and house staff. The School Medical Officer may reveal other information to the Headmaster on the basis of 'a need to know'. The Headmaster may pass this information on to other staff based on his judgement of 'a need to know'.



CATERHAM SCHOOL

**PERMISSION FOR SELF MEDICATION**

I ,....., understand the need for ..... and I agree to take it as prescribed by the School Medical Officer. The dosage and side effects have been discussed with me and I understand them.

Signed .....

Print Name ..... Form .....

Health Centre approved .....

***This permission slip to be signed by the student - in Fifth Year, Lower Sixth or Upper Sixth only - in the presence of a member of the Health Centre. This permission slip is to be used under Frasier Guidelines only.***

Received ..... Date.....



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