



MOWDEN HALL SCHOOL

MEDICAL POLICY

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Policy Statement

Mowden Hall is an inclusive community that aims to support and welcome all pupils, including boarders, and staff, with or without Medical Conditions and provide the same opportunities at school, to all.

The school aims to provide medical care that will support both acute and chronic medical conditions.

This policy is relevant to all pupils including EYFS and boarders.

General Health

The school employs a Registered General Nurse currently registered with the Nursing and Midwifery Council. The school nurse is responsible for the provision of healthcare to all pupils and the emergency treatment of visiting pupils, whilst on duty.

One Housemistress, one Assistant Housemistress and two school matrons rotate to provide full time care, including overnight. They hold a current first aid certificate and provide first aid cover and care of sick children when the school nurse is not on duty.

The school doctor is a General Practitioner based at Corbridge Health Centre. All boarders are registered with the school doctor as soon as is possible, unless this is against parents' wishes. If necessary, boarders may be seen as a 'Temporary Resident' during time spent at home. Medical records are kept in individual medical files, in a locked cabinet in the nurse's office.

A medical questionnaire is completed by a parent or guardian prior to a child commencing school. This provides information outlining significant past medical problems, current conditions and any treatments, as well as known allergies and an immunisation history. This information is kept in the individual's medical notes. There is also a copy of 'information of note' in the surgery; including children with allergies etc.

Parental consent is given for administration of certain medications and for emergency treatment for each child upon entry to the school. However, immunisations and injections such as flu require separate consent. These consent forms are filed in the medical notes.

Provision of a surgery is available to all boarders and day children alike. The nurse holds a surgery at morning break and after lunch; there is also an evening surgery run by the Boarding House staff, all on a daily basis. This service is available to any child with a routine/emergency ailment. Visits to surgery are recorded in the Surgery Book and note any medication dispensed according to the guidelines stated in the Administration & Storage of Prescribed and Non-Prescribed Medication. Follow-up and handover information is written in the Communication Book which is read by the Boarding House Staff when they come on duty. Regular visits to surgery for the same complaint, or those of concern, are also recorded in the pupils Individual Medical Files, kept confidentially in the School Nurse's Office.

When the registered nurse is not on duty, children who are unwell are welcome to seek advice from a Boarding House staff member at any time during the day or night. There is an 'on call' system in place which offers 24-hour cover for this. During the weekend, children are encouraged to seek advice regarding health issues in the morning or evening although, again, 24-hour pastoral care is available. The nurse may be called for advice and will advise over the phone or attend the child at

school. All routine visits to surgery are documented in the Surgery Book and where necessary in the child's individual medical notes.

Accidents and trauma are dealt with at the time of the incident and all significant accidents are documented on an Accident Report. If the accident requires an admission to hospital, a copy of the Accident Form must be submitted to the Bursary of the Cothill Educational Trust.

Members of staff attend a First Aid inset day and some members of the teaching staff are qualified in more advanced first aid. In the event of a life-threatening situation, the person at the scene should request an ambulance, as it is not necessary to wait for the first aider to arrive.

An appointment will be made, at the earliest opportunity, for any child requiring the service of the GP. Children are escorted to doctor's appointments by the nurse or a Boarding House staff member and are accompanied into the appointment. This also applies to hospital appointments although parents may choose to accompany their own child. NHS 111 Service may be used for non-emergency queries out of hours and, if necessary, pupils may attend the out of hour's doctor service at Hexham General Hospital.

Boarders who become ill overnight, during the weekdays or weekend, are cared for in sickbay. Day children will also be cared for in sickbay until they can be collected from school and taken home. The school nurse or boarding house staff will contact the parents in this event.

A separate sick bay (this is a suitable accommodation in the Boarding House) is available for boys and girls and, if necessary, they can be used to isolate children with infectious illnesses. A separate toilet and washing facility is available to children in sickbay for both boys and girls. In the event of gastrointestinal illnesses, affected children do not use the same toilet facilities as unaffected children. Parents are informed if a child has spent the night or weekend in sick bay, and in some instances, they may be offered the option of taking the child home should the illness become prolonged.

The school nurse routinely screens pupils who will be boarding at the time of school entry. This includes height and weight. The NHS school health team carries out auditory and visual assessments at the appropriate age.

Health promotion and education is ongoing and is provided both informally and in a more structured way, with the nurse becoming involved in PSHEE lessons. Aspects of health education such as smoking, alcohol, drug misuse and sex education (as appropriate to boarders ages) will be covered in PSHEE lessons.

Dental care is provided for weekly and full boarders where requested by the parents or in an emergency scenario. Permission is sought for treatment with the medical consent form though staff will likely contact the parents to inform them of an upcoming appointment.

Pupils may require physiotherapy from a local physiotherapist. These referrals are made by either the parents or School Nurse. The parents are responsible for the payment of the sessions and so physiotherapy arranged by the School Nurse must be done with parental permission. The nurse or Boarding House staff member may be required to escort the pupil to the appointment(s) if the parents are unable.

The School Nurse will provide the appropriate First Aid cover from the pitch-side.

Consent to Treatment

Consent is considered to be ‘the pupil or parent’s agreement for the nurse, Boarding House staff or other healthcare professionals to provide treatment or care to that pupil’. This may be indicated non-verbally, orally or in a written format. For the consent to be valid, when given by the child, he/she must be considered competent (Gillick competent) and in full possession of the facts relating to the treatment being offered. Obtaining consent before providing any form of treatment is necessary and is a fundamental part of good practice, as well as a legal requirement.

Written parental consent is given for administration of certain medications and for emergency treatment, for each child upon entry to the school. Pupils from Pre Prep and Nursery are not routinely given over the counter medications without contacting the parent/guardian to inform them that their child is unwell. However, prescription medications can be given to pupils in Pre Prep and Nursery when prior written parental consent has been given, and medication is sent into school in the original container, labelled with the child’s name and clear administration instructions.

Additional vaccinations, such as flu, require separate consent in written format. These consent forms are filed in the medical notes in the nurse’s office.

Confidentiality

In accordance with the School Doctor’s and Nurse’s professional obligations, medical information about pupils, regardless of their age, will remain confidential. However, whilst providing nursing care for a pupil, it is recognised that the nurse may have to liaise with the Headmaster, other members of staff and parents or guardians, and that appropriate information may be passed on as necessary. Ideally, this will be done with the pupil’s consent although, on rare occasions, in accordance with the Nursing and Midwifery Code of Professional Practice, information may be passed on to a relevant person without consent, if it is considered to be in the pupil’s best interests.

Written parental consent must be given for the disclosure of any medical information regarding their child outside the school team and parents must be made fully aware of what this involves. If parents withhold this consent, or if consent cannot be obtained for whatever reason, disclosure may be made only where it is essential to protect the child from the risk of significant harm or if this is required by a court of law (the NMC code of professional conduct).

Parents may send a written request to see medical information regarding their child and this information should be provided, unless it is not in the child’s best interest to do so. Therefore, any such request must be considered on an individual basis following discussion between the School Nurse and the Headmaster.

All relevant pupil health and welfare notes are kept within a locked filing cabinet.

FIRST AID POLICY

Policy Statement

Mowden Hall School has a duty to provide adequate and appropriate first aid cover in dealing with medical emergencies, to pupils, staff and visitors. The procedures in place to meet that responsibility are clearly stated within the policy.

This policy is relevant to all pupils including EYFS and boarders.

Aims

- To identify the first aid needs of the School, both on the premises and for off-site activities, in accordance with the requirements of the Health and Safety Executive.
- To ensure that first aid cover is available at all times while people are on school premises.

Objectives

- To appoint the appropriate number of suitably trained people as First Aiders to meet the needs of the School. Please see separate medical training logs for trained members of staff.
- To ensure there is always a minimum of one First Aid trained member of staff on site.
- To ensure that every group leaving the Main School building for fixtures both on and off site carries a First Aid Kit for use for that particular group. Pupils who require specific medications such as antihistamine will be provided for in the kit.
- First Aid kits include; Salbutamol Inhaler, spacer (for use with inhaler), Pupils with inhalers list, Emergency Procedures Card, Concussion Tool Card, Contents List Card, Medication Log Book, First Aid Booklet, Clinical Waste Bag, Wound wash tubes, Gauze squares for cleaning, 2prs Sterile Gloves, 4 Cleansing Wipes, Elastoplasts, 4 Self-Adhesive Dressings, Finger Dressing & Eye pad, 2 Ice Packs, 2 eye wash pods, Handwash, Sling & safety pin, Scissors, Bandages, Tape and Swabs, Resuscitation face shield, space blanket, wet wipes and scissors.
- To provide relevant training and to monitor the training needs of staff, as an on-going process.
- To provide and maintain sufficient and appropriate resources and facilities, including a specific room for first aid treatment.
- To keep staff and parents informed of the First Aid arrangements in place.
- To keep accident records and to report relevant information to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

All children entering Mowden Hall School, at whatever age, are required to complete a general health Medical Questionnaire. At the same time we ask for parental permission to allow our staff members to give any necessary emergency medical treatment or advice in the future. Parents must sign and date their approval. This ensures that we have all available and pertinent medical information on each of our pupils.

Staff Providing First Aid Cover

All staff providing first aid cover must hold a valid certificate of competence, issued by an organisation approved by the HSE. First aid training should be tailored to working with children, where possible. As the School is not considered a high risk area, Appointed Persons may also provide first aid cover provided they have had appropriate HSE recognised training. (There is a list attached of staff trained in first aid).

The Registered Nurse and all the Matrons are responsible for providing first aid cover to pupils, staff, parents and visitors to the school. Teaching staff attend a first aid training session and all games staff are qualified to give first aid. All staff responsible for providing first aid must be prepared to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school. They must ensure that an ambulance is called, when necessary, or other professional medical help is requested. Staff and pupils are aware that the Registered Nurse or Matron on duty is the first person to call in the event of an accident, although games staff are usually first at hand for sporting injuries. The Registered Nurse or Matron may then be sent for if further attention is required. Staff must ensure they fill in the log books for dispensed medication carried in the First Aid Kit.

In our EYFS setting), staff are able to take action to apply first aid treatment in the event of an accident involving a child or adult. All staff in this area have a paediatric first aid qualification where the training has covered the course content of the St John Ambulance paediatric first aid training. All staff undertake regular first aid training. The first aid qualification includes first aid training for infants and young children and must be updated every 3 years. If the pupils from EYFS go off site, there is always at least one paediatric first aid trained member of staff to accompany them.

Risk assessments of the setting and the surrounding premises of the school and equipment are regularly carried out to minimise the risk of injury. In the EYFS setting this would be at the beginning of each session. Before all outings a thorough risk assessment is undertaken. For the EYFS if the premises have not previously been visited, a member of staff will carry out a risk assessment prior to the school trip.

Particular Medical Conditions

The School Nurse is responsible for ensuring that all members of staff are aware of pupils who pose a potential medical emergency, including asthmatics, diabetics and those with anaphylactic allergic reactions.

All children with chronic medical conditions throughout the school have an IHCP (Individual Health Care Plan). This is available on request for staff to read. Staff who have particular medical problems that may affect them at work may be provided with an ICHP and are highlighted in the Event Specific Risk Assessment.

There is a list of pupils' medical conditions in the staff room and surgery in the Prep School and in the individualised medical notes in the Pre-Prep. Copies are provided for staff taking overnight trips/activities out of school. For pupils with anaphylaxis, the individual epi-pens are kept either in the Staff Room for Prep School pupils or in the First Aid Cupboard of the Pre-Prep for EYFS and Pre-Prep pupils. They contain information about the specific child's allergies and guidelines for epi-pen use. At the beginning of every term the school nurse will highlight children with specific medical needs to the staff in the whole school staff meeting. Any specific individual pupil medication or apparatus will accompany the child on all off site trips/activities. It is the School Nurse's responsibility (or a member of the Boarding House staff in her absence) to make sure these are packed and passed to the member of staff in charge of the excursion. He/she is responsible for

ensuring they are looked after and available for use if necessary and then returned to the appropriate location after the trip.

If a day child arrives at school with medication that is to be given over the course of the day, staff will ask parents to complete a consent form giving them permission to administer the medication. This medication may be taken on trips if necessary and it is the responsibility of the member of staff in charge of the trip to look after and give the medication, record this accurately and then return it to school to be returned to parents that evening.

At all times we adhere to our Administration & Storage of Prescription and Non-Prescription Medicines Policy when dealing with medication.

Any child who has a fluctuating conscious level following a bang to the head must be taken to hospital to exclude serious head injury. Parents of day children must always be made aware if the child has received a bang to the head during the school day. They should be advised of the action taken at the time and any further action that may be required.

IN THE EVENT OF A LIFE-THREATENING SITUATION, AN AMBULANCE SHOULD BE REQUESTED IMMEDIATELY BY THE FIRST RESPONSIBLE PERSON TO ARRIVE ON THE SCENE. FURTHER ASSISTANCE SHOULD THEN BE SOUGHT.

First Aid Equipment and Facilities

A separate private room is available in the Prep school building for anyone requiring medical treatment. A locked medical cabinet is available for storing provisions. There is also a wash basin located in this room. First Aid kits are available in various locations throughout the School including:

- Gymnasium
- Art Room
- Science Room
- Workshop
- Minibuses
- Pavilion
- Kitchen

Each Games-taking teacher is provided with their own first aid kit. The School Nurse also provides more comprehensive First Aid kits for trips off site including those overnight. Medication for pupils with specific medical conditions will be included in these and also given to Games Staff as and when required. The School Nurse provides items required for the restocking of first aid kits as and when teachers request it. Intermittently, all first aid kits are collected in by the School Nurse and restocked and prepared accordingly.

In Pre-Prep there is a first aid cupboard where first aid supplies are safely stored. First aid kits are kept in here and taken by staff to all off site activities. The school nurse is responsible for restocking this cupboard and bag and these comply with Health and Safety Regulations 1981. There is also a wash basin and a lockable cupboard for storage of medication. The first aid cupboard and bag are easily accessible to adults and are out of reach of children. Whenever the Pre-Prep leave the Pre-Prep school building to go on an outing, they always take an emergency bag with them. A member of staff is responsible for this bag and will keep it on their person at all times.

The emergency bag contains:

- Register
- Mobile Phone
- Children's emergency contact list
- Packet of tissues
- Wet Wipes
- The first aid bag

Infection Control/Hygiene throughout the School

Basic good hygiene procedures should be followed by all staff, at all times. Disposable gloves should be worn when treatment involves blood or any other body fluids. Dressings and contaminated equipment should be disposed of in the yellow bin provided in surgery. Yellow bags are provided in all first aid kits and these should also be disposed of appropriately. The School's Infection Control Policy should always be adhered to.

If an infectious disease is suspected then the guidelines in the infection control policy are followed. The School Nurse and the Headmasters Wife will discuss the need for parental contact and if it is felt appropriate a letter will be sent to parents notifying them of the infection and also giving information about the disease and treatment.

In the event of a notifiable disease, the School Nurse will liaise with public health where necessary and facilitate any instructions given for parental contact.

Recording of Accidents/Incidents within School

General Accidents/Incidents

All injuries that occur in school or on out of school activities and that require treatment are recorded on our accident/incident forms. These are specially designed for our school needs and adhere to the regulations for the recording of information (There is one of these attached to this policy). We use these forms throughout the school.

A record of any first aid given by first aiders should be recorded on these forms including the following information:

- The date, time and place of the incident
- The name of the injured person
- Details of their injury and what first aid was given
- What happened to the person immediately afterwards
- Name and signature of the person requesting first aid and the first aider or person dealing with the incident

In Pre-Prep these forms are regularly checked by the School Nurse and then filed in the pupils individual medical notes. In the Prep School these forms are filed in our medical notes file under the specific child.

There are blank accident forms kept in the Boarding House Sitting Room and in the Staff Room in the Prep School and in the Year 3 classroom in Pre- Prep. It is the responsibility of all staff to ensure that these records are correctly completed when necessary. Details of any accidents/injuries should also be recorded in the appropriate medical notes by the school nurse or matrons. Any instructions regarding further care should also be documented in the medical notes.

Reporting Accidents to the HSE (RIDDOR)

In accordance with the Health and Safety General Policy, the Trust Bursar is responsible for reporting any notifiable injuries, diseases or dangerous occurrences to the Accident/Incident Reporting Centre. To this end the School Nurse will identify these injuries and submit a copy of the accident form, via the school secretary, to the Trust Bursar.

Serious Injury/Death

In the event of an accident/illness that requires serious medical attention we will call for the emergency services first. The School Nurse will also be in attendance when on site.

Parents are then contacted to inform them that an ambulance has been called for. The school nurse or another member of staff will always accompany the child to the nearest Accident and Emergency Unit.

In the event of a serious accident, injury or even death occurring to a child within school, the school would notify Ofsted/RIDDOR as soon as is reasonably practical, as well as the Local Safeguarding Children Board.

Parental Communication

Parents of children who have received First Aid are informed either by a phone call or e-mail, depending on the seriousness of the accident. In the Prep school this is done by the School Nurse or a member of the Boarding House Staff.

In the Pre-Prep, the Form Teacher will inform parents of First Aid given to pupils, unless the child requires an ambulance/hospital admission. In this event the Head of Pre-Prep or the Head of EYFS who would inform them.

In both settings, parents are informed of any accident befalling or treatment given to their child on the same day or as soon as it is reasonably possible.

Parents are requested to notify us of any injury or accident that has occurred to their child whilst they have been away from the setting. These details are recorded in the pupil's individual medical record.

Sporting Fixtures

On site, First Aid cover is provided for all teams, both home and visiting. All games teachers are trained in First Aid and the School Nurse is pitch side during most matches. The School has 2 defibrillators on site. There are specific staff trained in the use of the defibrillators. (A list is attached) Further medical attention should always be sought when any of this equipment is used and serious injury is suspected, and the casualty should not be moved in this instance but wait for a Paramedic ambulance. Parents must always be informed if a child has been taken to hospital as the result of an injury or accident, so they may choose to meet the member of staff and child at the hospital.

INFECTION CONTROL POLICY

The Mowden Hall School staff has a duty to each other and to the children in their care to apply procedures and precautions outlined in this document, to ensure safe practice and prevent the spread of infection.

The standards of basic hygiene must be maintained at all times regardless of what is known about the individual. This is because it is not always possible to identify if someone has an infection and in some cases, the infection can already have been passed on before a person becomes unwell.

Basic Good Hygiene

- Thorough washing and drying of hands after using the toilet, before handling any food, after handling animals and after dealing with blood or bodily excretions or secretions.
- Ensuring basic hygiene is included in the relevant part of the curriculum.
- Knowing how to deal with spillages of blood or bodily fluids and sharps injuries.
- Covering any cut, open lesion or abrasions with a waterproof plaster.
- Encouraging children to use a tissue when they cough or sneeze (or putting their hand in front of their faces at least). This should then be disposed of appropriately and hands should be washed as soon as is practically possible.
- Ensure adequate ventilation of classrooms and dormitories.
- Ensuring that if a child is unwell, boarders are moved to sick bay and day children are sent home with a recommendation that they visit their GP if appropriate.
- Ensuring that staff report and take appropriate precautions in the event of their own communicable disease.

Hand Washing

Staff should encourage children to learn the basic principles of good hygiene. One of the most important methods of infection control is hand washing. There should be adequate and conveniently located hand washing facilities.

- A wash hand basin with warm running water.
- A mild liquid soap preferably in a wall mounted dispenser - located in surgery, washrooms and toilets.
- Disposable paper towels for hand drying. Cotton towels for face drying only.
- Bins positioned near the hand wash basin.

When to wash your hands

- Children must be encouraged to wash their hands:
- After every visit to the toilet
- Prior to eating
- After contact with animals

Supervision may be necessary with younger children to ensure good hand washing technique.

Special considerations for female staff who are pregnant

Some infections, if caught by a pregnant woman, can pose a danger to her unborn baby.

Chicken Pox

Chickenpox can affect the pregnancy if the woman has not previously had the disease. If a pregnant woman is exposed in early pregnancy (up to 20 weeks) or very late in pregnancy (the last 3 weeks before birth) she should consult her GP or midwife promptly. A blood test can show if she is immune. Shingles is caused by a re activation of the virus which causes chickenpox and the virus is shed in the fluid from blisters. Therefore it would be prudent to seek advice if contact is made with secretions from an infected person.

German Measles (Rubella)

If a woman is exposed to the infection in early pregnancy and is not immune herself, her baby can be affected. Advice should be sought from her GP or Midwife.

Slapped cheek syndrome (Parvovirus B19)

The following women should see their GP or Midwife to consider having blood tests for parvovirus B19.

- Women who, while in the first 20 weeks of pregnancy, either
- Have been in close contact with a case (defined as living in a household with a case; sharing a meal with a case; or being in the same room for over an hour)
- Work (in contact with children) where there is an outbreak of slapped cheek syndrome (defined as two or more cases in the same class or three or more cases in a school or nursery, with less than three weeks onset between cases)

Exclusion from school or nursery

Exclusion of pupils or staff with certain communicable diseases is sometimes necessary to minimise spread of infection. A sick child should not attend school or nursery and parents should be advised of exclusion periods according to the recommendation from the department of health. Posters are displayed in nursery, pre prep and the main school giving this information. If a day child becomes ill during the day, parents will be contacted and asked to take the child home. Sick bay will be used as a temporary measure if parents cannot be contacted. Boarders who become unwell should be isolated in sick bay if there is any concern that their illness may be communicable.

For certain individual cases, advice regarding exclusion periods will be taken from either the GP or Health Practitioner team.

Outbreak surveillance

If two or more cases of an infection (excluding colds) occur in either nursery or school over a short period of time, this may indicate an outbreak of infection. Early reporting of possible outbreaks is important as advice on control measures may be given. Reports should be made to the health protection Team or to the relevant Environmental health department if the disease could be food borne.

Vulnerable children

Some children have medical conditions that make them especially vulnerable to infections that would rarely be serious in most children.

The school should be aware of any children who have suppressed immunity, such as children undergoing treatment for leukaemia or children on high doses of steroids. Parents and carers are expected to notify the school if their child falls into one of these categories.

These children are especially vulnerable to chickenpox and measles and parents should be notified immediately if they come into contact with either of these illnesses. Further medical advice may be necessary.

Confidentiality

All staff members are bound by an individual's right to confidentiality over any medical conditions. The number of people, including teachers, who are aware of a person's infection, must be confined to those who need to know in order to ensure the proper care of the individual. The application of the principles of good practice in infection control measures should reduce the number of people who 'need to know' a diagnosis. The decision as to the extent of any disclosure within the school will need careful consideration in each individual case.

Dealing with body fluid spillages

All body fluid spillages should be cleaned up immediately.

Precautions

- Before contact with blood or bodily fluids any cuts or abrasions should be covered with gloves or a waterproof plaster.
- Splashes of blood or bodily fluid should be washed off immediately with soap and water.
- Broken glass should never be picked up by hand and should be discarded in the appropriate container.

Cleaning procedure

- Wear disposable gloves and an apron.
- Never use mops to clear up body fluid spillages that may be contaminated with blood.
- Absorb spillage with disposable towels
- Use a solution of bleach (one part bleach to nine parts water) to clean the area using a disposable cloth.
- Place paper towels in a clinical waste bag and securely seal the bag when ready for collection.
- Where carpets and soft furnishings are present, steam cleaning is recommended immediately following spills. Bleach may be used if necessary.
- The school has a contract for collection of clinical waste. It may be necessary to arrange for collection out of normal collection times.
- Arrangements for steam cleaning carpets should be made after outbreaks of gastroenteritis.
- The school has clinical waste policy which should be adhered to at all times.

Dealing with contaminated clothing

If either the pupil or first aider becomes contaminated with blood, this should be removed as soon as possible and placed in a plastic bag. Clothing of a day child should be sent home at the end of the school day. Any other clothing should be washed separately using a pre wash cycle followed by a hot wash.

Laundry

There is a designated laundry room within the school. Staff involved with laundry services should ensure that:

Sluicing of clothes is not carried out by hand. Soiled articles of clothing should be rinsed through on a pre-wash cycle prior to washing.

Gloves and aprons are worn when dealing with soiled laundry.

Hands are washed after dealing with any laundry, particularly soiled laundry.

Animals

Animals in school or nursery (permanently or visiting)

Animals may carry infections, particularly organisms that can cause gastroenteritis. Guidelines for protecting the health and safety of the children should be followed.

Animal quarters should be kept clean and all waste should be disposed of regularly. Litter boxes should not be accessible to children and dog foul should be cleaned up immediately.

Particular care should be taken when handling and caring for reptiles as all species can carry salmonella.

Farm Visits

- Check that the farm is well managed and that the grounds and public areas are as clean as possible. Animals must be prohibited from any outdoor picnic areas.
- Check that the farm has adequate hand washing facilities and that these are accessible for the age of the children visiting. These should include warm running water, soap (preferably liquid), and disposable towels or hand driers.
- Any drinking taps should be sited in a suitable place away from animals.
- Children must be informed that they should not eat anything including crisps or sweets, while touring the farm. They should be discouraged from putting their fingers in the mouth, because of risk of infection.
- If children feed or touch animals, they must not place their faces against the animals or taste the feed.
- Ensure children wash and dry their hands thoroughly after contact with animals, especially prior to eating and drinking.
- Meals must be consumed in areas specially designated for this purpose, away from the animals. Children should be advised to refrain from eating anything that has fallen on the ground.
- Any crops that are produced on the farm must be washed thoroughly before consumption.
- Ensure children do not consume any unpasteurised produce, e.g. milk or cheese.
- Ensure all children and staff wash their hands thoroughly before departure and ensure that footwear is as free as possible from faecal material.

Whenever there is any doubt about the management of a particular illness, advice should be sought from the local Health Protection Team as detailed below:-

Clinical Team, Health Protection Unit , Public Health England
2nd Floor, Citygate, Gallowgate, Newcastle upon Tyne, NE4 4WH
Telephone: 0844 2253550 www.phe.gov.uk

**POLICY FOR THE ADMINISTRATION & STORAGE
OF PRESCRIBED AND NON-PRESCRIBED MEDICATION**

Policy Statement

Mowden Hall School is an inclusive community that aims to support and welcome pupils with medical conditions. We recognise that, at times, it will be necessary for staff to administer medicines to pupils in order to maintain regular attendance of those pupils with health needs. Medication is stored and managed in accordance to the NMC Guidelines 'Standards for Medicines Management' 2015.

Day Children

All day children must have a written consent form, signed by a parent or guardian, before any medication can be administered in School.

All prescribed medication brought into school by a day child, including the Prep school, Pre-Prep and Nursery, must specify the child's name, date of birth, the name of the medication, expiry date, dosage and frequency of administration on the container. All medication should be in the original container and should not be administered if this procedure is not adhered to.

Parents must complete a separate consent form for each medicine. This should include details of the name of the medication, duration of course, dosage and frequency. The parent/guardian should hand in the completed form along with the medicine to the school nurse, a Pre-Prep teacher, a member of the Boarding House staff or to Mrs Smales in the school office. Medicines should be collected from one of these members of staff at the end of the school day by the parent/guardian. With the exception of reliever inhalers, children are not permitted to keep any other form of medication in their possession. A record of all medicines administered to a day child in the Prep School, is kept in a medicine book. In the Pre-Prep the record is kept in the individual file.

Non-prescription medicines are not given to children in Nursery and Pre-Prep unless a written request has been made by the parent and, in this instance, the above procedure for prescription medicines must be adhered to.

Day children should only be given Paracetamol based medicines when absolutely necessary for pain relief or fever. However, the school nurse or member of staff administering the medicine must be satisfied that the following criteria are met:

- The child has been in school for at least four hours – this will ensure that the recommended time has elapsed between doses if a dose has been given by parents before school.
- Only one dose of Paracetamol will be given during the school day for pain relief (e.g. headache). If the child continues to complain of pain, which necessitates a second request for analgesia, the parents should be contacted and the child should be taken home.
- In the event that a child becomes unwell and develops a high temperature at school, one dose of Paracetamol may be given to reduce fever. However, the child should not stay at school and parents should be contacted to take him/her home as soon as possible.
- If there is any doubt about the nature of the illness, treatment should be withheld and parents should be contacted.

- A letter informing parents that their child has received Paracetamol, indicating the time given, should be sent home at the end of the school day. This will be completed by the member of staff administering the medication.
- The “Household Remedies Protocol” should be followed.

With the exception of auto-injectors (see separate policy), which may be administered in the event of a life-threatening allergy, other medicines will not be administered to day children without specific written parental consent.

All relevant documentation, including consent forms, is kept in the individual child’s notes in a locked cabinet in the nurse’s office or in the Pre-Prep.

Boarders

The Registered Nurse or member of the Boarding House staff may use their own discretion when administering over-the-counter medication to boarding children whilst acting with “Parental Responsibility”, providing the “Household Remedies Protocol” is adhered to. However, a written parental consent form is required before this status is adopted. These forms are completed for each academic year.

The School Nurse has overall responsibility for the administration of medicines. However, this duty is also undertaken by the Boarding House staff during the scope of their working day. All staff administering medication must be competent to do so and should be aware of the responsibility involved in taking on this duty. All new Boarding House staff should have an introduction to Surgery and the opportunity to discuss any concerns or queries with the School Nurse, who is available for ongoing advice and at any time whilst on duty. A ‘Household Remedies Protocol’ is available and should be followed by any member of staff administering over the counter medications.

Prior to giving a child any medication, the member of staff must check the ‘Medical conditions of Note’ sheet, for allergies and check the medications book to see whether or not they have already received medication. All staff administering medications must document the reason for treatment, the date, time, name of medication, and dosage administered in the medicines book. The signature of the person administering the treatment should also be entered. A list of sample signatures of all those responsible for giving out medications is contained at the end of this policy.

Self-Medication

Prep School children who are taking regular medication, such as inhalers are encouraged to administer their own treatment when competent to do so. This maintains a level of independence and awareness of their health needs. However, the nurse and matrons will monitor that the medication is taken as prescribed and that the relevant documentation is completed in the medicine book and on the child’s medicine sheet. The school nurse is available for advice and support regarding treatment and will liaise with parents regarding any change to treatment.

Errors

In order to minimize the risk of drug errors, before administering medicines staff should check the ‘Medical Conditions of Note’ sheet. Where a patient information leaflet is available, this should be read prior to giving out the medication. In the absence of this, dosage instructions on boxes should be read and adhered to and the maximum dosage noted. Expiry dates are checked on a monthly basis and out of date medicines are discarded. All medication administered must be documented in

the Medicines book. (Routine medications should be recorded on the child's individual medicine sheet) Medicines should only be stored in the original containers and should never be decanted into other receptacles. They should always be administered from the medicine cupboard in surgery to reduce the risk of one child receiving another child's medication.

In the event of a drug error by a member of staff, an incident form should be completed and the GP should be informed if the error could cause harm to the child.

Cross-Infection

Eye drops should only be used for the person they have been prescribed for. The date of opening should be written on the bottle, which should be discarded after six weeks of this date. Other lotions should not be applied directly to the skin from the container.

Safe storage of medicines

All medicines (except Salbutamol inhalers) are kept within a locked cupboard in Surgery or Pre-Prep. A refrigerator is kept in Surgery and Pre-Prep for the storage of certain medicines. Surgery is to be kept locked at all times and children should not be left unattended whilst in Surgery. An inventory of all medicines is held and updated as necessary. The date of purchase, quantity, expiry date and method of disposal of all medication is entered on this record, which provides a complete audit trail. Levels of stock are checked on a monthly basis.

CHRONIC CONDITIONS & DISABILITY POLICY

Mowden Hall is an inclusive community that welcomes and supports pupils with medical conditions and disabilities. We aim to ensure that the health and wellbeing of all our pupils is maintained at the optimum level. The school provides all pupils with any medical condition and disability, the same opportunities as others at school. The specific policies on chronic conditions are written in regards to the legal legislation; Equality Act 2010, Supporting Children and Young People with Diabetes RCN November 2013, Section 10 of the Children Act 2004, Children and Families Act 2014.

Communication of information and sharing of management plans between all relevant staff are an important way of ensuring care is well managed.

All pupils with chronic conditions are managed using an Individual Health Care Plan (IHCP) which highlights the pupils' needs and provides guidelines for management during the school day, in house, on school trips, sports fixtures and all other activities enabling the pupil to participate as fully as possible in school life. Health Care Plans should be reviewed annually or when the pupil's health needs change.

Pupils with chronic conditions such as Asthma, Allergies, Anaphylaxis, Cystic Fibrosis, Diabetes, and Epilepsy are managed using a plan formulated using a basic template which is tailored to meet the pupil's individual needs on a daily basis and also in case of emergencies. (An example is attached)

Individual Health Care Plans will:

- Optimise the care of all pupils with chronic or acute conditions by sharing updated information.
- Create and update a centralised register of pupils with medical conditions in the school.
- Identify common or important individual triggers for pupils with medical conditions at the school.
- Help ensure the local emergency care services have a timely and accurate summary of a pupil's health information requiring emergency treatment.

Management and treatment procedures should be agreed between the pupil, their parents and the School Nurse. Advice from the relevant medical professionals should also be incorporated.

The Individual Health Care plan should contain the following information:

- Name of pupil, date of birth
- Medical diagnosis, history, needs, dangers
- Risks and triggers of the condition
- Signs and symptoms and how to identify the need for appropriate treatment
- What to do in an emergency and what signs or symptoms indicate an emergency for this pupil
- Medication details
- Other management details e.g. special activities or things to avoid
- Emergency Procedures

The Individual Health Care Plan will be stored in the medical notes file and a copy in the child's individual notes. The IHCP and any updated versions will be shared with:

- Parents
- Headmaster's Wife
- School Nurse
- Relevant staff

EPILEPSY, ALLERGIES & ANAPHYLAXIS POLICY

What is Epilepsy?

Epilepsy is a condition that affects the brain and causes repeated seizures.

Seizures - The cells in the brain, known as neurons, conduct electrical signals and communicate with each other in the brain using chemical messengers. During a seizure, there are abnormal bursts of neurons firing off electrical impulses, which can cause the brain and body to behave strangely.

The severity of seizures can differ from person to person. Some people simply experience an odd feeling with no loss of awareness, or may have a "trance-like" state for a few seconds or minutes, while others lose consciousness and have convulsions (uncontrollable shaking of the body).

What to do in the event of an epileptic fit:

1. Keep calm
2. Remove possible sources of danger. If the child is in danger (e.g. near a swimming pool, a hot radiator) he or she should be moved. Furniture and dangerous objects should be moved out of harm's way.
3. Protect and turn the head to one side if possible to guard against the air passage being restricted by the tongue or regurgitated food.
4. Let the seizure run its course.
5. Allow a period of rest. The child will probably feel very tired and confused.
6. In the event of any spillage of blood, or other body fluids the procedure set out in the Clinical Waste Policy must be followed.

What are allergies?

An allergy is a reaction the body has to a particular food or substance. Allergies are very common. They're thought to affect more than one in four people in the UK at some point in their lives. They are particularly common in children. Some allergies go away as a child gets older, although many are lifelong. Adults can develop allergies to things they weren't previously allergic to. Having an allergy can be a nuisance and affect your everyday activities, but most allergic reactions are mild and can be largely kept under control. Severe reactions can occasionally occur, but these are uncommon.

Common allergies

Substances that cause allergic reactions are called allergens. The more common allergens include: grass and tree pollen – an allergy to these is known as hay fever (allergic rhinitis) dust mites animal dander (tiny flakes of skin or hair), food – particularly nuts, fruit, shellfish, eggs and cow's milk insect bites and stings, medication – including ibuprofen, aspirin, and certain antibiotics latex – used to make some gloves, mould – these can release small particles into the air that you can breathe in, household chemicals – including those in detergents and hair dyes. Most of these allergens are generally harmless to people who aren't allergic to them.

What is Anaphylaxis?

Anaphylaxis is a severe, potentially life-threatening allergic reaction that can develop rapidly. It is also known as anaphylactic shock. This is a medical emergency and needs urgent treatment.

Symptoms of an allergic reaction and anaphylaxis:

Symptoms usually occur immediately after exposure to the allergen although, they may occur after a few hours. They may vary in severity in individual children and in response to different allergens.

Symptoms may include the following:

- A feeling of being unwell with flushing of the face and neck.
- Urticarial rash (nettle rash/hives)
- Sweating, nausea, vomiting and diarrhoea.
- A feeling of itchiness, particularly around the mouth and tongue – a strange metallic taste in the mouth may be experienced.
- Swelling of the face, eyelids and lips.
- Sneezing

Severity increases with progression to:

- A rapid weak pulse.
- Wheezing, noisy breathing and shortness of breath.
- Difficulty swallowing.
- Feeling faint or floppy
- **A hoarse voice and/ or feeling a lump in the throat.**
- **Anaphylactic shock: loss of consciousness, obstruction of the airways and possible cardiac arrest.**

Preventative measures:

- Prevention is probably the first and most important step to take. The following suggestions may help:
- The family should be encouraged to obtain a Medical alert bracelet for their child with details of action to be taken.
- The child needs to be educated to an appropriate level for their age, on the risks of eating foods or coming into contact with an allergen that may be dangerous to them.
- The child should be discouraged from accepting food from other pupils as these may contain “hidden” allergens.
- The school has implemented a nut free policy for the kitchens and parents are requested to adhere to this by not sending food into school that may contain, or have come into contact with nuts. The reasons for reaching this decision should be made clear to parents of other pupils.
- When the child is visiting another school for sporting fixtures etc., the School Nurse or other member of staff must ensure that the school is aware of the child’s medical condition. The child must always carry his/her EpiPen on school outings.
- All relevant staff working within the school environment must be alerted to the fact that the child has a serious/life- threatening allergy to a particular allergen.

Treatment of anaphylactic reaction:

There are several steps to be followed when a child is recognised to be having an anaphylactic reaction. All staff should be able to deal with all the steps, with the exception of a few staff that may not have received appropriate training on administration of the EpiPen.

1. Immediate help should be requested. This may be either the School Nurse or a Matron
2. The child should be maintained in a comfortable position whilst conscious. Leg should be raised if possible. Assessment of the clinical condition should be made whilst reassuring the child.
3. If unconscious, the child should be placed in the recovery position. Vital signs should be monitored and care of the airway maintained. One member of staff must stay with the child at all times and continuous assessment of their condition carried out.
4. According to the child's signs, further specific action may need to be taken. This may include the giving of oral medication or an injection of Adrenaline (Epinephrine) via an EpiPen.
5. One member of staff should contact the emergency services by telephone (999), stating that a child is having an anaphylactic reaction to convey the urgency of the need for assistance.
6. Parents should be contacted.
7. Any action taken and the signs and symptoms of the child's allergic reaction should be documented on an anaphylactic reaction record card. A copy should be sent with the child in the ambulance.
8. The School Nurse is responsible for ensuring that parents of day children replace any medication used, including EpiPens. The School Nurse or member of Boarding House staff should arrange for replacement medications for boarders.

Guidelines for the administration of Adrenaline (Epinephrine) via an EpiPen

The EpiPen is a device that automatically injects a fixed dose of Adrenaline.

It is the responsibility of the parents to obtain the EpiPen from their GP and to make sure it is replaced after use and before the expiry date if the child is a day child. However, the School Nurse should inform the parents when the device is due to expire to allow time for replacements to be arranged. The School Nurse is responsible for checking expiry dates and arranging for replacements for children who board.

Two EpiPens should be provided for use at school so that there is always a spare in case of damage or malfunction to the first.

The location of EpiPens should be clearly displayed so that staff are able to find them quickly in the event of an emergency.

Directions for using the EpiPen Auto-Injector

1. Remove the EpiPen from the packaging.
2. Remove the grey safety cap.
3. Hold the EpiPen in a clenched fist (as illustrated), placing the black tip at right angles to the outer thigh. Press hard until the auto-injector mechanism functions (there should be a click). Hold in place for 10 seconds.
4. Remove the Epi-pen unit.
5. Massage the injection site for 10 seconds.
6. Administer second EpiPen after 5–15 minutes if child does not respond or symptoms recur.

7. Discard the EpiPen as instructed. It may be necessary to return the unit to the GP for repeat prescription.

Training

This should be provided by the School Nurse and should cover all aspects of anaphylactic reaction including symptoms, preventative measures and basic treatment. Training in the administration of prescribed medication, including EpiPen Auto-Injectors, should be given to staff that are prepared to take on this responsibility. All Boarding House staff should be competent in administering medication via an EpiPen if required. Refresher training should be given on an annual basis.

ASTHMA POLICY

Background

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all children with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by all staff and pupils. All members of staff who come into contact with pupils with asthma are given information about treatment and care of these pupils.

Asthma medicines

- Immediate access to reliever medicines is essential. Pupils, boarding and day, have a pigeon hole in the changing rooms where reliever inhalers are kept. These are then taken by pupils to games lessons/sports matches/PE/Swimming and off-site activities. This also provides easy access for staff in an emergency situation. The responsibility of ensuring that Day Children have inhalers in school lies with the parents. The School Nurse will liaise with parents when necessary to ensure the school have readily available inhalers. A member of staff, either nurse, matron or accompanying teacher, will always confirm the inhalers are packed before any off-site visits.
- All inhalers and spacers are clearly named.
- Those in the pigeon holes are named and in a labelled, clear plastic bag. This makes them easy to transport and keep dry when on the pitches.
- A spare reliever inhaler is stored in Surgery for each pupil who boards at school. Parents/carers of Day Children are asked to ensure that the school is provided with a labelled spare reliever inhaler.
- School staff are not required to administer asthma medicines (inhalers) to pupils (unless in an emergency). The nurse or Boarding House staff may have to administer additional treatments (oral steroids) when prescribed for use in an exacerbation of asthma.
- All school staff will allow pupils to take their own reliever inhaler medication when they need to.
- In Years 7 and 8, we believe that pupils should begin to have more responsibility for their inhalers. They may keep their inhalers in a named box with a lid, by their bed and take this at the prescribed times. There is a tick list on the wall next to their bed which they must fill in when they have taken their inhaler. This will be checked weekly by the school nurse. Before this occurs, they are assessed by the school nurse to ensure safety and a consent form is signed by parents.

Record Keeping of Asthmatics

- When a child joins the school, parents are asked to complete a medical questionnaire providing information about any medical illnesses. This includes asthma and additional information is requested regarding treatment.
- All pupils, both boarders and day children have personal health records on which this information is recorded.
- Medical forms are completed for all off-site visits informing the accompanying member of staff about any pupils with asthma. Information about treatment of asthma attacks is also recorded on this form.

- Any visits to asthma clinics or any other information regarding asthma is documented in the personal health file.
- All pupils with asthma have a personal care plan, providing specific information about their condition and treatment.
- It is very helpful if parents send copies of clinic letters/changes in treatment to the school nurse so that we are kept up to date.

Exercise and Activity – PE and Games

- Taking part in sports, games and activities is an essential part of school life for all pupils. All staff with responsibility for games are made aware of pupils with asthma.
- Pupils with asthma are encouraged to participate fully in PE and games lessons. Teachers are asked to remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. Pupils should carry a reliever inhaler with them during any sports.
- Reliever inhalers are sent for all pupils with asthma, to any off-site activities including away matches. The member of staff responsible is advised whether the pupil is carrying this or whether it is in the First Aid bag.
- If a pupil needs to use a reliever inhaler during sporting activities they will be encouraged to do so.

Making the school asthma-friendly

- The school aims to raise awareness of asthma through health promotion displays and discussions with the school nurse.
- Pupils with asthma are encouraged to speak to the school nurse on a regular basis about any concerns they may have about their asthma.
- Pupils who are experiencing increased asthma attacks are monitored closely and peak flow readings are performed before and after taking their inhaler. If necessary, pupils (boarding) are taken to visit the GP or Asthma Nurse at Corbridge Health Centre.
- All residential pupils with asthma are taken to the asthma clinic annually and the parents of day children are also encouraged to do this.

Commons signs of an asthma attack

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- Sometimes younger children will express feeling tight in the chest as tummy ache.

Asthma Attacks

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. In the event of an asthma attack the following advice should be adhered to:

- Keep calm
- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down
- Make sure they take two puffs of a reliever inhaler (usually blue) immediately (through a spacer if they have one)
- Ensure tight clothing is loosened
- Reassure the child
- Never leave a pupil having an asthma attack alone. Send another pupil to get help.

If there is no immediate improvement

- Make sure the child continues to take one puff of a reliever inhaler every minute for five minutes or until their symptoms improve. Call 999 urgently if:
- the symptoms do not improve in 5 – 10 minutes
- the child is too breathless or exhausted to talk
- the child's lips are blue
- you are in doubt

Ensure the child takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives. Reliever medicine is very safe and during an asthma attack staff should not worry about the pupil overdosing.

Parents must always be contacted immediately after calling for an ambulance or doctor.

Minor asthma attacks should not interrupt involvement of the pupil in school and when they feel better they can return to school activities.

School environment

The school has a no smoking policy anywhere on site. Accordingly there should be no smoking at all on the school grounds.

At present the school does not exclude pets from school grounds or buildings. However, this situation would be reviewed if any pupil was considered to be at risk from asthma attacks triggered by animals.

DIABETES POLICY

At Mowden Hall we aim to manage our diabetic pupils effectively in school and EYFS settings, ensuring optimal glycaemic control. A designated person will be assigned to the diabetic pupil to oversee the management and ensure its effectiveness in practice. The pupil will also have an Individual Health Care Plan (IHP). Staff will receive appropriate and regular training, advice and support from health services and children's diabetes specialist services.

What is Diabetes?

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. There are two main types of diabetes:

- Type 1 diabetes – where the body's immune system attacks and destroys the cells that produce insulin
- Type 2 diabetes – where the body doesn't produce enough insulin, or the body's cells don't react to insulin

What is Hypoglycaemia? (A Hypo)

Hypoglycaemia is when the blood sugar level falls too low.

Indicators of a Hypo:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour

Please refer to the IHP for course of action for a Hypo.

If a person is unconscious:

If a person loses consciousness because of severe hypoglycaemia, they need to be put into the recovery position and given an injection of the hormone glucagon (if they have an injection kit). This is kept in the Diabetic Emergency Kit in the Prep School Staff Room. The injection will raise their blood glucose level.

The injection should only be carried out by the nominated and trained members of staff who have volunteered to take such action. If there are any concerns at all or the pupil becomes unconscious, the parents and an ambulance should also be called as soon as possible.

If a diabetic child becomes unwell:

If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

What is Hyperglycaemia? (A Hyper)

A Hyper is when the Blood Sugar Level becomes too high.

Very high blood sugar levels can cause life-threatening complications. Regularly having high blood sugar levels for long periods of time (over months or years) can result in permanent damage to parts of the body such as the eyes, nerves, kidneys and blood vessels.

Indicators of a Hyper:

- increased thirst and a dry mouth
- needing to go to the toilet frequently
- tiredness
- blurred vision
- unintentional weight loss
- recurrent infections, such as thrush, bladder infections (cystitis) and skin infections

What causes high blood sugar/a Hyper?

- stress
- an illness, such as a cold
- eating too much, such as snacking between meals
- a lack of exercise
- dehydration
- missing a dose of your diabetes medication, or taking an incorrect dose
- over-treating an episode of hypoglycaemia (low blood sugar)
- taking certain medicines, such as steroid medication

Treating a Hyper:

- The pupil will require a corrective dose of insulin when experiencing a Hyper. This will either be administered through the pump (if the pupil wears one) or via injection if the pump is not used or if it is faulty. Only nominated members of staff would administer an insulin injection. An insulin pen is kept in the Diabetic Emergency Kit for each pupil and is set with the required dose according to their age. There is further insulin available in the Surgery fridge if needed. The Insulin pen requires a new cartridge of insulin every month as it is not kept in the fridge. This is changed by the school nurse.

Managing Diabetes

Good diabetes control means that children are:

- At a reduced risk of complications
- Not disadvantaged in their learning and academic achievement
- Not prevented from participation in school and extra-curricular activities.

The management of the pupils with diabetes will include:

- Monitoring blood glucose levels and when appropriate blood ketone monitoring
- Carbohydrate counting and helping input the correct information into the diabetic pump
- Having an overview of the school timetable, sport and extra-curricular activities to work at achieving optimal glycaemic control
- Keeping a weekly log of each day's BG readings and carbohydrates input in order to keep a record on file and for an overview to be taken so adjustments can be made to the pump if necessary and other observations noted. This also allows for communication to be shared between home and school with regards to managing the
- Implementing tailored plans for all fixtures, home and away, so that the pupil can partake in sport and activities whilst working to ensure glycaemic control
- Regular liaison with parents and the diabetic nurse to review the day-to-day management and general overview
- Ensuring diabetic medication is readily available and in date for use, including emergency diabetic supplies such as insulin and glucagon.
- An ICHP to cover the following;
 - guidance and interpretation of blood glucose monitoring and targets
 - guidance and interpretation of blood ketone monitoring
 - provision of a clean environment, availability of hand washing facilities
 - guidance surrounding the administration or supervision of and adjustment of insulin doses if required in school
 - hypoglycaemia, hyperglycaemia, illness management, individualised treatment plan and the provision of emergency supply boxes
 - sport and exercise management, including potential off-site activities such as playing sport at other schools
 - support of administration of insulin including treatment changes (in order to prevent exclusion or transitional difficulties)
 - food and dietary management, facilitation of carbohydrate counting
 - emergency procedures

The ICHP is available to all school staff. It should be signed off by a Children's Diabetes Specialist Nurse, parents, carers and school staff. Individualised care plans should be regularly updated, at least on an annual basis or whenever there are any changes to the child or young person's care. The ICHP includes instructions on how to manage a pupil with diabetes in an emergency situation, clearly identifying the individual with key responsibilities in such situations.

There is a specific risk assessment carried out for; appropriate storage of insulin and blood glucose testing kit, administration of insulin training, risk of needle stick injury, including the correct procedures to follow and safe storage of sharps bins and implementation of emergency procedures.

HOUSEHOLD REMEDIES POLICY

This protocol describes the use of medicines that belong to the group of medicines available to purchase over the counter, and not for medicines prescribed by a General Practitioner. These medicines should be administered according to the guidance detailed below:

1. Only the listed medicines should be administered in this way. Prescription only medicines should not be given to anyone other than the person they have been prescribed for.
2. The medicine should be administered by the registered nurse, or Boarding House staff member within the boarding school situation. Guidance is clearly stated as to when further advice should be sought. Anyone, whilst operating within this protocol, that has any concerns about the well-being of a child, should refer to the General Practitioner for further advice.
3. All medication administered to a pupil must be recorded. This should include the name of the medicine, the dose of the medicine, the date and time administered, and the signature of the person administering the medication.
4. The household remedies list shall be reviewed and updated as necessary where new drugs may be introduced or others removed from the list.

CLINICAL WASTE POLICY

Mowden Hall School is committed to ensuring the health, safety and welfare of its staff, pupils and others who may be affected by the clinical waste materials that result from our Medical procedures.

Our policy is to arrange for the disposal of all waste products regularly, safely and in accordance with statutory requirements.

The waste disposal arrangements will be regularly reviewed.

The person responsible for the implementation of this policy is the School Nurse, in conjunction with the Headmaster's Wife.

ARRANGEMENTS FOR SECURING THE HEALTH AND SAFETY OF STAFF AND PUPILS

Containers

Suitable receptacles for the collection of waste are provided where necessary in school. Sharps bins are provided for use in the Art Room, Science Laboratory and Surgery.

Clinical waste is placed in those receptacles that have been allocated for that purpose. Containers are double bagged, sealed and identified as to its source.

Waste containers are emptied regularly and are removed by an authorised person.

Where it can be determined that certain waste is suitable for recycling, the appropriate containers will be supplied and clearly marked.

Disposal

Suitable arrangements are made for the disposal of clinical waste that is generated as a result of our work activities.

Liquid waste, other than normal effluent, is not poured into the sewers. Arrangements for disposal of liquid waste are made with local providers when needed.

Employees are supplied with personal protective equipment necessary for the safe handling of waste materials.

Management responsibility

The school nurse will ensure that this policy is adhered to within her area of authority.

Employee Responsibility

All employees ensure that they dispose of clinical waste products in receptacles specifically provided for that purpose, taking note of any segregation requirements. If an appropriate container is not available, this must be reported to the school nurse who will make suitable arrangements.

The use of personal protective equipment may be necessary during the handling of some wastes. Employees should be aware of their responsibilities under the Duty of Care. Employees must report any problems which arise regarding waste disposal to the school nurse so that corrective action can be taken.

Information and Training

Suitable and sufficient information and training will be provided, as necessary, to ensure that this policy is fully understood and adhered to and that no person is put at risk by the inappropriate disposal of clinical waste.

Safe System of Work

This system of work has been designed to ensure that disposal of clinical waste in the school is carried out safely and in accordance with the law.

CLEANING UP OF BODILY FLUIDS AND SPILLAGES

Body fluids such as vomit, faeces, saliva, mucus and blood are a source of potential infection and must be managed and cleaned up in accordance with a procedure that minimises the risk of contamination and spread of infection that could cause staff, pupils and visitors to suffer illness.

The main risks of infection come from hand to mouth/ nose/eye contact therefore effective handwashing and personal hygiene is essential. There is also a risk of infection via broken skin (cuts or scratches).

When on duty, cleaning staff and boarding house staff have responsibility for cleaning up body fluids and must be familiar with this procedure in order to effectively manage a spill and ensure a safe environment.

Spillage kits are available in surgery and number 07 cleaning cupboard and contain all the required equipment to safely protect yourself and clean up a spillage successfully.

Personal Protective Equipment (PPE) must be worn; disposable gloves, plastic disposable aprons and faces masks are available. If you have any cuts or abrasions they must be covered with gloves or a plaster before coming into contact with body fluid.

For urine and vomit spills-

1. Wearing your protective clothing, sprinkle the NQ64 granules over the spillage in order to absorb the moisture, leave for one minute for the spillage to solidify.
2. Collect the spill mixture with the scoop and scraper.
3. Discard scoop and all matter in yellow/orange clinical waste bag.
4. Using surface wipes/ Clinell wipes clean the area of the spill and dispose of wipes in the clinical waste bag.
5. Place your PPE into the clinical waste bag and tie securely.
6. Ensure the bag is placed into yellow clinical waste bin located in surgery.

For cleaning of a blood spill-

1. Firstly protect yourself with PPE and take the bio hazard disposal packs out of the spillage kit box.
2. Sprinkle contents of sachet over the spill, allow two minutes for solidification.
3. Using scoop and scraper collect matter and dispose of in yellow/ orange clinical waste bag.
4. Use the response spray and wipes/ paper towels to disinfect the area of the spill.
5. Place all equipment and PPE in clinical waste bag and tie securely.
6. Ensure the bag is placed into yellow clinical waste bin located in surgery.
7. Mops and buckets should only be used once the area has been thoroughly decontaminated by the above procedures.
8. Steam cleaning is recommended for deep cleaning soft furnishings following decontamination.
9. Contaminated clothing must be bagged in a red and washed separately in the laundry.

Clinical waste collection is arranged via Mowden Hall contract with PHS.

Accidental exposure to blood and body fluids can occur via a cut, abrasion or broken skin. Exposure can also occur via mucous membranes including mouth and eyes, should this occur, act immediately as below-

- In the case of a wound, bleeding should be encouraged by applying gentle pressure, wash thoroughly under running water, dry and apply waterproof dressing.
- If blood or body fluids come into contact with the eyes, irrigate with cold water.
- If blood or body fluids come into contact with the mouth do not swallow and rinse mouth out several times with water.
- Medical advice should be sought from Accident and Emergency.
- Complete an Accident Form which will then be reviewed.



Mowden Hall Pre-Prep (including E.Y.F.S.) Administration and Consent for Medication Letter

Dear Parents

ADMINISTRATION OF MEDICATION

In order to comply with Health and Safety Legislation that applies to Early Years (Nursery and Reception), we must seek parental permission to administer first aid including optical treatment, emergency dental treatment, emergency hospital treatment, over-the-counter drugs and to provide sun-cream when necessary. We feel it is best practice to seek the same for the whole school.

Please complete the form below and return it to me as soon as possible. This form must be completed for the start of each academic year that your child is at Mowden.

In the event that your child requires a Doctor's prescription, please could you ensure that any prescribed medication is sent to school in its original packaging with any information leaflets attached/enclosed, and/or in its original dispensary container, with your child's name on it. This must be handed in to the School Office or to a member of staff. You will be required to complete a separate consent form for any prescribed medication on the day it is submitted to school. Without a signed consent form and the original packaging, we are not permitted to administer it to your child.

We would also like to point out that it is the responsibility of each parent to ensure their child attends their 6 monthly dental check at home, as only emergency dental treatment can be provided by our local dentist.

Yours sincerely

Neal A. Bailey

Neal Bailey
Headmaster

✂-----

MOWDEN HALL SCHOOL

I hereby give my consent for (name of child), D.O.B. to be administered the following, as described overleaf:

- | | |
|--|---|
| <input type="checkbox"/> First aid including optical treatment | <input type="checkbox"/> Emergency dental treatment |
| <input type="checkbox"/> Over-the-counter drugs | <input type="checkbox"/> Emergency hospital treatment |
| <input type="checkbox"/> The provision of sun-cream when necessary | |

Please tick as appropriate

Parent/Guardian signature..... Date.....

PTO

Consent Check List:

By signing this form you are hereby giving consent for the following:

- First aid to be administered to your child. This can cover a very wide range of treatments from cleaning and dressing a wound to a member of staff accompanying a child to hospital for assessment and x-ray and perhaps even surgery. While every effort is made to contact a parent in the event of an emergency, sometimes due to location this is not possible and a member of staff may need to step in. Please indicate below if you have any other relatives that may be contacted in such an emergency, such as a grandparent, or if you have any specific instructions/requests if you are uncontactable:

- Staff to administer over the counter drugs/creams to their child when deemed necessary, such as:

Anti-histamines	Arnica Bruise cream
Paracetamol	Travel sickness pills
Ibuprofen	Eye drops for infection or hay fever
Cough/Sore throat linctus	Deep Freeze/Deep Heat treatment
Olbas Oil	Eumovate Cream/Canestan Cream
Inadine dressings	Mouth Ulcer Gel
Treatment for Head Lice	Antiseptic cream and wound wash
Bite and Sting cream	

- For staff to provide your child with school sun cream (Factor 50) to apply themselves. We encourage parents to send in their own sun cream for their child, especially if there is a history of skin sensitivity or brand preference.
- For staff to take your child for emergency dental treatment either with a dentist or in hospital and for them to receive appropriate treatment.
- For staff to take your child to hospital in an emergency and for them to receive appropriate treatment.

✂-----

Emergency contact details if parent unavailable:

Name..... Relationship to child.....

Telephone numbers:.....

Any specific instructions:.....

.....



Mowden Hall School

Consent for Medication to be given in school

This form must be completed and signed in order for your child to be given medication in school.

The medication below has been prescribed by a doctor or is parentally requested.
The medication must be handed into school by an adult and given to the school nurse or other adult member of staff.

I request that _____ (Full name of pupil) **D.O.B.** _____
be given the following medication(s) while at school:

Name of medication	Dose prescribed	Times to be given	Any other instructions

Best Wishes, Laura Finney, RGN

Parent/Guardian Signature _____ Date _____

The medication must be clearly labelled with the child's name, date of birth, medication name, dose, expiry date.

The medication must be in original packaging with the information leaflet inside, this applies to homeopathic remedies and supplements



Mowden Hall Pre-Prep (including E.Y.F.S.) Existing Incident Form

Parents/carers are requested to complete this form if staff at Mowden Hall Pre-Prep need to be informed of an injury sustained outside of Mowden Hall Pre-Prep.

Child's name:

Place incident occurred:

Description of injury:

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

First aid administered:

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

Medicine/treatment:

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

Staff signature: Date:

Parent/Carer Signature: Date:



Consent Form for the use of Emergency Salbutamol Inhaler

1. I can confirm that my child has been diagnosed with Asthma / has been prescribed a Salbutamol inhaler (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring/have with them in school every day.
3. In the event of my child displaying symptoms of respiratory distress/Asthma, and if their own inhaler is not available or is unusable, I give consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: _____ Date: _____

Parent Name: _____

Child's name: _____

Class: _____



Self-Medication Risk Assessment for Boarding Students

School Nurse:		
Medication:		
	Yes	No
Does the School Nurse consider the medication suitable for self-administration?		
Does the pupil understand the dosage, frequency and method of administration? They should demonstrate their knowledge & understanding.		
Does the pupil have suitable storage facilities for their medication if it is kept in their dormitory?		
Is the pupil aware that the medication is for their use only?		
Is the pupil aware that all unused medication should be returned to the surgery at the end of each half term for review with the School Nurse?		
Does the pupil understand how to record their medication use?		
The pupil must bring their medication administration record to surgery at the end of each half term for the School Nurse to check.		
Does the School Nurse consider the pupil responsible to self-medicate?		

School Nurse Signature

Date

Pupil Signature

Date



MEDICATION – SAMPLE SELF ADMINISTRATION RECORD

Pupil Name: _____ Date: _____

Allergies: _____

Term:	Time of admin- istration	Date:																
Medication	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

INDIVIDUAL HEALTH CARE PLAN DIABETIC PUPILS

Contents:

1. Pupil Information
 - a. Pupil Details and Family Contact Information
 - b. Essential Information
2. Monitoring Blood Glucose (BG) Levels
3. Insulin Administration with Meals
4. Insulin Administration
5. Daily Routine
6. Staff Care Plan
7. Sporting Activity, school trips, other extra-curricular activities
8. Hypoglycaemia
 - a. Treatment of Hypoglycaemia
9. Hyperglycaemia
 - a. Treatment of Hyperglycaemia
10. Blood Keytone Monitoring

Pupil Information

Pupil Name:	
School Information:	
Pupil Address:	
Type of Diabetes:	
Type of Treatment:	
Other medical conditions or allergies:	

Contact Information		
Pupil Name:		
Diabetic Nurse:		
School Nurse		
Designated Care Person:		
Form Teacher:		
Headmaster:		