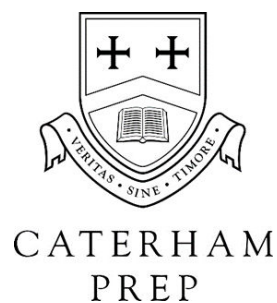
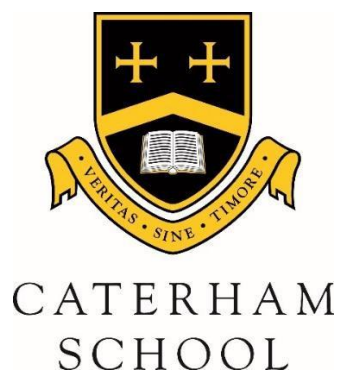


First Aid Policy and Medical Protocols



Policy Author:

Heather Sullivan, Health Centre Manager

Date Reviewed By Author:

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September 2026

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CATERHAM SCHOOL FIRST AID POLICY

CONTACT DETAILS:

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

Health Centre

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

1 Introduction

- 1.1 This is the first aid policy of Caterham School. It is available to parents of pupils and of prospective pupils on request and to all members of School staff. This policy is applicable to all both the Senior and Prep 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.
- 1.2 The arrangements within this policy are based on the results of a risk assessment carried out by the School in regards to all staff, pupils and visitors.
- 1.3 This policy is drafted in accordance with regulation 13 of the Education (Independent School Standards) Regulations 2014 (SI 2014/3283), the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917), the *First Aid at work: Health and Safety (First Aid) Regulations 1981 approved code of practice and guidance*.
- 1.4 This policy can be made available in large print or other accessible format if required.

2 Definitions

Appointed Persons are members of staff who may not be qualified First Aiders but who are responsible for looking after the First Aid equipment and facilities and calling the emergency services if required.

Boarders: The School has and implements 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 additions 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 medicines 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 (Pastoral and Wellbeing) to enable them to identify whether review or change is needed.

EFAW: means Emergency First Aid at Work.

First Aid: means the treatment of minor injuries which do not need treatment by a medical professional as well as treatment of more serious injuries, prior to assistance from a medical professional for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack or the administration of Adrenaline to those known to be Anaphylactic.

FAW: means First Aid at Work.

First Aiders: are members of staff who have completed an approved regulated First Aid course and hold a valid certificate in FAW or EFAW or an approved alternative qualification which has been identified in place of FAW or EFAW which meets the requirements of the First Aid Guidance.

First Aid Guidance: is the *First Aid at work: Health and Safety (First Aid) Regulations 1981: approved code of practice and guidance* (Health and Safety Executive, L74, 3rd edition, 2013).

First Aid Personnel: means First Aiders or Appointed Persons or both.

Health Centre Manager and Health Centre staff: Heather Sullivan (Lead Nurse) and Health Centre staff are primarily located in the School's Health Centre. The Nursing Staff are registered with the Nursing and Midwifery Council and the School will verify this registration annually.

Health Centre: is located on the 1st Floor of the Pye Centre and is clearly signposted and identifiable with a white cross or white writing on a green background. There is a medical room based at prep school near to reception, the prep nurse is based here. It is used for the provision of medical treatment, including First Aid, when required. The Health Centre has essential First Aid facilities and equipment. As far as is possible, the school reserves this room exclusively for giving medical treatment.

Inhalers Guidance: means the Guidance on the use of emergency salbutamol inhalers in schools (Department of Health, September 2014).

Staff: means any person employed by the school, volunteers at the School and self-employed people working on School premises.

School: is the school defined in 1.1 above.

School Doctor: Doctor Richard Wright is the nominated School Medical Officer from Caterham Valley Medical Practice. The practice is contracted to provide medical services to boarding pupils at the school and they are responsible for medical supervision.¹

3 Aims of this policy

3.1 To ensure that:

3.1.1 the School has adequate, safe and effective First Aid provision in order for every pupil, Staff and visitor to be well looked after in the event of any illness, accident or injury;

3.1.2 all Staff and pupils are aware of the procedures in the event of any illness, accident or injury.

3.2 Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services on the School site.

4 Responsibilities

4.1 The school will ensure that there is adequate and appropriate First Aid equipment, facilities and First Aid Personnel on the School site(s).

4.2 The Bursar (Suri Aramiyasundaran) delegates to the Health Centre Manager the day-to-day responsibility for ensuring that there is adequate First Aid equipment, facilities and First Aid Personnel available to the school.

- 4.3 The Bursar in conjunction with the Health Centre will regularly review the School's First Aid needs to ensure that the School's First Aid provision is adequate.
- 4.4 The Bursar delegates to the Health Centre Manager responsibility for collating medical consent forms and important medical information for each pupil and ensuring the forms and information are accessible to staff as necessary.
- 4.5 The Head and Principal Deputy are responsible for ensuring that Staff have the appropriate and necessary First Aid training as required and that they have appropriate understanding, confidence and expertise in relation to First Aid. This is co-ordinated and overseen in conjunction with the Health Centre/HR.
- 4.6 **First Aiders:** The Head and Estates Bursar are responsible for ensuring that the School has as an adequate number of First Aid Personnel on site at all times. The HR team hold the list of staff qualifications and renewal dates and will organise training.
- 4.7 There will be at least one First Aider on each school site when children are present. Also, in the Early Years Foundation Stage (EYFS) setting, at least one person who has a current paediatric First Aid certificate must be always on the premises when children are present. On outings including children from the EYFS, there must be at least one person who has a current paediatric First Aid certificate.
- 4.8 An up-to-date list of First Aiders can be found at Staff Shared Area.
<U:\Health and Safety\First Aiders & Locations>
- 4.9 The main duties of First Aiders are to give immediate initial treatment to pupils, Staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the Health Centre.
- 4.10 First aiders will have annual refresher training and will undergo updated training at least every three years to maintain their qualification.
- 4.11 All Staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of First Aid. All Staff will use their best endeavours, always, to secure the well-being and welfare of the pupils.

5 First Aid kits

- 5.1 The contents of the First Aid kits will be determined by the School's First Aid needs assessment and will usually be stocked in accordance with Appendix 2 of the First Aid Guidance [• or in accordance with Workplace first aid kits. Specification for the contents of workplace first aid kits, BS 8599-1:2011, June 2011]².
- 5.2 First Aid kits are located at these positions around the School site and are as near to hand washing facilities as is practicable: <U:\Health and Safety\First Aiders & Locations>
- 5.3 If First Aid kits are used, they should be taken to the Health Centre who will ensure that the First Aid kit is properly re-stocked. The Health Centre staff will examine the First Aid kit at this point and otherwise regularly, in order to dispose of items safely once they have reached their expiry date.
- 5.4 All requirements for the First Aid kits are supplied by the Health Centre and are regularly stocked at request of individual departments.

5.5 **School minibuses:** The School's minibuses should have a prominently marked First Aid kit on board which is readily available for use, and which is maintained by the transport department who should ensure that it is in good condition. The First Aid kit should be stocked in accordance with part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078) which is set out in Appendix 1.

5.6 **Off-site activities:** First Aid kits for any off-site activities are kept in the Health Centre.

6 Information on pupils

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

6.2 The Health Centre Manager and School Doctor will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the School to the Head, class teachers and First Aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a pupil or other members of the school community.

7 Procedures for pupils with medical conditions such as asthma, epilepsy, diabetes etc.

7.1 The information held by the school will include details of pupils who need to have access to asthma inhalers, Adrenaline auto injectors, injections or similar and this information should be circulated to teachers and boarding staff.

7.2 Where appropriate, individual pupils will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis. In other cases, the equipment will be kept, suitably labelled, at the Health Centre. Senior students should carry one AAI with them at all times and their spare one is kept in a marked orange pouch (with pupils' names) in the Health Centre. Prep school students carry two AAI's with them at all times and a spare one is held in the prep school. In the prep-prep, two AAI's are stored in a named individual pouch in the reception cupboard. Administration of adrenaline auto injectors will be done by any appointed person. There are no contraindications to the administration of adrenaline in an emergency. Students going on a trip or leaving the school site must travel with a minimum of two AAI's, this is best practice as set out by BSACI UK.

7.3 The school has guidance and protocols in place to deal with common medical conditions such as anaphylaxis, asthma, epilepsy and diabetes. Copies of the guidance and protocols are available from the Health Centre.

7.4 **Asthma:** the school asks that all pupils prescribed an inhaler bring a spare into school which is stored in the Health Centre. These students should have 2 inhalers on residential school trips and 1 on day trips, and must carry one with them at all times.

8 Procedure in the event of illness

8.1 Pupils may visit the Health Centre before school, during break/ lunch or after school. If a pupil is unwell during lessons, then they should consult the member of Staff in charge who will assess the situation and decide on the next course of action. Where necessary, the pupil will be accompanied to the Health Centre. The Health Centre staff will provide the required First Aid and decide on the next course of action.

8.2 All visits by pupils reporting that they feel unwell are recorded, whether medication is administered or not.

8.3 Staff may visit the Health Centre as and when necessary, but appropriate cover must be arranged.

8.4 The school will discuss with parents the procedures for children who may become ill or infectious and take necessary steps to prevent the spread of infection and illnesses.

9 Procedure in the event of an accident or injury

- 9.1 If an accident occurs, then the member of Staff in charge should be consulted. That member of Staff will assess the situation and decide on the next course of action, which may involve calling immediately for an

ambulance. If necessary, the Health Centre should be called as soon as is possible. Appointed Persons or First Aiders can also be called, if necessary, and should be called if the Health Centre is not available immediately. However minor the injury, the Health Centre should always be informed, even if not called.

- 9.2 In the event that a First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This will either be calling the Health Centre or for an ambulance.

- 9.3 **Ambulances:** If an ambulance is called then the Health Centre or First Aider in charge should make arrangements for the ambulance to have access to the accident site. Where necessary GPS co-ordinates should be provided, and arrangements should be made for the ambulance to be met.

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

- 9.5 Examples of medical emergencies may include:

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

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

10 Hygiene and infection control

- 10.1 If a spillage of blood or other bodily fluids occurs, the Health Centre must be informed. The Health Centre will then arrange for the proper containment, clear up and cleansing of the spillage site.

- 10.2 All Staff should take precautions to avoid infection and to follow basic hygiene procedures (such as regular hand washing).

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

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

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

- 10.4.1 wash splashes off skin with soap and running water.

- 10.4.2 wash splashes out of eyes with tap water or an eye wash bottle.
- 10.4.3 wash splashes out of nose or mouth with tap water, taking care not to swallow the water.
- 10.4.4 record details of the contamination.
- 10.4.5 report the incident to the Health Centre and take medical advice if appropriate.

11 First Aid in the physical education department

11.1 **Location of first aid equipment:** Those staff responsible for sports lessons and matches are responsible for collecting First Aid bags for the relevant sporting activity from the Health Centre.

11.2 There are sufficient bags which can be used by Staff for home and away fixtures.

11.3 **Away fixtures:** A 1st aid bag should be taken with the travelling team. If an incident occurs medical treatment should be sought from the hosting school. If necessary, the pupil should be taken to the nearest casualty by a member of our School Staff. Treatment and after-care should then be followed up by the Health Centre. Any incident of treatment must be reported using the online reporting system, on return to School.

12 Reporting

12.1 In the event of an accident, injury or illness requiring First Aid the relevant First Aider should complete a record of First Aid provision, using the online reporting system. These records will be regularly monitored by the Estates Bursar to identify whether review or change in practice is needed.

12.2 All injuries, accidents and illnesses, however minor, must be reported using the online reporting system. The Health Centre responsible for ensuring that the accident reporting is correct and that parent(s) or guardian(s) and HSE are kept informed as necessary.

12.3 **Reporting to Parents:** In the event of serious accident, injury or illness, parents/ guardian(s) must be informed as soon as possible after the event. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Head if necessary.

12.4 **EYFS pupils:** The School will inform parents of any accidents or injury or First Aid treatment that is given to pupils in the EYFS setting on the same day or as soon as is reasonably possible.

12.5 The school must notify local child protection agencies, as appropriate, of any serious accident or injury to, or the death of, any child whilst in their care and act on any advice given. Notification must be made as soon as is reasonably possible, but in any event within 14 days of the incident occurring.

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

12.6.1 Accidents involving Staff

- (a) work related accidents resulting in death or 'specified' injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or
- (b) work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days: or

- (c) cases of work-related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
- (d) certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

12.6.2 Accidents involving pupils or visitors

- (a) accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:
 - (i) any School activity (on or off the premises);
 - (ii) the way a school activity has been organised or managed (e.g. the supervision of a field trip);
 - (iii) equipment, machinery or substances; and / or
 - (iv) the design or condition of the premises.

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

13 Records

- 13.1 **School Accident Reporting System:** All injuries, accidents, illnesses and dangerous occurrences must be recorded on the school systems.
- 13.2 The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness and what First Aid was given. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored in accordance with the school's policy on data retention.
- 13.3 **Accident report form:** The first person on the scene or first person informed will fill in an online accident report form for every accident/near miss that occurs on or off the school site if in connection with the school's activities. Health Centre will fill in further information on the accident or injury sustained and details of any First Aid treatment given to a pupil on or off the school site. Accident report forms are centrally collated. In the case of transportation to hospital by ambulance, a HSE form is to be completed by the senior person present at transfer. These forms are retained online in the health centre by the health centre Manager. Records will be retained in accordance with the school's normal practices. Where there is a risk of claim, records will normally be retained for at least three years or if the person injured is a minor (under 18), until they are 21.
- 13.4 **Accident to Staff causing personal injury:** The Health Centre will fill in an accident report form in respect of any accident-causing personal injury to Staff in the form set out the Accident Helpdesk and if the incident is RIDDOR notifiable will provide a copy of this accident report form to the Estates Bursar. The Estates Bursar will take reasonable steps to investigate the circumstances of such accidents once he receives notice of it. If it is found that there are discrepancies between the information reported and the Bursar's findings these should also be recorded on the form. These records will be kept by the Health Centre.

14 Automated External Defibrillators (AEDs)

Locations:

- Beechanger House
- Hill Fields Pavillion
- Pre prep ground floor hallway
- Humphreys Hall/ PACE kitchen area
- Prep Soderberg Hall
- Davey building by refectory
- Concourse
- Sports centre

14.1

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 and regular updates/training practice will be available on request.

14.2 The AED should only be used where a person is unconscious and not breathing normally. It should not be used where a person is conscious, breathing and / or his or her heart is still beating.

14.3 If a person is suffering from a cardiac arrest, the first person on the scene should immediately call the emergency services and commence CPR. Call for help and get an AED to the event. However, AEDs are designed to be used by any person by following the step-by-step instructions on the AED.

14.4 The person administering the AED should ensure that the area around the casualty is clear before using the AED. He or she should then stay with the casualty until the emergency services arrive.

15 Monitoring

15.1 The Bursar will regularly monitor and review the school's systems and management of medical welfare and any trends in accidents, injuries and illnesses at the School in order to identify whether a review or change in welfare practice is needed.

16 Lessons Learned

16.1 The School's Health and Safety Committee reviews all incidents recorded on the accident system 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.

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

National Minimum Standards for Boarding Schools (2022)

Appendix 1 Part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078)

First Aid equipment:

- Ten sterile antiseptic wipes
- Gloves
- Tape
- Conforming disposable bandage x 3 (not less than 7.5 cm wide)
- Two triangular bandages
- One packet of 12 assorted adhesive dressings
- Three assorted size sterile un-medicated ambulance dressings
- Two sterile eye pad bandages with saline eye wash
- Six assorted safety pins
- One pair of rustless blunt-ended scissors.
- Emergency blanket
- Sterile swabs
-

Appendix 2 - All accidents/near misses are reported online via Caterham School Service desk. (Desktop icon)



Appendix 3 - Guidance and protocols for specific medical conditions

- a) [Anaphylaxis](http://www.nhs.uk/conditions/Anaphylaxis/Pages/Introduction.aspx)
Source: <http://www.nhs.uk/conditions/Anaphylaxis/Pages/Introduction.aspx>

- b) [Asthma](#)
Source: <http://www.nhs.uk/Conditions/Asthma/Pages/Treatment.aspx>
- c) [Diabetes](#)
Source: <http://www.nhs.uk/Conditions/Diabetes/Pages/Diabetes.aspx>
- d) [Epilepsy](#)
Source: <http://www.nhs.uk/Conditions/epilepsy/Pages/treatment.aspx>

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

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 outpatients. This contains a waiting room, office, consultation/treatment room, lounge, kitchen, two three-bedded rooms, with ensuite toilet and washing facilities, a shower room and a sluice. In addition, there is a room available for staff members when required to sleep in over-night.

The medical room at Prep school provides a service to prep and pre-prep Monday- Friday 10.30am-4pm.

3. Health Centre Staff

The school employs a non-resident full time Health Centre Manager and two 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). In addition there are two Healthcare assistants that work in the Health centre.

The school has a contract with a local GP surgery and the doctors hold a surgery twice a week for boarders. A doctor will see all new boarders and the surgery is on call in the case of emergency Monday-Saturday 8am-6.30pm.

Boarding 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 Caterham Valley 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.

This policy works in conjunction with the Boarders' Handbooks, which carry further information.

5. Medical Information

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

6. 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.

7. 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.

CATERHAM SCHOOL HEALTH CENTRE

The School Health Centre has the following roles:

- Provision of medical and nursing care to Pupils.
- Provision of Screening to Specific Pupil Groups.
- Provision of medical and nursing care to Staff where appropriate.
- Advising the Headmaster of the Senior School, Prep School and Pre-Prep

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

HEALTH CENTRE PRACTICES

1. DETAILS OF SURGERY TIMES AND APPOINTMENTS SYSTEM**NURSE SURGERIES****Monday - Friday**

H/C open from 7.45am-6pm

DOCTOR'S SURGERIES**Tuesday****16.30 - 17.00****Friday****08.00-08.30****Saturday 08.45 - 14.00****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 Health Centre diary 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 Caterham Valley 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 Caterham Valley Medical Practice. If circumstances do not permit that member of staff (who is registered with the practice) to visit Caterham Valley 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 Caterham Valley Medical Practice

- Any boarder can be seen at Caterham Valley Medical Practice by booking an appointment via the Health Centre or they can make their own appointment.

Appointments with an Optician

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

POLICY FOR VISITING THE HEALTH CENTRE

- All pupils may visit the health centre before school, during break/ lunch time and after school.
- **During lesson times** (including private study periods), no pupil may visit the Health Centre without obtaining permission from a member of staff.
- **18.00-07.45** - Any boarder feeling ill during this period of time must contact a member boarding staff who will discuss with the head of house and decide whether to contact the first responder on call.
- **Sundays**- The same procedure as for overnight.

2. REGISTRATION OF NEW BOARDERS

- All boarders will be registered with the Caterham Valley 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.

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 and blood pressure. Thereafter, the doctor carries out medical examinations when necessary due to illness or injury.
- Appointments are made for outside medical examinations e.g. dental, optical, physiotherapy, hospital consultant, chiropractor as required via the Health Centre.

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 online medical record
- A local immunisation team will come in and vaccinate relevant year groups for required vaccinations.

5. 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 staff.
- Pupils under 16 will need to be accompanied by a member of the boarding staff or guardian, 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.

6. DETAILS OF PROVISION OF OPTICAL TREATMENT

Boarders

- 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 staff 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 at least 1 pair of glasses in BHSE.
- All boarders who wear glasses should have at least 2 pairs in BHSE

COMMUNICATION

1. PROCEDURE FOR CONTACTING THE HEALTH CENTRE

- **Telephone Numbers.** Term time only

Direct Line 01883 335050
Internal extension number 01883 343028 ext. 250
Mobile (Emergencies only) 07930 177837

- 07.45 - 18.00 - 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

- **Internal Post**

- Pigeon hole in staff room

2. PROCEDURE FOR CALLING OUT THE DOCTOR OUTSIDE OF SURGERY HOURS

- Nurse on duty/ member of SMT is responsible for calling the doctor outside surgery hours.
- The on call doctor's name is given to the Health Centre.
- **In an Extreme emergency** dial (9 on a school line for an outside line) 999 and ask for the ambulance, giving clear instructions of boarder's name, date of birth, school, address and nature of problem.
- Following this call, please contact the member of SMT on the duty rota.

3. PROCEDURE FOR CALLING EMERGENCY SERVICES IN CASE OF AN ACCIDENT**BOARDING STAFF**

STEP	ACTION BY BOARDING STAFF	DETAILS
1	Phone Health Centre IF ACCIDENT IS CONSIDERED SERIOUS PHONE 999 FIRST AND THEN THE HEALTH CENTRE	Health Centre - 250 or 07930 177837 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 SMT PHONE	07449 396597 07449 480568 07449 517700 07476 299036
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 updated.	Health Centre 01883 335050 or 07930 177837
5	On return from hospital contact Health Centre or first responder 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

STEP	ACTION BY HEALTH CENTRE STAFF	DETAILS
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 SMT and keep them updated	07476 299036
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 Inform first responder on call if boarder to stay in H/C out of opening hours.	Beech Hanger 07449 396597 Viney 07449 480568 Townsend 07449 517700

4. COMMUNICATION BETWEEN HEALTH CENTRE STAFF

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

5. COMMUNICATION WITH SENIOR STAFF

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

6. COMMUNICATION WITH SPORTS AND RESIDENTIAL STAFF

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

7. COMMUNICATION WITH BOARDERS' PARENTS / GUARDIANS

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

8. 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.

MEDICAL RECORDS

1. NEW PUPIL RECORDS AND EXAMINATIONS

- **Medical Records**

1. Medical information is entered on to the parent portal by parent / guardian and on return is checked by Health Centre staff.
2. Medical problems, which may affect school life, are recorded on the school's database. All teaching staff have access to relevant information on iSAMS- the school database
3. Every pupil has a computer record on which all visits and treatments are recorded.

- **Medical examinations**

- Medical examinations are given routinely to all new boarders and recorded by both Health Centre team 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 - online reporting system
- Seen by School Sports Rehabilitator
- Statistics are produced at the end of each term.

IMMUNISATIONS**1. POLICY AND RECALL**

- Boarders registered with the Caterham Valley Medical Practice are updated with immunisations 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.
- 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	• DTaP/IPV(polio)/Hib (diphtheria, tetanus, pertussis (whooping cough), polio, and <i>Haemophilus influenzae</i> type b) - all-in-one injection: Pediacel®; plus: • PCV (pneumococcal conjugate vaccine) - in a separate injection: Prevenar 13®. • Rotarix® (rotavirus gastroenteritis) - oral route (drops). • Bexsero® (meningitis B)
3 months	• DTaP/IPV(polio)/Hib (2nd dose: Pediacel®); plus: • MenC (meningitis C) - in a separate injection: NeisVac-C® or Menjugate Kit®. • Rotarix® (rotavirus gastroenteritis) - oral route (drops).
4 months	• DTaP/IPV(polio)/Hib (3rd dose: Pediacel®); plus: • PCV (2nd dose: Prevenar 13®) - in a separate injection. • Bexsero® (2nd dose: meningitis B)
Between 12 and 13 months	• Hib/MenC (combined as one injection) - 4th dose of Hib and 2nd dose of MenC: Menitorix®; plus: • MMR (measles, mumps and rubella) - combined as one injection: Priorix® or MMR II®; plus: • PCV (3rd dose: Prevenar 13®) - in a separate injection. • Bexsero® (3rd dose: meningitis B)
2, 3 and 4 years	• Nasal flu spray Fluenz®.
3 years and four months to 5 years	• Pre-school booster of DTaP/IPV(polio): Repevax® or Infanrix-IPV®; plus: • MMR (second dose: Priorix® or MMR II®) - in a separate injection.
Around 11-13 years	• HPV (human papillomavirus types 16 and 18) – one injection
Around 13-18 years	• Td/IPV(polio) booster: Revaxis®. • Men ACWY - given to 17-18 year olds and first time students up to 25 years.

EMERGENCY CONTRACEPTION

- Emergency contraceptive pill is available for boarders at the Health Centre. Day pupils will be signposted to appropriate sexual health services.
- Girls need to speak to one of the Health Centre nurses who will arrange for a telephone consultation with the Pharmacist at Valtone.
- 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)
- If no inhaler is available, as the person has a prescribed inhaler and an Asthma diagnosis, then the emergency inhaler can be used
- 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 out of 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 cannot return to school 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.

POLICY FOR HEAD AND NECK INJURIES
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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 accompanied to the Health Centre or the Sports Rehabilitator, preferably the adult that witnessed the event will accompany them. The Sports Rehabilitator or 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 Sports Rehabilitator/ Health Centre/ (9)999.
- 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 or contact the Sports Rehabilitator. If this is out of hours then the pupil should be handed over to the care of the parent / guardian/ boarding staff.
- 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 Sports rehabilitator or 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 Sports Rehabilitator / 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.
- **All pupils who receive a head/face/neck injury will be removed from play and be handed a 'Recognised and Removed' card by coaching staff that lists signs and symptoms of concussion and asks the pupil to return to the Sports Rehabilitator for review after 48 hours. No sport/exercise should be undertaken until 48 hours rest has been observed and the pupil has been assessed as fit to return.**

Caterham School Health Centre Protocol for assessing a pupil following a head injury while still at scene of the 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 (health centre staff only to administer)
- 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.

Caterham School Health Centre Policy for assessing a pupil following a head injury, who presents to either the Sports Rehabilitator or Health Centre.

- Ask what happened from the Patient
- Ask if any they have any symptoms
- Follow the below form

Caterham School
Post Head injury Assessment Form

Name:

Date:

Email Coach	Y	N		
CHIP	Y	N		
Email/Phone Parents	Y	N		
Concussion Diagnosed?	Y	N	Unsure	N/A
Full GRTP to be initiated?	Y	N	Unsure	N/A
Return to Light Aerobic?*	Y	N	Unsure	N/A

*Clarify to pupil that when returning to light aerobic, that if they get any symptoms to stop immediately. Tell coach and report to H/C.

When did the head injury occur?

How did it happen?

Were you seen by a medic/Health Centre nurse?

Have you had a concussion before?

If so, when?

Have you ever been hospitalised for a head injury?

Have you ever been diagnosed or treated for headache disorder or migraines?

Have you ever been diagnosed with a learning disability/dyslexia?

Are you currently taking any medication?

Regular -

Since Injury -

What symptoms did you have when the injury took place?

Did you lose consciousness?

Have you had any symptoms in the last 48 hours?

Cognitive screening - Orientation

What month is it?	Y	N
What is the date today?	Y	N
What day of the week is it?	Y	N
What year is it?	Y	N
What is the time right now? (within 1 hour)	Y	N
Orientation Score	Of 5	

Concentration

List A	List B	List C	List D	List E		
4-9-3	5-2-6	1-4-2	7-8-2	3-8-2	Y	0
6-2-9	4-1-5	6-5-8	9-2-6	5-1-8	N	1
					Y	
3-8-1-4	1-7-9-5	6-8-3-1	4-1-8-3	2-7-9-3	Y	0
3-2-7-9	4-9-6-8	3-4-8-1	9-7-2-3	2-1-6-9	N	1
					Y	
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	1-7-9-2-6	4-1-8-6-9	Y	0
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	4-1-7-5-2	9-4-1-7-5	N	1
					Y	
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	2-6-4-8-1-7	6-9-7-3-8-2	Y	0
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	8-4-1-9-3-5	4-2-7-9-3-8	N	1
					Y	

Months in Reverse order

Dec - Nov - Oct - Sept - Aug - Jul - Jun - May - Apr - Mar - Feb - Jan

Neurological Screening

Can the student read aloud and follow instructions without difficulty?	Y	N
Does the student have a full range of pain free PASSIVE cervical spine movement?	Y	N
Without moving their head or neck, can the student look side-to-side and up-and-down without double vision?	Y	N
Can the student perform the finger nose coordination test normally?	Y	N
Can the student perform the tandem gait normally?	Y	N

Of
4 Of
1

Of
5

Signed:

Print:

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 Sports Rehabilitator or Health Centre for assessment.

CONCUSSION GUIDELINES

Where a student 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
Behavioral 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 will see a boarder registered with Caterham Valley 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 diagnosed (or repeated injury to the head) **MUST NOT** play for 2 weeks at least (if under 19 years old). They should then have a graduated 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 the Health Centre and laid down by Rugby Football Union. Rugby coaches have all been issued with pocket Concussion Recognition Tool TM.

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. This is managed by Alex Mills -sport rehabilitator.

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

Caterham School

Graduated Return to Play (GRTP) Following Concussion

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

Date of concussion/head injury.....

Symptoms.....

Parents may have been advised to take their child for further assessment.

If any symptoms occur while progressing through the GRTP protocol, the pupil must return to the previous stage and attempt to progress again after a minimum 48 hour period of rest, without the presence of symptoms.

6 stage GRTP	Date to be checked	Recommendation	Date completed	Signature of coach administering GRTP	
Start date					
Stage 1		No activity for 14 days			
		Report to Health Centre/Sports Rehabilitator			
Stage 2		Light aerobic exercise 48 hours symptom free			
Stage 3		Sport specific exercise 48 hours symptom free			
Stage 4		Non-contact training 48 hours symptom free			
		Sign off by GP/Doctor			
Stage 5		Full contact practice 48 hours symptom free			
Stage 6		Return to play			

Provided the player remains symptom free, the above process will take 23 days. 14 days (Stage 1) of no activity, followed by 48hrs at each stage (Stages 2-4), with Stage 6 occurring on the 23rd day.

*dependent on initial symptoms

Signature of pupil.....Date.....

Name..... Date

HEAD INJURY

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

It is OK to allow your child to sleep, but check they respond to touch normally and that their breathing & position in bed is normal.

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.

Give your child plenty of rest over the next 2-3 days and don't do any strenuous activity/exercise.

Your child will have a check-up with the Sports rehabilitator / Nurse on Duty after 48 hours before they can return to any sport. They may need to go on to a full graduated return to play programme.

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

- 1) There is increasing headache.
- 2) There is any prolonged complaints of blurred or double vision (after hydration)
- 3) There are 3 or more bouts of vomiting
- 4) There is increasing difficulty rousing your child
- 5) Your child becomes unconscious.
- 6) A fit/seizure (twitching of limbs) occurs
- 7) You are concerned about your child. You know them best.

Signed
(Health Centre Nurse/Sports Rehabilitator)

POLICY FOR EYE INJURY**Injury to the eye**

- In the event of a pupil receiving an eye 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 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 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 an eye 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. Out of hours the parent/ guardian/ boarding staff should seek further medical advice.
- In the event of a pupil receiving an eye 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.

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/spinal 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/boarding staff to inform them of the injury.

Name..... Date

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 an 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.

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

- 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)

SPORTS REHABILITATOR

Caterham School employs a Sports Rehabilitator. Their role involves supporting the Health Centre and Sports Staff in ensuring the wellbeing, treatment and recovery of pupils involved in sport. He is also the coordinator for graduated return to play (GRTP).

His role is to oversee and advise on injuries sustained in both fixtures and routine practices. They will also support various school sports teams at various tournaments and fixtures as required. All Pupils have access to rehabilitation after injuries. Boarders may be referred by Health Centre or GP.

He will assist the Health Centre in communication with parents/guardians/House staff regarding injuries, rehabilitation and concussion management.

He is based either in the Health Centre or the rehab room in the sports centre. His working days are Tuesday-Saturday during term time. He can be contacted via the Health Centre or Sports Department as well as by email / mobile.

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 takes nut allergies very seriously indeed. Further details on policy and protocols regarding nuts can be found in the School's Nut Allergy Policy. 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 eg cetirizine or Loratidine (some children in prep have piriton as their first defence treatment) 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 with a spacer (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 one adrenaline auto injector on their person at all times (Prep & Pre-Prep pupils may have them in their bags or nearest cupboard). The adrenaline auto injector 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 injector in School for every pupil who requires an adrenaline auto injector (best practice guidelines). When the first adrenaline auto injector 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 injector should be given. Stay with the pupil and keep them calm.

Each pupil has an individualised care plan which is on the pouch containing the spare adrenaline auto injector. Spare adrenaline auto injectors in Senior School are in the unlocked cupboard in the Health Centre (open 7.45am-6.00pm Mon-Fri, 09.00-14.00 Sat)

POLICY FOR STAFF TAKING STUDENTS ON TRIPS

All staff taking pupils on School trips **MUST** to be aware of medical conditions such as adrenaline auto injector 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 iSAMS/CHIP database.

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

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 injector 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

- External First aiders attend all home matches during the Autumn and Spring terms and planned sports day events in the Summer Term.
- In an emergency, a member of staff, at the site of an accident should summon an ambulance.
- Parents / Guardians must be notified, when a pupil is sent to hospital.
- When an accident or injury occurs it is reported via the online system.
- A medical professional will assess the injured person and call the necessary emergency services if not already done so.
- Less serious injuries can be seen by at a minor injury unit or taken directly to a hospital with an accident and emergency department.
- Private or NHS treatment is available.
- Boarders will be assessed by the School Medical Officer and referred for further treatment if necessary.
- When an external appointment is obtained for a boarder, the Health Centre staff will discuss with the parent / guardian to plan transport and accompanying adult.
- SLT or the relevant boarding/day staff will be informed of all injuries that require hospital treatment.

POLICY FOR SUDDEN ILLNESS

1. GENERAL POLICY

All pupils

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

ALCOHOL ABUSE POLICY

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 IF CONDITION IS CONSIDERED VERY SERIOUS PHONE (9) 999 FIRST AND THEN THE HEALTH CENTRE	Health Centre - 250 or 07930 177837 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 SMT PHONE	07449 396597 07449 480568 07449 517700 07476 299036
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 SMT once pupil has been admitted to Health Centre.	07476 299036
6	Assessment of situation by Deputy Head (Pastoral and Wellbeing) or Duty SLT.	Decision made on further action to be taken.

HEALTH CENTRE STAFF

STEP	ACTION BY HEALTH 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.

CRISIS MANAGEMENT POLICY

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 alongside matrons.
- 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.

Action by Health Centre**Contact:**

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

CONTINGENCY PLANS FOR MANAGING A MAJOR OUTBREAK OF ILLNESS e.g. FLU/SICKNESS/FOOD POISONING

	Action Required
Deputy Head (Pastoral and Wellbeing)	• Inform Headmaster • In consultation with The Health Centre Manager, Boarding HMMs and Senior Boarding Matrons implement the contingency plan as set out in the appendix.
Boarding HMMs and Matrons	• Set up isolation areas in the Boarding Houses - see appendix.
Health Centre	• Liaise with Matrons and ensure that extra equipment is sent into the house in the case of an outbreak involving sickness. • Liaise with Housekeeper over laundry arrangements and extra cleaning materials. • Liaise with Catering Manager over delivery of meals to the Health Centre and Boarding Houses. • 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. • Rearrange duty rota and if necessary arrange for additional staffing. (see Bank).
School Medical Officer	• 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.
Matrons	• Liaise with Housekeeper over laundry arrangements and extra cleaning materials. • Isolation notice to be put up on doors leading to the isolation areas. • Rearrange duty rota and if necessary arrange for additional staffing.
Housekeeper	• Liaise with Health Centre and Matrons over extra laundry requirements. • Liaise with Health Centre and Matrons over additional cleaning materials and equipment. • Arrange for extra staffing of laundry and cleaners if necessary.

APPENDIX - ISOLATION AREAS IN THE BOARDING HOUSES

Stage	Accommodation Area	H.C.	House
1	Health Centre - two wards.	3 boys 3 girls	
2	Health Centre - additional available accommodation: 1 extra camp bed in each ward and a mattress in the counselling room.	4 boys 4 girls + 1 other additional space	
3	The pupils' own single en-suite room in the boarding house is to be used.	3 boys 3 girls	26 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.	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 st 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 Deputy Head (Pastoral and Wellbeing). Additional meetings will be arranged as required (Boarding Housemasters and Housemistress and Senior Boarding Matrons are expected to be available as required by the Deputy Head (Pastoral and Wellbeing)).

POLICY FOR ADMINISTRATION OF DRUGS**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 treatment room cupboard when the health centre is closed. Extra stock, boarders' medication and the CD cupboard keys are also in this cabinet. It is kept locked at all times and only health centre staff have the key to access this cabinet. In prep, medications are always locked away, there is a CD cupboard in the prep nurses offices and a CD cupboard in pre-prep reception.

Controlled Drugs

The CD cupboard is a metal cabinet bolted to the wall inside the treatment room in the senior school. The key is locked inside the other drug 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.

There are 1-2 cupboards in Viney to allow for senior boy pupils to have their own CD medications if assessed Fraser/Gillick competent.

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 team in conjunction with the Boarding HMMs and noted in the drug book kept in each boarding house. These books are checked termly by the Senior Teacher (Boarding) and Deputy Head (Pastoral and Wellbeing).

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 (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).

1. 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 student's ISAMS, 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 OR HEALTH CARE ASSISTANT

- The nursing staff or healthcare assistants can administer non- prescribed (over the counter) medication to any pupil with parents' consent. If a pupil is Fraser competent they may self-consent for medication.

Individual pupil records are checked for suitability of drug before administration.

- Any non-prescribed drug given is recorded on their Health Centre record, 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 6 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**

- 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
- Over 16 - Two Paracetamol tablets (1000mg)
- Record as above

- **Ibuprofen**

This cannot be given to any person who has a diagnosis of Asthma or stomach ulcer

- 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

- **Beechams Cold & Flu sachet**

This must not be given to any person under 16 yrs.

- For cold and flu symptoms
- It is recommended that Beechams Cold & Flu sachet 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** (not to be given if pupil in bed going to sleep)

- Only for sore throats
- One may be given 2-3 hourly.
- Record as above

- **Cough Lozenges** (not to be given if pupil in bed going to sleep)

- For mild coughs
- One may be given 2-3 hourly
- Record as above

- **Cough Medicine**

- For mild coughs- 10mls every 4 hours if required.

- 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

- **Cetirizine**

- Antihistamine used for rashes, itchiness or allergy symptoms.
- 6- 11 years old - 5mls twice a day or 10mls once daily
- Over 12 - 10mls once daily
- Record as above.

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

- Any pupil above Third Year may be permitted to administer their own medication at the discretion of Health Centre Manager and staff when judged competent under Gillick/Fraser guidelines.

5. PROCEDURE 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.

6. 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 iSAMS/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 Boarding HMM/ Deputy Head (Pastoral and Wellbeing)/ Prep Deputy Head. 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.

- **PROCEDURE FOR DAY STUDENTS REQUIRING MEDICATION DURING THE SCHOOL DAY**

- Any student who brings medication into school that they require during the day, should deliver it to the health centre upon arrival. It should be clearly labelled with their name, what the medication is and when it is to be administered. If it is a prescribed medication then it must be kept in the original packaging with the dispensing pharmacy label attached.
- The student is responsible for attending the health centre at the correct time to receive their medication.

COUNSELLING POLICY

- **POLICY FOR REFERRAL FOR COUNSELLING**

- If a pupil requires counselling, referrals can be made directly to the counsellor by Health Centre/Head of Year/Safeguarding Team.
- Any pupil can email 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, Designated Safeguarding Leads.

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.

EATING DISORDERS POLICY

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, Boarding HMM (if a boarder) and a member of the Safeguarding Team. 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 pupil this is written by the Deputy Head (Pastoral and Wellbeing)/Head of Year/Health Centre in consultation with the relevant staff.

FIRST AID

- **ACCIDENT RECORDING**
 1. All accidents on school premises must be recorded on Caterham Helpdesk stating date, name of injured person, time of accident, nature of injury, treatment given and outcome.
 2. All accidents are reported via the online system.
 3. Any accident deemed of a serious nature involving the school environment may be reported under RIDDOR regulations by the Estates Bursar.

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.
- 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

Third Year boys and girls in small groups (typically 6-7) learn about and discuss smoking, alcohol, personal hygiene and healthy eating.

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 have a workshop on Safe Sex including contraception and sexually transmitted infections.

It should be noted too that all pupils - both day and boarding - cover these subjects in curricular Wellbeing (PSHEE) lessons.

APPENDIX 1

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 Richard Wright, Caterham Valley Medical Practice, Eothen House, Caterham, CR3 6JU* 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 Caterham Valley Medical 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 Caterham Valley Medical Practice should state their existing National Health Service number on the Medical Information Form completed before beginning 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. **It is mandatory for any pupil seeing an outside doctor to provide a letter to the Health Centre and School Medical Officer with full details of treatment given.** 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, coordinated and consistent healthcare, in line with UK regulations.

Doctor:

Dr Richard Wright MB,BS, MRCP, DRCOG.

Dr Wright undertook his medical degree at St Thomas' Hospital Medical School in London, qualifying in 1990. After a further six years of postgraduate medical training, he was successful in becoming a Member of The Royal College of General Practitioners (MRCP). After further study, he became a Diplomat of The Royal College of Obstetricians & Gynaecologists (DRCOG) in 1997.

He has been a full time medical practitioner at Caterham Valley Medical Practice since 1996, and has been involved in the teaching and training of both medical students and junior doctors for much of his career.

Dr Wright has been involved with the school for more than 10 years, working with the careers department to offer work experience and careers advice to students. He has an interest in all aspects of family medicine, including children and young person's healthcare.

- **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, three part time nurses, two healthcare assistants and a Sports Rehabilitator. 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 discuss this with the health centre team. 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. **It is mandatory for any pupil seeing an outside doctor to copy in the Health Centre and School Officer with full details of treatment given by letter.**

- **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 unless checked by Health Centre Staff.** 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 at least one spare 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 Richard Wright

Health Centre Manager:

- Heather Conway

Health Centre Telephone Number:

- From the U.K. 01883 335050
- From outside the U.K 0044 1883 3350

