CRANLEIGH
SCHOOL
EX CULTU ROBUR

Medical Centre and First Aid Policy

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INTRODUCTION

The School is statutorily required to provide satisfactory medical and nursing care and First Aid cover. Although routine General Practitioner (GP) medical care is only provided for boarders, who are registered with the School Medical Officer (SMO) for this purpose, arrangements are in place within the School Medical Centre (MC) and through trained First Aid personnel throughout the school to provide emergency facilities for all pupils and staff. All boarding pupils should be registered with the local NHS Surgery, Shere Surgery and their care will be managed by the Lead GP (SMO).

AIM

The School aims to make provision up to stipulated minimum medical standards and the requirements of Health and Safety legislation. In order to achieve this objective the MC is staffed and equipped to the standard required to fulfil its role as a doctor's surgery, in-patient care unit and First Aid centre and to undertake its duty of care to pupils.

MEDICAL

The Medical Centre and medical staffing

The School's medical and nursing services are based in the MC. The MC is staffed by Registered General and Children's nurses under the day-to-day control and coordination of the Practice Manager and Lead Nurse. The MC is attended by the SMO who has overall responsibility for medical standards within the School.

Nurses working in the MC are Registered Nurses whose names appear on the register of their regulatory body, The Nursing and Midwifery Council (NMC). They are required to re-register annually and to undertake the Revalidation process every three years (NMC Code 2015).

Registration and access

Pupils who board are required to register with the SMO for the provision of General Medical Services (GMS). Although emergency treatment will be provided by the MC for all pupils during school hours, Day pupils are expected to consult their own GP for routine medical matters.

Male and female GPs are available for consultations.

Induction and documentation

A parental medical declaration, comprising a comprehensive medical questionnaire, is to be completed for every new pupil prior to arrival. Parents must inform the school in writing if their child subsequently develops any known medical condition, health problem or allergy or if they have been in contact with an infectious disease. All new pupils will have a routine medical check during their first year at the School.

Parents are required to indicate their consent (or not) to a pupil receiving over-the-counter (OTC) medicines on the medical declaration. Parental Consent must be recorded for every pupil on iSAMS.

Specific medical conditions/allergies/disabilities must also be recorded for every pupil on iSAMS along with the pupil's individual healthcare plan.

Adequate, contemporaneous and written medical and nursing records are to be maintained in the MC and these are to be distinct from the personal records held within pupils' Houses.

Confidentiality and consent

In accordance with the SMO's and MC nurses' professional obligations, medical information about pupils, regardless of their age, is confidential. However, in providing medical and nursing care for a pupil, it is recognised that on occasions the MC staff may liaise with the Head, the Deputy Head, House staff and parents or guardians and that information, ideally with the pupil's prior consent, will be passed on as necessary.

The SMO and MC nurses undertake to respect a pupil's confidence except on those occasions when, having failed to persuade that pupil, or their authorised representative, to give consent or divulgence, they consider that it is in the pupil's better interests, or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body. Such information will be given and received on a confidential 'need-to-know' basis.

The School acknowledges individual pupil's rights to consent to, or refuse, medical or dental treatment. This is based on competency and not age. The doctor, dentist or nurse proposing the treatment must judge whether or not the pupil understands the nature of the treatment, as well as the consequences of refusal.

Emergency medical treatment

Parents are required to authorise the Head to consent on their behalf to the pupil receiving emergency medical treatment including blood transfusions (within the United Kingdom), general anaesthetic and operations under the National Health service, or at a private hospital, where certified by an appropriately qualified person necessary for the pupil's welfare and if the parents cannot be contacted in time.

Parents will be required to take responsibility for routine dental care during the school holidays. The MC will arrange for emergency dental care and eye care if required during term time for boarders.

Routine medical matters

- Routine immunisations will be conducted in accordance with the schedules issued by the Department of Health and only with parental consent. Registered nurses in the MC, who have undertaken recognised training in vaccination, will administer vaccinations under the direction of patient-specific directives signed by the SMO.
- Registered Nurses from Surrey Immunisation Team will also conduct vaccination/immunisation clinics for pupils.
- All new pupils will undergo a medical check including routine screening of height and weight in their first year at the School.
- Health advice is provided for pupils, staff and parents on request if appropriate.
- MC staff must be alert to Social Care needs, including child protection issues.
- Where appropriate and with the pupil's consent, boarding house staff will be kept regularly up-to-date by MC staff with any medical issues relating to pupils.

Management of medicines

- All medicines, both OTC and prescription, are usually issued from the MC.
- Parents must complete and sign a Parental Consent Form for any prescribed or OTC medicines brought into school which have not been prescribed by the SMO.
- Prior to administering an OTC medicine, the Parental Consent must be checked on iSAMS.
- When any drug is administered to a pupil it must be recorded on iSAMS.
- All medicines, OTC or prescription, must be stored in a locked cupboard in the boarding house or MC.
- As a minimum standard, matrons and House staff who regularly dispense medication, must successfully complete the OPUS on-line course 'Medicines Awareness in Schools'.
- When any designated staff member administers any drug to a pupil they must:
    1. Check the identity of the pupil
    2. Check the medication/label
    3. Check the dose
    4. Check the Parental Consent for medication on iSAMS
    5. Check the pupil diary on iSAMS
    6. Record a pupil's refusal to take prescribed medication
    7. Ensure that the pupil consumes the medication immediately and in their presence
    8. Document the administration on the pupil's iSAMS diary immediately
- A record of OTC medicines and their stock balance are kept by the MC staff.

- OTC medicines for use in boarding houses must be kept in a locked cupboard in matron's office.
- House matrons, House Masters/mistresses and other authorised personnel may administer the following OTC medicines:
    1. Paracetamol/Calpol
    2. Ibuprofen
    3. Cetirizine

Dosage guidance can be found on and in the packaging.

Prescription medicines

- A record of Medicines prescribed by the GP is kept by the MC and signed for by House staff when they have been collected
- Prescription medicines must only be issued to the pupil for whom they have been prescribed
- Prescription medicines must stay in their original container/packet and the dispensing label must not be altered.

Outside specialist opinions and the Medical Centre

Parents may, on occasion, take their child to a doctor outside the Medical Centre either because it is outside school term time, or sometimes to obtain a second opinion. Parents are advised to speak to the MC in the first instance, where possible, to avoid potentially unsafe drug interactions should a child be prescribed medication without the full medical history being known by the prescriber. This is more likely to be the case for what parents may consider 'non-medical' cases such as ADHD. Parents are sent a letter giving this advice and this is attached at Appendix 1.

See also Appendix 2 for the preferred pathway for referral for an ADHD/ADD assessment.

If parents do decide to seek an outside medical opinion either with or without first consulting one of the school doctors, it is important that the specialist copies a letter of their findings and recommendations to the Medical Centre/SMO, so it can be added to the pupil's medical record.

Management of medicines not issued from the Medical Centre

Pupils are advised not to bring medicines of any kind from home. However there are circumstances where this is necessary:

- Medicines prescribed and issued overseas. In this instance the parent must inform the School and complete and sign the consent form for any prescribed medicines brought into School;
- The pupil must see the SMO as soon as possible to have a UK prescription issued for the medicine. As with all other medicines these must be kept in a locked cupboard in matron's office. Parents should be made aware that a specialist referral may be necessary.
- Overseas medicines cannot be administered in School if they are not licensed for use in the UK and/or are not identifiable.
- Medicines issued by a doctor externally (ie Roaccutane/Isotretinoin) – parents must inform the School and complete the consent form. Any necessary monitoring or after-care required must be communicated between the prescribing Consultant and the SMO. As with all other medicines, they must be kept in a locked cupboard in matron's office.
- Each house is to maintain a 'House Drugs Register' in which a note of all drugs, prescribed or OTC, is to be made. For prescribed drugs collected from the MC or brought from home, a note is to be made of:
    - The type and quantity of each drug
    - For whom it has been prescribed
    - The date or time of collection from the MC or handing in by the pupil or parent if brought from home
    - The date and time of each issue of individual doses of the drug to the pupil
- Drugs are to be given to pupils by House staff in strict adherence to direction from MC staff or in accordance with the prescription. If in any doubt, House staff are to seek clarification from the MC.

Security of drugs

- The MC staff are to ensure that medical drugs are stored safely in a locked cabinet/cupboard at all times when in the MC
- Each Boarding House is to have a secure cabinet in the House matron's office in which all medical drugs are to be secured. It may be either a combination lock or key lock cabinet. If it is a combination cabinet then only the House matrons, Housemaster/mistress and deputy may know the combination and the cabinet is not to be opened when any other staff or pupils are in the matron's office. If the cabinet is secure by a key then only the above-named are to have keys and these keys are to be retained by each individual and not stored in a 'convenient' place in matron's office (e.g. top drawer of desk, on top of cabinet, behind a book, etc). Security of drugs is absolutely paramount.
- Authorisation for the administration of non-prescribed medication is issued by the SMO for both trained nursing staff and House staff (see Appendices 3 and 4). If a pupil requires regular analgesia for more than 48 hours the house staff are to inform the MC and arrange a review by a nurse or doctor.
- Details of the administration of emergency medicines for specific medical conditions such as epilepsy, diabetes and anaphylaxis will be set out in the pupil's individual healthcare plan which can be found on iSAMS.

Management of controlled drugs

The most common controlled medications in School are those for ADHD. These prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called 'controlled medicines' or 'controlled drugs'.

Good practice dictates that the storage of controlled drugs must comply with the Misuse of Drugs (Safe Custody) Regulation, 1973. This states that controlled drugs must be stored in a secure, lockable cupboard which contains nothing other than the controlled drugs. Only those with authorised access may hold keys to the cupboard.

A Controlled Drug Register (CD book) must be maintained wherein the receipt, disposal and administration of controlled drugs must be recorded, along with the stock balance. The stock balance must be checked each time a receipt or administration is entered. The CD book must be signed by two people on each occasion. The pupil receiving the medication can be the second signatory.

At weekends/exeats House matron must check the stock balance of a pupil's controlled drug with the parent or pupil. All the balance must be handed to the parent or pupil in a secure, key-coded box and the CD book signed by House matron and pupil or parent. The code for the box must not be given to the pupil. When the pupil returns to House, the parent or pupil must return the controlled drug locked box to the House matron or Housemaster/mistress and both must sign the CD book. The quantity and name of the drug must be signed out and back in on iSAMS.

When controlled drugs need to be disposed of they must be taken by the House matron to the MC along with the CD book. A member of MC staff will sign the unused/unwanted controlled drugs into the MC Controlled Drugs Register. A member of MC staff will then take the controlled drugs and CD book to the pharmacy where the pharmacist/staff member will check the stock balance to be disposed of and the CD book will be signed appropriately. If the controlled drug has not been issued by Cranleigh Pharmacy it must be returned to the parent for safe disposal.

Certain drugs not covered by the Misuse of Drugs Act:

- Antidepressants
- Roaccutane (Isotretinoin)
- Beta blockers (Propanolol)

When a pupil is prescribed any of the above medications these must be kept in a locked cupboard in matron's office and dispensed by matron as per prescription.

If the pupil goes on leave (weekend, exeat etc) the medication must be given to the parent or pupil in a key-coded box, signed out and signed in again on return to school. The code for the box must not be given to the pupil.

If for reasons of confidentiality a pupil does not want House staff to be aware of their prescription, for example for antidepressant medication, the medication must be kept in the MC and dispensed from there by nursing staff, as prescribed.

Self-administration of medication

Prior to being allowed to self-medicate any drug, pupils must complete a Self-Medication Risk Assessment form with either a member of the Nursing team or their House matron. Pupils who have an agreement to self-medicate must have a lockable drawer or cupboard in their room.

Failure to follow the rules on the Self-Medication Risk Assessment form and to keep medicines locked away will result in this privilege being permanently withdrawn. Please see Appendix 5.

A record must be made on iSAMS if a pupil is self-medicating.

NB Pupils in years 12 & 13 (LVI and UVI) may self-medicate prescribed and OTC medications with the following exceptions:

- Anti-depressants
- Controlled Drugs
- Isotretinoin
- Beta blockers

NO pupils may self-medicate the above medicines.

NB Pupils in CPS and in CS years 9, 10 & 11 (IV, LV, UV forms) are not permitted to self-medicate any medication, other than asthma inhalers and emergency antihistamine and adrenaline auto-injectors.

Exception – where a female pupil is prescribed the oral contraceptive pill (OCP), she may self-medicate as long as the OCP is kept in a locked drawer and a Self-Medication Risk Assessment form has been signed. The school doctor will have assessed and documented the pupil's Gillick Competence (or not) prior to prescribing the OCP.

Drug administration to save a life

In extreme/life-threatening emergencies e.g. anaphylaxis, certain medicines may be given or supplied without the direction of a medical practitioner or there being a PGD for the purpose of saving life. Pupils who have been prescribed these life-saving medicines, must carry them with them **at all times**.

For example, the administration of adrenaline by injection (1:1000), chlorpheniramine and hydrocortisone are listed under Article 7 of the Prescription Only Medicines (Human use) Order 1997 for administration by anyone in an emergency for the purpose of saving life.

When a pupil has an Individual Healthcare Plan for dealing with a health emergency it is essential that any medications named in the plan are readily available and accessible.

Management of medicines on school trips

When OTC medicines are required to be dispensed for use on a school trip these will be provided in a first aid bag and will remain the responsibility of the trip leader for the duration of the trip. A list of what has been supplied will be in the bag along with a sheet for recording when, how much and to whom medicines were given throughout the trip. At the end of the trip all medicines and the records must be returned to the MC.

Pupils' prescription medicines will also be kept by the trip leader. Medicines should be given to the trip leader in their original packaging with the unaltered prescription label clearly legible and the

information leaflet inside and should be dispensed in the usual way and recorded as above. Prescription medicines should be returned to House staff or parents at the end of the trip.

Staff administering medicines should have successfully completed the OPUS 'Medicines Awareness in Schools' course.

Disposal of medicines

All out of date or unused medicines must be returned to the Medical Centre who will arrange for their safe disposal by the local Pharmacy.

Medical gases

Medical gases such as oxygen and Entonox are Prescription Only Medicines. Oxygen and Entonox are kept in the MC in the Sports Doctor's bag for his/her use on match days in Michaelmas Term only. He/she or the SMO may prescribe them to be administered to a specific pupil/staff member/visitor by the nursing staff.

Blood taking

Whilst it is not necessary for all the nursing staff to be able to take blood, it is the School's aim that they should be qualified to do so.

Hygiene/infection control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment. Further guidance is available in the DfEE publication *HIV and AIDS: A Guide for the Education Service*.

FIRST AID

Background

Prompt and effective First Aid can save lives and prevent minor injuries becoming major ones. Under Health and Safety legislation the School is obliged to have sufficient trained personnel, as well as adequate and appropriate equipment and facilities to provide First Aid in the workplace and when pupils and staff are off the premises on school visits. The School undertakes to provide sufficient First Aid trained personnel as well as training and equipping the MC as a First Aid station. First Aiders must complete a training course approved by the Health and Safety Executive (HSE) and they are to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school and
- When necessary, ensure that an ambulance or other professional medical help is called.

School First Aid Officer – responsibilities

It is the responsibility of the School First Aid Officer (SFAO) to ensure that:

- An adequate number of First Aid personnel are currently qualified and First Aid kits are dispersed in adequate numbers throughout the school;
- The provision for employees is not allowed to fall below the required standard;
- The provision for pupils and others complies with other relevant legislation and guidance;
- There is a regular review the School's First Aid needs to ensure that the current provision is adequate;
- Where minimum numbers of trained First Aiders are set, these are monitored to ensure that

these standards are being met;
- Both refresher and new courses (as appropriate) are arranged to ensure that the School retains an appropriate number of First Aiders on site.
- The location and contact details of First Aid personnel, equipment and facilities are properly publicised and widely known by displaying clear and easily understood First Aid notices around the School;
- First Aid kits are to be properly signed and adequately equipped;
- It is widely understood that if no First Aider can be located, the responsible person present should take sensible alternative action including calling 999 if appropriate.

Standards of training for First Aid

Cranleigh staff will undertake an appropriate First Aid course relevant to their responsibilities. The courses vary from 6 to 18 hours in accordance with HSE guidelines. All First Aid qualifications are valid for 3 years and staff will be offered annual or ad hoc refresher training to keep up to date with any First Aid changes. Subject matter will differ from course to course; however, the core topics are:

- Incident management
- Management of an unconscious casualty
- Cardio-Pulmonary Resuscitation
- Treatment for choking
- First Aid for unconscious casualty
- Treatment of wounds and bleeding
- Dealing with anaphylactic shock
- The use of an automated electrical defibrillator.

Automated external defibrillator

All staff attending a First Aid course will receive training in the use of an automated external defibrillator (AED). There are 4 AEDs at Cranleigh School:

- Prep School in reception
- 3 are located at the following locations at the senior school:
    - Trevor Abbot Sports Centre (TASC) Front of building wall mounted
    - Catering canteen outside wall facing VHC building
    - Medical Centre

FIRST AID ACCIDENT PROTOCOLS AND REPORTING PROCEDURES

Accident protocols

To ensure the best possible care for the casualty and for the personal protection of the First Aider and bystanders, it is important that clearly defined procedures are followed in terms of incident and casualty management and **the School will adopt the First Response Protocol as set out in Appendix 3**. This information should be widely circulated and posted on notice boards and at designated First Aid points around the School.

First Aid containers

The SFAO is to ensure that there is at least one fully-stocked First Aid container for each area of the school. Kits are positioned in accordance with perceived need with particular reference to the needs of high-risk areas. All First Aid containers must be marked with a white cross on a green background and are to be wall mounted. Whilst there is no mandatory list of items for a First Aid container, the School provides the standard recommended by the HSE as follows:

- A leaflet giving general advice on First Aid;
- Individually wrapped sterile dressings (assorted sizes);

- Two sterile eye pads;
- Two triangular bandages
- Six safety pins
- Individually wrapped moist cleansing wipes
- One pair of disposable gloves

Equivalent or additional items are acceptable; however, medication, sharps and lotions are not to be included in First Aid kits, apart from the personal First Aid packages issued by the MC.

Heads of departments are to arrange for their First Aid kits to be checked on a monthly basis; any missing items can be sourced by contacting the Safety and First Aid Lead on extension 2167. The SFAO will carry out random inspections on departments first aid kits.

Travelling First Aid containers

Before undertaking any off-site activities, the member of staff in charge should assess what level of First Aid provision is needed. The HSE recommend that, where there is no special risk identified, a minimum stock of First Aid items for traveling First Aid containers is:

- A leaflet giving general advice on First Aid;
- Individually wrapped sterile dressings;
- Two triangular bandages;
- Six safety pins;
- Individually wrapped moist cleansing wipes;
- One pair of disposable gloves.

Equivalent or additional items are acceptable. Additional items may be necessary for specialised activities. For staff taking sports teams to games, sports First Aid bags are available from the SFAO and signed out on a termly basis.

For trips away from school and abroad the MC has its own list of items to be provided.

School minibuses/vehicles

Transport regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have on board a First Aid container with the following items:

- Ten antiseptic wipes, foil packaged;
- One conforming disposable bandage (not less than 7.5cms wide);
- Two triangular bandages;
- One packet of 24 assorted adhesive dressings;
- Three large sterile unmedicated ambulance dressings (not less than 15 cm x 20 cm);
- Two sterile eye pads, with attachments;
- Twelve assorted safety pins;
- One pair of scissors

This First Aid container shall be maintained in a good condition, suitable for the purpose and readily available for use, and prominently marked as a first aid container.

REPORTING ACCIDENTS AND RECORD KEEPING

Statutory requirements

The reporting of accidents involving employees, as opposed to pupils, is contained in the Health and Safety section of the Whole School Policies. Serious accidents and injuries to pupils are recorded on incident forms and lodged with the Director of Operations.

As far as employees are concerned, the School must keep a record of any reportable injury, disease or dangerous occurrence in a statutory HSE accident book. This must include:

- The date and method of reporting;
- The date, time and place of the event;
- Personal details of those involved;
- A brief description of the nature of the event or disease.

This record can be combined with other accident records. The Director of Operations and Data Protection Lead centrally holds all accident records.

Reports to the HSE

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) the following accidents must be reported to the HSE without delay by telephone if they injure either the School's employees during an activity connected with work, or self-employed people while working on the premises:

- Accidents resulting in death or major injury (including as a result of physical violence);
- Accidents which prevent the injured person from doing his/her normal work for more than three days (including acts as a result of physical violence);
- An accident involving a pupil or a visitor must be reported to the HSE if
- The person involved is killed or is taken from the site of the accident to hospital; and
- The accident arises out of or in connection with work.

These accidents must be notified to the HSE without delay and followed up in writing within ten days here. Other reportable accidents do not need immediate notification, but they must be reported to the HSE within ten days.

Statutory accident records

The School is obliged to keep readily accessible accident records, either in written or electronic form. These records must be kept for a minimum of three years. In addition, the School should keep a record of any First Aid treatment given by First Aiders and appointed persons. Accident forms are to be completed online using the Google form link sent out by the Director of Operations. If you do not have access to a computer, paper copies are also available on request from the Director of Operations.

APPENDIX 1

TREATMENT OF ADHD

INFORMATION FOR CLARITY FOR BOTH NHS AND PRIVATE PRESCRIBERS AND PATIENTS AND RELATIVES

We have chosen to write this guide to provide information at the outset of the treatment pathway, in order to try to reduce uncertainties along the journey. Treatment for ADHD with stimulant medications (which are Schedule 3 Controlled Drugs) needs to be carefully considered due to the nature of the medication and lack of long-term outcome studies.

When a Consultant/Psychiatrist decides to prescribe, they can do this as an independent prescriber. However, should they wish the GP to take over prescribing they can only do this as part of a Shared Care Agreement (SCA), as issues with these drugs mean their prescription is the responsibility of the specialist, and prescribing by a GP is subject to ongoing specialist review.

The GP can often take over prescribing once the patient has been stable on one dose for at least three months. The duration can be longer depending on the drug. If doses are changing, the responsibility lies with the specialist.

The shared care agreement lists responsibilities of Consultant, GP and Patient. Please familiarise yourselves with these, as prescribing cannot occur outside them except under the sole responsibility of the Consultant. It is NOT possible to see a private Consultant who suggests prescription, and then be discharged to GP. **To satisfy the requirements of the SCA the Consultant regularly needs to see and examine the patient (including height/weight/BP etc). The GP can only give a prescription once the Consultant has fulfilled these responsibilities every six months.**

Please note we have seen different versions of SCA, but only accept the NHS version, as attached via the link below.

Storage and safety of the drug once prescribed is the responsibility of the patient, and you should familiarise yourself with the rules around this, particularly with regard to travelling.

Weight, height & appetite, blood pressure, pulse, and any blood tests lie within the contracted responsibility of the Consultant as part of their specialist remit, not GP. This means we would expect the specialist to perform these tests as part of their contracted responsibilities.

The SCA can be viewed in full via the following link, or via the Surrey PAD for the most up to date version.

https://surreyccg.res-systems.net/PAD/Search/DrugConditionProfile/5735

Medications for ADHD are expected to be prescribed branded as there is a question as to whether different brands are absorbed differently. This does not mean one brand of the same drug is better than another, it simply means that we should try to keep the brand consistent (within the remit of availability).

It will be the expectation that the GP will prescribe a cost-effective brand for the NHS, and it would make treatment more seamless if the specialist could initiate drugs accordingly. At the point of taking over prescribing, the GP may need to revert the brand to a cost-effective NHS option. It would be helpful if cost effective brands could be used at initiation as there is no evidence that different brands are more effective.

There is a drug treatment pathway NHS prescribers are expected to follow. If a private provider opts to take a different route, they should explain to their patient that the GP will be unable to support NHS prescribing.

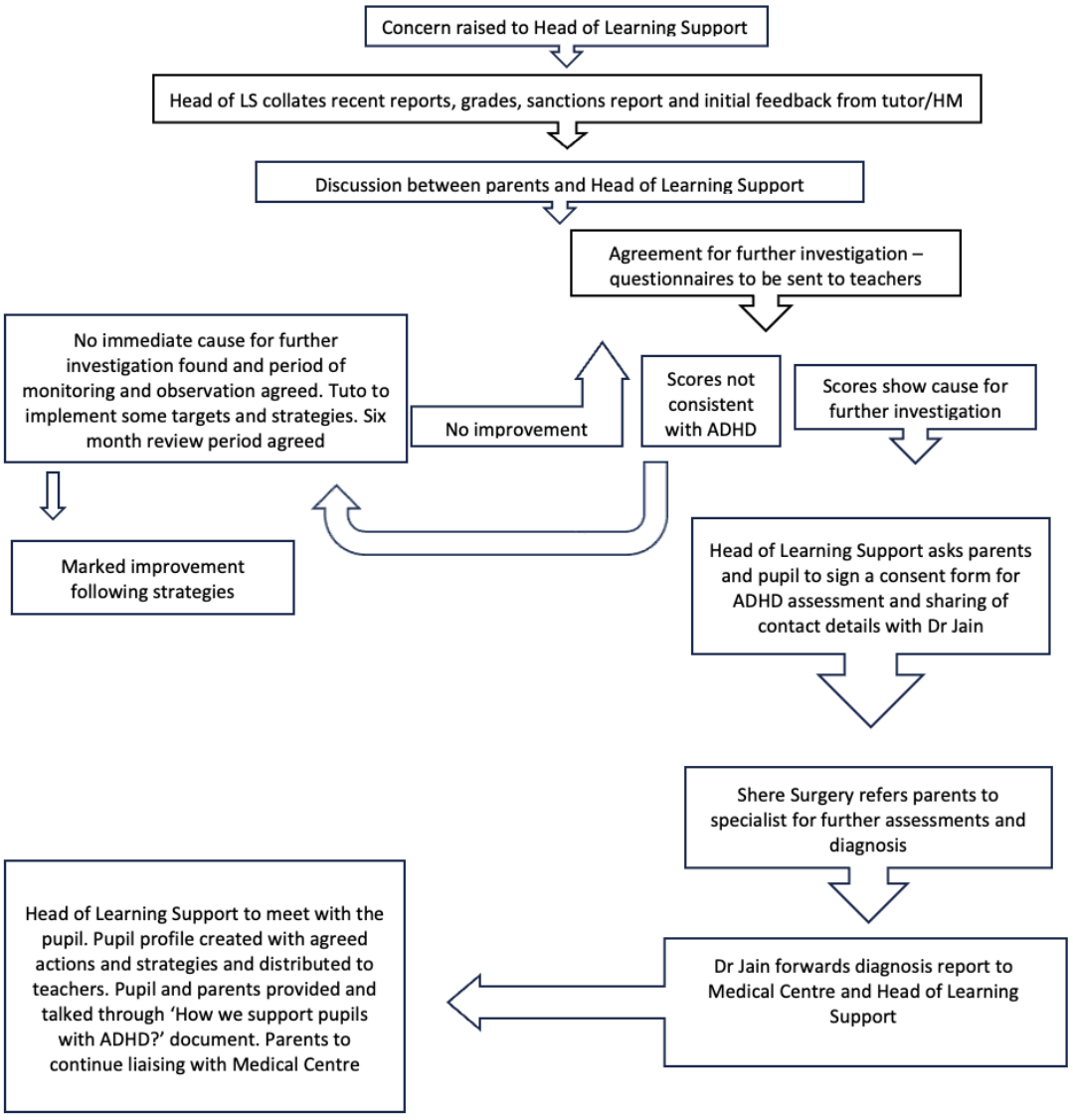
We hope that this guide helps to explain some of the interface issues we experience in General Practice regarding these drugs. We fully wish to support our patients, and feel we can do this more effectively if we outline some of the common interface issues at the outset.

Thank you for your understanding. We are happy to discuss the above further if it creates uncertainty.

Sincerely

Drs Watts, Wardrop, McEwen & Barnes
Shere Surgery and Dispensary

The Preferred Pathway for Referral for an ADHD/ADD Assessment



APPENDIX 3

MEDICINES WHICH MEDICAL CENTRE NURSES MAY DISPENSE

Oral medications
Paracetamol
Ibuprofen
Sudafed
Piriton
Cetirizine
Loratadine
Stugeron
Fluclonazole
Mebendazole
Imodium
Cystopurin
Gaviscon
Dioralyte

Topical medications
Arnica
Bonjela
Anthisan
Olbas Oil
Hedrin or equivalent headlice treatment

APPENDIX 4

MEDICINES WHICH CAN BE DISPENSED BY BOARDING HOUSE STAFF

Paracetamol/Calpol
Ibuprofen
Cetirizine

Topical medicines available from the Medical Centre

Anthisan
Bonjela
Olbas Oil
Arnica
Hedrin or equivalent headlice treatment

APPENDIX 5

SELF-MEDICATION RISK ASSESSMENT

Self-medication

Name……..……. House …….…….……..

Date of Birth.…….…….……..…

Medicine	Condition	Dosage	Frequency	Duration

- I am happy to/prefer to self-administer my medicine
- I will take responsibility for my own medicine
- I understand what the medicine is for
- The nurse/matron has made me aware of the side-effects
- I will only take the medicine as prescribed
- I will notify the nurse/matron if I forget to take my medicine
- I will see the nurse/matron if I have any questions about my medicine
- I understand that medicine should be kept locked in my room
- I will not share my medicine with anyone
- I understand when I should stop taking the medicine
- I will return any unused medicine to the Medical Centre/matron for safe disposal

Pupil signature…… Date ……..……

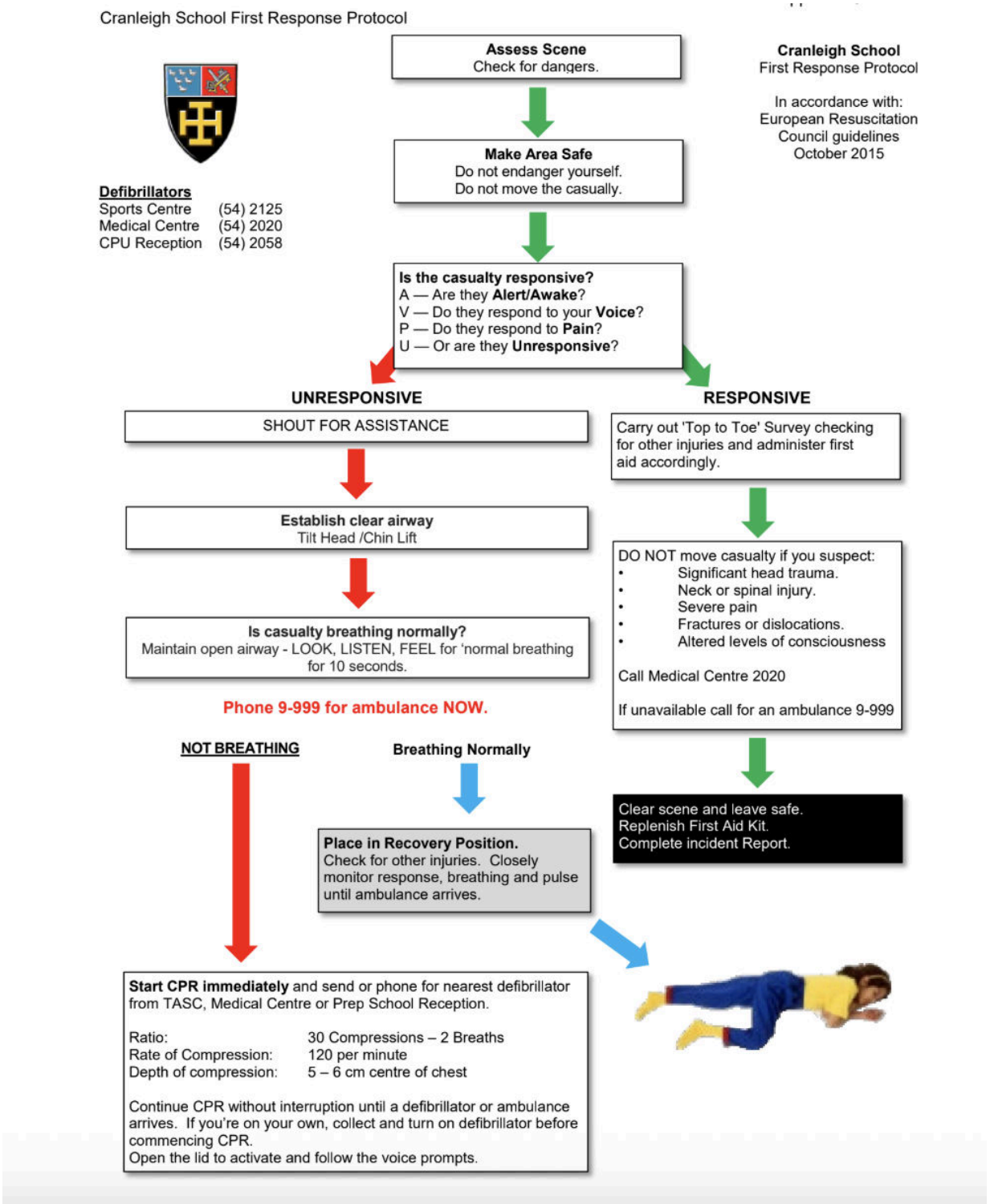
Nurse/Matron completing assessment for Gillick competence ….……

Nurse/Matron signature ……..... Date ….……

HM signature ……..……Date ….……..…...

APPENDIX 6

Cranleigh School First Response Protocol



APPENDIX 7

ALLERGY AND ANAPHYLAXIS PROTOCOL

Cranleigh School is committed to providing a safe and inclusive environment for all pupils. This policy/protocol outlines the procedures and responsibilities necessary to ensure the safety of all pupils and staff.

An allergy is a hypersensitivity reaction to an allergen such as medication, food, pollen, or animals. Minor allergies can cause symptoms such as hives, runny nose, teary, red eyes, and in some cases, can trigger an asthma attack. Anaphylaxis is a severe, generalised, life-threatening allergic response to an allergen that causes shock. Anaphylaxis can be fatal if not treated promptly with epinephrine/adrenaline.

Mild allergy symptoms can include:

- Tingling to lips and mouth
- Slight external facial swelling
- Nausea
- Red, teary eyes
- Rhinitis/ runny nose
- Urticaria (nettle rash or hives)
- Abdominal pain
- Shortness of breath or asthma attack

Treatment:

- Oral antihistamine such as Piriton/cetirizine
- Reliever inhaler if prescribed

Anaphylaxis can be life-threatening, but is treatable. The key to caring for pupils at risk is to have accurate, comprehensive information. Pupils with any allergies must be identified on the school health forms before attending school. Parents must provide two in-date adrenaline auto-injectors (AAIs) on the pupil's arrival at Cranleigh School. Pupils with known anaphylaxis will not be allowed to attend school without up-to-date auto-injectors.

Anaphylactic reactions among children are uncommon. Causes include peanuts, fish, milk, and egg. Less commonly, a child may be at risk of allergy to tree nuts (e.g. almonds, walnuts, cashew nuts, brazil nuts), sesame seeds, shellfish and other foods. In recent years, kiwi fruit has begun to present a significant problem in young children. Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other drug or injection.

The School Nurses will liaise with the parents to ascertain the full extent of the allergy and they will be asked to complete an individual care plan for their child. Research has shown that children whose allergies are managed with the help of a care plan are less likely to have severe reactions.

Anaphylaxis signs and symptoms can include:

- Generalised flushing of the skin
- Urticaria (nettle rash or hives) anywhere on the body
- Sense of impending doom
- Swelling of the face, mouth, tongue and throat
- Difficulty in swallowing or speaking
- Alterations in heart rate
- Severe shortness of breath or difficulty in breathing
- Abdominal pain, nausea and vomiting
- Sudden feeling of weakness (caused by rapid fall in blood pressure)

- Cyanosis
- Collapse and unconsciousness
- Cardiac or respiratory arrest

Treatment and management of anaphylaxis at school

Intramuscular epinephrine/adrenaline is the **only** definitive treatment for anaphylaxis. This is delivered by either an Epipen or Jext auto-injector which is prescribed in the appropriate dose for the pupil.

All school staff, including teachers, administrative staff and support staff will receive annual training on recognising the symptoms of anaphylaxis and administering an AAI (Epipen/Jext).

All pupils prescribed an Epipen/Jext **must have 2 auto injectors** in school at all times.

Parents/guardians are responsible for providing a current, completed Allergy Action Plan.

- In the Senior School **pupils must carry both their auto-injectors with them at all times.**
- In the Prep School auto injectors will be kept in a named ziplock bag in matron's office.
- Pupils in Years 7 & 8 should carry one auto-injector at all times and the second will be kept in matron's office.

The second auto-injector will also have a copy of the Allergy Action plan for the pupil. The plan can also be found on iSAMS.

<u>In the event of an episode of anaphylaxis</u>

If a pupil experiences symptoms of anaphylaxis, staff members should:

- Keep the child where they are, call for help and not leave them unattended.
- Help the pupil to lie down, ideally with their feet raised. They can be propped up if struggling to breathe but this should be for as short a time as possible.
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- Call 999, ask for an ambulance and state 'anaphylaxis' (ana-fill-axis)
- Commence CPR if there are no signs of life
- If no improvement after 5 minutes, administer a second AAI.
- Call the parents/guardians as soon as possible. Whilst you are waiting for the ambulance, keep the child where they are.
- Call the Medical Centre (matrons office at CPS)
- Stay with the pupil and reassure them. Do not allow them to move or stand up, even if they are feeling better
- Make a note of the time the AAI was administered
- Stay with the pupil and reassure them until medical help arrives.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Aftercare and follow-up:

- All pupils should be taken to hospital (ideally by ambulance) following an episode of anaphylaxis for further monitoring, in case of relapse
- Following an anaphylactic episode, the School will liaise with the pupil's parents/guardians and healthcare providers to review the incident and update their Anaphylaxis Action Plan if necessary.

The School will provide necessary support and accommodations to help pupils manage their allergies

and reduce the risk of future reactions.

Training and information

All members of staff will have annual training on allergies and anaphylaxis. Staff can access online training modules or they can attend training sessions and have the opportunity to practice using trainer auto-injectors.

All pupils with anaphylaxis will have a photo on the serious health concerns list which is displayed in key staff areas and the dining hall. Staff should try and familiarise themselves with this list. This list will be routinely updated when new pupils arrive at school.

Allergies and food in School

The Catering Department receives a copy of the Health Concerns Lists.

As part of its quest to make the school environment safe for pupils, Cranleigh School takes the following steps:

- Providing information and awareness programmes
- Staff training and
- Avoidance of using particular ingredients and emergency response protocols.

The school cannot guarantee an allergen-free environment.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. (DoH, Guidance on the use of adrenaline auto-injectors in schools 2017)

Cranleigh School has multiple spare AAIs in appropriate locations across both campuses.

School trips

When going on school trips the MC will inform the teacher in charge which students have allergies and the teacher must ensure pupils have both their AAIs with them before leaving. In the Prep School the AAIs should be collected from matron's office.

Both auto injectors must be taken on school trips.

In order to ensure the safety of anaphylactic children, the cooperation of the entire school community is required.

APPENDIX 8

GLANDULAR FEVER PROTOCOL (as requested by School GPs)

On diagnosis of glandular fever pupils should be off contact sports for four weeks and then be checked by a GP for splenic enlargement before they go back to contact. If the pupil is feeling well they may participate in strength training, but must work comfortably within their exercise tolerance.

APPENDIX 9

INTIMATE CARE

The School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times.

The School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual arrangements as well as more ordinary tasks such as help with washing or bathing.

Pupils' dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children should have a high awareness of safeguarding issues. Staff behaviour is open to scrutiny and staff at the School work in partnership with parents to provide continuity of care to children/young people wherever possible.

Staff deliver a full personal safety curriculum, as part of PSHE, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages at home.

If a child makes an allegation against a member of staff, all procedures outlined in the Child Protection (Safeguarding) Policy will be followed.

APPENDIX 10

NURSE DRUG AUTHORISATION AND ADMINISTRATION

Paracetamol

Uses	Pain relief, fever reduction.
Dose	6-8 years 250mg, 8-10 years 375mg, 10-12 years 500mg, 12-16 years 750mg, Adults and children over 16 1g
Common Side Effects	Generally well tolerated. Rare: liver damage (overdose), rash.

Ibuprofen

Uses	Pain relief, inflammation, fever.
Dose	Adults & 12 years and over: 200–400mg every 6–8 hrs.
Common Side Effects	GI upset, ulcers, kidney issues, asthma worsening.

Cetirizine

Uses	Allergic rhinitis, hay fever, urticaria.
Dose	Adults/children >12: 10mg daily. Children 6–12: 5mg twice daily. 2–6yrs: 2.5mg twice daily.
Common Side Effects	Drowsiness (less than chlorphenamine), headache, dry mouth.

Gaviscon

Uses	Indigestion, heartburn, reflux.
Dose	Adults: 10–20ml after meals & at bedtime. Children 6–12: 5–10ml after meals & bedtime.
Common Side Effects	Generally safe, may cause bloating or nausea.

Imodium (Loperamide)

Uses	Diarrhoea (acute, short term).
Dose	Adults: 4mg initially, then 2mg after each loose stool (max 16mg/day). Children >12yrs only: follow OTC guidance.
Common Side Effects	Constipation, abdominal pain, nausea, rare cardiac issues in overdose.

Stugeron (Cinnarizine)

Uses	Travel sickness, vertigo.
Dose	Adults: 15–30mg 2–3 times/day or 30mg before travel. Children >5: half dose.
Common Side Effects	Drowsiness, dry mouth, weight gain (long-term).

Sudafed (Pseudoephedrine/Phenylephrine)

Uses	Nasal congestion, sinus relief.
Dose	Pseudoephedrine (adults): 60mg every 4–6 hrs. (max 240mg/day). Children: 6–12yrs, 30mg every 4–6 hrs. Not for <6yrs.
Common Side Effects	Insomnia, nervousness, increased heart rate, raised BP.

Mebendazole

Uses	Threadworm, roundworm, whipworm, hookworm infections.
Dose	Adults & children >2yrs: 100mg single dose (threadworm); 100mg twice daily for 3 days (other worms).
Common Side Effects	Abdominal pain, diarrhoea, rare liver effects.

Fluconazole

Uses	Fungal infections (oral/vaginal thrush).
Dose	Adults: 150mg single oral dose for vaginal thrush. Other infections: varies (50–400mg daily).
Common Side Effects	Headache, nausea, abdominal pain, rare liver effects.

Dioralyte

Uses	Oral rehydration in diarrhoea, dehydration.
Dose	Adults & children: 1 sachet dissolved in 200ml water after each loose stool. Infants: as advised by the doctor.
Common Side Effects	Generally safe; rare allergic reactions.

Cystopurin

Uses	Symptom relief of cystitis (urinary discomfort).
Dose	Adults & children >6yrs: 1 sachet dissolved in water, 3 times daily for 2 days.
Common Side Effects	Can alter urine acidity; usually well tolerated.

Notes	Always follow packaging or doctor/pharmacist advice.

APPENDIX 11

MATRON AND BOARDING HOUSE STAFF DRUG AUTHORISATION AND ADMINISTRATION

Paracetamol

Uses	Pain relief, fever reduction.
Dose	6-8 years 250mg, 8-10 years 375mg, 10-12 years 500mg, 12-16 years 750mg, Adults and children over 16 1g
Common Side Effects	Generally well tolerated. Rare: liver damage (overdose), rash.

Ibuprofen

Uses	Pain relief, inflammation, fever.
Dose	Adults & 12 years and over: 200–400mg every 6–8 hrs.
Common Side Effects	GI upset, ulcers, kidney issues, asthma worsening.

Cetirizine

Uses	Allergic rhinitis, hay fever, urticaria.
Dose	Adults/children >12: 10mg daily. Children 6–12: 5mg twice daily. 2–6yrs: 2.5mg twice daily.
Common Side Effects	Drowsiness (less than chlorphenamine), headache, dry mouth.

Notes	Always follow packaging or doctor/pharmacist advice.