CATS
CAMBRIDGE

MEDICAL CARE POLICY

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RATIONALE

Students may need medical care during their stay at CATS Cambridge. This policy ensures that there are clear guidelines and boundaries in the following areas:

- Medical Care offered by the schools
- Confidentiality to include Information Sharing Protocol
- Documentation
- Working with parents
- Procedures for students reporting sickness
- Administration of/ Record Keeping of Medicines/Disposal of Medicines
- Health Care Plans

AIM

To work in partnership with parents/guardians/agents, students, and fellow professionals to ensure that students who require medical treatment are able to undertake treatment in a safe and secure environment, which allows the student to continue to make progress with their education.

This policy contains the following appendices:

- Individual Health Care Plan
- Protocol for Homely Remedies for CATS Cambridge
- Flowchart of key questions for information sharing
- Good Hygiene Practice and Hand Hygiene (Infection Control)
- Asthma Policy
- Anaphylaxis Flowchart
- Epilepsy Flowchart
- Head Injury/Concussion Policy
- Diabetes Policy
- Covid-19 Care Policy
- Covid-19 Flowchart
- Useful Contact Details

CONFIDENTIALITY

In accordance with the school Nurses' professional obligations, medical information about our students, regardless of their age, will remain confidential. However, in providing medical care for a student, it is recognised that on occasions a Nurse may liaise with the Head of School and other academic staff, Welfare team, Boarding staff and

parents/guardians/agents, and that information, ideally with the student's prior consent, will be passed on, as necessary. With all medical and nursing matters, the Nurse will respect a student's confidence except on the very rare occasions when, having failed to persuade that student, or his or her authorised representative, to give consent to divulgence, the Nurse considers that it is in the student's best interests or necessary for the protection of the wider School community, to breach confidence and pass information to a relevant person or body. (See Appendix 3 – Information Sharing Flowchart)

DOCUMENTATION

When students join the school, they complete a School medical questionnaire including significant past and current medical problems, any on-going treatment, allergies and the dates and details of all immunisations, if known. This information is also included in the NHS (National Health Service) surgery medical questionnaire.

Each contact and communication with a student/or member of staff regarding a student will be documented in the school's computerised system (iSams/ Reach) and any other relevant medical documentation will be kept in a locked filing cabinet in the Health Centre. Accesses to these records are available to the Nurse and named members of staff on a need-to-know basis with consent from the student. At CATS Cambridge, Welfare Concerns will be documented on My Concern platform and relevant staff will be notified.

WORKING WITH PARENTS/GUARDIANS

The schools and parents/guardians/agents should work together to ensure that all relevant information, regarding a medical condition or Specific Educational Need or Disability (in accordance with SENDA 2001) which may affect a student at School, is passed on to all concerned. Information will only be requested from parents when it is necessary to ensure the health and safety of the individual student and/or his/her peers at School. The confidentiality of a student's medical records will be respected.

Parents/agents/guardians should provide the school with information about the student's medical condition, treatment, or any special care needed at School. They should, in partnership with the Nurse/Welfare Team, reach an agreement on the school's role in helping to address the student's medical needs

The cultural and religious views of families will always be respected

Parents/guardians will be required to provide a letter from a prescribing physician detailing the care needs of the student to ensure continuity of care

Parents/agents/guardians will be asked for the following information about medication:

- Name of medicine

- Dose
- Route of administration
- Time and frequency of administration
- Other treatment which may involve School staff or affect the student's performance during the school day
- Side effects which may have a bearing on the student's behaviour or performance at School
- Parents should advise the school of any changes in the medication administered to their son/daughter at the earliest opportunity
- Parents/guardians will be required to complete and return a Medical Compliance Declaration Form prior to the student's arrival.
- No student under 16 should be given medication without his/her parent's/guardian's written consent. To obtain written consent, the school will send a School Registration Form to the parents/guardian. This must be signed and returned prior to arrival. The Registration Form includes permission for the administration of First Aid and appropriate non-prescription medication, medical, dental, or optical treatment as and when required. In the absence of written parental consent, the school Nurse will apply the Fraser Guidelines and assess if the student is competent to decide to take the medication or seek medical advice or treatment in confidence (see pre-arrival pack for medical consent form).

NB: - All students are required to provide a completed and signed School Registration Form prior to arrival.

THE SCHOOL MEDICAL SERVICE

The school supports students with medical conditions.

The school uses a Nurse along with a local NHS GP surgery for its medical needs. Students studying with the school for courses over 6 months are registered with the GP when they arrive at the school. Students studying under 6 months will need either private health insurance or be willing to pay privately to see a Doctor.

The student's parents/guardians/agents and appropriate health professionals will be asked to provide support and information. All staff members, who have contact with the student, will be informed of the possibility of an emergency arising and the action to take if one occurs.

If in doubt about any of the procedures, the member of staff should check with the Nurse/Welfare Team who may in turn contact the parents or a health care professional before deciding on a course of action.

PROCEDURES FOR STUDENTS TO REPORT SICK

To provide full medical care, including dental and optical attention, every student who is sick must report in person to the Nurse at the School. The school provides nursing care, access to a Doctors' practice and refreshments during the day. If a student is too sick to report to the Nurse, the student must speak to the Nurse over the telephone (students aged 18 and over). The Nurse will assess the student's medical condition and arrange appropriate medical care for the student.

In the Health Centre, the student will be assessed and either:

- Return to lessons, when considered well enough.
- Stay in their residence or the Health Centre, in which case the Attendance Manager, Boarding staff and Teaching staff informed.
- Be referred for GP telephone triage. If following assessment, a GP appointment is needed, this will be arranged by the Nurse, or in the absence of the Nurse the Welfare or Boarding Team.
- Be assisted by the Nurse to arrange a Private Doctor appointment. As costs may be incurred, written consent must be received from the parent / guardian or agent before booking.

The school reserves the right to insist that students attend an NHS Doctor to enable proof of sickness if their condition is such that they may be absent for longer than seven days including weekends. Any other alternatives provided by a student may not be accepted when not reinforced with a valid NHS Doctor's certificate. All Doctor's certificates will be examined for authenticity.

Therefore, ALL students should ensure they are registered with an NHS Doctor or are able to pay privately.

Students are encouraged to obtain medical/health insurance prior to arrival.

For those students where pregnancy is a concern:

- It is the student's responsibility to inform a member of the school nurses or the Welfare Team about their current situation.
- They will be encouraged to speak to the Nurses and all options will be discussed confidentially. The student can be supported appropriately, whether this is to return home or continue with the pregnancy and their course.

- If the student decides to continue with the pregnancy, then a member of the Nurses will complete a Risk Assessment to establish the adjustments that need to be put into place for the safety of the student during their pregnancy.

MEDICINES IN THE HEALTH CENTRE

Medicines in the Health Centre and Boarding Houses are kept within a secure, locked cupboard and a refrigerator is available.

The Nurse keeps a list of non-prescription medication that is stocked in the health centre and a supply is kept in the Boarding Office in Elizabeth House. The list records details of administration: date, name, dosage, and appropriate signatures.

ADMINISTRATION OF MEDICINE

It is important that students who need to take medication at School are involved as closely as possible in the arrangements made for them. When deciding for medical care at School the following is taken into consideration:

- Independent management of needs
- Supervised administration of medication
- Staff administration of medication

Staff will assist students with their medical needs after consultation with the Nurse. The Nurse will agree the administration of medication and undertake a risk assessment as to whether a student is competent to self-medicate after adequate consultation with parents/guardian/agent and student.

NB: - No staff member should enter into individual agreements with parent/guardian or student.

For most, this will be for a brief period on antibiotics, applying a lotion or eye/ear drops. In some cases, there may be a long-term need for students to take medication. Students will be allowed to take medication during School hours as well as in the evenings and at night to minimise the disruption which could be caused by illness and allows their education to proceed at a steady rate alongside their peers.

Information about an individual student's medical condition and related needs will only be disseminated to key staff that requires knowing to ensure the student's wellbeing (With prior consent from the student).

Details will be completed on iSams or the computerised system for each student receiving medication. A risk assessment and Independent Health Care Plan (IHCP) will be implemented for students who receive 'controlled' medications. This plan will include the following information:

- Name of medication/s
- Details of dosage and times for administration
- Side Effects of medication/s
- Staff involved in administration or supervision of medication

The IHCP and Risk Assessment of medication administration will be reviewed with the student and Nurse, at set intervals, to ensure the student's medical needs are being met. Any changes will be updated on iSams or the computerised system and the appropriate staff informed by the Nurse.

Advice on the storage of medicines will be sought from a qualified pharmacist when required. A secure location is available in accommodation as well as refrigeration when required.

Medicines may be potentially harmful to anyone for whom they are not prescribed. The school acknowledges that it has a duty to ensure that risks to the health of others are properly controlled.

A few medicines, such as asthma inhalers and Epi-pens, will be readily available to students and not locked away.

Normally students will carry their own inhalers with them. However, a spare inhaler and spacer are kept securely locked in the Boarding House in case of emergency. When a medicine requires refrigeration, it is kept in the refrigerator in the Boarding Office. To avoid confusion, medicines should be kept in a container that is clearly labelled with the student's name, date of birth and name of the medicine. Members of staff who use the refrigerator must be made aware of the importance of keeping the medicine safe and secure. Staffs are required to complete and sign the accompanying medication log.

In an emergency, students should have prompt access to their medicine. This should be done in consultation with the House Leader/Deputy House Leader, if out of School hours, or the Nurse during the School Day. The emergency will be recorded on iSams or the computerised system. The Nurse will action as appropriate.

All staff should be familiar with the normal procedures for avoiding infection and will follow the basic hygiene procedures detailed in the Public Health England Guidance for Schools, 2016. (See Appendix 4)

The House Lead will ensure that staff knows how to call the Emergency Services.

EMERGENCY MEDICAL PROCEDURES

If there is a medical emergency or emergency accident the member of staff present should phone 999 immediately and give as much detail to them as possible.

A student under the age of 18, transported to the hospital via ambulance, will be accompanied by a staff member acting in loco parentis. Students aged 18 and above must notify the school before attending any medical appointment or visiting the A&E department. They will have the choice to be accompanied but may decline if they wish.

If a student is taken to hospital during School hours:

- If off-site telephone the School Reception
- Inform the Nurse/Welfare Team, or in their absence the Senior Deputy Head/Head.
- The school will then undertake to inform the parents/guardian/agent and keep the parents/guardian/agent updated.

If a student is taken to hospital after School Hours (17:00 – 08:00)

- If the student is off site, Telephone the Emergency on Call telephone number (07730 321445 for Elizabeth House)
- Where possible, the responsible adult will contact either the parent, guardian, or agent at the earliest convenient opportunity with the student's consent.
- The senior member of boarding staff informs the On Call Duty team.
- The accompanying member of staff will keep appropriate hosiptal record of timings, etc.
- The senior member of boarding staff will note the incident on iSams or the computerised system alerting the appropriate staff
- The Deputy House Lead and/or Students Services (dependent of the time of day) will inform the parents/guardian/agent as soon as is practicable.

NB. When a student is taken to hospital by a member of staff, they should also take with them all medication the student is currently taking where possible.

If a student refuses to take medication, the school will record this on MyConcerns or the computerised system and inform the student's parents/guardian. If the medication is essential to the student's continued wellbeing, the school Nurse will contact the parent/guardian.

NB: - Staff must not compel a student to Take Medication.

Medication should be taken to School only when it is needed. Often medication can be prescribed in dose frequencies, which enable it to be taken outside School hours. Students can also be assisted with eye and ear drops at the health Centre if needed.

NON-PRESCRIBED MEDICINES

Students may ask for pain killers (analgesics) and homely medication at School, including Ibuprofen and Paracetamol. The Welfare Team, Head of Boarding and Residential Life

or House Parents may administer Paracetamol and Ibuprofen, and this must be recorded on IsAMS or the computerised system

Before giving non-prescribed medication to any student, members of staff must ask if the student has taken a previous dose, whether the student is allergic to this drug, or whether the medication may react with another medication being taken.

PRESCRIBED MEDICINES

Any member of staff giving medicines to a student should observe the following procedure in the presence of a second member of staff:

- Confirm the student's name agrees with that on the medication
- Check the written instructions provided by the school Nurse
- Confirm the prescribed dose
- Check the expiry date
- Record on IsAMS the computerised system under a medical Out of Hours illness Note.
- Staff MUST sign the relevant paperwork.

DISPOSAL OF MEDICINES

Any medicines requiring disposal need to be disposed of at the local pharmacy.

All medicine disposals need to be recorded in the Weekly Medication Stock Record and returned to the school Nurse (This is taken to the local pharmacy).

- Date
- Name of medicine
- Amount of medicine being disposed of
- Name of chemist where medicine has been disposed
- Signature of Disposer.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained through the health services and hygiene services of the school and need to be disposed of by the local Surgery or dispensing chemist.

INDIVIDUAL HEALTH CARE PLAN

The main purpose of an Individual Health Care Plan (IHCP) for a student with medical needs is to identify the level of support that is needed (see Appendix 1). Not all students who have medical needs will require an individual plan.

An Individual Health Care Plan clarifies for staff, parents/guardians and the student, the help that can be provided. It is important for staff to be guided by the health care professional involved. The Nurse/should agree with parents/guardians and student how often they should jointly review the IHCP.

Staff should judge each student's needs individually as young people vary in their ability to cope with poor health or a particular medical condition.

Developing an IHCP should not be onerous, although each plan will contain various levels of detail according to the need of the individual student. They must be authorised by a Healthcare professional.

In addition to input from the school Nurse the student's GP or other health care professionals (depending on the level of support the student needs) may need to contribute to an IHCP.

APPENDIX 1: INDIVIDUAL HEALTH CARE PLAN

Individual Health Care Plan
Medical Professional Contact
Student Name: D.O.B Gender: Number: Residence: Address: Named Health Co-ordinator: Family Contact: Information on iSAMS or the computerised system: Medical Diagnosis/Condition (Include medicine prescribed)

Assessment

Medical needs	Symptoms

Daily Health Plan to be implemented / By Whom

Potential Complications and Emergency Situation:

Agreed Actions to take:

By Whom

Review due:

By:

Date Reviewed:

Outcome of review:

Date of Plan:

Review Date:

Date Reviewed:

By:

APPENDIX 2 PROTOCOL FOR HOMELY REMEDIES FOR CATS CAMBRIDGE.

PROTOCOL FOR HOMELY REMEDIES FOR CATS CAMBRIDGE.

Guidance

- This is a list of medication that can be administered to students that have not been prescribed by a doctor. The aim of these guidelines is to provide safe treatments for commonly presented conditions.
- This policy does not supersede the need to contact a doctor, by any member of staff, if they are unsure or there is any doubt about the condition being treated.
- Administration of these remedies should be given in accordance with the patient information leaflets provided in each pack, considering that there are no contraindications or previous allergies to the medication.
- Any medication administered must be clearly recorded on the medical section in Isams r the computerised system and the School Nurse informed of the time and dose that the medication was given.

Homely Remedies

CONDITION	TREATMENTS
Cold and 'flu like symptoms'	Paracetamol, Paracetamol Drink or decongestant
Muscular Pain Relief, anti-inflammatory	Paracetamol, Ibuprofen tablet, Ibuprofen gel and Deep Freeze
Allergy relief, hay fever	Allergy and Hay fever relief
Diarrhoea	Loperamide hydrochloride
Indigestion relief	Gaviscon, Rennie and Pepto- Bismol
Rehydration	Rehydration treatment
Sore throat	Cough mixture & Lozenges
Sore gum relief	Boots sore gums
Sun burns and skin irritation	Calamine lotion
Minor cuts and grazes	Plasters

Paracetamol

Indications

When it can be used	Pain relief for mild to moderate pain, pyrexia (fever)
Do Not Give	In conjunction with other medicines containing paracetamol

Treatment to be given

Name of Medicine	Paracetamol 500mg
Dose (Over 16 years)	1 to 2 tablets
Dose (Under 16 years)	500mg-750mg
Route	Oral
Frequency	Four to Six hours between doses

Max dose in 24 hrs	4g (8 tablets)
Follow up	Inform GP if symptoms persist
Warning/Adverse reactions	Side effects rare – rash, blood disorders, liver damage in overdose

Ibuprofen

Indications

When it can be used	▪ Pain relief for mild to moderate pain, migraine, musculoskeletal pain.
Do not give	▪ Asthma, pregnancy, known hypersensitivity to aspirin, ibuprofen or other NSAID ▪ DO NOT take if unable to have Sucrose or Lactose. ▪ Current or previous history of dyspepsia or peptic ulceration ▪ Patients taking oral anticoagulants, warfarin, heparin, aspirin or other NSAIDs, patients taking lithium, methotrexate, tacrolimus, cyclosporine, and ▪ Patients with known severe cardiac disease, heart failure, oedema, hypertension or renal impairment

Treatment to be given

Name of Medicine	Ibuprofen 200 mg tablets
Dose	200mg – 400mg
Route	Oral
Frequency	Every 8 hours
Max Dose in 24 hrs	6
Follow up	If condition worsens or symptoms persist then seek further medical advice
Warnings/Adverse Reactions	Discontinue if indigestion or other gastro – intestinal symptoms develop e.g., hematemesis (blood in vomit)
Advice to student	Take Medicine with or after food or milk. Ibuprofen may be taken with Paracetamols if necessary. Advise Students not to take other Non-Steroidal anti – inflammatory (NSAIDS) Containing products at the same time.

Decongestant

Indications

When it can be used	For relief of colds and flu symptoms

Do not give	▪ If allergic to Paracetamol, ascorbic acid, or any of the ingredients contained within this Product. ▪ Have kidney or liver problems, overactive thyroid, diabetes, high BP, or heart disease ▪ Taking drugs for heart problems or tricyclic antidepressants or have been prescribed drugs for depression in the last two weeks

Treatment to be given

Name of medicine	Decongestant
Dose	1 sachet every 4-6 hrs
Route	Oral
Frequency	One sachet every 4-6 hrs
Max Dose in 24hrs	No more than 6 sachets
Follow up	See GP if condition worsens or does not improve
Warnings/Adverse Reactions	Rare – allergic reactions, such as skin rash

Hay fever and allergy relief

Indications

When it can be used	Symptomatic relief of allergy such as hay fever, urticaria
Do Not Give	▪ Kidney problems, pregnant or breastfeeding. ▪ DO NOT take if unable to have Lactose.

Treatment to be given

Name of Medicine	Hay fever and allergy relief tablets
Dose	One tablet daily
Route	Oral
Frequency	Once daily
Max dose in 24hrs	1
Follow up	If no relief, refer to GP
Warnings/Adverse Reactions	Rare – headache, dizziness, dry mouth, drowsiness, stomach, or intestinal discomfort

Cough Linctus

Indications

When it can be used	For relief of chesty coughs
Do not give	Fructose intolerance or allergic to ingredients

Treatment to be given

Name of medicine	Cough Linctus
Dose	10ml (2x5ml spoonful)

Frequency	2-3 hourly
Max dose in 24hrs	4
Follow up	Refer to GP if symptoms persist with a temperature
Warnings/Adverse Reactions	Rare – stomach upset

Loperamide Hydrochloride

Indications

When it can be used	To relieve symptoms of diarrhoea
Do not use	Cases of severe diarrhoea after taking ▪ Antibiotics, inflammatory bowel conditions such as ulcerative colitis, constipation, ▪ Acute dysentery. ▪ Advice needed if patient is HIV Positive and stomach becomes swollen. ▪ If diarrhoea lasts more than two weeks (or ▪ Is related to IBS) ▪ If diarrhoea is severe, DO NOT take if unable to have Lactose.

Treatment to be given

Name of Medicine	Loperamide Hydrochloride
Dose	Two tablets initially, followed by 1 capsule after each loose bowel movement
Route	Oral
Frequency	Take after each loose bowel movement
Max dose in 24hrs	16mg daily
Follow up	If symptoms persist after 3 days, seek medical help
Warnings/Adverse Reactions	▪ Abdominal cramps ▪ Nausea ▪ Vomiting ▪ Tiredness ▪ Drowsiness ▪ Dizziness

	▪ Dry mouth ▪ Skin reactions
Advice to student	▪ Drink plenty of fluids to maintain Hydration. ▪ Prevent spread of infection wash hands after going to the toilet, before you touch ▪ Food. Rehydration therapy may be needed in cases of severe diarrhoea were large amounts of fluids are lost.

Anbesol Adult Strength Gel

Indications

When can it be given	To relieve sore gums, dental pain, and mouth ulcers
DO NOT GIVE	If allergic to Lidocaine Hydrochloride, chlorocresol, cetylpyridinium or other anaesthetics similar to Lidocaine or allergic to any of the other ingredients. DO NOT GIVE to children under the age of 12. Seek advice if pregnant or breast feeding

Treatment to be given

Name of Medicine	Anbesol Adult Strength Gel
Dose	Small amount applied with clean finger
Route	Oral
Frequency	Every 3 hours
Max Dose in 24 hours	
Warning/Adverse reactions	▪ Possible allergic reaction, difficulty breathing, rash, itch ▪ Mouth ulcers ▪ Inflamed skin
Advice	If symptoms persist after 7 days, seek further advice

Treatment to be given

Name of Medicine	Tooth Tincture

Dose	One centimetre applied to sore area
Route	Oral
Frequency	Every 3hrs
Max Dose in 24 hrs	
Warnings/Adverse reactions	Possible allergic reaction, symptoms may like those of asthma.
Advice	If symptoms persist after 7 days, seek advice

Indigestion Remedies (Gaviscon)

Indications

When it can be used	To relieve Indigestion
DO NOT GIVE	▪ Within two hours of taking other medicine by mouth as it may be less effective ▪ Seek advice if suffering from phenylketonuria as this product is sweetened with aspartame

Treatment to be given

Name of Medicine	Indigestion Remedy
Dose	2-4 tablets after meals and at bedtime
Route	Oral
Frequency	After meals
Max dose in 24 hrs	
Warnings/Adverse reactions	Too many tablets can cause bloating. Rare- allergic reaction
Advice to students	Look at lifestyle of student if appropriate. Do they smoke, drink too much coffee, alcohol or eat too many fatty foods.

Rehydration

Indications

When it can be used	To replace salts after diarrhoea or excessive vomiting
DO NOT USE	Ask Doctor or pharmacist if suffering from intestinal obstruction, inflammatory bowel disease, diabetes, kidney, or liver failure or on a low potassium or sodium diet

Treatment to be given

Name of medicine	Rehydration treatment
Dose	1 – 2 sachets with 200ml of water after each loose motion
Route	Oral
Max Dose in 24 hrs	6
Warnings/Adverse reactions	Rare- Allergic reaction
Follow Up	If symptoms persist, medical advice must be sought
Advice to Student	If vomiting is present the solution should be given in small frequent doses in sips

Calamine Lotion

Indications

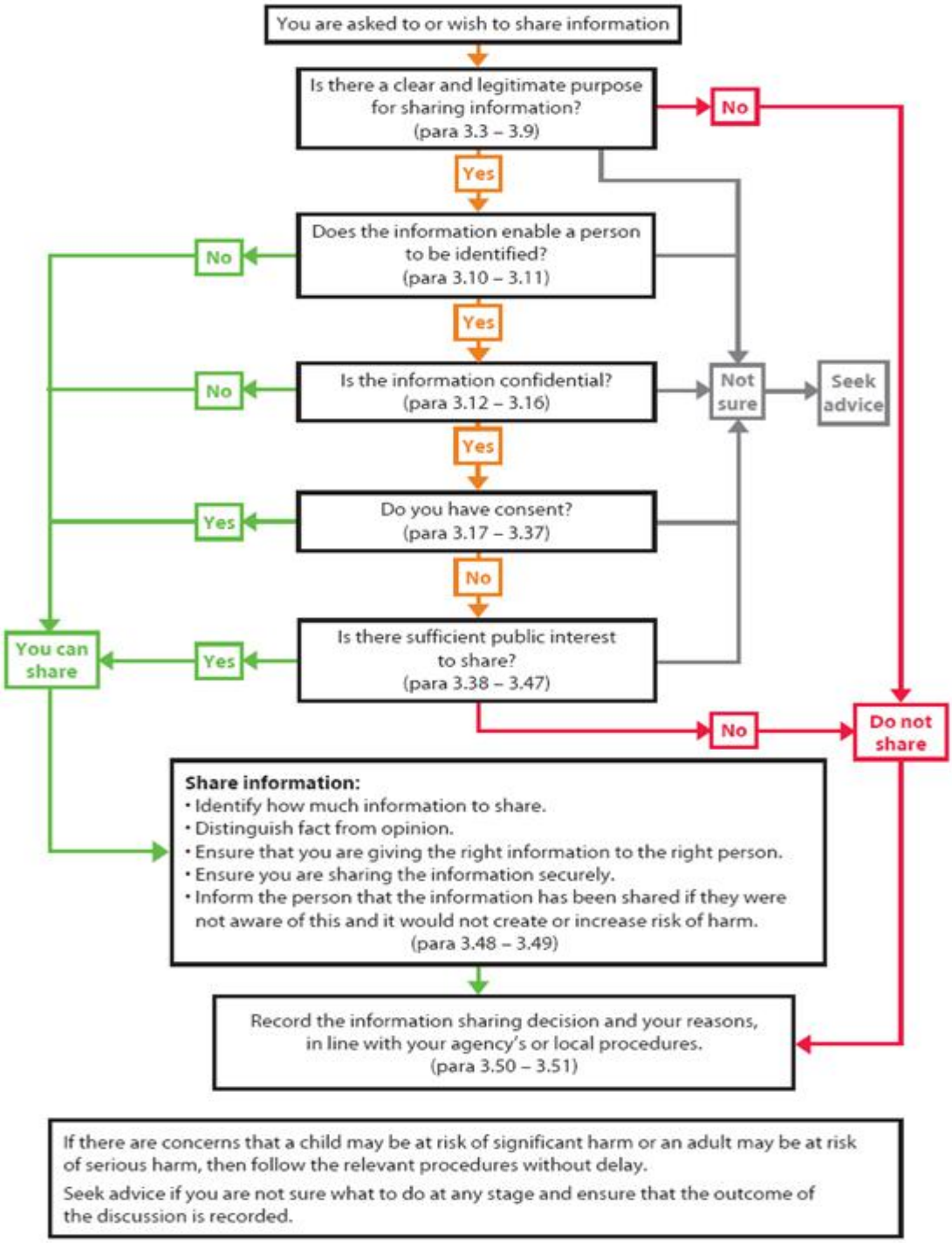
When it can be used	To relieve sun, burn and skin irritation
DO NOT USE	If allergic to lotion

Treatment to be given

Name of Medicine	Calamine Lotion
Dose	Apply as necessary to affected area.
Frequency	As required
Follow up	See GP if symptoms persist

APPENDIX 3 FLOWCHART OF KEY QUESTIONS FOR INFORMATION SHARING

Flowchart of key questions for information sharing



APPENDIX 4 GOOD HYGIENE PRACTICE AND HAND HYGIENE (INFECTION CONTROLS)

GOOD HYGIENE PRACTICE and HAND HYGIENE:

For more advice contact your local Health Protection England

- Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea & vomiting and respiratory disease. The recommended method is the use of liquid soap, water, and paper towels. Always wash hands after using the toilet, before eating or handling food,
- And after handling animals.
- Cover all cuts and abrasions with waterproof dressings.
- Coughing and sneezing easily spread infections. Young People and adults are encouraged to cover their mouth and nose with a tissue. Wash your hands after using or disposing of tissues.
- Spitting should be discouraged.
- Personal Protective Clothing (PPE). Disposable non powdered vinyl or latex free CE marked gloves and disposable plastic aprons, must be worn where there is a risk of splashing or contamination with blood/body fluids. Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.
- Cleaning of the environment, including equipment should be frequent, thorough and follow national guidance e.g. use colour coded equipment, COSHH, correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.
- Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal, and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product which combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is:
- Effective against bacteria and viruses, and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages - use disposable paper towels and discard clinical waste as described below. A spillage kit is available for blood spills and vomit.
- Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash fabric will tolerate. Wear PPE when handling soiled linen.
- Clinical waste: Always segregate domestic and clinical waste in accordance with local policy. Used sanitary products, gloves, aprons, and soiled dressings should be stored in correct clinical waste bags in foot operated bins. All clinical waste bags should be less than 2/3rds full and stored in a dedicated, secure area whilst awaiting collection.
- SHARPS INJURIES AND BITES:
- If skin is broken make wound bleed/wash thoroughly using soap and water. Contact GP or **NHS 111 - NHS emergency and urgent care services**
    - Or go to Accident and Emergency immediately.
    - Ensure local policy is in place for staff to follow.

References:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf (May 2016)

Clean Hands Protect Against Infection

http://www.who.int/gpsc/clean_hands_protection/en/ WHO 2017

APPENDIX 5 ASTHMA POLICY

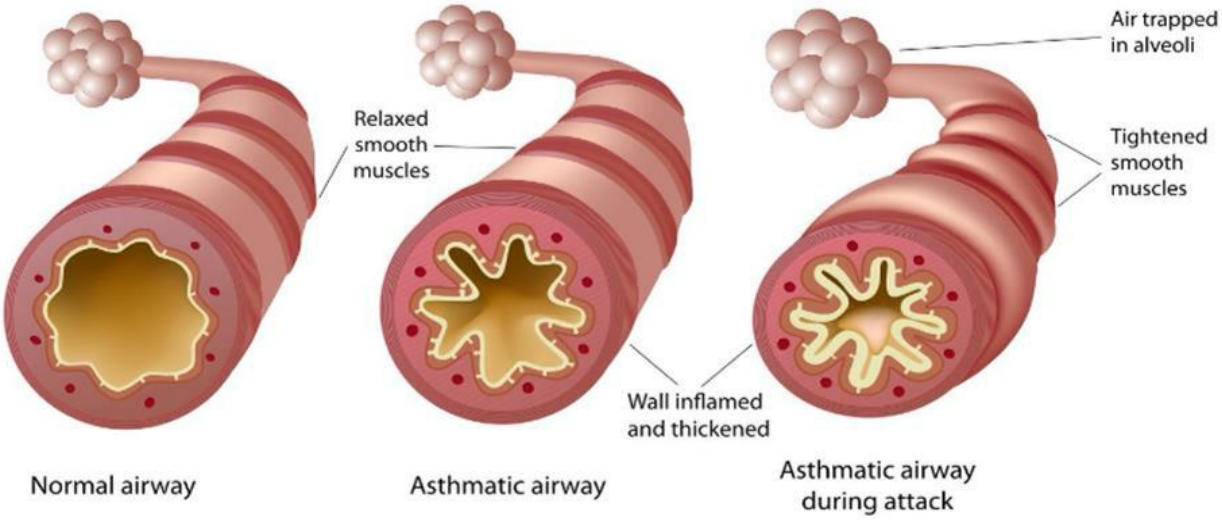
ASTHMA POLICY

The aim is to enable those with Asthma to be supported to fully participate in all areas of school life. We do this by:

- All students are encouraged to always have their own reliever inhalers with them
- An emergency Salbutamol Inhaler and Spacers are available in both the Boarding Office in Elizabeth House.
- An Asthma Register (information taken from the health information on the Registration Form)
- Residential staffs have regular training, to include triggers.

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma encounters something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower, and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

What happens?



https://www.asthmafoundation.org.nz/your-health/living-with-asthma

It is recognised that asthma affects many young people, can be serious, but can be controlled successfully.

Asthma Register

This is updated regularly with information received on the student's Registration Form and a list of students with this condition is recorded along with the treatment required in an emergency.

Medication and Inhalers

All students should always have immediate access to their reliever inhaler (usually blue). The reliever inhaler is a fast -acting medication that opens the airways and makes it easier for the child to breathe. (Source: Asthma UK).

Some students will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the Doctor/Nurse. This medication needs to be taken regularly for maximum benefit. This should not need to be brought into School with them daily, but if they are going on a Residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).

Staff Training

Regular Staff Training will be provided by the school Nurses.

Triggers

These can include the following and is not an exhaustive list

- Colds and infection
- Dust and house dust mite
- Pollen, spores, and moulds
- Feathers
- Furry animals
- Exercise, laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke (Source: Asthma UK)

Exercise and Activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register (Source: Asthma UK).

Exercise is an important part of life and is being further encouraged over recent years due to its health benefits Those students whose Asthma is triggered by exercise are encouraged to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a student needs to use their inhaler during a lesson they will be encouraged to do so. (Source: Asthma UK).

When Asthma is affecting the Student's Education

The aim of Asthma medication is to enable those with Asthma to live a normal life. If the Asthma is impacting on their life so that they are unable to partake in normal activities, are tired during the day, falling asleep in class or falling behind in lessons, then the School Nurse will discuss with the student that they are required to make an appointment with the GP or the Asthma Nurse at the local registered practice.

Emergency Salbutamol Inhaler

'The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March 2015).

These are to be found in Elizabeth House Health Centre along with disposable spacers (sole use only).

There should be:

- A salbutamol metered dose inhaler;
- At least two disposable spacers with the inhaler;
- Instructions on using the inhaler and spacer;
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers (see below);
- A list of those students who are permitted to use the Emergency Inhaler

A record of administration

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children.

http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers

Education for Health is a charity providing asthma training with the most up to date guidelines and best practice

http://www.educationforhealth.org;

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the young person could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some young people will go very quiet.
- May try to tell you that their chest 'feels tight'

An Asthma attack may not have all of these above symptoms, or you may have different symptoms at different times. The student might have 1 symptom, or all listed. They may occur in any order and may be different each time.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE STUDENT:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue (around the lips and mouth)
- Has collapsed

WHAT TO DO IN THE EVENT OF ASTHMA ATTACK

- Keep calm and reassure the young person
- Encourage the young person to sit up and slightly forward
- Use the young person's own inhaler – if not available, use the emergency inhaler
- Remain with the young person while the inhaler and spacer are brought to them
- Shake the inhaler before dispensing into the spacer
- Take one puff of your reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.

  http://www.nhs.uk/Livewell/asthma/Pages/Asthmaattacks.aspx

- Stay calm and reassure the young person. Stay with the young person until they feel better
- If the young person does not feel better or you are worried AT ANYTIME before you have reached 10 puffs**, CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive within 15 minutes Take one puff of your reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs (as above).
- A member of staff may need to accompany the young person to hospital
- Complete documentation

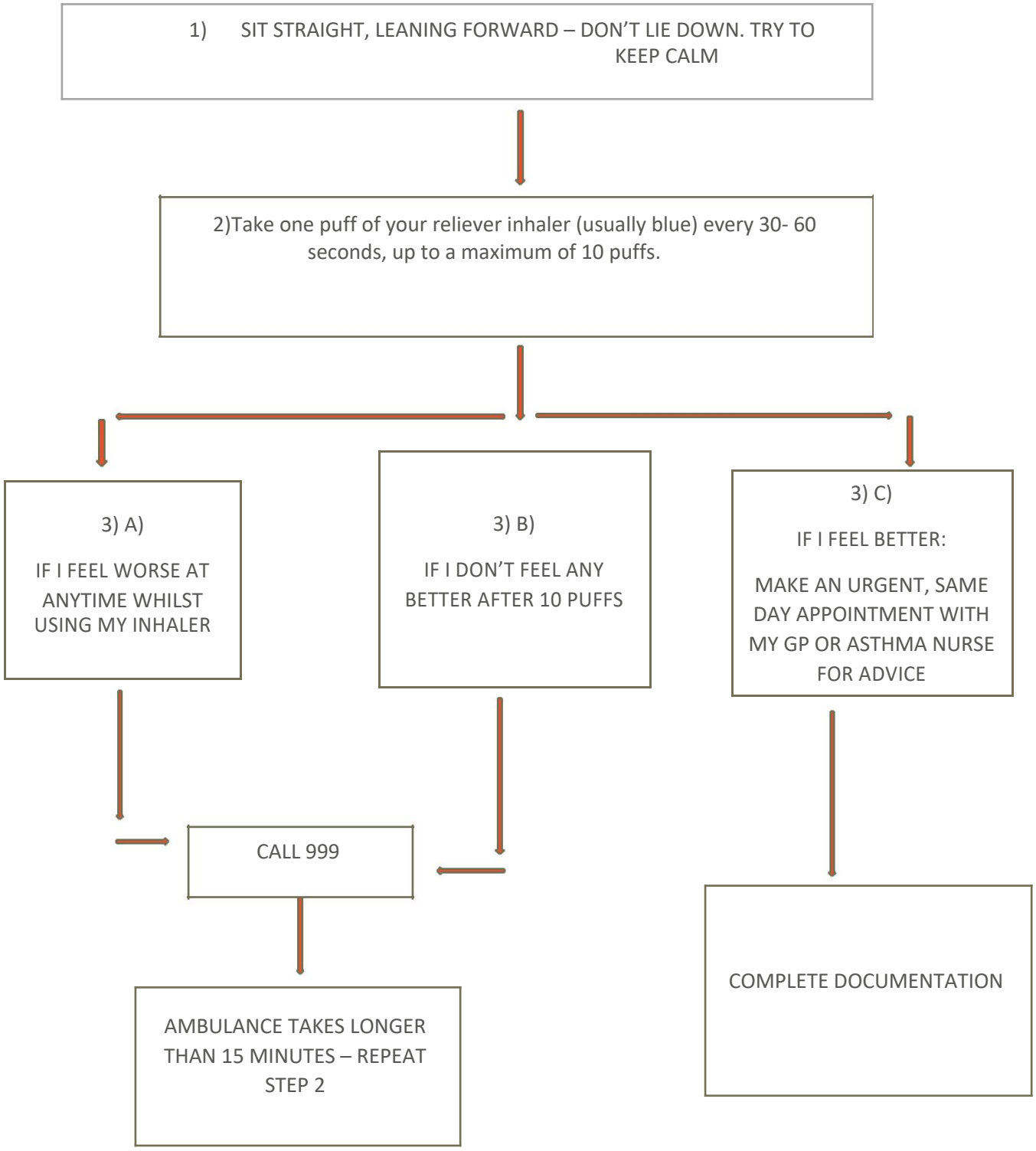
References

Asthma UK website (2015)

- Asthma UK (2006) School Policy Guidelines.
- Emergency asthma inhalers for use in schools 2014

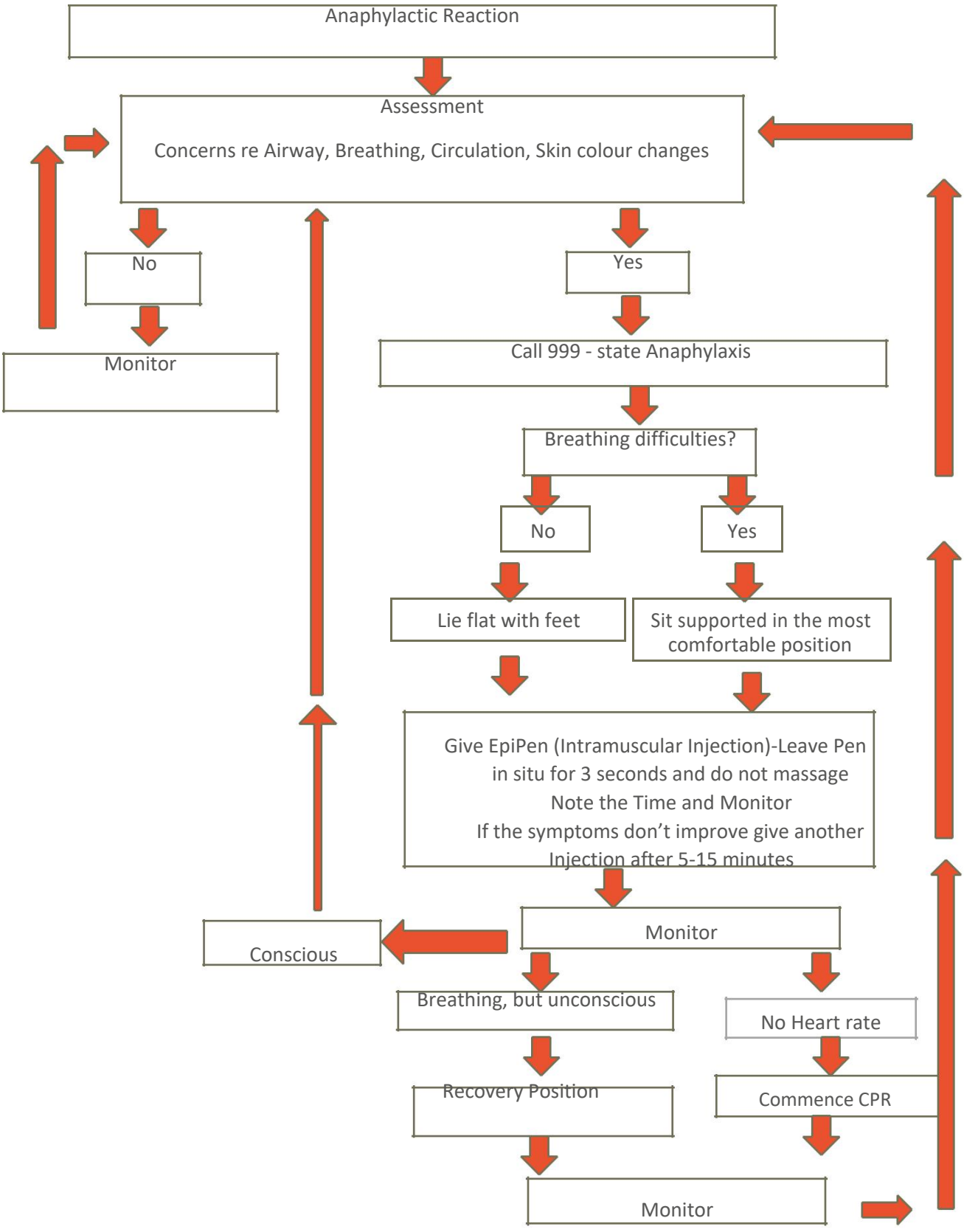
http://www.nhs.uk/Livewell/asthma/Pages/Asthmaattacks.aspx

THIS IS AN EMERGENCY



APPENDIX 6 ANAPHYLAXIS FLOW CHART

ANAPHYLAXIS FLOW CHART



How to use your EpiPen® Demonstration Video is available online www.epipen.co.uk

EPIPEN® EPIPEN® Jr
(Adrenaline) Auto-Injectors 0.3/0.15mg

PATIENTS | HCP

About Anaphylaxis | Know your EpiPen® | EpiPen® user guide | Living with anaphylaxis | My EpiPen® resources | Expiry alert service | FAQs | Kidszone

EpiPen® user guide

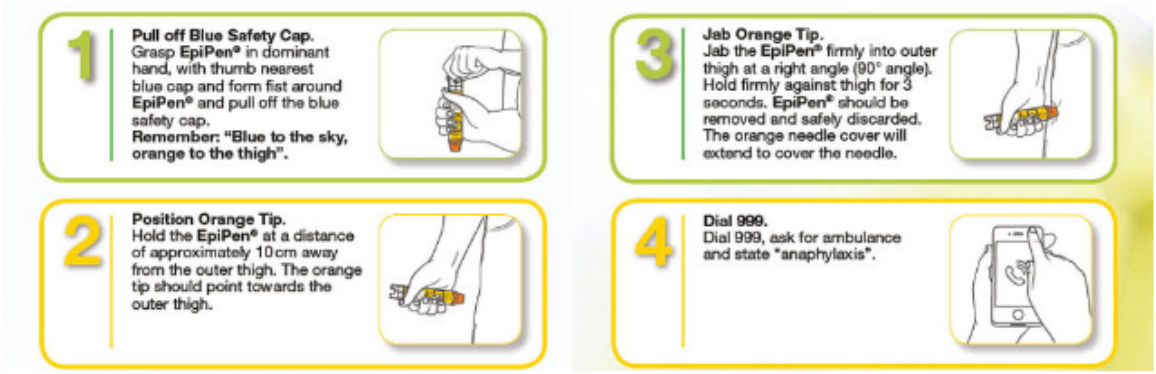
Guide to Using Your EpiPen® and Trainer Pen

Using your **EpiPen®** is easy, especially if you practise using your Trainer Pen. Familiarise yourself with these simple steps and watch the demonstration video so you are clear about what to do in an emergency.

There is no need to remove clothing to use your **EpiPen®**, but make sure the orange end will not hit buckles, zips, buttons or thick seams on your clothes.

To remove **EpiPen®** from the carry case. Flip open the lid on the carry case. Tip the carry case and slide the **EpiPen®** out of the carry case.

Lie down with your legs slightly elevated to keep your blood flowing or sit up if breathing is difficult.



Each **EpiPen®** can only be used once. If symptoms don't improve, you can administer a second **EpiPen®** after 5-15 minutes.

*"You Must call **999**, ask for an ambulance and state '**anaphylaxis**'."*

Stay lying down or seated and have someone stay with you until you have been assessed by a paramedic.

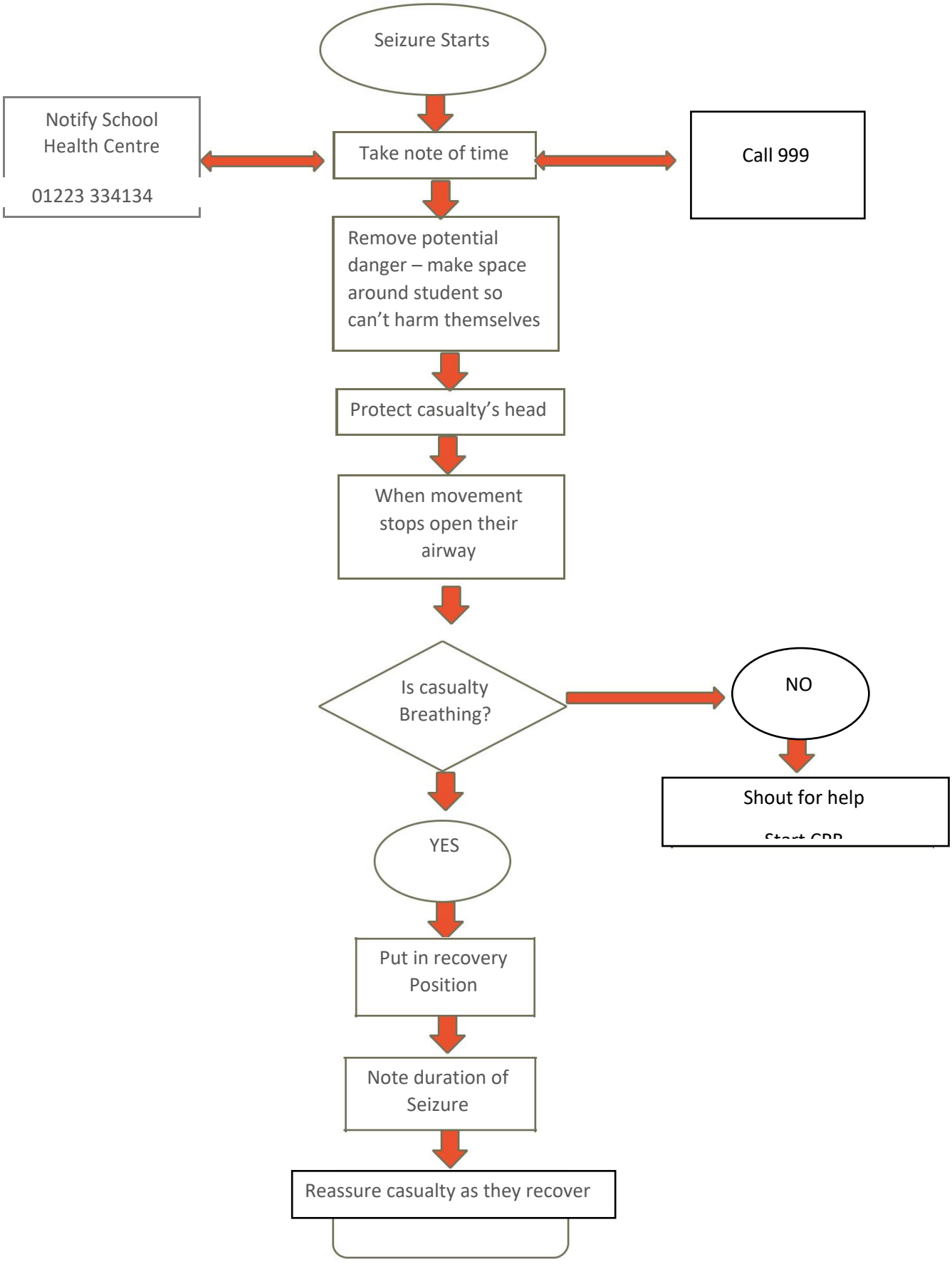
Unconscious patients should be placed in the recovery position.

http://www.epipen.co.uk/patients/epipenr-user-guide

APPENDIX 7 EPILEPSY FLOWCHART

What would you do if someone has an Epileptic Seizure in School?

EPILEPSY FLOWCHART



APPENDIX 8 HEAD INJURY/CONCUSSION POLICY

The aim is to support students who have received a Head Injury and to minimise both long- and short-term effects of the injury.

Head Injury is defined as any trauma to the head other than superficial injuries to the face. It could be caused by**:**

- Sports injury
- Accidents with hard objects like doors, chairs, walls, stairs, roads etc.

If the blow to the head is significant, it could lead to concussion.

What is Concussion?

- Concussion is a brain injury caused by a blow to the head or body resulting in the brain being shaken.
- Concussion causes a disturbance to the brain function which can affect the student's thinking, memory, mood, behaviour, and level of consciousness.
- Concussion can occur without loss of consciousness
- Most concussion recovers after a time of rest, physically and mentally.
- It could take up to 48 hours for this to develop

Symptoms of a minor head injury is usually mild and short in duration and can be treated with Paracetamol only if no new symptoms develop within 48 hours, unless prescribed by the GP.

- Mild headache
- Nausea
- Mild dizziness
- Mild blurred vision
- Observe closely for 24 hours

NB. If these symptoms get worse, or if there are other serious symptoms, go straight to A&E or call 999.

Signs of serious head injury:

- Unconsciousness, either brief or prolonged
- Inability to stay awake or becoming sleepy several hours following the injury
- Clear fluid leaking from the nose or ears
- Bleeding from either or both of the ears
- Bruising behind either or both of the ears
- Any sign of skull damage or a penetrating head injury
- Difficulty speaking, such as slurred speech
- Difficulty understanding what people say
- Reading or writing problems
- Balance problems or difficulty walking
- Loss of power or sensation in part of the body, such as weakness or loss of feeling in an arm or leg
- General weakness

- Vision problems, such as significantly blurred or double vision
- Having a seizure or fit (when the body suddenly moves uncontrollably)
- Memory loss (amnesia), such as not being able to remember what happened before or after the injury
- Persistent headache
- Vomiting since the injury
- Irritability or unusual behaviour

NB. If any of these symptoms are present, especially loss of consciousness, go straight to A&E or call 999.
You should attend A&E if someone has injured their head and:

- The injury was caused by a forceful blow to the head at speed, such as being hit by a car or falling one metre or more
- The person had brain surgery before
- The person has had problems with uncontrollable bleeding
- The person is intoxicated by drugs or alcohol
- It's possible the injury wasn't accidental – for example, you deliberately hurt yourself or someone else hurt you on purpose

DOCUMENTATION.
NB. Sports Injuries

Following a fall or collision, concussion should be suspected, especially if there are any of the above signs and/or symptoms**.**

Although the 4 principles below apply to sports activities, these can be followed for Head injury/concussion

4 Principles of Concussion Management:

1) RECOGNISE

- Signs and symptoms:

If playing sport, SIT THEM OUT IF IN DOUBT – especially as concussion may only be present for a few seconds or minutes and can be easily missed.

2) REMOVE

- If concussion is suspected, give first aid and if safe to do so, immediately remove the student from play
- The student MUST NOT return to play until any signs or symptoms have ceased.
- The student MUST NOT play on the day that there was suspected concussion.
- Inform of Head Injury via Shackleton or the computerised system and Handover.
-

3) RECOVER

Most Head Injuries recover fully within a few weeks, BUT there must be time allowed for full recovery which includes, resting the brain and the body.

The student MUST have complete rest during the acute phase for 24-48 hours after the Head Injury and should be encouraged to become until all symptoms have ceased. This is Physical and Mental activities – NO computer games, Play station, TV, Phones, Tablets, IPADs, IPHONES

For complete recovery – **RECOMMENDATION**

When symptom free, there should be a rest period of 14 days form the day of the incident.

They should refrain from exercise/sport, activities which could risk further head Injury, prolonged reading, and above electronic equipment and if the symptoms return, then these activities should be reduced and re-introduced gradually.

Students could be away from School for up to 2 days following head injury, however it is uncommon for the return to School being any longer.

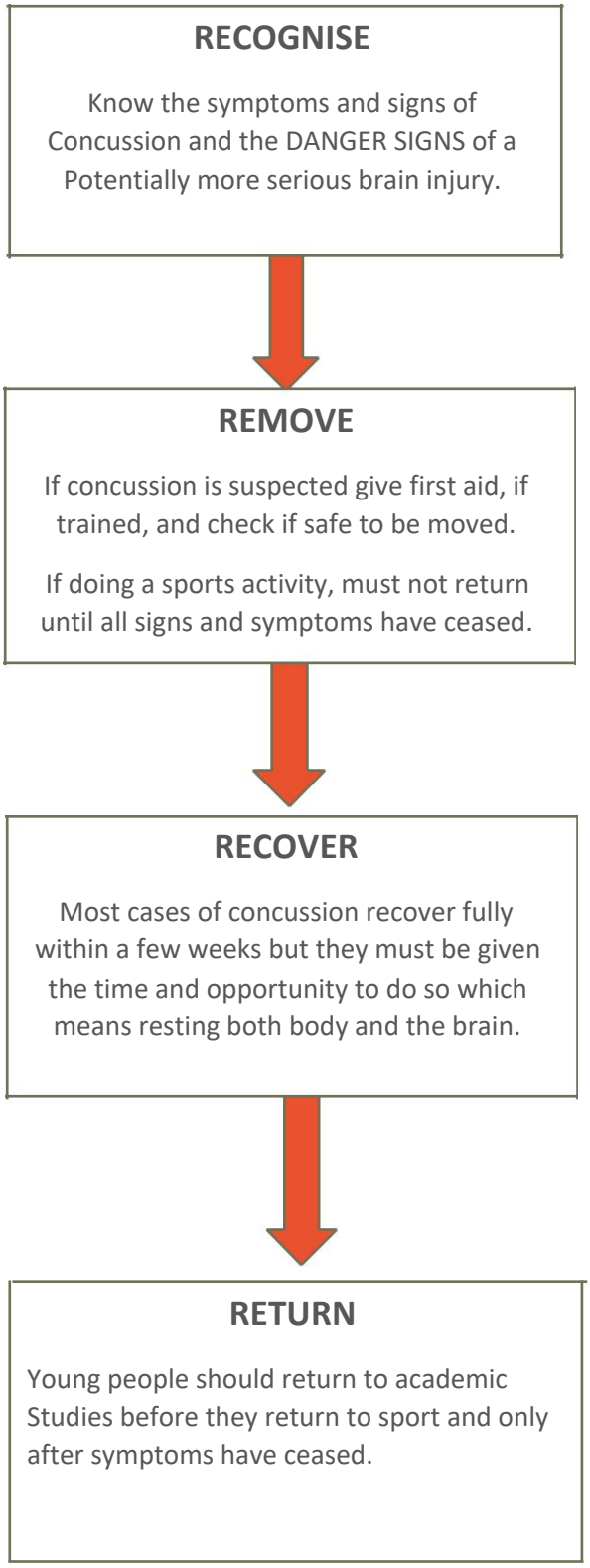
4) RETURN

- When symptom free, there should be a gradual reintroduction to studies.
- In some cases, symptoms may continue and impact on their studies, which would necessitate a return to the GP.

References

Concussion Guidelines for the Education Sector June 2015

Principles of Concussion Management



APPENDIX 9 DIABETES POLICY

Diabetes

There are 2 types of Diabetes seen in young people, Type 1, and Type 2

Diabètes Mellites or Type 1 Diabètes :
This is a serious, long-term medical condition where the amount of Glucose in the blood is too high. This is because the body attacks the cells in the Pancreas where the hormone, Insulin, is normally made so no Insulin is produced. Insulin is needed in order to live. It enables Glucose in our blood to enter the cells and fuel the body. Glucose is made from the conversion of carbohydrates which we eat and drink in our diet. The Glucose then enters the blood stream, but as there's no Insulin to allow it into the cells, the Glucose builds up in the blood stream.

Symptoms of Type 1 Diabetes:

- Polyuria – Excessive passing of urine (especially at night)
- Extreme Thirst.
- Tiredness
- Weight loss
- Genital itching/Thrush
- Cuts and wounds take longer to heal
- Blurred vision

There are 4 T's:

- Toilet – frequent urination, bed wetting in younger children
- Thirsty – Unable to quench the thirst
- Tired – feeling more tired than usual
- Thinner – Losing weight, looking thinner

Before diagnosis, the body tries to reduce the blood glucose levels by flushing with urine. This is done via the kidneys, meaning that you need to pass urine lots. As a result, this leads to extreme thirst.
High amounts of blood glucose can lead to genital itching, thrush, and cuts and wounds taking longer to heal.
Blurred vision is caused by fluid leaking into the lens in the eye. This causes the lens to change shape and make it hard for your eyes to focus, so the vision is blurred.
Management:

- Regular Insulin either by injection or pump
- Regular blood glucose testing

Type 2 Diabetes:

This is a serious, long-term medical condition where the amount of Glucose in the blood is too high. This is because either the Pancreas is no longer able to make Insulin, or the Insulin doesn't work properly. Insulin is needed in order to live. It enables Glucose in our blood to enter the cells and fuel the body. Glucose is made from the conversion of carbohydrates which we eat and drink in our diet. The Glucose then enters the blood stream, but either there is no Insulin available, or the cells become resistant, the cells stop responding to Insulin, so that the blood glucose builds in the blood stream.

Symptoms of Type 2 Diabetes:

- Polyuria – Excessive passing of urine (especially at night)
- Extreme Thirst.
- Tiredness
- Genital itching/Thrush
- Cuts and wounds take longer to heal

Management:

- Healthy Eating – many people with Diabetes Type 2 can reverse their diagnosis with improved diet.
- More activity/Exercise
- Losing weight

Hypoglycaemia

Hypoglycaemia or Hypo occurs when the blood glucose level is below 4mmol/l. It can occur if the student has missed a meal or snack, not eating enough carbohydrate prior to taking part in exercise, taken too much insulin, or consumed alcohol. It is important to check with the student for the symptoms they experience when having a Hypoglycaemic episode. It is often sudden onset.

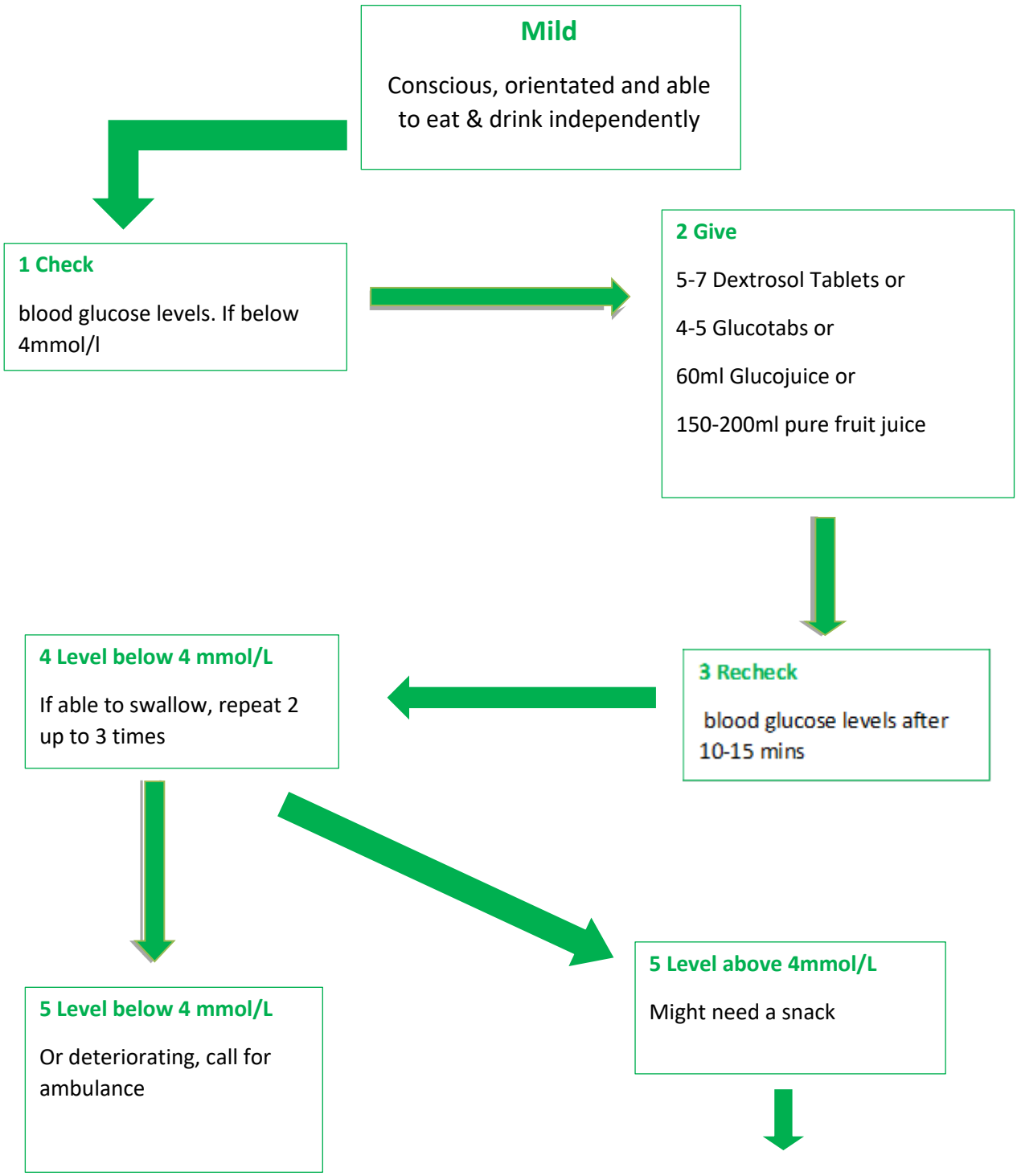
Hyperglycaemia

Hyperglycaemia is when the blood glucose levels are too high, usually above 7mmol/l before a meal and 8.5mmol/l after a meal. It can occur if the student has not taken their medication, eaten more carbohydrates than the body/medication is able to cope with, stress, have an infection, over treated from a hypoglycaemic episode. This comes on gradually.

Signs & Symptoms of Hypoglycaemic Episode	**Signs & Symptoms of Hypoglycaemic Episode**
Trembling	Passing more Urine, especially at night
Feeling Shaky	Very thirsty
Sweating	Tiredness
Anxiousness	Lethargy
Irritability	Dry skin

Paleness	Eating more sugary or starchy food
Palpitations	Unwell
Fast pulse	Problem with the pump
Lips feeling tingly	Pear Drop /Acetone smelling breath
Blurred vision	
Hungry	
Tearful	
Tiredness	
Headache	
Lack of concentration	

TREATMENT OF HYPOGLYCAEMIA – MILD, MODERATE & SEVERE



Blood glucose level should be above 4mmol/L. Give 20g long acting carbohydrate eg 2 biscuits/slice of bread or next meal if due

Moderate

Conscious, able to swallow but confused/agitated/aggressive

1 Check

blood glucose levels. If below 4mmol/L

2 If conscious, able to swallow and cooperative, but confused/disorientated/aggressive

If able to swallow and is conscious and co-operative:

Give 1.5-2 tubes of Glucose Gel, squeezed into the mouth between check and gums

3 Recheck

blood glucose levels after 10-15 mins

4 Level below 4 mmol/L

If able to swallow, repeat 2 up to 3 times and call 999

Blood glucose level should be above 4mmol/L. Give 20g long acting carbohydrate eg 2 biscuits/slice of bread or next meal if due

Severe

Are they semi-conscious; Unconscious;

Convulsing

Unable to take anything by mouth

Check ABC

If breathing, recovery position

If fitting, place something under head and move furniture etc away

APPENDIX 11 COVID-19 RESPONSE CARE POLICY (FROM SEPTEMBER 2022)

1. C19 symptomatic students will be provided with access to a Lateral Flow Device Test without charge and asked to complete the test – the test should be completed under the supervision of a member of staff.
2. When a positive LFDT is returned:
    a. The supervising member of staff should:
        i. Advise the student of the need for isolation:
            1. U19: 3 days isolation then 2 negative LFTs, or up to 5 days if still producing positive LFDTs
            2. O19: 5 days isolation then 2 negative LFTs, or up to 10 days if still producing positive LFDTs
        ii. Ensure that the student contacts their parents and be on hand to answer any questions that the student or parents may have.
        iii. Confirm the positive test result by e-mail to the P, VP, HoB and Residential Life, School Nurse, and the senior member of boarding staff on duty if not the HoB:
            1. Student CEG Number
            2. Date and time of test
            3. Confirm parental contact
        iv. Note that there is no longer a need to identify and test close contacts
    b. If the student refuses to follow the self-isolation protocol they should be briefed on how they can protect others from infection:
        i. Maintain social distancing
        ii. Wear a face mask
        iii. Regularly wash their hands
3. When dealing with a potential Covid-19 case, or when providing pastoral support to a student who has tested positive for Covid-19, staff must always wear appropriate PPE, as provided by the school. All PPE (aprons, gloves, face shields and scrubs) will be stored at the boarding offices. Used PPE must be double bagged before disposal in the appropriate way.

N.B. In the event that the wider Covid 19 situation is escalating, the above guidance should be regarded as the minimum, when advice from the Local Authority or National Government that goes beyond the provisions above, that advice will have primacy and the School will review and update its wider C19/Pandemic risk assessment and protocols in the context of that advice.

APPENDIX 11 USEFUL CONTACT DETAILS

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

Advice line: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: www.asthma.org.uk

Council for Disabled Children

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc/

Contact a Family

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: www.cftrust.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0870 000 2288

Website:www.dfes.gov.uk

Department of Health

Tel: (020) 7210 4850

Website:www.dh.gov.uk

Disability Rights Commission (DRC)

DRC helpline: 08457 622633

Text phone: 08457 622 644

Fax: 08457 778878

Website: www.drc-gb.org

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE-Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915

Website: www.healthedtrust.com

Hyperactive Children's Support Group

Tel: (01243) 551313

Website: www.hacsg.org.uk

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.orgPHE.uk

National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Web site : www.epilepsynse.org.uk

Psoriasis Association

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: www.psoriasis-association.org.uk/

Sure Start

Tel: 0870 000 2288

Website: www.surestart.gov.uk

NHS Choices

http://www.nhs.uk/pages/home.aspx

Coronavirus guidance and support
www.gov.uk (coronavirus)