### Medical Policy

At

Bedstone College

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1. Policy

This policy applies to all members of our college community, including boarders and those in our EYFS setting. Bedstone College is fully committed to ensuring that the application of this policy is non-discriminatory in line with the UK Equality Act (2010). Further details are available in the college’s Equality and Diversity Policy document.

Aims: This policy is to ensure that adequate medical arrangements are provided for students and staff on the Schools' premises. It also extends to out-of-school activities, particularly sports fixtures.

This policy is part of the more general policy on welfare, health and safety of students. It is linked to the Medical Centre Policy and to the policies on head injury and concussion, first aid provision, influenza counseling services and guidelines on asthma, epilepsy, diabetes, anaphylaxis and meningitis. This Policy addresses the following relevant criteria:

- The Bedstone College Boarding Handbook (p4-8)
- NMS: Standard 3, (Note B17)
- ISI Regulatory Requirements: Part 3, Para 13 (Commentary para 181-184)
- Supporting students with medical conditions. Department of Education. December 2015

2. Legislation / Guidance

There are several areas of legislation that influence the way in which medical arrangements are established within an organisation. Guidance for these arrangements at Bedstone College includes the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 and First Aid at Work (L47). The arrangements set out below have been guided by these various regulations but, more particularly, by the schools’ own registered nursing staff. Through this informed discussion a system of "best practice" has been established reflecting the needs of Bedstone College.

3. Organisation

Certain key members of staff are responsible for managing our medical policy. These key personnel are as follows:

- a. College Nurses.
- b. First Aiders.
- c. Health & Safety Officer.
The responsibilities of these personnel are:

a. **College Nurses**: Are primarily responsible for the administration of the Medical Arrangements at the College. They would administer any medication required by students or staff within their areas of authority and responsibility. They would also be involved in arranging any secondary treatment at hospital or surgery, particularly the boarders at the College.

b. **First Aiders**: Would backup and support the College Sister as far as they were able and within their areas of competence and training.

c. **Health & Safety Officer**: Is responsible for the regular, on-going review of the arrangements, providing support and advice as appropriate and within his/her level of training and competence.

4. **Sick Bay - General Information**

1.1 **Location:**

The College sick bay is situated in the “Spares” located close to the Bursary and the School Shop

Internal Telephone ext. 230

The College Nurses are: Sister N. Stead and Sister L. Goodfield

Bank Staff: Sister J. Lewis, Sister A. Tengwall

1.2 **Facilities**

Sickbay offers 5 beds with a 2 bed male dorm and a 2 bed female dorm. There are separate male and female bathrooms with 2 toilets and a shower in each. There is a treatment room and a single dormitory which can be used to isolate a student.

A utility room allows laundry to be washed in house to minimise infection to other areas of the college.

A sitting room provides an area where students can rest and wait until collected. This room is also used by the college counsellor as it is a quiet area and offers privacy.

A Kitchen area allows drinks and light meals to be made. Additional meals are arranged through the catering department.
1.3 **Provision:**

The duty Sister offers three clinics daily to coincide with break times in the school day, Monday to Saturday between the hours of 8.30am to 4.30pm for routine health advice and treatments to day and boarding students, as well as staff members.

For emergencies there is an open door policy for all students to visit the Medical Centre to discuss in confidence any problems or concerns they may be experiencing. College Sisters are also available to all members of staff for advice or treatment.

**Monday/Tuesday/Thursday/Friday**
0830hrs to 0850hrs, 1245hrs to 1330hrs, 1545hrs to 1615hrs.

**Wednesday/Saturday**
1040hrs to 1100hrs, 1245hrs to 1315hrs.

Parents are welcome to visit or telephone Sick Bay to discuss with Sister their child's health and well-being.

Information regarding accessing medical assistance is displayed in the medical centre, day board and in each boarding house.

**Location of Facilities available in main college (outside staff room) when surgery is closed.**

**Cabinet 1**  Clinical Waste Disposal
Universal Absorbent Powder is used for absorbance of spilled bodily fluids along with gloves, aprons, tissues, dustpan & brush, clinical waste bags and antiseptic cleaning solution.

**Cabinet 2**  Epipen Station
This cabinet contains individual named medical boxes, Epipen; action plans medical details/contact numbers and medical procedures/instructions.

**Cabinet 3**  Asthma Boxes (Girls/Boys Separately)
These contain individual named inhalers for emergency use and treatment cards giving medical details/dosage of medication.

**Cabinet 4**  Medical Equipment/First Aid
Blood Pressure Meter, Glucose Meter, Thermometers, Torch, Resuscitation Face Shield, Gloves and Scissors.

Additional named boxes are added to the appropriate cabinets as required for individual students with specific medical conditions.

**Medicine cabinet.**

Stock of basic non prescribed medicines for surplus supply for boarding houses, emergency administration to students under direction of sister and for staff use.
1.4 **Medical Notes**

Both Day and Boarding students have their own individual set of medical notes within the College Surgery that are separate from NHS notes and so the information is not routinely passed on to other medical professionals but stays at the college up to a period of 25 years before they are destroyed. Duty sister records all consultations with a student and visits to other multidisciplinary agencies, including GP, hospital consultants, OT, Physiotherapy, children’s services, A/E, dentist, optician, speech therapy and orthodontic. All NHS Medical Records are held with the school doctors at Wylcwm street surgery, Knighton. All notes are kept confidentially and under lock and key. NHS cards or other official Medical forms are to be given to Sister on starting as a Boarder. These cards will be kept in Sick Bay and are to be collected by the Student on leaving boarding.

For school trips and activities, Sister will provide the trip organiser with any relevant medical information of students (within the bounds allowed by medical confidentiality).

For boarders, a summary of a student’s medical form detailing name, parental address, Date of birth, parental consents, GP details and vaccination record is given to the students’ houseparent following their medical assessment and renewed each term. The information provided can be utilized by medical personal should a boarder need to access emergency treatment in the evenings or on a Sunday, when under the care of the house parent or duty tutor.

1.5 **Students with Medical conditions and disabilities.**

The majority of children with medical conditions or disabilities are able to attend school regularly and with the support of staff and the college nurses, can take part in normal school activities.

An individualised health care plan (Appendix 1) is completed by the medical centre with information provided from the child’s parents and other health care professionals. The health care plans can help to support the child and identify any risks and safety measures that can be taken to support the child in various activities. All staff should be aware of medical conditions such as asthma, anaphylaxis, diabetes and epilepsy and the emergency care they may require (Appendix 8, 9, 10). The health care plans are updated on an annual basis and are kept in the medical centre. Copies are given to house parents.

2. **Care of Day Students**

If a student is unwell and should not remain at school, parents will be informed and asked to collect their child from Sick Bay.

No student may leave school for reasons of ill health without the duty sister’s knowledge.

The Day House Master/Mistress and Form Registration Tutor will be informed if a student is sent home.
Transport manager will also be informed, if applicable.

2.1 Emergencies to Casualty

Sister will decide if casualty treatment is needed. In an emergency Sister will take responsibility for calling an ambulance.

Parents will be informed if their child has been involved in a serious accident.

If a minor injury, parents will be asked to collect and take the student to casualty.

If a serious injury or if parents are unavailable, a member of staff or duty sister will take the student to casualty and be responsible for the student until parents arrive.

If possible Sister should remain in school at all times unless she decides it is necessary for her to accompany a student to hospital. Should this be necessary, Reception will be made aware of the situation. College First Aiders remaining on site will be informed in case of another emergency.

2.2 Absent from sports letters

Notes to excuse students from games are issued by Sister. These may be given to students who are unable to take part in P.E or matches due to a medical condition or following a parental request to be excused.

Day students are required to bring a letter from home to excuse them from games.

If a student needs to be excused from games long term, a Doctors letter is usually requested.

Long term permission will normally need to be renewed every half term unless otherwise agreed.

3. Care of Boarding Students

Medical care for boarding students is provided under the NHS by general practitioners at Wylcwm Street practise, Knighton, Powys. The medical officer is Dr Martin Kiff. Occasionally, boarders living locally will remain registered with their own general practitioner, but parents will be responsible for transporting the student to any routine appointments. For an emergency appointment or if the parent is unable to attend, the duty sister will take advise from Wylcwm Street surgery and the student may be seen as a temporary patient.

In the evenings, on Sunday and overnight, students must see their House Parent on duty for matters concerning illness.

During the school day, if Sister is not present in Sick Bay or is off site, instructions to contact her via reception are displayed in surgery, the day board and each boarding house. In the event that Sister is not contactable then one of the college first aiders in the first instance should be called to assess a casualty or unwell student.
3.1 Boarders Illness

If a Boarder feels unable to attend school due to medical reasons they must report to Sister before 8.45am. They will then, if ‘off school’, remain in Sick Bay until discharged by Sister.

If a Boarder is too ill to attend sick bay, House parents will inform the Duty Sister, and request attendance.

Food/drinks will be taken in Sick Bay by collection of food from the Dining Room by Sister or other member of staff or if appropriate, the student will accompany sister to the canteen for refreshments.

Generally if a student has been off school all day they will be expected to rest until the following morning.

Sister will communicate any plan of care for the student needed for the evening or weekend, in the communication book/ telephone message or email.

If a boarder requires clinical isolation, provisions will be made to isolate the student in their boarding house with own facilities or they will remain in sickbay and looked after by the Duty Sister or another residential member of staff.

The on-call Duty Sister can be contacted by houseparent’s/duty staff at any time after 1830hrs for medical advice or assistance. Houseparent’s may also contact NHS Direct, ‘ShropDoc’ or indeed the emergency services if the situation deteriorates. Contact details are provided on the front of the communication books and the medical handbooks, located in each boarding house.

3.2 ‘Out of hours’ care for Boarders

If a boarder feels unwell during any time that Sister is not on duty he/she should see the house master/mistress on duty.

Boarding Houses have a locked medicine cupboard from which the House Parent is able to administer over the counter medicines. A record of these should be kept and Sister informed of any boarder's illness or need for medication on her return.

Sister will liaise with the Boarding staff at the beginning and end of each day via a communication book.

After 1830hrs the Doctors surgery is closed. To contact a family Doctor between 1830hrs and 0800hrs on weekdays or at any time on the weekend or public holidays, telephone NHS 111 for advice or Shropdoc on 0333 222 66 55
3.3 **Emergencies:**

The Houseparent, Duty Sister or a member of staff will usually be responsible for taking students to casualty with minor injuries. The serious injuries or conditions, or when the staff are unsure, emergency services should be contacted and requested to attend. However, if there are difficulties with this course of action, the SMT will make alternative arrangements.

In the event that Sister has to leave the medical centre to deal with an emergency, houseparent’s of students within the medical centre will be contacted to attend the medical centre to act as cover until Sister’s return.

If a student has been at home when a medical condition has arisen they are required to bring a letter from their parents or ask their parent to telephone Sister if they wish their child to be excused from sport.

3.4 **Appointments for Boarders**

Parents are requested to arrange routine medical appointments during holidays. In exceptional cases, the medical team will undertake routine appointments on parents’ behalf. Emergency appointments or problems that occur during term time will be arranged by the medical team.

- The Optician used is Mr Floyd, Craven Arms. Tel No 01588 673048
- The Dentist used is Mr Quayle, Knighton. Tel No 01547 520396
- The Orthodontist used is Evans, Morton and Evans, Castle Street, Hereford. 01432 273 393

Notice of appointment details will be given to House Parents, transport manager and college reception in advance. Teaching staff are informed a student will be absent from lessons via the notice board outside the staff room.

Students are usually sent a bill by the dentist/optician for missed appointments. This is added to the students account.

3.5 **Doctor**

The School Doctor is Dr M L Kiff based at Wylcwm Street, Knighton, and Powys. LD7 1AD with associates Dr A. Lempert, and Dr Edwards. Tel No 01547 528523

Should a boarder be ill and need to see the Doctor, Sister will arrange for them to be seen at the Knighton Medical Centre or for the Doctor to see them at school if their condition dictates this.

If Sister is not on duty, the arrangements will be made by the Boarding House Parent.

In the absence of Dr. Kiff, Lempert, and Dr Edwards, cover is provided by locum colleagues from the practice.
Boarders under 16 will normally be accompanied by Sister when seeing the Doctor. If requested by the Student or his parents, the House Parent may be present. The students’ right to see the Doctor in confidence will always be respected. Students over 16 will normally have a private consultation with the Doctor.

Set Surgeries at the Knighton practice take place twice a week as follows.

- Tuesday 1400hrs to 1500hrs
- Friday 1400hrs to 1500hrs

Other appointments, as they arise are booked by the Duty Sister.

Female Boarders are always given the option to see a female doctor prior to their appointment request. Dr Edwards is the female doctor at Wylcwm Street surgery.

3.6 Registration

All full time boarders will be registered with the Knighton Medical Centre. Parents can opt to keep their current GP but will need to arrange routine appointments for medication reviews, immunisations and travel vaccines and transport their child. The GP’s at Wylcwm Street will see a child as a temporary resident if an emergency appointment is needed. Should they need to see a Doctor in the school holidays they should register as a temporary patient with their local Doctor. Parents and guardians are requested to complete a medical history form and consent prior to commencing at Bedstone College.

All NHS Medical Records are held with the school doctors at Wylcwm street surgery, Knighton.

3.7 Medicals

Prior to arrival, parents are requested to complete a medical history (appendix 2) and medical consent form (appendix 3)

All boarders will have a medical on entering school and ongoing monitoring continues throughout their time at the school by the nursing staff/GP Practice.

At this medical:
Sister will - Check height/weight/BMI/urinalysis/blood pressure/
Peak flow and blood sugars, if applicable
- fill out forms needed to register with the Doctor
- discuss any health worries

The information is passed to Wylcwm Street surgery for registration. Appointments are then arranged for the student to see Dr Kiff for a follow up.

Parents will be informed by Sister if there are any specific medical needs arising from the medical examination or any further appointments.
4 Medication in college

The SMT of the college are responsible for:

- Developing and regularly reviewing the medication policy and related policies and procedures compliant with relevant legislation
- Ensuring that all existing staff and new staff involved in the administration of medication are familiar with the school's medication policy and procedures by being able to access support and training appropriate for the tasks they undertake.

The college sister is responsible for:

- Ensuring that prior to a student’s admission to the college, the parent/carer are asked to complete a Medical History form giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital consultants, allergies, special dietary requirements and any other relevant information.
- Ensuring that the Medical Consent form has been signed by parents/guardians that outlines their decision in regards to the administration of the listed homely (non-prescribed) medicines. Copies are distributed to the house parents. (Appendix 3)
- Ensuring that all the children with specific medical needs, which may require emergency treatment, have an Individualized Management Plan developed in partnership with parents, school staff, sister and medical advisors for staff to refer to in the case of an emergency.
- Providing clear instructions for staff on managing medicines, including a robust system for record keeping and an audit trail.
- Correctly filling all completed medication forms in each student's medical notes following the administration of any medication.
- The ordering, distribution and maintenance of adequate stock of non-prescribed medicines within the college.
- Correctly disposing of medicines that are out of date or no longer required.
- Producing individualized prescribed medication sheets for all prescribed medicines with instructions on its correct administration, dosage, times and frequencies, contra-indications and side effects.
- Notifying parents/guardians of any prescribed medicines unless student requests that parents are not notified and are deemed as Gillick competent.

Houseparent’s are responsible for:

- Notifying sister of any medications brought into school by a boarder. Arrangements will then be made for its safe administration with correct documentation
- Correct administration of medications during out of hours and on a Sunday to boarders according to the administration procedure.
- Ensuring that all medications are kept locked securely in medicine cabinet
- Ensuring that a boarder's medication needs are passed over to any duty staff.
4.1 Provision of non-prescribed Medication (homely medication)

The college stock a basic supply of non-prescribed medicines and topical lotions that are purchased from the local chemist or first aid supplier and include:

- Paracetamol preparations
- Ibuprofen preparations
- Decongestants (Olbas Oil® and Sudafed®)
- Travel sickness preparations
- Milk of Magnesium for constipation and upset stomach
- E45 cream® and Sudacream.
- Gaviscon® for indigestion and heartburn.
- Calamine lotion
- Simple Linctus for sore and tickly throats
- Ralgex® preparations
- Strepsils® and soothers
- Lemsip® for flu and colds.
- Antihistamines
- Insect bite creams (Antisan® and Waspzee®)
- Antiseptic solutions (Savalon®/Tea Tree)
- High factor sun creams and after sun

The majority of these are purchased and stored in surgery but each of the four boarding houses are kept stocked with the following non prescribed medicines:-

- Simple Paracetamol preparations (Caplets and suspension)
- Ibuprofen preparations (caplets and suspension)
- Antihistamines (Piriton®) in tablets and suspension
- Simple Glycerine Linctus.
- Strepsils lozenges.
- Diarolyte® sachets.

Additional medicines and topical lotions are supplied to a boarding house on an as and when basis as the need arises.

A spare supply of these medicines are kept in the medicine cabinet outside the staff room for access by all common room staff or as a surplus for house parents, should they run out in sister’s absence.

All non prescribed medicines are only accessible to boarders and dailies either by:-

- Sister during the school day (from the medical centre).
- From the receptionist, in exceptional circumstances (when sister is off site and under sister’s instructions.) from the medicine cabinet outside the staff room.
- House parents who may be contacted by sister to administer medication from the houses medicine cabinet if sister is to be off site for a significant period of time during the school day or unexpectedly.
• House parents or duty house staff can administer non prescribed medications during the evenings or on a Sunday from the boarding houses’ stocked medical cabinet, in accordance with the Administration of Medicines Checklist and the students signed Medical Consent Form. (Originals kept in medical centre and copies given to the appropriate house parent) Medication should not be given to any student who does not have a signed medical consent unless they are deemed as Gilleck Competent or over 16 years of age. Parents should be contacted in cases when there is no consent for permission to administer any non-prescribed medication.

During the school day, the duty sister:-

• Documents any medication given, the amount, the time medication was administered and reason in the individual student’s medical notes. The same details are entered into the medication log which audits all medications given from surgery.
• Notifies houseparent’s of any medications given to a boarder by either telephone or email and by making an entry in the individual house communication book, which is returned to each house, via the locked cabinet in staff quiet room when sister finishes her shift.
• For dailies, sister will again either phone, email or write a letter to parents detailing the medication given, dosage, times and the reason why it was required.

When the duty sister is off site-

• A student may approach either the house parents or the receptionist. Sister will be contacted via telephone, to check whether any previous medication has been given during her shift and instructions taken from sister on appropriate action.
• Details of any medication given, dosage, time, reason and signature are then made on a non-prescribed medication record (Appendix 8), which are available in 1) each houseparent’s communication book or 2) in the yellow file in the medicine cabinet outside the staff room. These are passed to sister to record and store in student’s notes as well as the Medication log book. Sister will notify those concerned when she is back in college via the normal methods of communication.

During the evenings and on Sundays-

• The house parents will administer any medication required.
• The details are recorded on a Medication Record and returned to sister via the house communication book the next morning. The Medication record is stored in the student’s notes and an entry made in the boarding houses medication log which allows sister to audit the usage of medications given in each house. This system provides an accurate medication trail; highlights any trends within the houses; alerts sister to any approaching expiry dates and allows sister to maintain an adequate stock control within the college.

A boarder that requires a non-prescribed medication for three days or more is taken to see the local GP for a consultation and if necessary, a prescription obtained.
4.2 Prescribed Medicines (POM) for boarding students.

- Any medication that has been prescribed by a doctor or dentist is administered according to the prescriber’s instructions on the prescription label.
- With the student’s permission, parents are notified of any medicines prescribed and the reasons for the prescription given.
- Consent is obtained for the administration of prescribed medicines from parents, unless a boarder does not wish their parents to be informed and they are deemed as Gallick competent, then the medication will be administered according to the prescription. For those students over 16, parental consent is not compulsory but we encourage students to inform their parents as a matter of course.
- An individualized prescription sheet is created which details the prescription, details of the prescriber, any medication instructions, expiry date, date of issue and review date. (Appendix 6)
- It allows documentation of each dose given, refused or missed doses and the signature of the administering adult or student. An up to date information sheet giving details of the prescribed medication, side effects and possible contra indications will accompany the prescription for reference by all staff administering medication.

The duty sister:-
- Administers doses during the school day to the named student in surgery.
- Hands over the medication container and prescription sheet to the relevant boarding houseparent’s at the end of her shift for any evening or early morning doses to be administered in house via the locked house cabinet.
- Completes the relevant documentation.

The house parents and duty staff:-
- Administer any evening, night or early morning doses and all doses during a Sunday, according to the prescriber’s instructions.
- Complete the relevant documentation.
- Return the medication and prescription sheet to sister each morning until the medication course is complete via the locked house cabinet.
- The completed prescription sheet is then filed in the Students notes. Any unused medication is documented and returned to pharmacy for disposal.

Any medication being taken home for the holiday periods is documented on the prescription sheet which will remain in the student’s notes and the medication and information leaflets sent home in the original packaging.

If sister is aware that she will be off site for part of the day or the Student is going to be off site, then the day’s medication or required dose is either
- Given to the Student to self-administer throughout the day, if assessed and deemed competent.
• Given to the member of staff in charge of the offsite excursion to administer or the houseparent is asked if they would be responsible for the prescription and its administration to the Student.

4.3 Prescribed Medicines (POM) for Daily students

It is encouraged that medicines are only to be brought to college when essential however, if a daily Student is to receive prescribed medicines administered during the school day, sister will require-

• Written permission from the parents or guardians, outlining the reason for the medication, the times it should be administered, the doses to be given and any contra-indications should be provided on a Medication Consent Form (appendix 4 and 5)

• The medication should be handed into sister at the beginning of the school day where it will be stored appropriately in surgery.

• The medication should be in its original packaging and clearly have the prescription label intact. Medicines not in original containers or missing a prescription label will not be accepted.

• Arrangements will be made for the Student to return to receive their dosage and after the last dose of the day, the medication will be returned to the Student for carriage home. The information will be documented on the individualised prescription sheet.

• If either sister or the Student is to be absent, then arrangements will be made for the medication to be self-administered by the student, if applicable or stored in the medicine cabinet outside the staff room for a member of the common room to assist. eg: day tutor.

• The staff of Chacksfield house, if happy, can administer medications to their students with written consent from parents detailing the reason for the medication, the times it should be administered, the doses to be given, and any contra-indications. Consent forms can be requested from duty sister.

4.4 Storage of medicines

Medicines are stored so that the products are not damaged by:

• Heat or dampness
• They cannot be mixed up with other people’s medicines
• They cannot be stolen
• They do not pose a risk to anyone else.

At Bedstone College, all medicines are stored in lockable medicine cabinets, secured to the wall.

Access to medicine cabinets are restricted to designated staff. Keys should not be stored on or next to the cabinets.
Currently the locations of medicine cabinets at Bedstone College are situated at:-

- Medical Centre
- Outside staff room.
- Rutter House
- Pearson House x 2
- Wilson House x 2
- Bedstone House x 2
- Chacksfield

Some medications may need to be refrigerated. An appropriate refrigerator, with restricted access, should be identified and the medication should be placed in a closed plastic container with the lid clearly marked “Medication”. This container should then be kept on a separate shelf in the fridge. Sister will provide a suitable container.

All members of staff on medication must ensure that they keep their medication secure. All members of staff must seek medical advice if they are taking medication which may affect their ability to care for children.

4.5 Controlled Drugs

Controlled drugs (CDs) are prescribed medicines that are usually used to treat severe pain, induce anaesthesia or treat drug dependence and they have additional safety precautions and requirements. Some are also used in other situations, for example, methylphenidate (Ritalin™) is used in the treatment of attention deficit hyperactivity disorder (ADHD).

Although methylphenidate is legally categorised as a Controlled Drug, in mainstream schools it should be treated in exactly the same way and with the same safeguards as any other medication which the school agrees to administer. When medication is prescribed for ADHD it is usually as part of a comprehensive treatment programme and always under the supervision of a specialist in childhood behavioural conditions.

There are legal requirements for the storage, administration, records and disposal of CDs which are set out in the Misuse of Drugs Act Regulations 2001. In Bedstone College, long term self-administration of controlled drug medication is not permitted.

Records of administration are made on an individualised prescription sheet and in a blue Controlled Drugs register. The student and member of staff administering medication will sign both the prescription sheet and CD book.

CD’s are signed out for holidays and if no longer required, returned to dispensing chemist for safe disposal and completion of legal documentation.

All controlled medication are locked in a lockable box, inside a CD locked cabinet (double locked), secured to a solid surface in surgery or in the relevant boarding house. Access is strictly prohibited to sister and the relevant house parents.

4.6 Off site excursions

Once the duty sister has received details of a planned excursion, a pack containing medical information for all attending students as well as health care plans of any student with medical or medication needs as well as emergency information, procedures to follow and GP details and parents/guardian contact numbers, will be provided, as well as medication, if applicable.
If the student is able to self-administer, an assessment will be carried out prior to the excursion. For younger children, if the trip leader is happy to assist, the medication and prescription sheet will be handed over in a portable container. If staff are unhappy, arrangements will be made for an escort or parent to attend the trip.

4.7 **Home to college transport**
To ensure students remain safe on their journey to and from college, the drivers are made aware of students with medical needs and would know what to do in an emergency. They should not generally administer medicines, but where it is agreed that a driver or escort will administer medicines in an emergency, they receive instructions and a copy of the management plan to follow.

4.8 **Emergency medication.**
All emergency medication is readily accessible and never locked away. A copy of a student’s individual management plan and consent form is kept with the medication and includes clear precise details of the action to be taken in an emergency.
Specific staff training in the use of adrenaline devices and what to do in asthma attack is provided annually during inset days. Records are kept of all staff training.

Students with diabetes have an emergency kit outside the staff room and sports hall at all times. It contains a management plan and concentrated glucose products to assist in dealing with hypoglycaemia (low blood sugars).

Bedstone College has an asthma register which provides staff with names of all the students with asthma related symptoms. Staff can use this to check regarding any student in their care. This is updated termly. Staff are also provided with the emergency procedure of dealing with an asthma attack.
Students known to have asthma must have a reliever inhaler available at all times in college. Older children carry their own inhaler and a spare is stored in the asthma station, outside the staff room.

Students prescribed adrenaline devises to self-administer in the case of an allergic reaction will be assessed and if competent will be allowed to carry one with them on and off campus to self-administer in an emergency situation. A spare devise is also kept on site at either the Epipen station outside the staff room and/or Chacksfield house/boarding house.

4.9 **Self-Medication**
The age at which children are ready to take care of and be responsible for their own medication varies.

At Bedstone College, students are not permitted to self-medicate on a long term basis. Risk assessment are carried out on senior students to assess their understanding on medication prescribed and this allows them to self-medicate for a weekend away, for a college trip or sporting fixture. All senior boarders (5th and 6th formers) in Pearson House, Rutter House (boys) and Wilson House (girls) are entitled to complete self-assessment criteria for any prescribed medication with sister.
This would assess if they understand the reason for their prescription, the details of dosage/times, side effects and any contra indications. The assessment would provide an opportunity for discussion about the medication and deal with any potential problems. If agreed, the Student and sister would sign the assessment form and this information will accompany the prescription sheet to the relevant boarding house. The house parents and sister would continue to administer the prescribed medications between them, with the student visiting surgery during the day at the relevant times for their medication and the house parents and duty staff administering the medication in the evenings and on a Sunday.

If sister is to be off site and unable to administer a dose at the specific time, or the student is to be off site for a period of time, the relevant houseparent or sister can allow the Student to have the relevant doses on a short term basis (up to a day) to self-administer and this be documented on the prescription sheet as self-administered and signed by the Student.

Alternatively, the medication can be stored in the cabinet outside the staff room whilst sister is off site, for administration by a designated person e.g., receptionist, house parent or member of the common room to the attending Student. If a Student is compliant with their medication, over a period of time, they can be given one or two days’ worth of medication at a time to self-administer before checking in with sister or house parent e.g. to cover a weekend away.

If the Student is deemed as incompetent or unreliable, sister or the relevant houseparent would pass the prescribed medication and prescription sheet on to any staff in charge of an offsite trip to ensure the medication is administered at the correct time and the prescription sheet completed.

Prescribed analgesia’s will only be allowed one or two doses maximum to self-medicate regardless of age.

If the Student does not follow the criteria set out in the self-assessment, then the Student will not be able to self-medicate and alternative arrangements made.

All prescription sheets are accompanied by an information sheet for reference.

Currently any female boarders prescribed the oral contraceptive pill are issued a month’s supply at a time. This allows them a degree of independence and self-management.

Medical observations are carried out before the next month’s supply is issued. The prescribing GP will review the student at a medication review on either a three or six monthly review appointment.

4.10 Medications from abroad

We can only administer medication that has been prescribed in the UK as dictated by legislation from the GMC (Government Medical Council). For those boarders on medication who are living abroad, we need to ensure continuity therefore; we request a letter from the family doctor with details of the medication that has been prescribed. This must be in English. We will administer this medication, but, at the earliest opportunity, the student will be taken to see the School Doctor to request a prescription for an English alternative, if possible.
Prescriptions that cannot be prescribed in the UK will continue to be administered with parental consent that they understand the implications. All medication brought into school must be sent in the original container with the original label. For homeopathic or vitamin supplements, parents/guardians will need to complete a Medication Consent form.

5. **Administration of medication**

The administration of medicines should only be undertaken by those staff designated as competent and/or have received an in house medication awareness training at Bedstone College. Reference can be taken from the Medicine Management guidelines given to each boarding house and on medicine cabinet outside staff room.

Each item of medication must be in a secure and labelled container as originally dispensed. Each item of medication must be clearly labelled with the following information:

- Student’s Name.
- Name of medication.
- Dosage.
- Frequency of administration.
- Date of dispensing.
- Storage requirements (if important).
- Expiry date.

**The school will not accept items of medication in unlabeled containers.**

Written parental consent is required for the administration of any medication to a child under the age of 16 years. For boarders who have parents abroad, every effort will be made to acquire a written consent, but often an email will have to be accepted as agreed consent.

The original medical consents for the administration of non-prescribed medicines are stored in surgery. Copies are sent to each relevant boarding house for reference and school base indicates the consent status.

When a GP or dentist prescribes a medicine, the child’s next of kin will be contacted and informed of treatment and permission sought to administer prescription.

In exceptional circumstances, when a child requests that parents are not informed, their care is under the direction of a medical professional and the child is deemed as Gillick competent, a prescribed medication can be given without parental knowledge and/or consent.

Where a student needs two or more prescribed medicines, each should be in a separate container.

Medical consent forms for the administration of non-prescribed medicine, (homely remedies), are given to all new students on admission indicating parental wishes. For prescribed medicines, parents will be contacted and informed of treatment and consent obtained on an ‘as and when’ basis.
5.1 Advice/Treatment letters

Students who receive medical/treatment during the school day from the duty sister will be issued with written documentation (advice/treatment letter) of their visit to the college surgery. Alternatively, a parent will be telephoned or emailed. The purpose of the advice/treatment letters is to inform members of staff, houseparent’s and parents/guardians of any medical/treatment which may have been given to their child/student during the course of the school day. Students are requested to carry their advice/treatment letter on their person at all times during the school day.

5.2 Record Keeping

Boarding staff administering any non-prescribed medications in house need to complete a Medication Record (appendix 8), with date, name of student, drug given, amount, times, reason and number of the box and return to sister in communication book each morning so entries can be made in the students medical notes and Sister can audit medication.

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Medication</td>
</tr>
<tr>
<td>Reason:</td>
<td>Box No</td>
</tr>
</tbody>
</table>

Houseparent’s should email or phone sister after administration of any medication given in the morning as well as completing the Medication record to be handed in the following morning. This is to alert sister to the fact that that particular child has received medication and avoid an accidental overdose.

Sister will administer all medications during the school day. Houseparent’s will be notified of any non-prescribed medicines given by sister during the day via email/telephone message/boarding house book or via letter given via the student.

Prescribed medications have an **Individualised Prescribed Medication Form** which details the prescription, details of the prescriber, any medication instructions, expiry date, date of issue and review date. (Appendix 6)

If sister is off site, students should report to reception, where sister can be contacted via mobile telephone and instructions given on whether any non-prescribed medications can be administered to a boarder. House parents may be contacted to discuss any issues. Receptionist will administer analgesia on sister’s instructions, if unable to wait until sister’s return to college.

In the case of prescribed medications, house parents and/or the student will need to alert sister to their planned absence so arrangements can be made for the medication to be self-administered during the time off site or given to the member of staff in charge of the trip.
Prescribed medications and the accompanying Prescribed Medication Form will be handed to sister from the houseparent’s and vice versa at the beginning and end of each day to ensure a student receives their medications consistently from morning through to bedtime, via the locked cabinet.

Records should be properly completed, legible and current by all staff.

5.3 **Refusal or Missed doses**
Reasons for any non-administration of medication should be recorded, including “wasted” doses (e.g. tablet dropped on floor) and refusal. Persistent refusal should be reported to prescriber and parents, if appropriate.

5.4 **Disposal of Medicines**
All medicines are returned through the duty sister for correct disposal and documentation:-
- When the course of treatment is complete
- When labels become detached or unreadable
- When instructions are changed
- When the expiry date has been reached
- At the end of each term (or half term if necessary)

House parents should not dispose of any unused medications.
At the end of every term a check of all medication storage areas will be made by the duty sister.

5.5 **Drug Errors**
Errors can occur in the prescribing, dispensing or administration of medicines. Most medication errors do not harm the individual although a few errors can have serious consequences. It is important that errors are recorded and the cause investigated so that we can learn from the incident and prevent a similar error happening in the future.
Examples of administration errors are:
- Wrong dose is given, too much, too little
- Medication is not given
- Medication is given to the wrong child or adult.
Complete an incident form and SMT. Parents will be notified. GP also notified and advise taken.

5.6 **Drug Reactions**
Occasionally drugs can cause an adverse reaction. If a student experiences an adverse reaction to a medication, do not give any further doses. Inform sister, who will arrange for the boarder to see the doctor and an alternative medication prescribed, if needed. Complete an accident form (form from sister) and return to sister who will inform the Medicines and Healthcare Regulatory Agency (www.mhra.gov.uk)
6 **Immunisations**

Bedstone College assists the Shropshire Immunisation team with offering the immunisations recommended in the National Child Health Programme. The Diphtheria, Tetanus and Polio vaccine (Td/IPV) and Men C booster are offered in year 9. The HPV vaccine (human papilloma virus) is offered to year 8 girls.

**Influenza vaccine**
Wylcwm Street offers an identified group of students an annual vaccination against the seasonal influenza and are invited to attend the annual clinics.

**Travel vaccines.**
Travel vaccines can be discussed with the practise nurses at Wylcwm Street.

7. **Mental Health Welfare**
An independent, qualified counselor visits the college surgery on alternative Thursdays between 3.30pm and 5.30pm to offer her services to the students. Referral details and contact numbers as well as dates of attendance are displayed on all students’ notice boards, boarding houses and in the medical centre. Surgery adopts an open door policy so any student can speak to medical staff when they feel they need support.

7.1 **Self-Harming**
Students who display characteristics of self-harm, which is the deliberate intent to cause harm to one’s own body, are encouraged to approach college staff for support. Staff are briefed to adopt a supportive and open attitude towards self-harming.

Students should be made aware that it may not be possible for staff to offer complete confidentiality. Members of staff or peers who are aware of a student engaging in a suspected to be at risk of engaging in self harm should consult one of the designated teachers for safe guarding children at Bedstone – David Gadjardasingh / John Forster for advice.

7.2 **Confidentiality**
In accordance with a nurse’s professional obligations, medical and nursing details about students, regardless of age, will remain confidential.
To ensure a student’s safety and welfare, a list of students with asthma, allergies and significant illness is made available for school and sporting staff to refer too on registers.
Medical staff will liaise and consult with parents, teachers and boarding staff, with the student’s permission. There may be occasions when it is considered in the students best interest, or for the protection of the wider school community,
information will be shared with appropriate persons. With or without the students consent.

**7.3 Eating disorders**
Bedstone College is adopting a school policy on eating disorders (EDs) so that it’s staff are able to identify, manage and support students with vulnerabilities.

**8. Infectious disease/illness**
The school nurse holds details regarding infectious diseases and the appropriate exclusion period in each instance. SMT and duty sister will assess any infectious illness on an individual basis and take advice from the department of Health and local Health protection team.

**8.1 Head Lice**
Any student found to have head lice during school time must report to Sister for treatment initiation. No student will be excluded from college.
Any student with head lice should have prompt, effective treatment with parental consent.
House parents from the boarding student’s year group and parents of daily students will be sent a current advice/ treatment sheet from the duty sister with current practise on dealing with the infestation.

**8.2 Chicken Pox**
Student’s or staff with suspected or confirmed Chicken Pox should remain at home until six days after the appearance of the rash or until the scabs have formed as they remains infectious whilst their skin remains wet/weeping.
Advice will be taken from GP/midwife if any pregnant staff likely to have been in contact with infected person.

**14.3 Impetigo/cold sores**
Any student found to have Impetigo or cold sore must report to Sister. Students with Impetigo should see their GP for antibiotic treatment. Student’s with Impetigo may attend school but must pay close attention to personal hygiene and refrain from contact sports and swimming lessons until the lesions have healed.
Advice on sharing cutlery, utensils, and wash items will be given to students with cold sores to reduce transmission to others.

**14.5 Warts and Verrucae**
Student’s with warts or Verrucae should either treat them with gel such as Bazuka or see their GP for treatment. If required, they should wear a waterproof sock on the affected foot when swimming.
14.6 **Glandular fever**
There are no restrictions on students with a confirmed diagnosis of glandular fever attending college but they may benefit from support with studies and rest from games due to symptoms of tiredness associated with the illness. Contact sports/rough play exclusion is for 8 weeks.

14.7 **Diarrhoea and Vomiting (Norovirus)** (See below and separate policy for more details)
If a student or member of staff is suspected of having a norovirus infection, the following are recommended to prevent the spread of infection to others:

- Wash your hands thoroughly after going to the toilet. Ideally, use liquid soap in warm running water, but any soap is better than none. Dry properly after washing.
- Don't share towels and flannels.
- Don't prepare or serve food for others.
- If clothing or bedding is soiled, first remove any faeces into the toilet. Then wash in a separate wash at as high a temperature as possible.
- Select one toilet that is to be used for the student who is symptomatic. Ensure that it is regularly cleaned with disinfectant and the flush handle is wiped as well as the toilet seat, taps, surfaces and door handles with hot water and detergent at least once a day. Keep a cloth just for cleaning the toilet (or use a disposable one each time).
- The student of member of staff should stay off from college until at least 48 hours after the last episode of diarrhoea or vomiting. Avoid contact with other people as far as possible during this time. Children or staff who attempt to come back too early will be segregated and returned home as soon as possible.
- Food handlers: if you work with food and develop diarrhoea or vomiting, you must immediately leave the food-handling area. For most, no other measures are needed, other than staying away from work until at least 48 hours after the last episode of diarrhoea or vomiting.
- For an outbreak, the college will follow the recommendations from the Norovirus toolkit document released by the Health Protection Agency.

1. Duty sister will contact the parents/carers of students who are off from college without a reason and find out if they have symptoms
2. Collate a list of absent staff and students and include the students name, address, contact details, GP, date of onset or reported days of absence. Information on recent farm visits or contact with animals should also be noted.
3. SMT will be informed of outbreak as well as domestic supervisor
4. The local health protection unit 01743 261 353 or 01785 221158 will be informed.
5. Parents/carers of children who are symptomatic at college should be contacted and requested that they come and collect their child. Boarders will be admitted to sickbay.
6. Affected children should be isolated, if possible from their class mates until collected.
7. Symptomatic staff and students should not return to college until they have been symptom free for 48 hours.
8. Staff movements between classes and activities should be restricted. Maintenance department informed.
9. Good hand hygiene should be enforced for all students and staff. Posters and a hand washing programme released to enforce the importance of good hand washing.
10. Soap dispensers and alcohol rub dispensers checked and filled. Hand towels replenished regularly.
11. Disposable aprons and gloves should be worn when cleaning touch points, cleaning toilets, toileting a small child or cleaning up vomit and diarrhea. Staff should wash their hands after the removal of gloves and aprons.
12. Soiled clothing should be placed in a sealed, plastic bag to go home.
13. Boarders soiled clothing should be brought to sick bay to be washed and not general laundry facilities.
14. Domestic supervisor will initiate deep cleaning procedures including taps, light switches communal areas.
15. Toys, books and other items normally shared by students should be cleaned and disinfected if possible. Stop sand and water play, use of play dough and throw away. Cookery lessons should be suspended.
16. Group visits in and out of college should be stopped until 48 hours after the last person has stopped having symptoms.
17. Visitors to the college should be postponed or if their visit is necessary then they should be informed of the outbreak and any control measures in place.

8.3 Influenza

The college has a separate policy for dealing with an outbreak of influenza
See -Human Flu Pandemic: Policy Guidance

8.3 Cleaning of bodily fluids.

In order to protect ourselves from disease, all body fluids should be treated as if infected. To prevent contact with body fluids the following guidelines should be followed:
- When dealing with any body fluids wear disposable gloves and apron (PPE)
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages. All contaminated material must be disposed of in a yellow clinical waste bag then placed in a yellow medical waste bin. These bins are situated in the medical centre and the visitor toilet outside the staff room. Avoid getting any body fluids in your eyes, nose, mouth or on any open sores you may have. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.
**Location of materials to deal with clinical waste:**

1. Each boarding house has a box containing PPE, spill kits, yellow clinical waste bags, a risk assessment and guidelines on dealing with clinical waste.
2. Clinical waste cabinet is located outside the staff room.
3. All minibuses have a kit with spill granules and PPE.

**9. Sports Injury Policy**

Students must be fit to play sports. Any student undergoing rehabilitation and required to abstain from sporting activities will need confirmation from a medical practitioner or parent. The student will be added to the off games register and will be required to attend the off games room during games sessions.

Students wearing plaster casts may not participate in sports lessons or fixtures.

All sports teams are to have their own first aid kit. The staff member responsible for the group is to ensure that it is taken to the game and fully stocked. First-Aid bags / Ice bags are located in the staff common room.

Sister will assess the injuries and decide what treatment is necessary.

A mobile phone will be available for Sister/Staff member to take to the pitch.

Sister will decide if she or a member of staff needs to accompany a student to casualty in the ambulance if a parent is not available.

The injury will be fully documented; accident form filled in and filed with Sister in the Medical Centre.

If injured during sports lesson or fixture the student should report to Sister on the same day for further assessment of their injuries.

Sister will follow up injuries to student from opposition teams via the visiting school office.

Students requiring crutches will undergo a risk assessment before using crutches in college and assigned a buddy to assist with opening doors/ carrying belongings/acquiring food.

**10 Safe in the Sun**

Students will be advised at the beginning of the summer term of the importance of being safe in the sun. There is a ‘Sun Safe’ Policy which will be e-mailed to all parents at the start of the summer term.

- Promotion of the policy by posters around college.
• Students advised by tutors and communication from college to bring their own sun cream to college for self-application in the summer months, when summer uniform is declared.
• Medical staff will stock a selection of high factor sun cream for use should a child forget to bring their sun cream or unexpected hot weather.
• The stock will also be used to accompany off site excursions/sporting events/Duke of Edinburgh expeditions.

11. Supporting students with medical conditions

Bedstone College, aims to support all students with medical conditions so that they can access a full education, including school trips and physical education.
Parents are requested to complete a medical history form prior to the student commencing college so that a detailed plan of care can be developed and measures implemented prior to a student’s arrival.
Training will be organised, as applicable, for staff by the medical team and SMT in dealing with specific medical conditions annually and on an as and when basis. An individual health care plan will be developed in conjunction with the student, parents, tutor, house parents, transport manager, catering manager and SMT, as applicable. Individual care plans are reviewed annually unless circumstances lead to a change being made.
Teaching staff and peripetic staff will be briefed during Inset days of any student with medical needs. If a student starts at another time, staff will be informed in staff briefing by the SMT, duty sister in houseparent meetings and by email to applicable staff.
A named person, usually tutor; will be nominated as the named person in the care plan.
Medical staff will sort out any medication needs according to the college’s policy. Risk assessments will be carried out with regards to school visits, holidays and activities by nominated person/medical staff and SMT.

11.1 Dealing with an emergency

Emergency services are summoned using 999 or 112
The postcode for the college is: SY7 OBG
If the emergency services are required, a member of staff must stay with the casualty until their arrival.
Reception/duty staff should be alerted and someone to greet the ambulance is dispatched.
Sister will be contacted if not already present. Parents will be notified by staff.

Out of hours contacts are distributed to house parents each term and are:

**NHS 111 Service** call 111
For if you are feeling unwell and need a telephone assessment, please call the NHS 111 service free of charge. For health advise and reassurance, 24 hours a day. Seven days a week.

**SHROP DOC (out of hours GP service)** call 0844 406 8888
Shropshire Doctors Cooperative (Shropdoc) provides urgent medical services for patients when their own surgery is closed and whose needs cannot wait until the surgery is next open e.g.: evenings, weekends and Bank Holidays.

DENTAL CARE

The on call dental service is available for advice, assessment and access to treatment (where appropriate) for patients with an urgent dental problem which cannot wait until normal in hour’s service is available.

As well as the duty sister, there are a number of teaching, residential, maintenance and administrative staff who are qualified in first aid who will deal with any emergency situation in sister’s absence

11.2 Severe Allergic Reaction Policy

Anaphylaxis is a sudden, severe allergic reaction, when the body reacts to a foreign substance, which triggers an exaggerated response from the immune system. The reaction can be mild or severe with a slow or fast onset. Foreign substances can include; peanuts, tree nuts, sesame, eggs, cow’s milk, fish, kiwi fruit, venom of stinging insects such as bees, wasps, or hornets, latex, and also penicillin.

All students that have been prescribed treatment for a life threatening allergy will have an ‘emergency box’ made up in college. Each box will contain medication that has been prescribed for a reaction including an anti histime, Epipen and Ventolin inhaler, if applicable.

An individualized management plan with student’s details, age, address, trigger, action plan to follow and all contact numbers is contained within each box. Additional copies are located in the staff room, on the back of the door, next to the Epipen station, kitchen and medical centre.

Medical student details are kept in the medical centre and are regularly updated by parents if medication changes. Parents must complete a medical consent form for administration but staff would administer medication in a life threatening situation. It is essential to have up to date contact numbers which can be used in an emergency.

All students needing Epipen are expected to have two on school premises. Senior students are encouraged to keep one on their person’s throughout the college day, which would accompany them to lessons, meal times, games and off site excursions. A second is kept in ‘the emergency box’ in the Epipen station, outside the staff room. Each student’s box is easily identified with the student’s picture and name on it.

Junior students (Chacksfield students) who are considered too young to administer their own treatment will have a nominated person (usually class teacher) who will take responsibility of ensuring that the original pen accompanies the child to lessons in college, mealtimes and games and who will initiate and administer treatment in an emergency.

Medications must be clearly labelled with the student’s full name.

Each Epipen is for the personal use of the student and will not be available to anyone else. It is the responsibility of the parents to ensure that the Epipen are within expiry date for all daily children. The medical team will obtain Epipen’s for any boarding students although the medical team will contact parents of dailies prior to the expiry date to ensure that they are aware of the pending expiry date. Epipen will be accessible at all times and not locked away.
For organised trips/off site excursions the trip leader will be given a register of all students attending the trip with medical conditions and treatments including those with allergies. The duty sister will organise the relevant treatment kit (emergency) to accompany the trip along with the student’s own EpiPen. Food warning labels will be displayed by the Catering Supervisor within the servery counter units in the dining hall area.

Staff will be provided with annual training on using Epipen, including teachers, support staff, transport department and catering staff.

Epipen are devices that contain adrenaline which is the emergency treatment used for a severe allergic reaction that slows down the process and bides the patient some time. They are injected intramuscularly into the leg muscle immediately the patient shows signs of swelling and breathing difficulties, which untreated would prove fatal. A patient displaying these symptoms and requiring the administration of an Epipen will always need to go to hospital for further treatment and stabilisation so an ambulance should be called immediately after an Epipen has been given.

For a student who displays these symptoms but has no prescribed Epipen, an ambulance should be called immediately and the first aider/medical team should be prepared to give CPR.

A confidential list of students who are known to have severe allergic reactions will be available to Staff in the Staff Common Room and the Catering supervisor. All staff are sent a register of students with mild and severe allergies each term.

Each student has an action plan that gives clear instructions to follow in case of a reaction. Copies of the action plan can be located in the staff room, outside the EpiPen station, inside each EpiPen kit, in the dining area and medical centre.

11.3 Asthma Policy

Asthma causes the airways to narrow, making it difficult to breathe. Symptoms include attacks of breathlessness and coughing and a tightening of the chest which can exacerbate the difficulty of breathing. Individuals with asthma have airways which are almost constantly inflamed and can be exacerbated by certain factors such as grass pollen, tobacco fumes, smoke, glue, paint, fumes, perfume, animal fur, infections and exercise which can trigger attacks.

All staff at Bedstone College are informed of all students with a medical history of having asthma via an asthma register which is sent electronically each term. Copies are also available in the staff room, medical centre and sports hall.

Those students have an individual health care plan for the care of their asthma which is kept with their medical notes and a copy is sent to the boarding houses and on all off site excursions.

Students with asthma will be encouraged to participate in all sporting activities unless stated by their Doctor, Parents or Sister. It is the policy of Bedstone College that each student carries their own medication for asthma with them at all times. At no time should they be discouraged from
doing so or should the medication be locked in an inaccessible place. Students are responsible for taking inhaler medication as prescribed and for keeping inhaler with them at all times.

A spare inhaler clearly labelled with the student’s name is kept in the asthma station; outside the staff room should a student run out, accidentally lose, damage or forget their original inhaler. Chacksfield students will have their inhalers kept in the staff room in Chacksfield. Sister will also keep a stock of prescribed inhalers in surgery for the boarders, supplied from Wylcwm Street.

Daily parents are requested to send the spare inhaler in, labelled with their child’s name and instructions. Sister organises spare inhalers for the boarders from Wylcwm Street.

New regulations brought in during October 2015, permit Bedstone College to order a spare reliever inhaler (Salbutamol 100mcgs) to keep as a spare for any diagnosed asthmatic to use, in the absence of their own prescribed inhaler, to minimise the risk of students not having access to an inhaler in an emergency situation.

Asthma Reviews

Asthma reviews for boarding students are undertaken by the asthma nurses at Wylcwm Street Practise annually.

Staff involved with physical activities (PE, D of E, etc) or in charge of offsite trips should ensure they confirm with those students who carry an inhaler that they have it on their person prior to letting them take part in the activity or depart on excursion.

There will be annual in house training for staff on asthma and what to do in an attack. Guidelines on dealing with an asthma attack are distributed to all staff along with the up to date register each term. They are also displayed next to the asthma register and sports centre. Copies are provided for all off site excursions. (Appendix 10)

11.4 Diabetes Policy

Diabetes is a condition where the glucose level in the blood primarily rises due to a complete lack of insulin (Type 1 diabetes) or because there is some but at times, insufficient insulin for the needs of the person (Type 2 diabetes)

Students with diabetes need to ensure their blood sugars levels remain stable throughout the school day and will need to be able to check their levels at various times of the day. Provisions will be made for the student to do this.

Individual health care plans are available for each diabetic student which gives details of treatments and what to do in an emergency if the blood sugars become too low (hypoglycaemia) or too high (hyperglycaemia).

Copies of the health care plans are in a folder outside the staff room, with head of sports in medical centre, in each diabetic kit located outside the staff room and with house parent, if applicable. A copy will also be given to weekend activity leader and sports coach.

A tube of Hypostop Gel is kept in the ‘Diabetic Kit’ in the sick bay and in kits belonging to any children with diabetes as well as outside staff room, in sports hall and in kits for offsite excursions.
If there is a good response to treatment, the student will be closely monitored in Sick Bay and their parents contacted.

If the student is unconscious or the “Hypo” attack re-occurs, an ambulance will be called and their parents contacted.

In House training programmes is given to all members of staff during inset day in September.

Procedure to follow in an emergency (appendix 12)

11.5 Epilepsy/Seizures

When a child with epilepsy joins Bedstone College, or a current student is diagnosed with the condition, communication with the parents or guardians (and the student if appropriate) is made to establish how epilepsy may affect their school life. This discussion will include the implications for learning, playing and social development.

An individual health care plan is drawn up with details of any patterns, triggers, medication and action plan in case of a seizure.

The health care plan will be kept in the student’s notes in the surgery and copies will be forwarded to house parents (if applicable), all staff, the staff room and sports staff.

The individual health care plan will identify any medicines or first aid issues of which staff need to be aware. It will state whether the student requires emergency medicine and whether this medicine is rectal diazepam or buccal Midazolam. It will also contain the names of staff trained to administer the medicine. If the student requires emergency medicine then the plan will also contain details of the correct storage procedures in line with the DfES guidance found in Managing Medicines in Schools and Early Years Settings (2005). Staff will be trained in the administration of emergency anti-epileptic medication ANNUALLY by the child’s Paediatric Epilepsy Nurse Specialist.

Bedstone College recognises the importance of having a school environment that supports the needs of children with epilepsy. Any child suffering from epilepsy will be able to rest in surgery if necessary away from other children.

Restrictions for Epileptic students

For organised off site trips/excursions, the staff in charge will need to communicate with sister as part of the risk assessment.

A copy of the student’s health care plan will be provided and medication discussed. It is concerned a risk for any epileptic student to take part in any activity that includes heights and swimming unsupervised.

Procedure to follow for dealing with a seizure (appendix 9)

11.6 Head Injuries and Concussion Policy (see below and separate policy for more details)

For a serious head injury or if a student is knocked unconscious (however brief) or has a fit, the staff in charge at that time should immediately ring for an ambulance.
The student should not be moved but kept warm. Sister or an onsite first aider can be summoned to provide any first aid and support until the ambulance arrives.

Arrangements will be made for a member of staff to escort the child to the A/E department in the ambulance and for the parents or guardians to be notified immediately.

For ALL other head injuries, the student should always be escorted to surgery for assessment by sister, even if considered minor.

It is normal practice for the student to be monitored for a period of time in surgery for any signs and symptoms of concussion. If necessary, the student will be escorted to a local A/E or Wylcwm Street for a medical assessment by a doctor or advice taken from a triage doctor.

For daily students, parents will be contacted and if necessary, collected from college for supervision at home. Advice sheets and contact information will be provided on collection.

For boarding students, they will remain under constant supervision for at least 48 hours. Regular communication will be made between house parents and medical staff to allow accurate, up to date information to be given to parents and guardians. Management staff will also be kept up to date of progress.

Accident forms must be completed for all head injuries. Staff that witnessed an incident should complete the form as soon as possible and hand it to sister to complete all the necessary records and to meet the RIDDOR regulations.

All common room staff will be notified of any head injuries via staff board /off games sheet or via management staff /house parents so the student can be monitored once back in college and staff are aware of any restrictions (off games/trips out) or genuine reasons to visit Sister for analgesia/observation/rest needs or to attend doctor’s appointments.

All confirmed students with a head injury or who displayed symptoms of concussion, will be on off games for a minimum period of three weeks. In serious cases, this is often significantly longer and will be under the discretion of the medical professional (GP, A/E consultant)

Children and adolescents who have sustained a concussion are at risk of a serious or even fatal complication if they have a second head injury within a short time after the first injury. This is called second impact syndrome.

Any child/adolescent who is suspected of having a concussion should be removed from play immediately (e.g., if playing a team sport) and monitored for signs of brain injury. Sister informed.

The student attends surgery on a daily basis initially for sister to monitor progress and neurological observation.

A follow up appointment with a specialist or GP will be made after the three week period for assessment and it will be their decision as to what and when normal sporting activities can be resumed. Sister will then notify staff and house parents, parents and guardians.
**Post-concussion syndrome** — a child/adolescent who has a concussion may develop a group of symptoms called "post-concussion syndrome" in the first few days after the injury. Symptoms can include headaches, personality changes (anxiety, irritability), dizziness, or impaired memory and concentration. In 85 to 90 percent of cases, these symptoms resolve within a few weeks to a few months after the injury. There is no specific treatment for post-concussion syndrome.

In a minority of cases, the symptoms may persist for one year or longer. Prolonged symptoms can affect the child or adolescent's school performance and may lead to depression. Thus, it is important that the child's medical team and teachers are aware of the injury and understand that changes in behaviour or performance may occur.

Procedure to follow in an emergency (appendix)

11.7 **Meningitis Policy**

If a student or member of staff is diagnosed with Meningitis, the following procedures will be followed:

The Chief Medical Officer at the Public Health Department will be informed by the G.P., Hospital or School.

The Chief Medical Officer will inform the School of the appropriate procedures to inform all Staff, Parents and Students.

The Public Health Department will co-ordinate any treatment necessary and School will co-operate fully.

Parents will be kept fully informed of all treatment and care necessary.

The School will advise parents in accordance with the Public Health Department’s advice.

An ongoing immunisation programme is conducted for college boarders under the direction of the Knighton Surgery and Shropshire immunisation team.

12. **First Aid Provision**

Bedstone College is a community that has a population of over 350 students and staff.

The duty sister will provide first aid to the whole community. In her absence, there are trained first aiders who will provide first aid and treat accordingly.

First Aid boxes are marked with a white cross on a green background and are checked and restocked by the School Nurse in accordance with the suggested guidelines in the Department for Education & Employment (DfEE) Guidance on First Aid for Schools at least once a term.
First Aid Boxes are to be found in the following locations:

- Pearson House
- Rutter House
- Bedstone House
- Wilson House
- Music Block
- Maintenance building
- Sports Hall
- Art block
- DT building
- Rees Court
- Rees Hall
- Hopewell
- Chacksfield
- Staff Room
- Shop account department
- Surgery waiting room
- Biology lab
- Chemistry lab

Six First Aid bags and ice bags are available for staff taking students on journeys outside school and these are located in the staff room.

In the first instance the duty sister will deal with any first aid issues on campus. If sister is off site, a first aider will be called upon to give appropriate first aid.

The college uses the professional organisation STA to run a three day First Aid at Work course for nominated teachers and volunteer staff.

The college keeps written records of accidents or injuries and the first aid treatment given. An accident report will be completed for all accidents. The person completing the form will be the first member of staff on the scene. If they themselves did not witness the accident, they will record this clearly on the accident report form.

Parents are informed of any accidents or injury sustained by the child and of any first aid treatment given on the same day or as soon as reasonably practicable via letter/email or telephone message.

Serious incidents are reported to the health and safety representative which is Mr. D. Gajadharsingh, (Headmaster), during term time and Mr. A. Gore, (Bursar), out of term time.

12.1 School Vehicles

The School minibuses should have a prominently marked First Aid box on board which is readily available for use and which is maintained in a good condition. The minimum stock for travelling First Aid boxes is kept to HSE Standards.

As part of the risk assessment procedure, staff will contact the medical centre prior to a planned excursion. Details of students with relevant medical conditions will be compiled as well as suitable first aid provisions for the planned activity/venue.

Medical emergency awareness training is given to all drivers annually.
12.2 Qualified First Aiders

Up to date lists of qualified first aiders are located around the campus. The first-aider only needs to be consulted if:
Sister is absent from college or needs assistance or another member of staff is not confident in his/her ability to deal with a situation.
No casualty should be left unattended at any time.
If it is considered necessary that the child needs attention in the Accident and Emergency Unit of a hospital then parents should be informed immediately and requested either to take their child to the hospital or to meet the ambulance there.
Where hospitalisation is not necessary but the child is hurt or distressed parents must be informed so that they are aware before the child leaves school to go home.
In the event of a head injury first aid will be carried out as appropriate, parents will be informed by telephone and a head injury advice letter will be sent home with the child for the parent’s information. If the child remains in school teachers and house parents will made aware that a head injury has been sustained by the child.
An accident/incident form should be completed. These are located in surgery, outside staff room and Chacksfield.

12.3 Defibrillator (Automated External Defibrillator)

The college has an Automated External Defibrillator (AED) which is used for casualties, whose hearts are defibrillating and which is fatal unless the heart is shocked back into a normal rhythm again.
The AED is located outside the staff room, in a secure clear cabinet on the wall. Directions to its location are provided from reception. The cabinet can be easily opened as it is not locked but is alarmed.
Nominated staff have been trained by the West Midlands Ambulance service to administer controlled electrical shocks to a casualty in an emergency situation via the AED.
The AED can also be accessed by the West Midlands Ambulance service as part of their community AED service which gives emergency treatment to local people. Annual training is provided by the West Midlands ambulance service.
The AED and equipment is checked monthly by the medical sisters and replaced.

12.4 RIDDOR

There is a legal requirement under RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations, 1995) for the college to report to the Health and Safety Executive, deaths, major injuries, accidents causing injury to students, members of the public or other people not at work. Accident forms should be completed by the person who had the accident or if this is not possible, an eye witness or person who attended the casualty. Completed forms should be filed with the medical centre.
Chacksfield have an accident log, due to the numerous incidents that occur with juniors. It details date and time of incident, as well as treatment given and by
### Individual healthcare plan

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<tr>
<th>Child's name</th>
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<td>[Image] No Photo</td>
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<tr>
<th>Group/class/form</th>
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<tr>
<th>Date of birth</th>
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<tr>
<th>Child’s address</th>
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<table>
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<tr>
<th>Medical diagnosis or condition</th>
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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>Sep 2015</td>
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<tr>
<th>Review date</th>
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<tr>
<td>Sep 2016</td>
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### Family Contact Information

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<th>Name</th>
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<th>Phone no. (work)</th>
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<thead>
<tr>
<th>Relationship to child</th>
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<tr>
<th>Phone no. (work)</th>
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<th>(mobile)</th>
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### Clinic/Hospital Contact

<table>
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<tr>
<th>Name</th>
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<table>
<thead>
<tr>
<th>Phone no.</th>
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### G.P.

<table>
<thead>
<tr>
<th>Name</th>
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<table>
<thead>
<tr>
<th>Phone no.</th>
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</table>

### Who is responsible for providing support in school

<table>
<thead>
<tr>
<th>Medical Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>First aiders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First aiders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

| Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision |

| Daily care requirements |

| Specific support for the student’s educational, social and emotional needs |

| Arrangements for school visits/trips etc. |

| Other information |

| Describe what constitutes an emergency, and the action to take if this occurs |

| Who is responsible in an emergency *(state if different for off-site activities?)* |

| On site – medical staff and/or first aiders |
| Off-site – activity leader/first aider. |

| Plan developed with |

| Staff training needed/undertaken – who, what, when |
BEDSTONE COLLEGE
MEDICAL HISTORY CARD

SURNAME ............................................................... Male/Female*

FORENAMES ............................................................

Likes to be known as ..........................................................

DATE of BIRTH .............................................................

HOME ADDRESS ................................................................................................................................

............................................................................................. Post Code........................................

TELEPHONE (1) ................................................... (2)............................................................

Mobile ..........................................................................................

Email ..........................................................................................................

Place of Birth ................................................................. Nationality..............................

How long been resident in UK........................................................................ Years

NHS Number (UK residents) 

Details of previous Doctor in UK or Military Base Dr.............................................................. Address............................................................

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

Names of siblings in college ........................................................................
Has the child had any of the following illnesses?

<table>
<thead>
<tr>
<th>Illness</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
<td></td>
</tr>
<tr>
<td>German Measles</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
</tr>
<tr>
<td>Whooping Cough</td>
<td></td>
</tr>
<tr>
<td>Otitis Media</td>
<td></td>
</tr>
<tr>
<td>Middle Ear Disease</td>
<td></td>
</tr>
</tbody>
</table>

Has the child required treatment for any of the following?

<table>
<thead>
<tr>
<th>Illness</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Eczema</td>
<td></td>
</tr>
<tr>
<td>Hay Fever</td>
<td></td>
</tr>
<tr>
<td>Bone or joint disease</td>
<td></td>
</tr>
<tr>
<td>Fits or Convulsions</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Discharging ears</td>
<td></td>
</tr>
<tr>
<td>Deafness</td>
<td></td>
</tr>
<tr>
<td>Frequent sore throats</td>
<td></td>
</tr>
<tr>
<td>Nasal obstruction</td>
<td></td>
</tr>
<tr>
<td>Psychological problems</td>
<td></td>
</tr>
<tr>
<td>Recurrent chest infections</td>
<td></td>
</tr>
</tbody>
</table>

If the answer to any of the above is YES, please give details:

Please give details of other illnesses, operation or hospital investigation:

Please give details of any known allergy, including sensitivity to drugs:

Do you consider that your child is fit to take part in all normal school games and activities?  
Yes/No

Is the child at present under any form of medical treatment or takes regular medication.  
Yes/No

If YES, please give details below and accompany this form with a letter from your doctor.  
For regular medication to be administered, the medical staff will contact you for further  
information and to sign the appropriate form

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child wear spectacles/contact lens</td>
<td></td>
</tr>
<tr>
<td>Does your child suffer from colour blindness:</td>
<td></td>
</tr>
<tr>
<td>Is your child undergoing dental treatment</td>
<td></td>
</tr>
<tr>
<td>Does your child suffer travel sickness</td>
<td></td>
</tr>
<tr>
<td>If YES, do you give us permission to administer travel sickness medication when undergoing long journeys?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

Comments
### IMMUNISATION/VACCINATION RECORD

**PLEASE COMPLETE THE APPROPRIATE BOXES WITH DATES**

#### CHILDHOOD IMMUNISATIONS

<table>
<thead>
<tr>
<th></th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>Booster</th>
<th>Booster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hib</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pertussis</td>
<td></td>
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<tr>
<td>Diphtheria</td>
<td></td>
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<tr>
<td>Tetanus</td>
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<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>1st</td>
<td></td>
<td>2nd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis C</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Pneumococcal (PCV)</td>
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<tr>
<td>HPV (cervical)</td>
<td>1st</td>
<td></td>
<td>2nd</td>
<td>3rd</td>
<td></td>
</tr>
<tr>
<td>BCG (TB)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(if applicable)</td>
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<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(if applicable)</td>
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<tr>
<td>Measles</td>
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<td>(if applicable)</td>
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</tbody>
</table>

**Date of latest Tetanus Booster**:  

**ADULT IMMUNISATIONS**

<p>| | | | | | |</p>
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<tr>
<td>Tetanus</td>
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</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>1st</td>
<td></td>
<td>2nd</td>
<td>3rd</td>
<td></td>
</tr>
<tr>
<td>BCG (TB)</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Others</td>
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</table>

**TRAVEL IMMUNISATIONS**

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<tr>
<th></th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
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<tbody>
<tr>
<td>Typhoid</td>
<td></td>
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<tr>
<td>Cholera</td>
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<td></td>
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<tr>
<td>Yellow Fever</td>
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<td></td>
<td></td>
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<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Japanese Encephalitis</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Tick borne encephalitis</td>
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<tr>
<td>Malaria cover</td>
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</table>

**Signature of Parent or Guardian**:  

**Date**:  

**Office use**:  

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Appendix 3

Student Medical Consent

Student Surname: 

Student First Names: 

DOB 

Dental Treatment
In the event of a dental emergency or in presence of persistent toothache, I give consent for my child to be examined by a local dentist or out of hour’s dentist for assessment and treatment, if indicated.

Tick to indicate  YES ☐  NO ☐

Confidentiality
Matters which pass between your child and the School Doctor are treated in confidence, although every effort is made to include parents. There are two important exceptions:
1. A list is made available to School staff regarding students with ongoing medical conditions which might affect their well-being, safety or academic progress.
2. The School Medical team may disclose to a responsible member of the school staff, any matter which in his/her judgement seriously affects the well-being of a student, or of the school community as a whole.

I have read, and agree to the above statement regarding confidentiality.

Tick to indicate  YES ☐  NO ☐

Urgent Treatment
We will make every reasonable effort to contact you should a medical emergency arise. In case we cannot contact you quickly enough, we must have your consent to your child receiving urgently needed treatment.

I give consent for my child named above to receive treatment which is, in the opinion of the School Medical Team, urgently necessary, including the administration of a local, general or other anaesthetic.
Over the counter’ medicines

A range of non-prescription medicines are kept in the Medical Centre. These are supplied for Boarders and for occasional use by day students in urgent cases only.

Please give your consent for your child to receive simple “over the counter or homely remedies” (non-prescription) remedies from the medical centre or from the house parents (boarders), under the direction from medical staff.

The homely remedies/over the counter medicines stocked in the medical centre include:-

| Paracetamol, Ibuprofen (Nurofen), decongestants (Olbas Oil), Sudafed, Travel Sickness remedies, Milk of Magnesia, Gaviscon, Simple cough linctus, Strepsils, Soothers, Lemsip and antihistimes. |
| We also keep a small stock of topical preparations for exceptional use including Insect bite creams (Antisan and Waspzee), Calamine lotion, Ralgex cream, Ibuprofen gel and Arnica cream for muscles sprains and bruising, heat sprays, cold sprays Optrex eye bath, antiseptic solutions and tea tree cream for wound cleansing and high factor Sun Creams. |

Please note we do not administer any Aspirin products to any of the children or any Ibuprofen products to Asthmatic children.

Homely remedies are administered for a maximum of 3 days after which an appointment will be made for a GP consultation and prescription.

I give consent for my child named above to receive non-prescription medicines at the discretion of the School Doctor or Nurse, or another responsible member of the school staff or house parent.

Tick to indicate YES ☐ NO ☐

Please note exception and reason:-

If the answer to any of the above is YES, please give details:
First Aid

In the unfortunate event of an accident or injury, sister in charge or a qualified first aider will administer first aid. This may include the application of ice packs, antiseptic solutions, splints and dressings to protect from further injury and promote recovery.

I give consent for my child named above to receive first aid treatment at the discretion of the acting first aider.

Tick to indicate           YES ☐           NO ☐

Please note exception and reason:-

I have read the above consents and indicated my/our decision.

Parents/guardians name   
(Printed)

Signatures

Date
MEDICATION REQUEST/CONSENT FORM – long term

The college is unable to administer or supervise administration of your child’s medicine unless you complete and sign this form.

Details of Student:
Surname Forename(s)
Address

Date of Birth M F
Year/tutor group: House:

Condition / illness or reason for medication:

Medication Details:

Parents must ensure that in date, properly labelled medication(s) are supplied.

Name/Type of Medication and strength. (as described on the container)

Date Dispensed: Length of Treatment

Directions of use:
How much to give:
When to be given:
As required Daily

Any special instructions:
ASTHMA INHALERS AND EPI PENS ONLY: This student is capable of self-administration and may carry inhaler or Epipen® and self-administer in school.

☐ Yes  ☐ No  Signed........................................ Date.........................

Number of tablets/quantity given to college =

Contact Details:
Name
Contact Numbers (1)  (2)
Relationship to child
Address:

GP name and address:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to college staff administering the medication in accordance with Bedstone College’s medication policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.
I understand that if the medication is long term, I will be requested to complete a new consent form every twelve months.

Parent’s/Carer’s signature ........................................ Date............... 

Print Name:............................................................................................

If more than one medication is to be given a separate form should be completed for each.

Office use:       Date:       Medication received:     Amount:
Signature of duty sister:
Appendix 5

MEDICATION CONSENT – short term

I hereby give my written consent for the following medication to be administered to my son/daughter by a designated member of staff during the school day.

Child’s name: ____________________________________________
Signed Parent/Guardian: ____________________________________________
Print name: ____________________________________________
Date: _____________________

Medication Details

Name of medication to be administered
Reason for medication
Dosage/amount to be given
Times to be given: _______ am _______ pm _______ other times _______
For how long is this to be given

Expiry Date
Quantity provided

Administration Record

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication</th>
<th>Dosage given</th>
<th>Time given</th>
<th>By whom</th>
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# Prescribed Medication Record

## Details

<table>
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<tr>
<th>Name:</th>
<th>DOB:</th>
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</table>

![Copy of prescription label]

**Date of issue:**
- GP:
- Expiry Date:
- Review date:
- Signature:

## Instructions and cautions

- Medication discussed with student: Yes/No
- Student aware of reason for prescription: Yes/No
- Aware of side effects: Yes/No
- Drug interactions discussed: Yes/No
- Details of information passed on to house parents

## Medication Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication</th>
<th>Dosage/amount given</th>
<th>Signature</th>
<th>Balance</th>
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<tbody>
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Appendix 7

Checklist for Administering Medication in Boarding House

1. Establish that the student does need medication.
2. Check that they would have this medication at home.
3. Check that no previous medication has been given or when last given:
   For **House parents** – check for any emails or telephone messages from Sister. Check boarding house communication book and check with student as to whether they have a written letter from sister.
   For **duty staff** – check handover sheet from house parents.
   For **reception staff** – contact sister via mobile number.
4. Ensure that the maximum has not been exceeded, in case of painkillers. If it has, do not give any further medication, but seek advice from Shropdoc or NHS direct if student in pain.
5. Obtain the students consent and check if there is parental consent (refer to Medical Consent forms), if under 16 years. Students over 16 years can give own consent.
6. Check the identity of the student to whom you are administering medication by asking them to confirm their name and date of birth.
7. Check whether the student has any allergies or reason for not having medication.
8. Check the medication and expiry date with the student.
9. Make sure that there is a glass (tumbler) of water to wash the tablets or capsules down.
10. If the medicine is a syrup or mixture make sure that you use the medicine spoon or measure provided — do not just guess or use any spoon or allow the person to drink from the bottle.
11. It is very important not to handle any medicines. So you need to prepare them by a ‘clean’ technique — that is pushing a tablet or capsule out of the blister directly into a medicine pot.
12. Administer the medication according to the instructions of the medication/prescription sheet. Where there is a choice of dosage (i.e. one or two tablets) record the number given.
13. Ensure that the student takes the medication.
14. Complete and Sign the appropriate record after the medication has been given.
   - For homely (non prescribed medication) – complete a **Medication Record**.
   - For prescribed medications – complete the accompanying **Prescribed Medication Record**.
15. Record any refusal or wastage of medication and the reason.
16. Notify sister either by returning medication record or prescription sheet next morning. Communication book/ Telephone message (ext. 230) or via email surgery.team@bedstone.org
Appendix 8

Advice to Parents/Guardians Following their Child’s Head Injury

- The following guidelines are to help you care for your child at home and determine whether they need to be seen again by either your own GP or in any Accident and Emergency Department.

- Observe for changes in the child’s level of consciousness. Let them sleep, but check that they are rousable and will stir when disturbed.

- Observe for symptoms of severe headache, high pitched crying, agitations and clutching of the head. Headaches are common, so give them regular paracetamol syrup e.g. Calpol. Do not give aspirin.

- Give them fluids only for a few hours, and then return to their normal diet. Vomiting is common after even the mildest head injury. However, forceful or persistent vomiting is not.

- Contact or return to the Accident and Emergency Department if any of the following occur:-
  - Fitting
  - Difficulty in rousing the child
  - Persistent vomiting
  - Unequal students
  - Weakness or loss of use of arms or legs
  - Slurred speech
  - Blurred vision
  - Severe headache.
During a seizure:

- Note the time.
- Do - prevent crowds gathering round.
- Do - place a cushion or some clothing under the head to prevent injury.
- **Do not** - try to restrain the person. If there is a warning (aura) before a seizure, it may be possible to guide the person to a safe place or cushion the expected fall to the ground.
- When the seizure starts, do not try to hold the person upright, but let them lie down.
- **Do not** - move the person unless they are in a dangerous place (for example, in a road or next to a fire).
- If possible, move dangerous objects away from the person.
- **Do not** - place anything in the person's mouth, or try to move the tongue.

Once the seizure has stopped:

- Do - roll the person on to their side into the recovery position.
- Do - check that breathing has resumed normally. It is normal for breathing to stop for a short while during the stiff (tonic) part of the seizure. The face will go pale or blush. During the convulsive (clonic) part, breathing is irregular. After the seizure is over, breathing returns to normal. If not, check there is nothing stopping breathing such as food or false teeth.
- The recovery position helps saliva and anything in the mouth (such as food or vomit) to drain out of the mouth and not back into the throat.
- Do - stay and talk to the person. Give reassurance until they are fully recovered. It may take a while for the person to fully wake up. Do not leave a person alone whilst they remain dazed or confused.
- **Do not** - offer something to eat or drink until you are sure they are fully recovered.

There is usually no need to call a doctor or an ambulance unless:

- It is their first seizure.
- Injury has occurred which cannot be dealt with.
- The seizure does not stop after a few minutes. Status epilepticus is rare but means a seizure does not stop, or they keep recurring one after the other. This is an emergency and needs urgent treatment to stop the seizure.
- There is difficulty with breathing.
Action for Dealing with a Person having an asthma attack

Signs and symptoms of someone having asthma attack:

- Your reliever isn't helping or lasting over four hours
- Your symptoms are getting worse (cough, breathlessness, wheeze or tight chest)
- You're too breathless or it's difficult to speak, eat or sleep
- Your breathing may get faster and it feels like you can't get your breath in properly
- Children may complain of a tummy ache.

What you can do to help:

- Assist the person to find a comfortable position that will help them to breathe – a chair or put a chair in front of them to lean on.
- Encourage them to take one to two puffs of their reliever inhaler (usually blue), immediately. Spare inhalers for children are in cabinet outside staff room.
- Encourage them to take slow, steady breaths.
- If they do not start to feel better, encourage them to take two puffs of their reliever inhaler (one puff at a time) every two minutes. You can take up to ten puffs. If unable to manage technique, use the spacer outside staff room to assist.
- If they do not feel better after taking their inhaler as above, or if you are worried at any time, call 999.
- If an ambulance does not arrive within 10 minutes and you are still feeling unwell, repeat the above.
- The person should attend the accident and emergency department or GP for a review of two likely triggers and ongoing treatment.
Appendix 11

Action for Dealing with a Person with a low blood sugar

Signs and symptoms of dangerously low blood sugars are:

- Weakness, faintness or hunger
- Confusion – drowsiness
- Sweating, pallor, cold, clammy skin
- Strong pulse
- Shallow breathing
- Unusual, aggressive behaviour
- Eventual collapse

Things you can do to help are:

- Do - Give a sugary drink/ snack to help raise blood sugar levels if conscious enough to do so.
- If unable to eat or drink and the person is a diabetic, establish if this is a low blood sugar by finding out if the person has eaten recently or been unwell.
- If there is no response from the casualty call for an ambulance – 999 call
- You will need to administer Hypo stop- which is a Fast Acting Dextrose Gel in a plastic ampoule that is massaged in to the gum.
- For Olivia Richards, this will be found in her bag or in box outside staff room.
- Do - Put in recovery position and wait for ambulance.
- Do - check that person is breathing normally.
- The recovery position helps saliva and anything in the mouth (such as food or vomit) to drain out of the mouth and not back into the throat.
- Do - stay and talk to the person.
Guidelines for house parents in dealing with a student with diarrhoea and/or sickness

The sustained close living relationship of students in boarding accommodation increases the propensity of infections to spread. Boarding schools may face greater challenges in managing outbreaks that occur in all school settings, such as viral gastroenteritis.

**Signs and symptoms to activate plan**

- Reoccurring vomiting – nausea can be caused by other things so not necessarily reason to isolate student.
- Stomach ache associated with diarrhoea and/or vomiting
  - Persistent diarrhoea.

**Action Plan in house**

- Ideally a student should be sent home or to guardians, if symptomatic to reduce cross infection in college and house but if impractical then:
- Ensure that student is isolated in house – put in single dormitory or if more than one student with symptoms, put them in same dormitory and move others out.
- Allocate toilet cubicle for the students use only and put notice on door to notify other students not to use.
- Student is to stay in the room at all times, unless using toilet facilities
- No well students are to visit room unless asked to do so.
- House parent should set up a line of communication and checking system with student e.g. regular visits to room or telephone communication with houseparent should they need assistance.
- Student should not attend common room areas or attend meals in college whilst in isolation. If hungry, light snack foods can be offered to be eaten in room.
- In daytime, the student will report to sickbay directly and remain with sister until end of shift...they are not to go into college as an infection risk.
- At the end of duty shift, if applicable, sister will update house parents and escort student directly to house.
- Sister will notify SMT and domestic manager, to alert them to possible outbreak and to initiate deep clean in house.
- All residents should be reminded to carry out good hand washing practice and to use the alcohol hand gel in house and in all areas of college.
- Students should be kept out of college until symptom free for 48 hours and should not use common kitchen facilities during that time.