Medical Policy - including EYFS

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Policy Aims

To promote the health and well-being of all pupils at Cheam so that they may obtain maximum benefit from their education and achieve their full potential. Also, to ensure that each pupil is equipped to take responsibility for his/her own health in adult life.

How this is achieved;

- Monitoring each child's development and identifying any problems, physical, emotional or social.
- Promoting an environment which encourages the provision of advice and support to children and all members of staff.
- By providing a link between the child, parents, members of staff and other professionals involved, ensuring optimal communication in all areas of pupil care.

Medical Questionnaire

All pupils who attend the school are required to have a completed Medical Questionnaire. For Pre-Prep this will be kept in the Pre-Prep office with the child's own notes. For the Prep School this is retained in their Medical Records and kept in a locked cabinet in the upstairs surgery (Appendix 1). This should be signed by a parent/ guardian.

Parents/guardians are expected to make all relevant medical disclosures and should indicate any significant known drug reactions, major allergies and notable medical conditions. This information must be available to staff likely to administer medication or treatment to those children, including staff that teach the children or take them on school trips.

Pupils should be up to date with all recommended routine immunisations in accordance with schedules issued by the Department of Health. Those who are not fully immunised should be identified.

If there is an outbreak of measles, mumps, rubella or diphtheria or any other immune-suppressible disease in the vicinity, the school has the right to send these children home for a period of two weeks.

Children's Medical Files

The children's individual medical file contains all medical questionnaires and update forms, any relevant health/welfare documents, permission for administering of medication letter letters from parents requesting exemption from activities/lessons or covering any other health issues, administering prescription medication forms and accident forms These files are stored in a filing cabinet within a locked cupboard in surgery.

Medical information is confidential and will be treated by school medical staff and counsellors in accordance with the medical code by which they are bound. Even so, the overriding principle is that of safeguarding and promoting the welfare of the child. Disclosures may be necessary to enable staff to carry out their duties. The matrons should seek the advice of the School doctor if there are serious doubts as to whether a particular disclosure is necessary.

Kardex System

Each child has a card kept within a medical kardex system. Each card, clearly indicates if a child has a known drug allergy, or if there are any medical concerns. A `P' on the top right hand corner of the card, indicates that a parent/guardian has given written consent that non-prescription medicines/treatments may be administered by a nurse or matron. A record is kept each time a child is seen in surgery, indicating the time of the visit, the nature of the complaint, any treatment given and the outcome. Doctors' visits are recorded on this card. When the child leaves the school the kardex is then put in their personal medical folder and put in storage.

The record cards are taken down from the upstairs surgery each morning and brought to the downstairs surgery and the reverse is done in the evenings. If a child is put in sickbay the card will follow the child and be kept in the allocated slot in the upstairs surgery. The kardex system is locked in the appropriate surgery when not in use.

Long Term Storing of Medical Records

All medical records will be stored for 10 years after the child has left the School.

Boarding children who leave the School

A copy of all immunisation records will be requested from the Falkland Surgery prior to the child leaving the school and these will be sent to the parents/guardians.

The Doctors Surgery will be notified of all children who leave the school.

It is the responsibility of the parent/guardian or the medical department of the child's next school to re-register the child with their new General Practitioner. On doing this, their medical records from Falklands Surgery will be forwarded.

Consent and Emergency Information

Identification of persons with parental responsibility /Emergency contact details

Boarding pupils' medical records, which are kept on file, should include identification of the persons with parental responsibility for the boarder, contact details for parents and any other emergency contact arrangements affecting the boarder.

All parents are requested to complete an Emergency Treatment Consent Form as part of the medical questionnaire to confirm that they are happy for one of the nurses to act in 'loco parentis' for their child if the school is unable to contact them.

Identifying those children with medical conditions/allergies

Children who have known allergies, who are asthmatic or who have any specific medical conditions are identified on a photo identification list with the details of their allergy/condition and any specific individual treatment guidelines. This is widely available to all staff in shared areas of the school such as the staff room and in the catering department. These children also have a clear note highlighting their allergy/condition on the front of their medical records and kardex.

At the beginning of each academic year, a medical update of any newly diagnosed illnesses or treatments, changes in eyesight etc. will be requested from parents/guardians.

Vaccinations

The Influenza vaccination is offered each Autumn term to the Boarders and all members of staff. Parents are requested to complete a specific consent form, prior to administration of this vaccine if they wish their child to receive this.

The HPV vaccination is offered to all pupils in Year 8 and a consent form as well as an explanatory leaflet are sent out at the end of Year 7.

Consent form for the administration of non-prescription medications

The parent/guardian of each pupil must sign a consent form covering the administration of non-prescription medications.

Boarders Registration on the NHS List

All pupils who either weekly or full board at the School will be registered on the NHS list of the school doctor:

School Doctor

Dr. Leigh Williams
Falkland Surgery Newbury
Berkshire
RG14 7DF
Tel: 01635 279972

At the time of registration, a medical examination will be carried out by the school doctor in the presence of a school nurse/matron.

The pupils' NHS medical notes will be kept at Falklands Surgery until he/she leaves the school.

If medical treatment is required during school holidays or whilst away from school and where the Falkland Surgery is not attended, the parent/guardian of the child will be asked to register the child as a temporary resident at the medical practice they attend.

School Counsellor and Independent Listener

The School has a system whereby any child who wishes to talk to an independent adult can do so. The children are introduced to the School independent listener at assembly at the beginning of the year. This is a confidential system and the independent listeners are under no obligation to inform the School of any calls. The Independent Listeners for the School are Barbara White and Ben Read (vicar@clerewoodlands.org.uk, or 07825 743804).

The School also has access to a local School counsellor, Barbara White. The pupils may be referred to her but they are also given the opportunity to either make an appointment to see her through Helen Mason or they may contact her directly should they wish to do so. Her details will be found on the pastoral care board outside Mr. Haigh and Mr. Small's offices.

Mouth Guards

Mouth guards are fitted by O-Pro, each September for all boarding children and day children, using highly qualified dentists specialising in this field. These O-Pro mouth guards carry insurance for dental cover in the case of injury leading to a loss of or broken teeth. This is only valid if the mouth guard has not been modified by anyone other than the O-Pro team. O-Pro are available to visit the school and make any adjustments to these moulded mouth guards, if necessary.

Parental permission must be gained before fitting any child with a temporary mouth guard, as dental treatment in the case of inadequate protection will not be covered by the school.

School Orthodontist

Mr. Mak
Newbury Orthodontic Centre
34 Stanley Road
Newbury Berkshire RG14 7PB
Tel. No. 01635 528830

Mr. Mak is available for any orthodontic treatment that may be required for the boarders.

Optician appointments

Parents may choose a local optician for any routine checks or treatments and the School is happy for parents/guardians to make their own choice of where they take their child for such appointments. The expectation is that the majority of optician appointments take place during the School holidays.

Doctors' visits to the School

Dr Williams will visit the School once a week (usually on a Tuesday) to see any boarders or members of staff who are registered at Falkland Surgery. If Dr Williams is unavailable to make this visit, a replacement doctor will visit in his place.

Any pupils wishing to see the doctor will be given the opportunity to do so. The children are aware of his visits on Tuesdays and can let the matrons know any time on Tuesday morning.

The matrons/nurses at school also have access to Dr Williams or another doctor from the Falklands Practice for professional guidance and consultation at any time.

The School doctor should be made aware of the range of activities available at the school and how injury or illness might affect the child's performance in these. It is important that the pupil is aware of all activities they can or cannot participate in and a plan is drawn up and given to pupils with clear guidelines.

The relevant teaching/sport/music staff will be advised if a child is unable to participate in any activity.

Any visit to the Doctor together with the outcome will be included the child's medical kardex.

Parents/guardians will be contacted following the doctor's visit and will be given all relevant information. The matron who speaks to the parent/guardian will indicate they have done so in the medical kardex.

Visits to the doctor's surgery

If a child registered with Falkland Surgery is unwell and needs to see a doctor, an emergency appointment will be made at the surgery the same day and he/she will be accompanied by a matron/member of staff or parent/guardian if available.

If a child is flexi boarding and their parents are unable to collect them to take them to their own doctor an appointment will be made for them at Falkland surgery as a temporary resident.

All medication prescribed by the doctor, will be collected by the matrons as soon as available and administered as prescribed.

Emergency Hospitalisation

Section 3(5) Children Act 1989 states that a person who has care of a child may do what is reasonable in all circumstances for the purpose of safeguarding or promoting the child's welfare. This includes authorizing emergency medical treatment where advised by a medically qualified person. However, every effort should be made to contact the parents or guardian first.

For minor injuries children will be taken to the West Berkshire Community Hospital in Newbury.

For injuries requiring more specialised treatment, the child may need to be taken to the North Hampshire Hospital, Basingstoke or the Royal Berkshire Hospital, Reading.

The Matron accompanying the child to hospital should ensure she has all medical records including:

- Medical History
- Known allergies
- Their surgery address and Telephone Number
- Contact Telephone numbers of Parents/Guardians
- Record of when the last medication was administered - date, time, amount.
- Mobile phone
- Correct change for the car park

Parents/guardians of the child will be contacted as soon as possible by one of the matrons, or the school office, indicating the nature of the illness/injury, the hospital which the child has been taken to and will phone with regular updates. If, however, a child is seriously injured or ill whilst at School, and where parents/guardians are un-contactable, the school will act 'in loco parentis'. Every effort will be made to contact parents as soon as possible.

The Headmaster, will be made aware as soon as possible, should any child require hospitalisation.

If the parents/guardians of the child are unable to attend the hospital, updates must be given at regular intervals. Where possible, a matron should remain with the child throughout his/her hospitalisation, or if appropriate organise a rota of visitors.

Hospital Appointments

A matron will accompany any boarder who requires either hospital appointments, ophthalmic appointments or dental appointments only if the parent/guardian is unavailable to do so and will update the parents/guardian regarding the outcome.

The school nurse will liaise with parents regarding any follow-up appointments and ongoing care plans. Copies of reports from appointments will be made to be placed in the child's medical file.

Hydration Policy

Contents:

Statement of intent
1. Legal framework
2. Hydration
3. Water
4. Hydration Guidelines
5. Sport – Games and Matches

Statement of intent

The importance of good hydration (and the consequences of dehydration) in school needs to be made a high priority and an awareness of this amongst parents, children and all staff should be improved. Children should be encouraged to drink frequently - at least two litres of fluid a day - and have unrestricted access to water and consequently toilet facilities.

It is our duty to ensure that the children understand the necessity of good hydration to improve their health, well-being and general performance.

The effects of dehydration, marginal or excessive cannot be ignored. Symptoms such as headaches, digestive problems, loss of concentration, cognitive impairment and lethargy have a negative impact in the classroom and hence on pupil and school performance.

Research in schools, which have actively encouraged hydration, reports children being calmer, better behaved generally, having better concentration, fewer ailments disrupting learning, a reduction in lethargy and improved quality of work.

Young children have a higher proportion of body water than adults. They are also less heat tolerant and may be more likely to get dehydrated, especially when being physically active and in hot climates.

Whilst adults generally have free access to supplies of water, for children this is not always as easy. Encouraging them to drink fluids regularly is important as they may not remember themselves. Children don't always recognise the early stages of thirst, which can make them particularly vulnerable to becoming dehydrated, especially during times that can drive up their body fluid loss e.g. when they are playing sport or during warm weather.

This policy sets out a framework to ensure that:

1. Sufficient water and other fluids are made available to all pupils, including the provision of free milk (where applicable).
2. Pupils aim to drink the recommended minimum of 6-8 glasses of fluids throughout the school day with additional fluids for PE and other sporting activities.
3. Pupils begin to have an appreciation of the benefits of hydration and understand the risks of dehydration as part of their ongoing education.

1. Legal framework

a. This policy will have consideration for and be compliant with the following legislation:
   - School Food Regulations 2014.

- The Education (Nutritional Standards and Requirements for School Food) (England) Regulations 2007. (The supply of drinking water required by regulation 22(1) of the Education (School Premises) Regulations 1999 must be provided free of charge at all times to registered pupils on the school premises.

b. This Policy will also have due regard to the following statutory and non-statutory guidance:
   - School Food in England – July 2014.

2. Hydration

a. Cheam School understands the importance of good hydration and that a child should drink 6-8 glasses of fluids a day.

b. The school will ensure that sufficient sources of fluids are made available to all pupils throughout the school day, and will only provide the following drinks as prescribed under regulations:

   - Low fat milk
   - Fruit or vegetable juice
   - Plain soya
   - Rice or oat drinks
   - Unsweetened combinations of fruit juice and water
   - Combinations of fruit juice and low-fat milk or yogurt
   - Hot chocolate.

c. Additional drinks will be provided to replenish pupils' lost fluids, both during and following physical activity.

3. Water

a. Cheam water bottles are provided to all children attending the school.

b. Cheam School will always meet its statutory duty to make fresh drinking water available to all registered pupils at no cost. This is done by six fountains and four basins in the school with three water stations on the Sport pitches.

c. Pupils should drink their water discretely in class so as not to cause disruption to the learning environment.

4. Hydration Guidelines

- All students to be encouraged to consume 2 litres of fluids per day (6 – 8 glasses).
- All students will be allowed to drink water during lessons.
- Teachers may introduce short water 'breaks' planned into the lessons to raise awareness of the importance of healthy hydration.
- Students are taught the importance of drinking enough fluids each day in order to function properly through form tutor periods, science, PSHCEE and any other appropriate occasion.

- Students will be actively encouraged to drink after PE lessons and during games. Water will be provided at all times of the school day and available in the dining rooms and at suitable points in the school environment.
- Re-usable drinks bottles will be allowed in the classrooms and awareness raised re hygiene problems if parents and students do not wash them out properly.
- Students must be allowed to take bathroom breaks when needed so they are not reluctant to drink.

5. Sport – Games and Matches

It is especially important that children and staff are rehydrated before, during and after playing sport, especially when the weather is hot. It is vital that staff responsible for a ground and/or a team (and with the support of matrons) ensure that children take in fluid both by providing children with water (water bottles) and allowing visits to water fountains during and after sport is played. Staff should also be aware of the early signs of dehydration so that they can pre-empt symptoms deteriorating.

Review

This policy will be kept under regular review by and amended as appropriate to reflect any changes to regulations.

Updated: September 2019
Future review date: April 2022

Supporting Children with Health Conditions

Medical conditions are those with potential need for medical input whilst in School, either on a short or long term basis and include conditions such as moderate and severe asthma, diabetes, severe allergies, heart conditions, epilepsy and other chronic illnesses. In addition to these medical conditions consideration must be given to children who regularly play competitive sport and experience symptoms related to chronic conditions such as Osgood Schlatters Syndrome, Severs and hypermobility.

The School recognises that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in other cases, especially where medical conditions are long term and complex. However, not all children will require one. The School, relevant healthcare professionals and parent/guardians will agree based on evidence when an individual healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the school medical team to work with parents and relevant healthcare professionals to write the plan.

Children with Disabilities

Disability results from the barriers facing people with disabilities – attitudinal and physical barriers that lead to exclusion from society. UK legislation and the UN Convention on the Rights of Persons with Disabilities recognise that disability is about the way society responds. The right to an inclusive education has been explicitly stated in Article 24 (Education) of the United Nations Convention on the Rights of People with Disabilities (2006). In the UK, including disabled children in mainstream schools has been officially promoted since the early 1980s.

The school will ensure that disabled pupils can play as full a part as possible in school life and the reasonable adjustments duty will help support that. 'Schools and education authorities have had a duty to provide reasonable adjustments for disabled pupils since 2002. Pupils with disabilities are to be provided when necessary with appropriate assistance in all areas of daily life in a manner which promotes dignity and choice. Private areas will be available should the child want to be out of the public view for certain activities.'

Welfare Awareness within the School

- Staff and students are to be made aware of disability and understand its effects and accept and support disabled students as part of school life (e.g. PSHCEE, Assembly)
- Appropriate staff inset will be provided as needed to enhance understanding of disability, the need for making reasonable adjustments in compliance with our legal duties and to improve our educational provision
- The school's Equal Opportunities Policy, Bullying Policy, Codes of Behaviour, student and staff handbooks, will reflect inclusiveness and the difficulties faced by disabled students, thereby improve understanding and integration.

Children with Asthma

(Recommendation from the Group for Asthma Management and Education in Schools – GAMES)

The School:

- Recognises that asthma is a condition affecting many school children.
- Ensures that children with asthma participate fully in all aspects of school life.

- Recognises that immediate access to reliever inhalers is vital.
- Keeps records of children with asthma and the medication they take. Ensures the school environment is favourable to children with asthma
- Ensures all staff who come in contact with children with asthma know what to do if a child shows symptoms of an asthma attack. This is included in the paediatric first aid training provided to all staff.
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully.
- Will inform parents of any asthmatic episodes and any treatment given.

Pupils with asthma should be encouraged to take a full part in all activities whenever possible.

All staff are advised on practical asthma management and will be updated as necessary through mandatory first aid training and staff inset days.

The school asks all parents whether their son/daughter has asthma (or exercise induced asthma) on entry to the school in the medical questionnaire and an asthma status update form is sent out to all parents on return to school in the Autumn term to ensure that information held on pupils with asthma is correct and up to date.

A list with photographs of all asthmatic children is kept in the school office, staff common room, and matrons surgeries and within the allergies and medical conditions file. A list is also in the sports hall office. This list indicates where (if necessary) the child's inhalers are kept.

Day children with asthma need to keep one reliever inhaler at School.

It is essential that the pupil has immediate access to their reliever inhaler at all times.

As a rule, if the inhaler is needed to relieve symptoms regularly or if attacks are sporadic and particularly severe the child is allowed to carry the inhaler around at all times. Alternatively, the inhaler can be stored safely away and issued by staff as and when needed by the child. This method may be more appropriate for younger pupils. All staff should be aware of where the child's inhaler is stored.

Emergency Treatment for Asthma

The School holds spare reliever inhalers and spacers. These can be used by any asthmatic child where consent has been obtained from the parents or on emergency medical advice. (Appendix 5) Asthma kits including spare inhalers are kept in the following areas:

- School office
- Staff room
- First Pavillion
- Swimming hut
- Sports hall
- Pre-Prep office
- Upstairs & downstairs surgery

The School will ensure that the pupil has easy access to their reliever inhaler at all times, in the classroom, on the sports field, at the pool and on school trips.

Sports & Exercise induced asthma

The aim of total normal activity will be the goal for all but the most severely affected pupil with asthma. The school is aware that nearly all young people with asthma may become wheezy during exercise and will act accordingly. Pupils will be allowed to take their reliever inhaler BEFORE exercise to help prevent exercise-induced asthma. During sports the teacher will ensure that the reliever inhaler is taken onto the sports field or swimming pool.

Passive Smoking

Pupils, parents and staff should understand that inhaling someone else's cigarette smoke can trigger attacks of asthma. The school policy on smoking will ensure that pupils are not exposed to this hazard.

Science Lessons /DT/Art

The school recognises that inhaling certain chemicals/dust substances can trigger attacks of asthma and will take the necessary precautions.

Boarding Children with Asthma

There should always be a spare set of inhalers for boarders in the locked cupboard in the surgery.

At the end of the Summer term all asthmatic children are given their inhalers to take home with them. In the Autumn term a form is sent out to parents of known asthmatics requesting updated information on the status of their child's asthma and any changes to the treatment of the asthma so this can be updated on their file and staff made aware as necessary. All asthmatic children are expected to bring their in-date inhalers back to School with them for the start of the Autumn term.

Children with known Allergies

All Children who are known to have an allergic reaction to any substance are identified on a list within the allergy/medical conditions file. The list contains the child's name, their form, the known allergy and the prescribed treatment required. Each member of staff is made aware of the allergy file as part of the new staff induction process. One file is kept in the common room, one in the school office, one in the downstairs matrons' surgery and another in the upstairs surgery.

The kitchen staff also have an allergy folder containing a list of children who have food allergies or dietary requirements which is updated as required. This folder also contains photographs of these children to help the kitchen staff identify them.

The school is an allergy aware school and we request that parents do not send in nuts, or any food obviously containing nuts. However, the school cannot guarantee that food brought in to school has not been made in a factory that uses nut ingredients or there are nuts somewhere in the supply chain.

Children with severe allergies requiring the use of Auto-injector pens

The school nurse delivers an anaphylaxis awareness session for all new staff which includes the opportunity to discuss possible scenarios and to practise with training auto-injector pens.

For those children who have a severe food allergy e.g. a nut allergy, staff take all reasonable steps to ensure that the child does not eat any food items containing these allergens.

Food allergies and Intolerances

From 13 December 2014, all food businesses are required to provide information about the allergenic ingredients used in food sold or provided by them.

There are 14 major allergens which need to be declared:

- Cereals containing gluten namely wheat (such as spelt and Khorasan wheat), barley, rye and oats.
- Crustaceans like prawns, crabs, lobster and crayfish etc
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Nuts namely almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew, Macadamia or Queensland nut.
- Celery
- Mustard
- Sesame
- Sulphur dioxide or sulphites (where added and is >10mg/kg in the finished product. Often found in dried fruit and wine)
- Lupin
- Molluscs like clams, scallops, squid, mussels, oysters and snails etc.

Children with Diabetes

The school should be informed if a child is diabetic. A detailed health care plan will be agreed and drawn up for the child describing the carbohydrate intake, frequency of blood glucose monitoring, insulin regime (if applicable) and signs of poor blood sugar control (hypo/hyperglycaemia) for that child. Any staff who has regular contact with the child should be made aware of this plan and signs and symptoms of hypo/hyperglycaemia (high or low blood sugar) and the treatment of these variations.

For children with Type 1 diabetes, staff will monitor pre-meal blood sugars readings, carbohydrate intake at lunch, and either administer post-meal insulin or if the child is able to self-inject, supervise the injection.

Signs of hypoglycaemia include:

- Hunger, weakness or dizziness
- Pallor, sweating or clammy skin
- Drowsiness or confusion
- Nausea
- Shallow breathing
- Unusual or aggressive behaviour

If any of these symptoms are present blood sugar readings should be taken and recorded by the staff. A sweet drink, glucose tablet or biscuit may be given to raise blood sugar levels. Parents should be informed immediately and the child monitored in the Surgery. If a child's recovery takes more than 10-15 minutes or the child becomes unconscious an ambulance will be called.

Signs of hyperglycaemia include

- thirst,
- greater need to go to the bathroom,
- tiredness
- Weight loss.

Parents need to be informed if the child is unwell, vomiting, or giving off a smell of acetone. In any of these cases the child needs urgent medical attention.

Blood glucose monitoring equipment and insulin are kept in surgery. Emergency sweets, glucose tablets or biscuits are kept in both medical rooms, the school office, and the staff room. Children will also carry emergency rations such as biscuits and glucose tablets in their school bags. Guidance notes and up to date photographs will be kept in relevant places around the school. Form teachers will hold this information, and it will also appear on the school's computerised information system.

As the need arises, appropriate training is given to staff and if available a specialist diabetic nurse will be invited to school to meet with medical and teaching staff to discuss the ongoing care of a child with diabetes.

Children with Epilepsy

The school must be informed if a child has Epilepsy. A health care plan will be drawn up describing the nature and frequency of fits, common precipitating factors and current medication. Staff will be aware of the health care plan. If a child experiences a seizure during the day details of the precipitants, nature and timing of the fit will be communicated to parents.

In the event of a child having a fit:

1. Staff should call the school office to send for a nurse/matron
2. Clear the area around the child to maintain a safe environment
3. Ask other children to stay away to ensure as much privacy as possible
4. After the fit has passed, place the child in the recovery position
5. When sufficiently recovered, take the child to matrons' surgery and monitor until they are collected by parents.

An ambulance should be called if:

1. The child has injured themselves badly during the seizure
2. If the child has problems breathing after the seizure
3. A seizure lasts longer than the time set out in the health care plan, or for more than five minutes or if you do not know how long the seizure usually lasts for that child
4. There are repeated seizures - unless this is usual for the child

Febrile convulsions

Between 2-4% of infants aged 6 months to 5 years will have a febrile seizure at some point. The seizures are caused by the child overheating (either as a result of a fever or from wearing too many layers in a warm environment).

Signs of a febrile convulsion:

- Unconsciousness
- Rigidity
- Eyes may roll back
- Twitching of limbs
- May stop breathing for up to 30 seconds. Fit usually lasts less than 3 minutes.

Action:

- Call for help – ask them to open windows/doors
- Make a note of the time the fit started
- Ensure the child is safe
- Bring temperature down – cool the room, loosen their clothing
- Place in recovery position
- Contact parents and arrange for transport to hospital for medical assessment.

Protocol for the care of a sick day child

All children Prep and Pre-Prep, who become unwell during the school day are taken to the surgery where they will be seen by a school nurse or matron.

If appropriate, the child should have his/her temperature and pulse taken. This should be recorded in the child's kardex.

Any appropriate treatment will be administered to the child. The visit will be recorded in the Kardex indicating the date, time, complaint, any treatment/advice given and the outcome - i.e. returned to class, off games etc. Where necessary, the Parent/guardian will be contacted with details of any treatment given.

A telephone at the head of the stairs is available for children in sickbay in the event of a matron being called away. The child will be shown how to call for assistance if necessary i.e. Ring 242 (Office) who will then locate a matron.

In the case of a very young (Pre-Prep) or quite ill child a matron will remain upstairs close at hand to reassure/care for the child.

If necessary, the parents/guardian of a child considered too unwell to remain at school should be contacted, and arrangements should be made for the child to be collected from school wherever possible.

When the parent/guardian arrives to collect an ill child, they should go the Office, where a matron will be contacted. Matron will hand child over to parent/guardian and give a verbal report of:

- The illness/injury - a brief outline of symptoms and current condition
- Treatment / Medication administered
- If any medication has been prescribed by the Doctor this should be given to the Parent/Guardian with clear instructions regarding the administration.

A record should be made in the child's kardex indicating the time they leave the School.

Protocol for the care of a boarder in sickbay

- Suitable accommodation is provided with two Sickbays (one for boys and one for girls) for the treatment and management of sick children.

- Washing and toilet facilities are available for children in sickbay. Provision is made for isolation of infectious children.
- The school office should be made aware of any child who is admitted to sickbay. The office should then inform the child's relevant teachers.
- The child's name should be placed on the white board outside surgery which allows everyone to know that there is a child in Sickbay.
- Boarders who are unwell and need to be cared for in sickbay will have an assigned matron to care for them.
- A telephone should be available for children in sickbay in the event of a matron being called away. The child will be shown how to call for assistance if necessary i.e. Ring 242 (Office) who will then locate a matron. There is also a walkie-talkie system.
- Depending on the nature of their illness, recording of temperature, (pulse and respiration) if necessary, will be carried out at specific intervals.
- A jug of fresh water /cordial will be available at all times. Regular meals and snacks will be provided as required.
- The parents/guardians of the sick child will be contacted outlining the illness and updates should be provided as necessary. If possible, the child will be sent home.
- Visitors to sick children should have permission from matron on duty.
- All details of the child's condition should be recorded on their kardex and this should be verbally handed over at the end of the day to the matron on evening duty.
- A written record on a sickbay form should be placed in the child's medical records.
- The matron on evening/night duty should record any relevant events which occur during the night in the kardex and the diary for the matron on morning duty.

The child's kardex should be updated with all events whilst in sickbay including:

- Reason for admission to sickbay
- Date and time of admission to sickbay
- Date and time of discharge from sickbay
- Any medications / treatment given

When the parent/guardian arrives to collect an ill child, they should go the office, where a matron will be contacted. matron will bring the child down from sickbay and give a verbal or written outline of:

- The illness/injury - a brief outline of symptoms and current condition
- Treatment / medication administered
- If any medication has been prescribed by the doctor this should be given to the Parent/guardian with clear instructions regarding it's administration.

Infection Control Policy

Action in the event of infectious disease

Where a common infectious ailment such as chicken pox is identified or where concern persists without identification of the infection, the parents and/or guardians will be contacted by telephone. If the diagnosis takes place when away from school, parents and guardians must advise the school and contact the matrons either before the child returns or upon return if advised to do so by the doctor.

A list of common infectious diseases where some form of action may be required are as follows:

- Amoebiasis (Entamoeba histolytica)
- Campylobacter
- Chickenpox
- Conjunctivitis
- Diarrhoea
- Diphtheria
- Hand, Foot and Mouth disease
- Haemophilus influenzae type b (Hib)
- Hepatitis A, B or C, Herpes (cold sores)
- Human immuno-deficiency virus infection (HIV/AIDS virus)
- Impetigo, Influenza and influenza like illnesses
- Leprosy
- Measles
- Meningitis (bacteria —other than meningococcal meningitis)
- Meningococcal infection
- Mumps
- Pertussis (Whooping cough)
- Poliomyelitis,
- Ringworm
- Scabies
- Pediculosis (head lice)
- Rubella (German measles)
- Salmonella
- Shigella
- Severe Acute Respiratory Syndrome (SARS)
- Streptococcal infection (including scarlet fever)
- Tuberculosis
- Typhoid fever (including paratyphoid fever)
- Verotoxin producing Escherichia coli (VTEC)
- Vomiting
- Worms

Spillage of Bodily Fluids

This policy covers the precautions to be taken when dealing with body fluids. All body fluids potentially carry transmittable disease, the biggest risk being Hepatitis B, which is difficult to destroy and is carried by up to 20% of the population, Hepatitis C, D and G can also be carried in the blood. HIV can be present in freshly spilt blood but does not survive outside the body for more than a few

seconds. It is not possible to identify all risks so ALL body fluids should be regarded as potentially infectious.

Use the following treatment guidelines:

- Always use disposable gloves and cloths.
- Encourage children to clean their own wounds, as appropriate.
- Always cover a wound.
- Ensure that wounds are covered during contact sports.
- Control surface contamination by blood and bodily fluids through containment and appropriate decontamination procedures.

Parents and/or guardians must be reminded of the policy that their children may not return to school within 48 hours of a vomiting or diarrhoea episode.

Inoculation Incidents

The most common inoculation incident comes from a sharps injury where a needle or other sharp contaminated with blood or other high risk body fluid penetrates the skin. However, this can also include bites from an infected person, which breaks the skin. Inoculation incidents involving the potential for injury may be caused by:

- Needle-stick or sharp injury with a used needle or instrument
- Body Fluids entering uncovered cuts or breaks in the skin
- Bites and scratches
- Splashes in the eye and/or mouth.

Immediately stop work.

DISPOSE of the causative sharp safely and attend to the injury. BLEED IT by applying gentle pressure - do not suck. WASH IT well under running water. COVER IT – dry and apply a waterproof plaster.

If blood and body fluids splash into the mouth, do not swallow. Rinse out the mouth several times with cold water. If blood and body fluids get into the eye, irrigate with cold water.

Contact NHS or A & E for advice and or treatment.

Protocol for the storage and administration of non-prescription medication

Storage of non-prescription medications

All non-prescription medicines should be securely stored within a locked cupboard. The key for this locked cupboard should be kept out of reach from all children. All medications are to be stored in a cool dry place and protected from light.

It is important that medications are being stored at the correct temperature. Some medications should be stored in a refrigerator.

The labels of all liquid medications should be kept free from spillages to ensure the indications, dosage details, contraindications and expiry date are visible.

The expiry date should be checked on liquids, creams, ointments, tablets, capsules prior to administration to any child.

Liquid medication should be kept within its original container and should not be decanted into any other container. All tablets/capsules should be kept within their original containers / boxes.

All prescribed medications should be kept in a separate cupboard to the non-prescribed Medication, in a box clearly labelled with their name. All personal medication should be named on the lid and container.

All Paracetamol tablet stocks will be counted and a record of which can be found in the Stock Cupboard in Surgery.

In addition, some medication e.g. ear drops contain nut products - care should be taken that these medications are not administered to children with nut allergies.

There should be a full stock list of all non-prescribed drugs.

Non-prescription medication should be included on a check list for School visits and tours.

Administration of non-prescribed medications

All matrons are required to have completed the Opus Medicines Awareness Training course prior to administering medication.

Before dispensing any medication, the child's kardex should be checked to ensure that the child's parent has given permission that medication can be dispensed by the matrons and that there is no known allergy to the drug.

The 7Rs of medicine must always be followed; Before administration the following checks will be made: Right patient, right medication, right dose, right route, right time, right reason, right documentation. This is based on the Nursing and Midwifery Council Standards for Medicines Management (2015).

NB. Children who are asthmatic should not, unless specifically requested by the parent/medical practitioner, be given any medication which contains Ibuprofen. E.g. Ibuleve etc. Labels should always be checked. A list of all known children with allergies and children with asthma can be found on the notice board on surgery wall and this will also be marked on the child's kardex and medical records.

The matron should also make relevant members of staff aware of particular medical needs of pupils so that they are properly informed and able to carry out their legal duties to those pupils.

Any administration of Paracetamol tablets will be recorded, and this will be checked against the stock list.

This medication should be included on a check list for School visits and tours.

Day Children: A note will be sent home to the parents from the matron detailing treatment, times of administration and any further action.

Storage of Controlled Drugs

Controlled drugs will be securely stored in a locked, non-portable container which the school nurses/matrons have access to. A record will be kept of any doses used and the amount of the controlled drug held in the school. Any administration of controlled drugs will be by a registered nurse and must always be double checked and counter-signed in accordance with NMC Standards for Medicines Management (2015).

Boarding children with daily medication

Boarding children who require daily prescription medicines or others such as vitamins and creams, or inhalers which may be taken as required, will have their name on a list to ensure that these medications are taken on a daily basis as requested by parents/guardians.

Boarding Children who are going home at exeats/half-terms/holidays

Any prescribed or non-prescribed medication, provided by parents, is sent home with the children for exeats, half-terms and at the end of term.

Disposal of expired Medications and Sharps

Medication which has expired will be returned to the pharmacy for disposal

Sharps will be disposed of in the yellow sharps container in the surgery, and once filled will be removed by Doctor Williams to dispose of at Falkland Surgery.

EYFS Policy

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and wellbeing or when they are recovering from an illness. In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect. These procedures are written in line with current guidance in Managing Medicines in Schools and Early Years Settings.

The class teacher, in partnership with the class TA, is responsible for the correct administration of medication to children in their class. They are responsible for completing paperwork and records are kept according to procedure. They are also responsible for storing medicines correctly.

- Children taking prescribed medication must be well enough to attend School
- Only prescribed medication is administered by a class teacher. It must be in-date and prescribed for the current condition. Non-prescribed medication must be administered by the school nurse.
- Children's prescribed medicines are stored in lockable areas in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign the medication form. No medication may be given without the form being fully completed.
- The administration is recorded accurately each time it is given and is signed by the member of staff administering the dose. It is also witnessed by another member of staff. Parents, on collection of the child, sign the form to acknowledge the administration of the medicine.

Storage of medicines

- All medication is stored in accordance with product instructions. Medicines are placed in a secure cupboard or refrigerated. (Located in the Pre-Prep Hall kitchen)

- The child's class teacher/TA is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting. Staff check that any medication held is in date and return any out-of-date medication back to the parent.
- Emergency medicine such as asthma inhalers or Epi-pens will be stored in a personal medical hip bag in a place that is easily accessible and known to all staff. Children may be required to carry their medicine with them at some time during the School day. This will be decided in discussion between the school, parents and, if applicable, the child's doctor. Secondary Epi-pens will be stored in the medicine cupboard of the school surgery, or in the Pre-Prep office.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional. No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person / teacher what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Injuries and Illnesses

- At least one member of staff who has a current Paediatric first aid certificate will be on the premises at all times when children are present. At least one person on outings will hold a current Paediatric first aid certificate.
- A first aid box with appropriate content to meet the needs of children is kept both inside and outside the department.
- Staff keep a record of accidents and first aid treatment. Parents are informed of any accidents or injuries sustained by a child whilst in our care and of any first aid treatment that was given. A parental signature will be required.
- Children who are ill or are infectious must remain at home for at least 24 hours, (in the case of vomiting and diarrhoea bugs, we require a child to be 48-hour symptom free before returning). Should a child become sick or sustain more serious injury during the School day the main contact will be asked to come to school and take the child home as soon as is practicably possible.
- Staff will ensure that any animals on the premises are safe to be in the proximity of children and do not pose a risk to health.
- A termly evaluation of accidents will be completed and discussed in a staff meeting to ensure the same accidents are not reoccurring. It also ensures that the number of accidents per child are monitored.

All pupils who attend the school are required to have a completed Medical Questionnaire which is updated termly. For Pre-Prep this will be kept in the Pre-Prep office with the child's own notes. For the Prep School this is retained in their Medical Records and kept in a locked cabinet in the upstairs surgery (Appendix 1). This should be signed by a parent/ guardian.

Parents/guardians are expected to make all relevant medical disclosures and should indicate any significant known drug reactions, major allergies and notable medical conditions. This information must be available to staff likely to administer medication or treatment to those children, including staff that teach the children or take them on school trips.

Pupils should be up to date with all recommended routine immunisations in accordance with schedules issued by the Department of Health. Those who are not fully immunised should be identified.

If there is an outbreak of measles, mumps, rubella or diphtheria or any other immune-suppressible disease in the vicinity, the school has the right to send these children home for a period of two weeks.

Children who have known allergies, who are asthmatic or who have any specific medical conditions are identified on a photo identification list with the details of their allergy/condition and any specific individual treatment guidelines. This is widely available to all staff in shared areas of the school such as the staff room / Pre-Prep Hall kitchen / HoD office / classrooms and in the catering department. These children also have a clear note highlighting their allergy/condition on the front of their medical records. Children using inhalers or an Epipen should have a named one in School at all times. Children within Pre Prep carry these in their own medical bags around the school.

Parents are made aware of the following guidelines for illness to ensure that infection does not spread.

Illness	**Period to be kept away from School.**
Temperature	The child must be kept at home until well.
Conjunctivitis	Child to be kept at home until eyes are no longer weeping.
Hand, foot and mouth	The child must be kept at home until well.
Chickenpox	5 days from onset of rash
German Measles	6 days from onset of rash
Impetigo	Until lesions are crusted and healed or 48 hours after commencing antibiotic treatment
Scarlet Fever	Child can return 24 hours after commencing appropriate treatment.
Diarrhoea and/or vomiting	48 hours from last episode of vomiting or diarrhoea.

For head lice, ringworm and threadworm, parents will be asked to treat their child before returning them to school.

Serious Accidents and Emergencies

If a serious accident occurs staff should take the following actions immediately:

- Use treatment taught in Paediatric First Aid training as these could be lifesaving.
- Call for one of the School matrons.
- Contact emergency services.
- Once the Head of Pre-Prep has been informed she will make the decision on whether the parents need to be informed immediately or whether they should be informed at the end of the day. Parents must be informed about any treatment given. If possible staff should always try to explain to parents the circumstances around the accident.
- If an accident does not necessitate hospital treatment but is too serious to be dealt with by Pre-Prep Staff, a school matron should be informed immediately. Depending on the accident the child can either be taken to matron or matron will come to the Pre-Prep to assess the child.
- All details of the accident should be recorded on an Accident Report Form; this should be signed by the parent. These forms are held in the classroom and then reviewed termly before being archived. If the accident has required assistance by a matron a copy will also be held

in the matrons file in the Surgery. If the accident is serious a copy is placed on the child's personal file.

Playground

If minor injuries occur in the playground normal medical action should be made by staff (i.e. cleaning or icepack) and details should be recorded in the class books. Class teachers should be informed so that parents can be informed at the end of the day. This book is reviewed termly along with the accident reports to ensure that there are no patterns to the accidents which are occurring.

Bumps on the Head

Bumps on the head can occasionally be more serious than they first appear. If any child has a bump to the head, no matter how insignificant it may appear they should be given a 'bump on the head' sticker to alert adults and parents MUST be informed at collection time. Depending on the severity of the bump, school matrons will also be called to check it. If a child is not collected by the parent a note should be sent home. There will be times when we phone parents to give them advance warning.

Staff suitability

All staff over the age of 16 will have obtained an enhanced criminal record check before commencing employment and additional criminal records check will be made for anyone who has lived or worked abroad. Information is recorded about staff qualifications and the identity checks and vetting processes that have been completed.

Under the Safeguarding Vulnerable Groups Act 2006 a referral to the Disclosure and Barring Service will be made if a staff member is dismissed because they have harmed a child or put them at harm of risk.

Where a staff member is disqualified that person will no longer be employed by Cheam and the children's safety of the children will be ensured. Ofsted and ISI will be informed of any significant event which is likely to affect the suitability of any member of staff in contact with children on the premises within 14 days of receiving the information.

Members of staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children, If staff members are taking medication which may affect their working ability they should immediately seek medical advice to confirm that the medication is unlikely to impair the staff members ability to look after children properly. Staff medication must be stored securely and out of reach. There is a lockable cupboard in the Pre-Prep kitchen for this purpose.

A Staff Suitability Form is completed annually by all staff who have contact with EYFS pupils.

Protocol for the administration of prescribed medications

Storage of Prescribed Medications

Prescribed medication should be kept in a locked cupboard, the key for which is kept out of reach of the children. If it is necessary to store the medication in a fridge it will be held in either the downstairs or upstairs surgery fridge.

All prescribed medications should be kept in a separate cupboard to the non-prescribed medication, in a box clearly labelled with the child's name. All personal medication should be named on the lid and container.

Administration of Prescribed Medications

All prescription medications should be brought into school in date, clearly labelled and provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or pump, rather than its original container.

Prescribed medication is only given to the child for whom it has been prescribed, in accordance with the prescription or instructions from the pharmacy. Prescribed medication will not be kept for general use for other children or added to `stock' for such use. Unused prescribed medication will be returned to the pharmacy.

A record should be kept of these prescribed medications in the pupil's medical notes.

Any child who has been prescribed medication, will have Prescribed Medication Form placed on the white board in surgery. This form indicates the Child's Name, Name of Medication Prescribed, Indication for medication, Dose Required, Route of Administration, Number of days to take medication, Where the drug is to be stored and any further instructions. Once the dose has been administered, matron should initial the child's prescription sheet. When the course of medication has been completed this sheet should be put in the child's medical records. The prescription details should also be entered in the kardex.

The confidentiality and rights of boarders as patients are appropriately respected. This includes the right of a boarder deemed to be "Gillick Competent"* to give or withhold consent for his/her own treatment.

**Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. A child will be Gillick competent if he or she has sufficient understanding and intelligence to understand fully what is proposed.*

This policy addresses ISI Regulatory Requirements (effective from Jan 2015) Part 3 – Welfare, Health and Safety of Pupil.

Self-Medication

Boarders allowed to self-medicate are assessed as sufficiently responsible to do so. However, at school pupils do not routinely self-medicate prescribed medication except when based on the assessment of the child, the type of medication and their level of competence, parents and/or the medical staff deem them capable of taking the medication as necessary and according to and the guidelines issued on receipt of their medication. If they are allowed to self-medicate the medication is given to pupils in labelled containers and it is their responsibility to take it as advised.

Nursing Cover

Matrons can be contacted on:

Mobile Telephone Number	07917 862691 or 07789 430127
Upstairs Surgery Extension	01635 267808 Ext: 208
Downstairs Surgery Extension	Ext: 271
Girls Landing	01635 267807 Ext: 207

During the night, if a child should become unwell, the children are aware that the dorm captain should be alerted, and they will get the matron on duty, who will then attend to the sick child.

Surgery Times

Children will be made aware of Surgery times which are held daily at:

- 07.15 – 07.30
- 12.30 – 13.30
- 19.00 – 19.30

Where possible, pupils will be encouraged to see the nurse/matron during these surgery times.

There will always be a nurse/matron available to see to the children outside these times.

Surgery Visits

Any child seen in the school surgery must have a written record of their complaint/ symptom, the duration, any non-prescribed medications administered, and the outcome i.e. if the child was asked to return to class or was put in sickbay. If parents are contacted this should be recorded. This information will be recorded on the child's kardex. Children who leave class/games field complaining of illness should always be accompanied by another child or member of staff.

First Aid

RIDDOR (1995) requires Schools, as all employers, to report certain accidents to the Health and Safety executive (HSE) and keep a record of all reportable injuries, diseases and dangerous occurrences.

The employer must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease.

Recording of injuries in the Accident Book

All injuries, minor or major should be reported to a school nurse or matron.

Minor injuries i.e. cuts/grazes/small knocks that are not significant enough to be sent to a matron should be entered in the Minor Injuries book in the Staff Room.

Any minor injuries seen by a matron will be entered on their kardex in surgery.

Significant injuries, or those to the eye, neck or head, should be entered onto an Accident Form (Part A) in the common room together with any additional first aid treatment administered by the member of staff present at the time of the accident.

The matron will then follow up on the injury and treat where necessary and record any additional administered treatment on Accident Form (Part B).

Both completed Accident Forms will be photocopied and placed in the child's medical record and a copy will be given to the Director of Finance and Operations and one put in the file in the staff room.

First Aid Training

First Aid training is mandatory for all staff members. These will be held on INSET days. Once first aid training has been completed, those who qualify and receive a certificate will be included on a list in the common room as being `First Aiders'. This training should be renewed every three years.

Due to the ages of the children at school the more specialised paediatric First Aid course is used as standard for all members of staff in the Pre-Prep and all the matrons and school nurses. A list of all staff who have completed first aid training is on the notice board in the common room and this includes the expiry dates of courses completed.

First Aid Kits

Each Ground taker carries their own stocked First Aid bag. It is their responsibility to keep it fully stocked.

A list of the contents will be found in the Staffroom.

Location of First Aid Kits

First Aid Kits can be found in the following places:

- Each games taker - for all games grounds / pitches / courts
- Swimming Pool
- Science Labs
- Art Room
- DT Room
- Sports Hall
- Kitchen
- School Minibuses
- Front Office
- Staff Common Room
- Pre-prep Department
- Nursery
- First Aid kit available for School day trips
- Comprehensive First Aid bag available for School trips involving overnight stays

These will be regularly checked and re-stocked by the matrons.

First Aid Bags for School trips

A first aid bag is always issued to a member of staff who is taking a group of children on a school trip.

The first aid bag contains essential first aid equipment, but in addition contains Paracetamol suspension and tablets, Ibuprofen suspension and tablets, a spare Ventolin inhaler, a first aid book and a notebook and pencil to record any incidents that may occur or any medication that is given. This notebook should be handed to a matron, together with the first aid bag on their return to school.

Games Field

As yet there is no legal requirement to ensure the presence of a qualified first aider during sports and games at school. However, the headmaster requests that matrons/nurses are pitch-side when matches are being played. The games staff will be supplied with a list of children who have any conditions which may be aggravated with exercise e.g. asthma or children who have allergies which require immediate and urgent attention.

The ground takers should have mobile phones with them at games time or during home matches. They should ensure the batteries are charged, know how to operate it and have access to the right telephone numbers in case of an emergency. The ground taker should ensure that if a runner is sent to the office to contact a matron that person should be capable of giving a coherent message to the matron or some other adult in authority.

Minor injuries- (cuts, bruises, and sprains)

The games taker in charge of the game should assess the injury, and if necessary, use items such as ice-packs, plasters etc. from the first aid bag which they have been provided with. If appropriate, the child should be sent to surgery for treatment - always accompanied by an adult or responsible child and NEVER alone.

It will be the matrons discretion as to whether the injured child is considered fit enough to return to the game.

Action in the Event of an Emergency

For all emergency situations, when the immediate accident has been dealt with, the Headmaster, Director of Finance and Operations, Housemaster/mistress and Matrons will be informed as soon as possible. Subsequently an accident report form must be completed and given to the matrons and the Director of Finance and Operations.

In the event of a clearly serious or life-threatening accident where it does not seem safe and reasonable to the first member of staff on the scene for the victim to be taken to the surgery, the following routine should be employed.

Help should be sought immediately as follows:

1. Phone 999 and request an Ambulance giving brief details of the injury and careful details of the site.
2. Inform the matrons. They will ensure medical details of the pupil are available where necessary, and inform the school doctor, if required.

Head Injury

Written in accordance with NICE clinical guidelines and England Rugby RFU Guidelines (www.englandrugby.com/concussion)

Background

Head injury is defined as any trauma to the head other than superficial injuries to the face. Each year, 1.4 million people attend emergency departments in England and Wales with a recent head injury. Between 33% and 50% of these are children aged less than 15 years. Head injuries maybe sustained during all sports and as a consequence of an incident. They can be extremely difficult to assess – the vast majority are minor and result in minimal significance. It is not necessary to lose consciousness to sustain neurological damage or concussion following a blow to the head. The risk of neurological damage is dependent on the velocity and the force of the impact, the part of the head involved in the impact and any pre-existing medical conditions. Symptoms may not necessarily develop for some hours, or even days, after the head injury, and in rare cases develop weeks afterwards. Whilst an initial concussion is unlikely to cause permeant damage, a repeat injury to the head soon after a prior, unresolved concussion can have serious implications. The subsequent head injury does not need to be severe to have permanently disabling or deadly effects.

Procedure

All head injuries incurred at the School will be referred to the school nurse on duty for initial assessment, unless the child requires immediate hospitalisation. The member of staff in charge of sport/activity should ensure that this is done as soon as possible after the incident. Even if a pupil considers him/herself to be fit or uninjured, he/she will automatically be placed off games until seen by the school nurse, school medical officer or other medical practitioner. In such cases, written evidence will be required if the pupil is assessed by someone other than the school medical officer. Pupils who have sustained concussion type injury will be excluded from all contact sport for a minimum 3 weeks following the incident with a gradual return to sporting activity during that period. This is dependent upon advice from an examining medical officer.

Criteria for referral to an emergency ambulance service

- Unconsciousness or lack of full consciousness, (for example, problems keeping eyes open)
- Any focal (that is, restricted to a particular part of the body or a particular activity) neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; loss of feeling in part of the body; problems balancing; general weakness; any changes in eyesight; and problems walking).
- Any suspicion of a skull fracture or penetrating head injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eye, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull).
- Any seizure (‘convulsion’ or ‘fit’) since the injury.

Criteria for referral to a hospital emergency department by the Medical Centre

- GCS less than 15 on initial assessment
- Any loss of consciousness as a result of the injury

- Any focal neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking)
- Any suspicion of a skull fracture or penetrating head injury since the injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional)
- Amnesia for events before or after the injury. The assessment of amnesia will not be possible in pre-verbal children and is unlikely to be possible in any child aged under 5 years
- Persistent headache since the injury
- Any vomiting episodes since the injury
- Any seizure since the injury
- Any previous cranial neurosurgical interventions.
- A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorized recreational vehicles, bicycle collision, or any other potentially high-energy mechanism)
- History of bleeding or clotting disorder

All those with head injury considered well enough to return home or to the boarding house will be given a head injury advice sheet outlining when medical advice should be sought (see appendix 1). If necessary anyone sustaining a head injury should not be allowed to drive themselves or travel home unaccompanied by either school or public transport, and alternate arrangements must be made. The next of kin/parents/house parents will be contacted and notified accordingly by the medical centre. All head injuries must be recorded on an Accident/Incident Form and the school nurse MUST be informed.

The Health & Safety Committee will ensure the school environment is inspected regularly to minimise the risks for sustaining head injuries.

Return to School following a head injury

It is not unusual for symptoms to persist for several days or weeks after the event. Therefore returning to school following a head injury may be dependent on special concessions for the pupil regarding academic and sport exemptions being put into place. These would be agreed with the medical practitioner, parents, and the school. If appropriate, the medical centre will advise the relevant staff of any adjustments that a specific pupil needs following a head injury. Staff should be aware that the symptoms of concussion can include any of the following:

- Hearing problems/tinnitus
- Nausea and vomiting
- Memory problems
- Disorientation
- Visual problems
- Problems with balance and dizziness
- Fatigue and drowsiness
- Sensitivity to light and noise
- Numbness or tingling sensation

- Feeling slowed down or mentally foggy
- Slowness in following instructions or answering questions
- Impaired balance and poor hand-eye coordination
- Poor concentration
- Slurred speech
- Vacant stare
- Unsteady and shaky mobility
- Loss of insight
- Loss of consciousness
- Seizures or convulsions
- Sleeping difficulties
- Problems with waking up

Managing a head injury during sport

Appropriately trained First Aiders are on site during all matches and training sessions. All Coaches are to adhere to the guidelines as set out by the International Rugby Board to ensure that concussion is managed effectively.

- Concussion must be taken extremely seriously to safeguard the long-term welfare of players.
- Players suspected of having concussion must be removed from play and must not resume play in the match.
- Players suspected of having concussion must be medically assessed.
- Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP).
- Players must receive medical clearance before returning to play.

Returning to sport after a head injury

Whilst an initial concussion may not cause permanent damage, a repeat injury to the head soon after the prior unresolved concussion can have serious consequences. A subsequent injury does not have to be severe to have permanently disabling or deadly effects. The IRB states

" Whilst the guidelines apply to all age groups particular care needs to be taken with children and adolescents due to the potential dangers associated with concussion in the developing brain. Children under ten years of age may display different concussion symptoms and should be assessed by a Medical Practitioner using diagnostic tools. As for adults, children (under 10 years) and adolescents (10 – 18 years) with suspected concussion MUST be referred to a Medical Practitioner immediately. Additionally, they may need specialist medical assessment. The Medical Practitioner responsible for the child's or adolescent's treatment will advise on the return to play process, however, a more conservative GRTP approach is recommended. It is appropriate to extend the amount of time of asymptomatic rest and /or the length of the graded exertion in children and adolescents.

Children and adolescents must not return to play without clearance from a Medical Practitioner. "

Even if a pupil considers him/herself to be fit or uninjured, he/she will be automatically placed off games until seen by the School Medical Officer or other medical practitioner. In such cases, written evidence will be required. Any pupil sustaining a concussion type injury may be excluded from all contact sports for a minimum of three weeks, with a gradual return to sporting activity during that period. This is dependent on the advice of the examining Medical Practitioner.

Measures to reduce risk of Head Injury/Concussion

Staff are encouraged to take the following steps to minimise the risk of any potential head injuries:

- Pupils should be healthy and fit for sport
- Pupils are taught safe playing techniques and encouraged to follow rules of play
- Pupils should display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally
- Pupils always wear the right equipment such as scrum-caps, shin-pads and mouth guards
- Equipment should be in good condition and worn correctly
- Inform and reinforce to the players the dangers and consequences of playing whilst injured or with suspected concussion
- Qualified first aiders are present at all matches and practices, in accordance with the first aid policy, and are able to summon immediate medical assistance
- All coaching staff are able to recognise signs and symptoms of concussion, and are vigilant in monitoring players accordingly
- Accident/Incident forms are completed promptly and with sufficient detail
- Every concussion is taken seriously
- Advice from the presiding medical officer is strictly adhered to
- Ensure that athletes are taught safe playing techniques and encouraged to follow rules of play
- Ensure that players are healthy enough to participate and have undergone medical evaluation.

Neck injury

If a neck injury is suspected, the child should only be moved by emergency healthcare professionals with appropriate spinal care training.

Away Matches

The games taker in charge should follow the same procedure using away schools' facilities but should also report back to a nurse/matron at school on return to give details of any injury and/or treatment given.

Crutches/Walking boots Policy

Pupils attending school requiring crutches or walking boots to aid mobility must be risk assessed by a medical professional at school, either a school nurse or the school doctor using the risk assessment checklist for pupils with full or partial casts/splints.

Pupils with crutches or walking boots are to be supported using the stairs and with general mobility around the school.

Teaching staff will assist their pupils by allowing them to leave the classroom early and to be supported by a fellow pupil with doors, carrying bags and trays at mealtimes.

Medical staff are to be kept updated by parents/guardians with any changes in treatment plans or follow-up appointments.

Promoting Good Health Practises (Hygiene)

The school has an ongoing PSHCEE programme which covers most aspects of health education and health promotion. These are also covered in form periods and biology lessons. The school nurses and Matrons are also available to discuss any issues which may arise or any worries/concerns pupils may have.

Head Lice

Head lice are a regular and irritating problem. Children should not be excluded but parents/guardians should be notified at the end of that day. Parents should be responsible for their child's health and hygiene and check weekly with detection combs.

Regular nit checks are carried out on all boarders. Any child who is found to have either nits or lice is treated with a recommended proprietary brand of head lice solution, unless parents/guardians specify a particular brand they would like to use.

General Hygiene

Boarders are checked regularly to ensure they are washing properly, cleaning their teeth and keeping their hair and nails clean and well groomed. They are also encouraged to start taking responsibility for the state of their clothing and their general appearance.

Heights and weights

The children's heights and weights will be sent in at the beginning of each year on the medical update forms sent in by the parents. This will be held in their medical record. Any concern will be addressed with the child's parents and appropriate measures taken.

Health and sex education

Health education within the boarding department is carried out within the normal daily routine.

All the children are taught the importance of good general hygiene. In their junior years personal washing (i.e. hair and body, clothes and bedding), dental hygiene, nail care etc. are closely monitored and the children are taught to try and take pride in their personal appearance. As they move up the school they are given more independence in their own care but are continually given guidance over personal hygiene issues.

Children who are absent from School or off games

Absentee List / Off Games List

A List is completed daily indicating those children who are absent from school and those children who have permission to be `Off Games'. This list is posted on Cheam Manager and put on the Off Games board outside the staff common room.

Parents of day or boarding children are requested to phone the School Office indicating that their child will not be attending school. In addition, the school office will be advised by the matrons indicating those boarding children who are in sick-bay and their names will be included on this list.

If parents wish their children to be `Off Games' they are asked to put this in writing or call the school office.

Off games

If a pupil is "off-games" then they report to the 'Off Games' duty member of staff at the start of the games session who will decide where they should go and what they should do.

On a Wednesday or Saturday, no child may go home early – all stay till 3.45pm. Only long term off-games pupils may be excused having gained the Headmaster's permission in advance.

Information to parents:

- Parents of "Day Children" may advise matrons that their child is unwell. Matrons will assess child at break and/or lunch and then place them on or off games. No child will be made to do games when, in the opinion of the matrons, unwell. Common sense must prevail here as some children recover as the day goes on and others need to rest. It would be unusual for the matrons to go against the parents' wishes.
- If a child phones home ill, please phone the matrons immediately. Do not come and get the child or promise them they can be off games. The matrons will inform you of what will happen once they have medically assessed the child. This process may take a short while.

Emergency Telephone Numbers

Matrons Mobile Telephone Number	07917 862691 or 07789 430127
Upstairs Surgery	01635267808 Ext:208
Downstairs Surgery	Ext: 271
Girls Landing	01635 267807 Ext:207
Headmaster	01635 268381/268373 Ext: 243(home)
Mr. Haigh (Deputy Headmaster)	01635 267819 Ext: 213
Mr Small (Designated safeguarding lead)	01635 267818 Ext: 212
Nicola and Matt Small	01635 267809 Ext: 209
Director of Finance and Operations (Bursar)	01635 267802 Ext: 202
Falklands Surgery	01635 279972
Newbury Hospital (West Berkshire Community Hospital)	01635 273300
Basingstoke Hospital (North Hampshire Hospital)	01256 473202
Reading Hospital (Royal Berkshire Hospital)	01189 875111
Poisons Unit (Guy's Hospital)	0207 955 5000
Briars Dental Practice	01635 40311
Mr. Mak (Orthodontist)	01635 528830
Hampshire Clinic	01256 357111
Wash Common Pharmacy	01635 35033

Reviewed: June 2021
Compliance checked: June 2018
Future review date: June 2024

APPENDICES

Appendix 1a	Medical Questionnaire i) Prep School
Appendix 1b	Medical Questionnaire ii) Pre-prep School
Appendix 2	'Flu' vaccination consent form
Appendix 3a	Administration of non-prescription medicines consent form
Appendix 3b	Administration of Prescription medicines consent form
Appendix 4	Personal Information/Medical Update Form
Appendix 5	School held Asthma inhaler permission form
Appendix 5a	Asthma Peak Flow chart
Appendix 6	Asthma care plan
Appendix 7	Children with Known Allergies / Concerns
Appendix 8	Protocol for Allergies - Administration of Epi-pen/Anaphylaxis
Appendix 9	Children where Concerns Raised Form/Healthcare plan/Long term medical issues
Appendix 10	Long stay - Sickbay Form
Appendix 11a	Administration of Prescribed Medications
Appendix 11b	Self-Administration of medicines consent form
Appendix 12	Crutches & walking boots risk assessment form
Appendix 13a	Pupil Accident Form (Part 1)
Appendix 13b	Pupil Accident Form (Part 2)
Appendix 14a	Contents of individual First Aid bags
Appendix 14b	Contents of First Aid Bag - long trip
Appendix 14c	Contents of First Aid Bag – short trip
Appendix 15	Consent form for extended trips

All Appendices can be found in a folder on the shared teacher drive and can be printed from there or can be obtained from the school office by emailing office@cheamschool.co.uk.