



Westbourne  
House School

CHICHESTER

## FIRST AID POLICY

**This is the policy of Westbourne House School, which incorporates the Prep School, Pre-Prep, Early Years Foundation Stage as well as provision for boarding**

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### Supporting Policies and Protocols

- *This policy should be read in conjunction with the following policies and protocols:*
  - Allergies, Anaphylaxis, Auto-Injector Policy & Protocol
  - Asthma & Asthma Attack Policy & Protocol
  - Diabetic Policy & Protocol
  - Diarrhoea & Vomiting Policy & Protocol
  - Epilepsy Policy & Protocol
  - Head Injury/Concussion Policy & Protocol
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  - Neck Injury Policy & Protocol
  - Child Protection (Safeguarding) Policy
  - Mental Health Policy (incl. Self-Harm and Eating Disorders Protocols)
  - Data Protection & Privacy Policy
  - Boarding Policy

## **Policy Statement**

This policy defines the school's responsibility to provide first aid to all the pupils and adults on site (including visitors and staff) as governed by Health & Safety Legislation.

The policy is reviewed annually at the start of the academic year. Additional medical policies/protocols are available for specific health needs and are available on the school's website or on request from the Headmaster's PA or the Medical Centre.

## **Aims**

- To administer appropriate first aid to all pupils (day and boarding) and adults at Westbourne House.
- To provide suitable bed rest (in gender specific sick bays) for pupils who are unwell and require appropriate medical care.
- To identify those members of staff who are qualified to administer first aid by way of a list. This must be updated regularly. Training is monitored and organised by the Bursar.
- To ensure all first aiders attend the appropriate courses and that these are kept up to date and renewed every three years.
- To identify the designated person (Senior School Nurse/s) to take charge of first aid arrangements, when on-site, as determined in the health and safety policy.
- To provide guidance on when to call an ambulance.
- To record the location and contents of first aid boxes.
- To ensure that there are an adequate number of first aid boxes in relation to the size of the school.
- To ensure that all first aid kits are easily accessible and well stocked.
- To provide training to employees on basic first aid and paediatric first aid where appropriate.
- To have at least one first aid qualified person on each school site when pupils are present, including a paediatric first aid trained member of staff in EYFS.
- To ensure accidents are correctly recorded and documented.
- To ensure appropriate reference is given to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the HSE (Health and Safety Executive) online. A telephone service is provided for reporting fatal and major injuries only (0845 3009932).
- To ensure that next of kin are always contacted in the event of an accident and kept informed.
- To ensure that there are health care plans available for those pupils with medical conditions for example, epilepsy and diabetes to which staff can refer.
- To ensure hygiene procedures for dealing with the spillage of body fluids are in place as recommended by the Health and Safety Executive (see Appendix 1 below).
- To ensure that clinical waste is collected and safely disposed of by the Rentokil Initial Company (see Appendix 2).

## **Practice and Procedure for First Aid & Illness**

### **Illness**

Should a pupil in the Prep School feel unwell then they should be referred to the School Nurse to be assessed and the appropriate treatment will be provided. In the event of a pupil remaining in the Sick Bay, the School Office will be notified and, where possible, the class teacher.

It is good practice for the School Nurse to keep parents/boarding staff updated if a child has had to spend time during the day in the Sick Bay.

Pupils should not be sent home as a matter of course; if the pupil is sent home, the School Office and/or boarding staff (if applicable) must be informed. It is Public Health England's (PHE) guidance that pupils and staff are not to be in school for 48 hours following the last episode of any diarrhoea and/or vomiting. Unless discussed with the School Nurse specifically, it is the parents' responsibility to inform the school if their child is diagnosed with an infectious illness or disease for us to notify the appropriate agencies, under the strictest confidence.

### **Administration of First Aid**

Any member of staff can provide first aid if they feel confident to and have the relevant knowledge. However, it is the schools' best practice to ensure all staff likely to need to provide first aid have been given the appropriate approved training course(s).

In school the duties of the first aider are to:

- Give first aid as required.
- When necessary, call School Nurse, and/or phone for an ambulance if required.
  - An ambulance should be called immediately if injuries/incident are thought to be life threatening and requiring urgent professional assistance (as per guidance received during whole school INSET First Aid Training).
- Ensure that next of kin are contacted in the event of a serious injury or when deemed necessary. Head Teacher and Bursar are also to be informed.
- Ensure that the incident and any treatment administered is recorded in the appropriate place (ISAMs or accident book).

### **Appointed Person**

At Westbourne House, all Appointed Persons are qualified first aiders. The duties of an appointed person are as follows:

- Take charge when someone is injured or ill
- Ensure that someone qualified to do so administers first aid.
- Ensure that an ambulance or other professional help is called when appropriate
- Ensure that next of kin are contacted in the event of a serious injury or when deemed necessary.
- Ensure the Head and Bursar are informed.

- Ensure that the incident and any treatment administered is recorded in the appropriate place.
- Ensure an up-to-date list of the contents and where first aid kits are kept around the school is available (see Appendix 9).

### **Accident Report Forms**

Under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) 2013 there are some accidents that must be reported to the HSE (Health and Safety Executive). For definition, please see guidance on RIDDOR 2013 and HSE reference sheet “Incident reporting in schools (accidents, diseases and dangerous occurrences)”.

The HSE state that an accident be reported if it relates to:

- A school activity both on and off the premises.
- The way in which a school activity has been organised and managed (e.g. supervision of a trip)
- Equipment, machinery or substances.
- Design or condition of the premises.

These records must be kept for a minimum of 3 years. They may be used for reference in future first aid needs assessments and may be helpful for insurance and investigative purposes.

The school must keep a record of any reportable injury, disease or dangerous occurrence. An Accident Report Book is kept in the Bursary for this purpose. This record can be combined with other accident records and must include:

- Date, time and place of the event.
- Personal details of the person involved and of the person reporting the incident if this is different.
- Brief description of the nature of the event or disease.
- Details of any action taken/recommendations.
- Signature of person completing the report.
- Entry should be shown to the Bursar.

### **Recording of First Aid administered to Pupils and Staff**

Details of any first aid/medication administered to pupils are recorded in the Medical Centre section of iSAMS – the school’s computerised database.

These recordings are made by the School Nurse/Matron/First Aider and should include:

- Name of the injured or ill person.
- Date, time and place of incident.
- Details of the injury/illness and what first aid/medication was administered.
- Any follow up care administered e.g. an assessment in A&E, resumption of normal duties, sent home etc.
- Name of the designated person dealing with the incident.

- Any illness or accident(s) involving staff is recorded in the staff's health records file which is kept securely on ISAMs.

#### **With due regard to boarding in an Outhouse:**

- In the first instance, boarders are taught and encouraged to understand their own health needs and maintain a healthy lifestyle.
- Boarders, if required, will have access to local medical, dental, optometric and any other specialist services or provision.
- All international boarders are registered as temporary patients at Tangmere Medical Centre. Appointments are made for these pupils by the School Nurse and they are escorted to these appointments by a matron.
  - If necessary, the school will engage with specialist services (eg: CYPMHS) and appropriate staff will work with the pupil and keep parents well informed.
- Details of any medical care/first aid/medication administered whilst the pupil is boarding in an outhouse must be recorded on iSAMS by the Houseparent. This information must also be emailed to the School Nurse by 8am the following day.
- If a child is unwell during the school day and will require significant care through the night, parents/next of kin/Head of Boarding will be contacted to discuss their appropriate care and whether it would be better for the child to go home/ to guardian, or remain in sick bay and cared for by the resident matron.
- It is not appropriate for a child who is unwell and requires ongoing care and/or monitoring to remain in their boarding house overnight and so they will be accompanied by their houseparent to the sick bay in Main House to be cared for by the resident matron. Parents/Next of Kin will only be contacted out of hours if it is deemed necessary.
- If the house parents' or residential matrons are uncertain about transferring a child to sick bay or whether or not to contact the parents, they are to contact the Head of Boarding who will either make a decision or contact the on-call nurse for further advice if needed.
- Suitable accommodation, including toilet and washing facilities, is provided in order to cater for the needs of boarding pupils who are sick or injured. The accommodation is adequately staffed by appropriate qualified personnel and is adequately separated from other boarders.
- If both a female and male boarder require the use of Sick Bay during the day and/or night the Matron on duty will ensure that one of the pupils is accommodated in an alternative room with appropriate supervision and care.
- In all emergency cases, when a pupil requires hospital treatment, parents/next of kin will be contacted immediately. Pupils are always accompanied to hospital by an appropriate member of staff who will remain with the pupil as required and until parent/next of kin arrive.

#### **Full-time Boarding**

It is very important that the Medical History Form is completed fully, including vaccination records, before the child's entry into the school and that it is returned before term begins or

on the first day of term. Parents are encouraged to keep the Medical Centre and school nurses informed of any changes to their child's health status in writing.

All boarding pupils should be registered as an NHS Patient. Parents are required to complete a new patient form for our local GP Practice (Tangmere Medical Centre, Malcolm Road, Tangmere, Chichester, West Sussex PO20 2HS) to enable the school to complete the registration process. Alternatively, parents are welcome to register their child themselves with a local GP Practice of their own choice and keep us informed. Private referrals are only made with parental consent.

### ***Medical/Dental Appointments***

Parents of international boarders are to provide consent on the medical form if they wish for their child to register/ attend routine appointments (optician/dental) during school hours. The school will keep parents/guardians informed of all appointments and outcomes via email. If a boarder has a medical/dental/optical or specialist appointment outside the school, they will be taken by a member of the Matrons team. If this is the case a charge is made on the school bill. Parents/ guardians are very welcome to take their child to appointments if they are able to do so.

The local dental surgery is The Dental Centre inside Sainsburys, Westhampnett.

### **Staffing and Resources**

At Westbourne House, there is a registered nurse on duty during the week in school hours to take charge of all medical needs. Members of staff who are qualified in first aid take on this role when the School Nurse is not on duty. A small surgery area is provided for first aid, and there are first aid boxes around the school for use by staff for minor incidents. All staff should be aware of the location of first aid boxes; there is however a list of the locations kept in the staff room of both the Prep School and the Pre-Prep. All first aid boxes are checked by the School Nurse, and it is the responsibility of all staff to replenish what is used.

The School Nurse oversees the health and medical needs of the school. There are additional first aid trained staff who support the Nurse and provide first aid cover.

### **First Aid administered by staff whilst off-site**

Staff accompanying pupils off site are encouraged to take a first aid kit with them which will be checked by the School Nurse prior to collection and replenished on return if necessary. Staff must inform the School Nurse if items in the first aid kit have been used. Staff members must ensure that they are aware of the medical/dietary needs of the students they are taking off-site, ensuring that any appropriate medication eg: inhalers/auto-injectors etc are taken with them and also returned to the School Nurse upon returning to school.

It is the responsibility of the lead teacher to inform parents, host parents and the School Nurse if first aid has been administered to a pupil/staff whilst off site, on return to school. This must include details of any accident/incident, and any treatment administered. If the trip is a

residential one, these details should be recorded in the "Trip Out" Folder provided by the School Nurse for the trip.

**Monitoring and review**

The School will review and monitor the effectiveness and compliance of this policy (and appendices – if appropriate). This policy will be kept up-to-date and amended to take account of legislative and regulatory changes.

<b>Last Review Date</b>	<b>Next Review Date</b>	<b>Reviewer(s)</b>
October 2024	September 2025	Chelcie Chamberlain, School Nurse Head of Pre-Prep ( <i>Appendix 5</i> ) - Nov '24

## **Appendix 1 – Disposal of Body Fluids Policy and Protocol**

The following procedure must be followed as recommended by the HSE (Health and Safety Executive).

### **On site:**

- In most cases, the matron team should be informed of any sort of spillage – urine, faeces or vomit and ensure that it is appropriately dealt with. This is usually by means of the domestic team using the steam cleaner.
- A “Biohazard Kit” is provided for cleaning up spillages – instructions to be followed as per pack.
- All staff are responsible for ensuring that spillages are covered and dealt with in a timely manner.
- Personal Protecting Equipment (PPE) must be worn, and universal precautions must be used.
- Once the area is clean, spray with a disinfectant spray and leave area to dry.
- Place a ‘Wet floor hazard’ sign if appropriate over the area.
- Ventilate the area well.
- Clean any reusable equipment by soaking in disinfectant solution or wiping it with disinfectant, before removing gloves.
- Place gloves, apron and mask into the yellow clinical waste bag.
- Tie yellow bag and place in the clinical waste bin in either the:
  - Prep School Surgery
  - Pre-Prep Staff toilet
  - Nursery Staff toilet
- Deep clean must be considered.
- Clinical waste is collected monthly by Rentokil Initial Company (see Appendix 2).

### **Off site:**

A Biohazard kit, as described above, is included in the black “sick bag” which staff are encouraged to collect from the School Nurse to take with them on a school trip to be used for travel sickness, they are also stored on the minibuses. Disposal of a used yellow clinical waste bag must be in an appropriate bin. This may require it to be kept until the pupils return to school where it can be disposed of safely in the clinical waste bin situated in the surgery/Matron’s department. Biohazard kits are also included in the first aid bags taken for residential trips.



## **Appendix 2 – Clinical Waste Disposal Policy and Protocol**

Clinical waste is any waste that consists wholly or partly of human or animal tissue, blood, other body fluids such as urine, excreta, drugs or other pharmaceutical products, swabs, dressings or plasters, syringes, needles or other sharp instruments, which unless rendered safe may prove hazardous to any person coming into contact with it. Needles are disposed of in yellow sharps boxes and not yellow bags.

Yellow bags must be used for the disposal of clinical waste as described above and these must be placed in the large clinical waste bins located in the surgery area and the Staff toilets in the Pre-Prep or Nursery. The School Nurse arranges for the contents of these bins to be collected monthly by the Rentokil Initial Company. Sharps bins are collected and replaced by Initial (0800 030 4005).

The Rentokil Initial Company – 0808 231 8611 or 0808 231 9880

Clinical waste must NEVER be disposed of with general rubbish as it is a potential health hazard to the refuse collectors. Local authorities may impose a fine if yellow clinical waste bags are found amongst our general waste.

### **Appendix 3 – Policy and Protocols to Support Pupils with Medical Needs in School**

It is important that responsibility for pupils' safety is clearly defined and that everyone involved with a pupil with medical needs is aware of what is expected of them. Close co-operation between schools, parents, health professionals and other agencies is crucial in order to help provide a suitably supportive environment for pupils with medical needs to enable them to participate fully in school activities.

It is essential that any medical information regarding pupils in the school received by staff is relayed to the School Nurse immediately either in person or via email.

#### **Parents and Guardians:**

- Must provide current contact details.
- Are responsible for making sure their child attends school when well enough to do so.
- Should provide the school with sufficient information about their child's health care needs, special dietary requirements and treatment.
- Should collaborate with the school to enable an individual health care plan to be drawn up by the School Nurse when necessary.
- Must ensure that any required medication is brought into school in its original container with its original pharmacy label attached and consent form completed.
- Must ensure that any medication (including creams/ointments, medicated throat sweets etc) that they bring into school for use by their child is given to the School Nurse/matron on duty. Pupils are not allowed to keep their own medication and self-medicate, without the permission of the School Nurse and the relevant documentation having been completed.
- Must ensure that the School Nurse is informed if medication has been given prior to the school day – by either email or telephone.
- Must complete a medical questionnaire form when their child becomes a pupil at Westbourne House. On this form, they must provide the school with information regarding their child's health and well-being needs. By signing the form, the parents provide written consent for over-the-counter medicines listed on it, to be administered, if necessary, to their child whilst at school.
- When the pupil moves from Pre-Prep to the Prep School a further form is supplied to parents to complete so as to ensure that all medical details are correct.
- Are responsible for updating the school with any medical/dietary conditions/requirements.
- Must complete and sign the "Consent to Administer Prescribed or Non-Prescribed Medication" form prior to their child being administered a prescribed or non-prescribed medication (not listed on the Medical Questionnaire) whilst in school.
- It is the parent's responsibility to collect the medication at the end of the day/ term/ academic year unless otherwise discussed with the School Nurse.

- Must supply the School Nurse with an up-to-date Immunisation Record as requested on the Medical Questionnaire.

**The School Nurse will:**

- Provide advice, guidance and support re medical/health/ well-being issues to pupils, parents and school staff.
- Create a pupil's individual health care plan where necessary.
- Provide appropriate training to members of staff who care for a pupil with medical needs, including administration of medication if necessary.
- Ensure staff obtain the support they may need when caring for a pupil with medical needs.
- Provide general health promotion advice via classroom delivery, and other methods as required.
- Be involved with the day-to-day decisions about health care needs and administering medication.
- Ensure that changes in a pupil's condition or care are highlighted at the weekly staff meetings.
- Ensure that all parents are aware of the school's policy and procedures for dealing with health care needs.
- Consult with the relevant health professionals regarding decisions relating to the attendance of pupils with communicable diseases or follow the guidelines obtainable from the Public Health England.
- Ensure appropriate safe storage is available for medication, including controlled medication.
- Ensure that emergency medication such as asthma inhalers or auto-injectors are immediately accessible and that members of staff are aware of where these are.
- Ensure that medication administered to a pupil is only given by a member of staff who have appropriate medication administration training (provided by OPUS).
- Ensure that parents/house parents are informed of any medication that may have been given during the school day.
- Be responsible for developing and implementing the school medical policy and for creating detailed administrative procedures for meeting the health care needs of pupils. This must include thorough documentation of any medication that is administered to a pupil.
- Agree with the parents exactly what support the school can provide for a child with health care needs.
- Consult with the School Catering Staff regarding any special dietary requirement and ensure that they are supplied with an up-to-date dietary requirement list which lists the pupils who have food allergies/ intolerances.
- Ensure that a copy of the photographic list of all pupils with severe allergies at risk of anaphylaxis is updated as required and provided to the catering and food technology department.
- Ensure that out of date medication is disposed of safely.

- Ensure that over the counter medication as listed on the Medical Questionnaire is in stock and in date.
- Provide a trip folder for a residential trip, which will highlight the medical conditions of these pupils and the required care.
- Ensure that staff accompanying a school trip have received training in medicine administration as well as taking care of any pupils with specific medical needs and are familiar with their health care plans.

#### **School Pupils:**

- Should not be responsible for the transportation of their medication unless previously agreed between the parent and School Nurse.
- Should, if responsible for transporting medication, hand it directly to the School Nurse for safe storage.
- Are responsible for going to the school surgery at the specified time to receive their medication.
- Must inform a member of staff or go to the School Nurse if feeling unwell whilst in school rather than phoning their parents/guardians requesting to be collected.
- Are not permitted to self-medicate or store their own medication apart from auto-injectors and inhalers unless consent to do so has been agreed by the School Nurse and parents/guardians and the required documentation signed by all parties.
- Are not allowed to be excused from games without parental/guardian or School Nurse/ Matron's consent.

## **Appendix 4 – Policy and Protocols for Administering and Storing Medication in School (including home remedies and prescription medications)**

### **Aim**

To provide a sound basis for ensuring the proper and safe administration of Over the Counter (OTC) medicines and prescription medications at Westbourne House School.

It is the policy of the school that all medicines are kept within the control of the School Nurse (prep school) or locked in the medicine cupboard in the staff room (pre-prep) and only administered by an appropriately trained person at the relevant times.

No pupil, day or boarding, should have medication with them in school. However, pupils are encouraged and advised to keep their own auto-injectors and inhalers.

If a boarding pupil required regular medication. It must be handed to the school nurse and consented for by parents. They will be administered either by the school nurse or the duty matron.

Only with parental consent and on completion of a signed risk assessment should pupils self-administer in boarding houses. If medication is stored in the boarding house, then it must be locked away and stored correctly.

The protocol applies to the School Nurses, Matrons and to the named boarding and teaching staff who have received the appropriate training in medicine administration.

### **Storing Medication**

- Key security is integral to the security of medicines. All medicines are kept in a locked cupboard in the medical room. The keys are kept in a key safe, the code of which is known only by the school nurses and matrons. Only school nurses hold keys to the Controlled Drugs cupboard, which is locked at all times, within a locked cupboard fixed to the wall.
- A small quantity of medications will be kept in the medicine cabinet in the medical room at the Prep School. This is kept locked, and the key kept in the key safe in the medical room.
- Medicines are also kept in each boarding house that houses boarders. These medicines are checked every term for expiry dates and audited against ISAMs levels. These medicines are kept in locked cupboards which only houseparents have access to.
- All medications must be stored in their original containers.
- Expiry dates of all medicines are checked every time the medication is used and during regular stock checks.

- There is a refrigerator kept solely for the storage of those medications that need to be kept at low temperature. The temperature should be kept between minimum 2° – maximum 8°C and is recorded daily. This should be kept locked at all times.
- Prescribed and patient own medications are kept separately and in named boxes in the medication cabinet.
- All stock of controlled drugs is checked and counted every week to maintain an audit trail of usage. The stock totals can be checked against the pupil's medicine administration charts or ISAMs records. All home remedies kept in the boarding medicines cabinets are also checked termly and re-stocked as necessary.
- The Product Information Leaflet for all medications must be checked for information. These should be stored with the medication.
- All medications are stored in the original container as supplied. Staff must not tamper with packs of medicine, i.e. decant from one container to another for purposes of storage. Medicines cannot be accepted from parents which are not in their original container, or without a prescription label (where relevant).
- For the purpose of school trips single doses may be decanted into medicine bags and appropriately labelled for the trip co-ordinator. The nurse will discuss with the trip leader paperwork for recording controlled medications and discuss how the trip leader intends on storing the medication – this will be dependent on the trip
- Staff must never amend the label of any medication container.
- Medications brought in to school for short-term use – such as eye drops and antibiotics should have the pupils name, dispenser, date, duration, dose and frequency clearly displayed on a prescription label.
- Controlled drugs are stored in a locked cupboard in the medical room cupboard, as required by law. These medications must be entered in the controlled drug book for each dose given and signed by two persons. Each medication should have its own page. The School Nurse is responsible for the administration of controlled drugs at all times. The school nurse is also responsible for organising with a trip leader, how controlled medicines should be administered and stored whilst on school trips, and for organising the administration of any controlled drugs by boarding staff or residential matron, in the nurses' absence. (Sundays or night-time).

### **Administration of Medicines**

School nurses and appropriately trained persons are the only people allowed to administer medication. Only medication kept in the school medical room or boarding house cupboards may be given: no other substance, ie: homeopathic remedies will be accepted or administered.

The school can only accept medications as listed in the BNFC and cannot accept medications that do not have instructions/ prescription label in English, unless otherwise discussed and agreed by the school nurses.

The School Nurse will assess the condition of the pupil who is reporting an illness, ailment or injury and decide if the administration of an OTC medication is appropriate. Alternative methods of treatment will be considered first, such as heat/ice therapy, rest or fluids, or

whether a doctor's opinion needs to be sought. For Day pupils, it may be necessary to consult with parents to ensure no other medicines were given to them before they came to school. A clinical assessment of the pupil should include awareness of whether the use of an OTC medication may be masking illness symptoms for example pyrexia and infection, and a decision may be made to send the pupil home.

Consent for the use of OTC medication in school is obtained from parents/guardians with the school admission health forms and annual update health forms and recorded in the pupil's notes.

The nurse will obtain written consent from the parents/guardian for the administration of individual and prescription medications.

It may be necessary to request/seek advice from a medical professional (GP or school nurse) if the medication prescribed has the ability to impair ability. The school nurse may feel it is necessary to inform teachers if the medication is likely to affect a pupil's performance.

In certain situations, a member of staff may need to inform their line manager/ HR if they are on medication that may affect their own performance.

The school nurses will train boarding staff and pre-prep school staff to be able to administer medications in the school nurse's absence or out of hours.

Pre-Prep administration staff and nursery staff will be trained to administer and record medication for pre-prep and nursery pupils. Parents are responsible for ensuring that any medication they bring in for school staff to administer is in date with dispensing label attached. Without this, the school nurse/ pre-prep admin team have the right to refuse to administer the medication.

The school nurses will train teaching staff in the administration of certain medications for school trips should the need arise.

The school nurses keep a record of signatures of staff administering medication. This should include the administration of auto injectors and asthma inhalers.

Some pupils bring supplies of medication from overseas. These must be handed to the school nurses for checking, storage and administration, if appropriate, after discussion with the GP. Where possible, the pupils will be given an English substitute.

If the medicine cannot be translated, then the school nurses will not be able to administer the medication. Where possible all overseas medications should be returned to the family and not used or stored in school.

Unless it is an emergency, any medication should be given in a situation where it is possible to maintain privacy and confidentiality.

### **Adverse reaction to a medication**

Procedures are in place for dealing with an emergency:

- All staff should be aware of how to call for the emergency services.
- If a pupil needs to attend hospital, then he/she should be accompanied by a member of staff who will remain with the pupil until such time as a parent/guardian is able to attend.
- Take all packaging of the administered medication with the pupil to hospital
- Details of medication administered should also be noted and taken to hospital – this should include – dose, route; date started the medication, time taken, other medications taken and prescriber.
- Details of the reaction should be recorded.
- A yellow 'Adverse Reaction Form' from the British National Formulary Book or the online version should be completed by the school nurses. Details of where to send this are on the form. A copy of this should also be placed in the pupil's medical file.
- The pupil's adverse reaction to the administered medication should also be reported to the Health and Safety Committee, Headmaster/Deputy Head and parents and/or guardian and recorded in the pupils' medical notes on ISAMs.

### **Invasive Treatment**

Should a pupil be prescribed medication to be given by a route other than oral, e.g. rectal suppository, injection, it will only be administered by the pupil themselves or a registered nurse practitioner. The nurse should ensure the pupil has privacy to do this.

### **Routine Medication**

The school nurse will inform pupils of when they should attend the medical room for the administration of routine medicines.

If a boarding pupil is out of school whilst receiving a course of medication, e.g. over a weekend, the school nurse will supply the boarding staff with the drug in its original container, and full written instructions as to how and when to take it. They will discuss this with the parent/guardian/host. This will also apply to school trips when the teacher in charge will receive instruction.

All pupils requiring routine medications to be administered by a school nurse must have a signed consent form for prescribed medications. This should be recorded on the pupil's ISAMS notes and the hard copy stored in the filing cabinet. This includes all pupils with auto-injectors

### **As-Required Medication**

Pupils will report any illness to the school nurse, who will assess their condition and administer the appropriate remedy from the stock of 'over the counter' (OTC) medications held in the medical room, having checked the necessary parental consent on ISAMs.



It may be necessary for the school nurse to check with the pupil's parents to see if medicines may previously have been given at home. This is to reduce risk of drug interactions and accidental overdose of medication.

When a day pupil is receiving a course of medication, the parents will bring it to the school nurse at the start of the school day and collect it at the end. The school nurse will be available for the pupil to receive their dose at the correct time. All medicine should be in an original container, as dispensed by a pharmacist, clearly labelled with the pupil's name.

Parents must complete a Medication Consent Form on the first day the medication is brought in to school which is then to be stored in the medicines folder in the medicines cupboard, and then filed in the pupil's school medical notes when no longer in use.

### **Procedure for Administration - The 6 Rights.**

1. Check the pupil's name
2. Check the consent on ISAMs, with particular attention to any drug interactions/allergies reported by parent. Ensure the pupil agrees to medication being administered.
3. Select the correct medicine container, and check the name of the drug, the dose and the expiry date. Pupils should be offered the drug in a suitable form: eg tablets, liquid and ensure the medication is administered via the correct route.
4. Check whether the pupil has been given any other medication in the last 24 hours
5. Prepare the dose and administer. Pupils should be offered a glass of water to aid in swallowing. Ensure the whole of the dose is swallowed.
6. Record the administration – date and time, dose and reason for administration.  
(This is recorded on 'Medical Centre' on the school's central database – iSAMS.)
7. Medicines taken from the container but not used should not be replaced but should be safely disposed of.
8. All parents will be informed through written communication/e-mail if medication has been given. In certain circumstances, direct contact will be made with the parents/carers by telephone.

### **Staff**

The school nurse will, where needed, administer OTC medications to staff and record on ISAMS. The member of staff concerned must take responsibility for informing the school nurse of any medication currently being taken and any drug interactions/allergies from which he/she suffers.

### **Boarding**

Good communication between the boarding staff and the school nurses is essential to ensure correct treatment and to avoid over-dosing.

The school nurses will email or verbally handover to boarding staff at the end of each shift to inform them of any medicines administered to boarders and relevant observations. Boarding staff to inform school nurses of all medications given out of hours via email.

## **Inhalers**

All asthmatic pupils in the Prep School should carry their relieving inhalers with them. The school nurse will ensure that boarders always have a spare inhaler in the medical room and in their boarding house. These should be supplied by parents at the start of each term. Day pupils are advised to bring a spare, labelled, inhaler into school and hand it to the school nurse for safekeeping (see Asthma and Asthma Attack Policy and Protocol).

The school nurse should ensure all staff are trained how to use an inhaler.

The school nurse will provide salbutamol inhalers for emergencies, in the medical room for emergency use. This can only be given to a child already prescribed an inhaler.

Pupils in the Pre-Prep will require a member of staff to be responsible for their inhaler or for the child to carry a bum-bag, or similar, that holds his or her emergency medication.

## **Auto-injector pens**

Pupils who are known to have a severe allergic reaction should supply the school with a named Auto-injector pen, which will be kept in a prominent, easily accessible place in the medical room. They should always carry an auto-injector pen.

Pupils in Pre-Prep will require a member of staff to be responsible for the auto injector or for the child to carry a clip bag to their uniform that holds their emergency medication (see Anaphylaxis/Auto-Injector Policy and Protocol.) The school nurse should ensure all staff are trained to use an auto-injector.

In the event that the pupil's own auto-injector (AAI) does not work, has been mislaid or forgotten then the school holds auto-injectors for emergency use, that can be administered to a child who is known to have anaphylaxis.

As of 2023, those not known to be at risk but thought to be experiencing anaphylaxis can be given the school spare. Whenever possible advice should be sought from 999 or school nurse prior to administration but this should not delay treatment.

The school will hold care plans and consent forms from parents for each child with anaphylaxis.

## **Emergency Contraception**

The school is aware that girls have a right to emergency contraception under English law. Girls that request emergency contraception are always encouraged to inform their parent or guardian and to involve them in their care so that they receive physical and emotional support at home.

A girl may be accompanied by a member of Matrons staff to discuss this with the emergency GP if this is what the girl requests, if the child is deemed Gillick competent by the School Nurse.

### **Complementary and Alternative Therapies**

Complementary and alternative therapies may only be used after consultation with the doctor and/or pharmacist to avoid any potential interactions.

### **Refusal**

All pupils have the right to refuse medication. Should a pupil refuse a prescribed dose of medicine, the school nurse will discuss with the pupil the reasons for refusal. If they still refuse to take the medication the parent/guardian should be notified, and a report made in the pupil's individual medical file.

### **Pre-Prep pupils**

Medication should be discussed with parents prior to administration

### **Covert Administration**

There should be no need for covert administration of medication in school and nursing staff will not participate in covert administration.

### **Errors of Administration**

If an error of administration occurs the following procedure must be followed:

- The Product Information Leaflet or the BNF should be checked for information about the drug. Pharmaceutical advice should be sought if necessary.
- Any appropriate treatment should be commenced.
- A full report should be made in the pupils' individual medical file and an accident report completed.
- The pupil and their parents/guardians must be informed.
- The headmaster must be informed

### **Record Keeping**

- All 'as required' medications administered must be recorded in the pupil's notes/ISAMs. The school nurse will monitor the amount and frequency of drug administration and, if necessary, follow up individual cases.
- For pupils receiving regular medication long term the school nurse will provide a Medication Administration Record (MAR) giving details of the drug, the dose, and the times of administration. Staff will sign each time the drug is given. Omission of administration and the reason will also be noted on this form. A MAR will also be drawn up for prescriptions of a shorter duration, e.g. a course of antibiotics.
- The record will include the reason for using the home remedy, the exact dose given, and the date, time and signature.
- The school nurse will monitor details of all medications coming into school, details of which will be recorded in a file in the medical room.

### **Ordering and Supply**

The school nurse orders all medication. Only those home remedies listed in the medical room may be purchased for the school.

Prescriptions from the local pharmacy may only be collected by staff and should be handed to the school nurse immediately on return to school.

All unused or expired medicines will be returned to the parents (day pupils) or to the pharmacy for safe disposal.

### **Pupil's Personal Medication**

Where an overseas boarder is receiving medication prescribed in their own country, he/she should inform the School Nurse and discuss it with the pupil's GP. Medications solely in a foreign language cannot be given by the school nurse. Temporary boarders receiving medication should bring with them a supply sufficient for the duration of their stay, in a pharmacy dispensed container.

Medication prescribed for one person will never be given to another.

### **School Trips**

For the purpose of School Trips, a limited number of over-the-counter medicines, for example paracetamol and Piriton may be given to the Trip Leader to administer to pupils as required on the outing/trip.

These medicines will be safely kept in their original containers with instruction leaflets, and all amounts and expiry dates checked and recorded on the trip medical forms. The staff member must have relevant medicine administration training and be confident and competent with all aspects of medicine management.

The Trip Leader(s) will have access to the pupil's relevant medical records and be familiar with any home remedies they are responsible for. All medication given to pupils will be documented on the MAR and entered on iSAMS or stored in the trips folder on their return. Any unused medication will be accounted for by the School Nurse and Trip Leader and documented on audit forms.

### **Disposal of Unused Prescribed Medicines**

A record should be kept of unused prescribed medications that are disposed of. This record should include date of return, name of pupil, from whom medicine was prescribed, and the name, strength and quantity of the medicine and signature of member of staff disposing of the medicine. All unused medication to be put into the sharps bin (please see Clinical Waste Disposal Policy and Protocol).

### **Out of Date Medication**

Any expired or unused medicinal products must be disposed of in accordance with legislation. They may be returned to the nearest pharmacy. A record will be made of all stock disposed of, including the date, quantity and strength of medication.

### Disposal of sharps

Sharps boxes should always be used for the disposal of needles. Whilst in the medical room they should be kept out of reach of young children and should be collected by Initial at least monthly (when in regular use).

### Guidelines for the Administration of Over the counter (OTC) medications.

The following list of OTC medications has been agreed by the School Nurses to be stored and administered for minor ailments. Prior to administration, always refer to the protocols stated above, along with the medicine instruction leaflet and medicine management check list.

In particular, identify a clear reason before administering the remedy, consider alternate relief, ensure consent, check for allergies/contra-indications and check correct dosage limits.

All medicines given must be recorded and communicated to the relevant staff so as to avoid overdosing. Only School Nurses and staff trained in medicine management may administer medicines to pupils. OTC medications may only be given for a maximum of 48 hours before the School Nurses should be consulted. If symptoms persist or worsen at any time, then medical advice must be sought immediately.

MEDICINE AND STRENGTH	USUAL REASONS TO GIVE	DOSAGE GUIDELINES	CAUTIONS	COMMENT
Paracetamol 500mg tablets  Paracetamol Suspension 125mg/5ml OR 250mg/5mls	Headache, stomach ache, toothache, pyrexia, general aches and pains	Refer to age guidelines. Do not exceed 4 doses in every 24 hours. Given every 4 – 6 hours.	Check if pupil taking any other medicines containing Paracetamol eg Migralve, Cold Remedy.	Identify reason for medication. To take for maximum 48 hours then seek medical advice.
Ibuprofen 200mg tablets  Ibuprofen 200mg/5ml (prep school only)  Ibuprofen 100mgs/5mls	Usually given for mild or moderate pain, especially for muscular aches. Has anti-inflammatory properties.	Refer to age guidelines Do not exceed 3 doses in 24 hours. Usually given every 6 hours.	Take with or after food. Do not give to asthmatics. Check if taking other medicines containing Ibuprofen eg Feminax	May cause gastro-intestinal discomfort. Always consult with school nurse before giving as certain contra-indications.

Cetirizine Hydrochloride 10mg tablets Cetirizine 1mg/1ml liquid	Hayfever Relief of allergy symptoms	Half to One tablet once daily. According to leaflet guidelines.		
Chlorpheniramine Maleate 4mg (PIRITON) tablets Piriton liquid	Relief of allergy symptoms Hayfever	One tablet 4mg every 4 – 6 hours. According to leaflet guidelines.	May cause drowsiness	Monitor for effectiveness. Consult school nurse.
Olbas Oil	Relief from nasal congestion	2 – 3 drops on tissue		
Simple Linctus	Cough/sore throat	Refer to age guidelines. Give 4 hourly		
Stugeron15	Prevention of Travel sickness	Refer to age guidelines. 1 tablet two hours before travelling.	May cause drowsiness	
Anthisan Cream	Relief of insect bites and any allergy symptoms	Apply as soon as possible - repeat but for no longer than three days.		
Junior Bonjela	Relief of mouth ulcers	Apply directly to ulcer for no longer than 3 days		

#### References:

- The Handling of Medicines in Social Care – Royal Pharmaceutical Society of Great Britain
- Standards for Medicine Management - NMC
- Administration of Medicines in Schools – MOSA  
<https://www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload/prescribing-non-prescription-medication>

## **Appendix 5 – Pre-Prep Accident and Health Procedures**

Medical histories and dietary needs are kept in school and updated termly or when new information is received. It is the responsibility of the School Nurses to maintain and update these records and of each member of staff to acquaint themselves with this information.

All Pre-Prep teaching staff receive Paediatric First Aid training and deal with the normal bumps, cuts and bruises as they arise. Those with this qualification update their training every three years.

As a minimum, at least one Paediatric First Aid qualified person is on site and on outings, when EYFS children are present.

There are First Aid boxes in the Staffroom and Nursery kitchen. The Main First Aid box is kept on the high shelf by the front door and taken outside at playtimes; each Pre-Prep Classroom also has a small First Aid bag. A First Aid box is kept in the Sports Hall and there is also one at the Swimming Pool and dance studio.

All injuries, accidents and medication administered is logged onto the pupil's medical records on ISAMS. Staff lease with the School Nurses if they have any concerns or questions regarding a pupil's health.

### Minor Injuries

Laura Boden and Jane Watson are our key responders in terms of First Aid and any incident where there is any doubt, should be referred to them or to the Head of Pre-Prep. A decision will then be made on the next course of action which may be:

- To do nothing.
- To inform parents.
- To refer to Prep School nursing staff.

It is the responsibility of the class teacher to inform parents (or person collecting the child) at the end of the school day, of any minor accident. The person dealing with the accident should record it in the 'Duplicate Book' (kept in the outdoor first aid box). The top copy is put in the child's home reader bag and the notes from the duplicate are added to the pupil's file in iSAMS by the Pre-Prep Office Manager or School Nurse.

In the cases of minor bumps to the head, children are issued with a sticker/wristband indicating the injury (stickers and wristbands are kept in the First Aid box). A minor head/facial injury notification will be sent home with head injury advice to monitor at home; a photocopy will be kept in school and is detailed on iSAMS.

All procedures, as detailed in the Head Injury/Concussion Policy & Protocol, must be adhered to.

If a child sustains an accident more serious than the usual bump, bruise or minor cut, but not one that requires medical attention, a Concussion Signs & Symptoms Checklist will be completed by the School Nurse, a phone call to parents is made to advise them of the accident and the procedures taken. Parents are then in a position to come into school to reassure themselves and their child, and to take them home if they so wish. A record of these phone calls is kept on iSAMS and the medical information referring to the call is documented in the child's individual record on ISAMS.

When a child incurs an accident requiring medical attention, the School Nurse will be called, and parents contacted as soon as possible. Parents of children who are seen by the School Nurse or matron will also be contacted via email/or telephone. For any injuries to the face, however minor, parents must always be contacted.

Please also refer to the Head Injury/Concussion Policy & Protocol that gives further details of our head injury procedure along with the Concussion Signs and Symptoms Checklist.

### Major Accidents

In the event of a major accident, staff who are first on the scene will make an assessment of the situation:

- Call 999 for an ambulance.
  - **NB: The child's medical notes and personal details should be readily available upon the ambulance crew's arrival.**
- Sought assistance from the Prep School Nurse.
- Contact parents as soon as possible but **the emergency itself must take priority.**

Note: Under Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 2013 (RIDDOR), some accidents must be reported to HSE. For definition of these, please see guidance on RIDDOR and consult the School Nurse.

### Illness

Children feeling unwell should be referred to Laura Boden, Jane Watson or the Head of Pre-Prep who will make a decision about the course of action. In cases of doubt, staff should always err on the side of caution, refer to the School Nurse and call parents. Children should not however, be sent home as a matter of course and in most cases, it should be the School Nurse, Head of EYFS, Head of Key Stage 1 or the Head of Pre-Prep who makes the decision. The member of staff who sees the child off the premises is responsible for entering the child's name in the "Home Early" book.

It is Public Health England's (PHE) guidance that pupils and staff are not to be in school for 48 hours following the last episode of any diarrhoea and/or vomiting.



Unless discussed with the School Nurse specifically, it is the parents' responsibility to inform the school if their child is diagnosed with an infectious illness or disease in order for us to notify the appropriate agencies, under the strictest confidence.

#### Administration Of Medication

Medicines brought into school to be taken during the day MUST be accompanied by a completed consent form for the medicine to be administered by a member of staff who has completed Medication Awareness Training (OPUS). The School Nurse is responsible for training staff members in the administering of medicines. Medicines must be kept in the staffroom, either locked in the medicine cabinet or in the fridge. It is the responsibility of the staff who have been trained in Medical Awareness to administer such medication (training provided by OPUS). It is advisable for the person giving the medicine to have a witness if at all possible and essential to record time and dosage given. (See Pre-Prep Staff Handbook for procedure). Medication must be signed in and out daily by the parent using the correct form.

NO MEDICATION MAY BE ADMINISTERED UNLESS A CONSENT FORM HAS BEEN COMPLETED. Medication must come to school in its original container/packaging with the necessary instructions and be signed in/out by the parent as appropriate.

Staff should also bear in mind the safety of the children when bringing their own medication into school. A designated locked cabinet is available in the staffroom for staff use.

It is best practice to contact parents to obtain verbal consent prior to administering any 'over the counter' medicine even though written consent has already been sought. If parents are not contactable, they must be notified at the soonest possible point that day.

#### Asthma

All staff should make themselves aware of the children in their class who suffer from asthma. Inhalers should be clearly marked with the child's name, directions and frequency of use. Inhalers should be kept in the 'Inhaler Box' that is kept in the cupboard in the staff room. In cases of severe asthma, an inhaler may be kept in the child's classroom and be taken with them as they move around the school.

Any child causing concern should be referred to Laura Boden or Jane Watson in the first instance, then Prep School medical staff.

Staff should communicate any relevant information to parents at the end of the day.

Emergency Salbutamol is held in the Pre-Prep Inhaler Box and parental consent is obtained which enables staff to administer emergency salbutamol if required. Please refer to the school's Asthma/Asthma Attack Policy & Protocol that gives further details of our Asthma procedures.

### Head Lice

If staff suspect a child of having head lice, they should have a discrete word with parents at the end of the day. On no account should a child's hair be brushed with anything other than his or her own hairbrush.

Please also refer to the separate policy and protocol in relation to head lice that gives further details of our head lice procedure.

### "AUTO-INJECTOR" Procedure

All staff must be aware of a child in their care who are known to suffer severe allergies and must be aware of their individual care plan.

If a child is known to have a severe allergy that could cause anaphylaxis and that child goes into an anaphylactic shock, then the following procedure should be adhered to:

- Two members of staff stay with the child whilst the AUTO-INJECTOR is administered (NOTE TIME).
- A third member of staff:
  - a. dials 999 to call for an ambulance
  - b. telephones the Prep School requesting immediate medical assistance
  - c. informs the child's parents
- On arrival of ambulance, one member of staff should accompany the child to hospital, taking AUTO-INJECTOR Box. A second member of staff should follow by car. Staff should then remain with the child until his or her parents arrive.

**NB: Auto-injectors must always be easily accessible, and they must only be administered if the child has an anaphylactic shock and NOT just because he/she has been exposed to his/her particular allergen. He/she may not suffer from anaphylactic shock following this exposure.**

### School Visits

- The member of staff in charge of visit must be trained in administering the auto-injector and will carry this along with a mobile telephone.
- If at all possible, a parent of the allergic child should be used as a helper on the visit.
- All staff and helpers should be advised of the potential problem before leaving school and be aware of the individual care plan.
- An appropriate care procedure, in line with the general school policy, must be agreed upon prior to departure.
- The member of staff in charge of visit must have readily available the school's contact telephone number as well as the parents.

### GENERAL PROCEDURES TO MINIMISE ACCIDENTS

- First Aid kits should always be out of children's reach or in the possession of a member of staff.

- Children should always be supervised when using scissors, compasses and other sharp tools. Teachers' scissors must always be kept out of the children's reach. Scissors should not be used as part of wet playtime activities.
- With the exception of some pupils where a prior agreement has been made with parents (i.e. children going to the Music School for individual lessons) children should never walk around the campus alone and only in exceptional cases should any children leave the Pre-Prep without an accompanying adult.
- The dismissal procedure as outlined in the Staff Handbook should always be adhered to.
- Hot drinks should never be taken into classrooms when the children are present and under no circumstances should children be asked to carry hot drinks.
- Children should never be asked to plug in or unplug electrical appliances.
- Matches must be locked in the first aid cupboards.
- All staff to keep personal medication in the locked staff medicine cupboard in the staffroom.
- All staff should be alert to potential risks and hazards and report defects and faults to the caretaker, Head of Pre-Prep or Bursar immediately.

#### **Assessment and Record Keeping**

- All the children have an individual medical record which is kept on iSAMS.
- All incidents are documented, and copies are filed.

#### **Staffing and Resources**

Staff periodically receive basic first aid and/or paediatric first aid training – certificates are issued thereafter.

School Nurses and all appointed First Aiders ensure that the first aid boxes and bags are kept well supplied and the boxes are checked termly by the school nurses. It is the responsibility of all first aiders to inform the school nurses if they have used equipment. Spare first aid supplies are kept in the staff room and should be used to replenish the first aid kits when applicable.

## **Appendix 6 – Policy and Protocol for Infection Control and Communicable Disease and Infection**

### **Aim:**

To provide advice on communicable diseases and control of infection for all staff and pupils at Westbourne House School.

- **The most important aspect of the prevention and control of infection and communicable diseases is basic hygiene, especially hand washing.**
- If an unusually high incidence of illness is observed within the school the PHE should be contacted for advice.
- Success in dealing with outbreaks of infectious disease depends upon early recognition and prompt action.
- A list of children and staff at the school should be maintained and regularly updated.
- The list should record names, addresses, telephone numbers and general practitioners. The Bursar holds staff information. Pupil information is held on Pupil Manager (ISAMS).
- Parents are required to provide health information about their child and the name and address of the family GP (General Practitioner) when they complete the medical questionnaire. This should be done prior to their child entering the school and updated when necessary.
- The vaccination status of pupils should also be recorded. This is stored in the pupil's medical file on ISAMS.
- Pupils or members of staff may unknowingly attend school whilst they have an infectious illness or are incubating an infection. In some cases, the individual may not even appear to be unwell. For this reason, it is essential that the following good hygiene practices are adopted at all times.

### **Standard Precautions:**

The principle of Universal Infection Control Precautions represents a standard of good hygiene that should be applied as normal practice. These measures are the most important means of protecting children and staff from infection.

### **Precautions include:**

- Staff and children should remain at home for 48 hours following the last episode of diarrhoea/vomit – as per the PHE guidance.
- Good hand washing and care of hands. Outbreaks of viral illness including diarrhoea and childhood diseases can spread rapidly through school especially as children may not wash their hands correctly.
- Use of protective clothing (disposable gloves and plastic aprons) when in contact with blood, body fluids or broken skin. Face protection such as mask should be available if a splash to the face is anticipated.
- Staff should cover existing breaks, cuts or skin lesions with a waterproof dressing whilst at work.

- Personal hygiene items such as boarders' toothbrushes must be kept separate for each pupil and never shared.
- Spillages of blood or body fluids should be cleared up promptly and correctly. See the relevant protocol.
- Safe procedures for the disposal of contaminated waste (clinical waste) must be followed. See the relevant protocol. The Rentokil Initial Company collects this waste when necessary.
- Particular care in handling and disposal of sharps into the correct yellow plastic sharps boxes must be exercised e.g. needles used by a diabetic pupil. The Rentokil Initial Company collects these boxes when full.

### **Hand Washing:**

Hand washing is the single most effective way to control and prevent the spread of infection within the school. Good hand washing practices for staff and children, should be encouraged at all times, but especially:

- After visiting the toilet
- After any cleaning procedure
- After handling soiled clothes and linen
- After dealing with waste
- Before preparing, serving or eating food
- After removing gloves
- After handling, petting or caring for animals
- When visibly soiled or dirty (e.g. after playing an outside sport such as rugby)

### **The correct procedure for hand washing is:**

- Hands should be washed under warm running water.
- Wet the hands before applying soap. Liquid soap in wall-mounted dispenser, or pump operated container should be used. The use of a bar soap should be avoided.
- Rub hands vigorously, ensuring all surfaces of the hands are cleansed. Pay particular attention to the fingertips, between the fingers, thumbs and wrists and the front and back of the palms. Rinse off soap thoroughly.
- Hands should be dried thoroughly, preferably using disposable paper hand towels from wall mounted dispensers. Communal domestic towels or roller towels should be avoided as this increases the risk of cross infection.
- The importance of good routine hand washing should be stressed with all children.
- Staff should also care for their hands to prevent dry, cracked skin developing. Such conditions are often caused by a failure to rinse and dry the hands properly. Regular use of hand cream is recommended to help protect the skin. Hand cream should be presented in tubes or a pump dispenser. The use of communal pots or containers should be avoided as bacteria may be introduced and may grow within the pot as many hands are dipped into them. Such communal posts or tubs could be a source of cross infection.
- Nails must be kept short and clean.

**Protective Clothing:**

Protective clothing is required when dealing with incidents where there is a contact with body fluid.

**Gloves:**

Gloves provide a barrier and help protect staff and children from cross infection, but they are not an alternative to good hand washing practices. Nor does the use of hand gel.

Gloves should be single use and disposable. Hands must be washed after gloves are removed. Gloves must be worn for direct contact with blood, faeces, urine and other body fluids. Gloves must also be worn when dressing wounds or when touching broken areas of skin or wounds.

**Aprons:**

Disposable plastic aprons provide an effective barrier and should be used as follows:

- Whenever there is likely to be a splash
- When cleaning contaminated equipment
- When handling soiled linen

**Masks and overshoes:**

The wearing of masks and overshoes is not necessary in the school although staff may do so if they wish.

**Broken Skin:**

Cuts and abrasions on the hands of staff should be covered with a waterproof plaster whilst at work to provide protection for themselves and others.

**Personal Hygiene Items:**

It is important that personal hygiene items that can become contaminated with body fluids should not be shared i.e. boarders' towels, face flannels and toothbrushes.

It is important that universal precautions are applied when in contact with blood and body fluids, including urine and faeces. See the relevant protocol.

**Waste Management:**

Waste is classified as either hazardous or non-hazardous waste.

Hazardous waste is essentially waste, which may pose a hazard to handlers. This includes waste, which may pose a known or potential risk of infection e.g. waste containing bodily fluids, such as urine, vomit, blood, dressings which must be disposed of in yellow plastic bags which are then placed in the clinical waste bin situated in the surgery or the Pre-Prep disabled toilet. This is collected monthly by The Rentokil Initial Company. Please also refer to Appendix 2 – Clinical Waste Disposal.

**General Cleaning and Disinfection:**

- If a child with diarrhoea has used a toilet, all surfaces in the toilet that may have been touched by the child should be disinfected.

- Any area that has been contaminated with blood or body fluids should be disinfected.
- Clothing or linen contaminated with blood or body fluids must be handled with care and placed in a large yellow bag for transportation to the school laundry.

#### **Female Hygiene:**

Appropriate bins are provided for female staff and pupils to dispose of sanitary pads. Girls should be given privacy and adequate facilities to wash their hands after changing sanitary protection. The bins are emptied regularly by "Initial".

#### **Clearing up Spillages of Blood and other Body Fluids:**

Many carriers of blood borne infections will be unaware of their condition and so precautions to minimise cross infection risks should always be taken.

To avoid any possibility of infection being spread to others (including HIV, hepatitis B and C) spillages of vomit, urine and excreta should be cleaned away immediately. Please see relevant protocol.

#### **Sharps Boxes:**

- All sharps, including syringes, needles, auto-injectors and other sharp objects contaminated with blood or other body fluids must be disposed of into a yellow sharps container/box, which conforms to British Standard 7320.
- Sharps should be disposed of at the point of use, directly into the container.
- Needles should never be re-sheathed, bent or broken.
- To avoid the risks associated from overfilling, sharps containers need to be replaced when three-quarters full, sealed and labelled with point of source. The Rentokil Initial Company (01792 708157) collects and disposes of these boxes.
- Sharps boxes in use should be kept out of reach of children and visitors. Ideally, they should be stored at shoulder height. They must not be stored on the floor.

#### **Action to be taken in the event of bites, needlestick injuries or splashes of blood/body fluids:**

All bites, needlestick injuries or splashes with blood or body fluids must be taken seriously and immediate action to be taken:

- Encourage bleeding by gentle squeezing.
- Wash the site of the injury thoroughly with soap and water.
- Cover with a waterproof plaster.
- For mucous membranes, irrigate the contaminated area thoroughly with water.
- Inform the School Nurse immediately, who should determine the following:
  - Is the source of the sharp (needle) or splash known?
  - If known, is the person (donor) known to be a carrier of a blood borne virus?
  - Is the donor known to be in a high-risk group (e.g. Hepatitis B carrier)
- The injured person should go to A&E for advice and possible vaccination. A risk assessment will be undertaken.
- The incident must be recorded on ISAMs.

**The risk of infection when administering First Aid:**

The risk of infection from undertaking first aid care is extremely small and can be eliminated by taking proper precautions, there should be no hesitation in taking immediate first aid action even if there is a considerable loss of blood or the person requires resuscitation.

- First aid boxes should be kept in a readily accessible position and should be regularly checked and restocked.
- Disposable gloves must be worn in all cases.
- Disposable tissues or wipes should be used to clean wounds.
- Before allowing blood or other body fluids to come into contact with the skin, care should be taken to ensure that any open cuts or abrasions are covered with a waterproof plaster.
- The gloves and materials used to clean wounds and mop up spillages should be disposed of by placing them in a yellow plastic bag, which should be sealed and placed in the clinical waste bin situated in the surgery or disabled toilet in the Pre-Prep Department. The Rentokil Initial Company collects the clinical waste.
- In an emergency, resuscitation should not be withheld. Delays in commencing resuscitation could lead to death or irreversible damage through lack of oxygen. It should be stressed that there are no known instances where HIV or hepatitis B infection have been spread in this way.
- After giving first aid involving body fluids, the first aider should always wash their hands.

**Reporting an Outbreak or Suspected Outbreak of Infection:**

An outbreak is defined as having two or more children or staff with infections, caused by the same bacteria or virus at the same time. The PHE must be informed of any "notifiable disease" being diagnosed at the school and they will advise on exclusion and control measures to be taken, as well as provide the school with the information needed in such situations.

A list of these diseases can be found on the PHE poster on their website.

**Infection Control Measures when an Overseas (Full Time) Boarder is unwell with an Infectious Disease**

Any boarder who is diagnosed with an infectious disease or has a raised temperature (above 37.8 degrees centigrade) should be sent home.

Overseas boarders are not able to go home to be with their parents. They therefore need to be cared for in isolation, and Barrier Nursed to prevent the spread of infection to staff and other children.

A room is allocated for the sole use of the sick boarder in the Main House boarding rooms, for easy access by the nurses and matrons. The sick boarder will be checked on regularly to ensure their temperature is controlled. Staff will administer medication as prescribed or as advised by the nurse on duty.



The boarder is given their meals and drinks in the isolation room. Personal Protective Equipment (PPE) such as aprons, gloves and masks must be worn only if indicated. Advice may be sought from Public Health England as to the correct PPE to be worn by staff.

So as to prevent the spread of infection to other staff and pupils, the number of staff members caring for the pupil is minimized as much as possible. PPE is kept just inside the door of the child's bedroom, then removed after the care has been given and placed in a bin just inside the door of the room. Staff hands must be thoroughly washed after leaving the room and before attending to other pupils. The room must be deep cleaned when it is vacated when the child has recovered or leaves the room.

The boarders' parents will be given regularly updates in the child by the Nurse or Head of Boarding by email and/or telephone. The child may contact their parents by using their own device, so long as their use of these devices is monitored by the care staff, and the children are mindful of the time of day that they contact their parents.

The Nurse monitors the child's condition and records the child's progress in the medical notes. The GP will be contact if necessary. Overnight, the Head of Boarding is informed of the child's condition, and the Residential Matron cares for the child overnight, or another First Aid and Medicines trained member of staff.

## Appendix 7 – Medical Records Retention Policy and Protocol

The medical records of the children at Westbourne House School are a valuable resource because of the information they contain. High-quality information underpins the delivery of high-quality evidence-based healthcare. Information has most value when it is accurate, up to date and accessible when it is needed, as set out in the NHS Code of Practice on Records Management;

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4131747](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747)

Information may be needed:

- to support patient care and continuity of care;
- to support day-to-day business which underpins the delivery of care;
- to support evidence-based clinical practice;
- to support sound administrative and managerial decision making, as part of the knowledge base for NHS or private medical services;
- to meet legal requirements, including requests from patients under
  - subject access provisions of the Data Protection Act or the Freedom of Information Act;
- to assist clinical and other types of audits;
- to support improvements in clinical effectiveness through research also
- to support archival functions by taking account of the historical importance of material and the needs of future research; or
- to support patient choice and control over treatment and services designed around patients.

The need to retain medical information for the reasons above must always be balanced against the data protection principles shown below. (Information Commissioner Office 2010);

<http://www.ico.gov.uk/fororganisations/dataprotectionguide/listofthedataprotectionprinciples.aspx>

- Personal data shall be processed fairly and lawfully and, in particular, shall not be processed unless
  - at least one of the conditions in Schedule 2 is met, and
  - in the case of sensitive personal data, at least one of the conditions in Schedule 3 is also met.
- Personal data shall be obtained only for one or more specified and lawful purposes and shall not be further processed in any manner incompatible with that purpose or those purposes.

- Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
- Personal data shall be accurate and, where necessary, kept up to date.
- **Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.** This applies to the retention of the medical records of children and young people.
- Personal data shall be processed in accordance with the rights of data subjects under this Act.
- Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.
- Personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.
- The principles of General Data Protection Regulation (2018) are adhered to when it is necessary to communicate with other schools about our pupil's medical problems and allergies.

#### **How long should we keep records?**

The NHS code of practice (2009) lists in Annex D1 a schedule of the times for which different medical records should be kept.

<http://www.dh.gov.uk/prodconsumdh/groups/dhdigitalassets/documents/digitalasset/dh093027.pdf>

For "*Children and young people (all types of records relating to children and young people)*" the Code says;

*"Retain until the patient's 25th birthday or 26th if young person was 17 at conclusion of treatment, or 8 years after death. If the illness or death could have potential relevance to adult conditions or have genetic implications, the advice of clinicians should be sought as to whether to retain the records for a longer period"*

Westbourne House School will adhere to the advice given in the Code of Practice and retain all medical records for the time given in the paragraph above. These records will be stored securely as required by the Code of Practice.

At the end of the Summer term in the year in which the records fall due for destruction each will be examined by the School Nurse to ascertain whether there are implications for adult health which warrant further retention as set out in the guidance above.

Records which are not to be retained will be destroyed confidentially in compliance with the Code of Practice and a certificate of destruction retained for 30 years in line with HNS and National Archive guidelines:

<http://www.dh.gov.uk/prodconsumdh/groups/dhdigitalassets/@dh/@en/documents/digitalasset/dh4133199.pdf> )

## **Appendix 8 – Medical Confidentiality Policy and Protocol**

The Matrons Department provides a safe environment where the School Nurses and matrons can have private consultations with pupils and staff. On occasion a pupil may ask for a friend to be allowed to remain with them during a consultation. The School Nurse will ask the friend to step outside if they feel the pupil's privacy may be compromised.

All information given to the School Nurses and matrons is to be treated as confidential. All records both written and electronic must be kept secure and accessed only by the School Nurses and matrons. However, academic staff may have access to some medical information in order to prepare relevant documents and lists for school visits. This information will be relevant for school trips only and therefore limited.

There are occasions when other members of staff need to be aware of a pupil's medical condition, for example in cases of severe allergies, asthma, diabetes or after a head injury/concussion. In particular this will apply to Head of Boarding and house parents who are privy to relevant medical and pastoral information as Loco Parentis. They are expected to understand and uphold the need to keep sensitive information discreet and confidential.

Parents of pupils going out on residential school trips must complete consent forms detailing any medical issues which are given directly to the teachers involved, and so preventing the need for any possible breaches of confidentiality from the nursing staff. The teaching staff may discuss information divulged on a consent form with the School Nurse for clarification and risk assessment purposes.

If a pupil or member of staff is sent home by the nursing staff, for safety reasons they must inform the Deputy Head (in the case of a member of staff), the office and any other relevant staff, but without divulging any confidential medical details. If the pupil is a boarder, the Head of Boarding and house parents will be informed.

If requested, names and times of people having consultations with the nurse may be given to staff, but without any confidential medical information including the reason for the consultation.

The nurses will meet with teachers and boarding staff to discuss pastoral concerns of any pupils where it is felt to be necessary. It is recognised that although it is desirable for teaching/pastoral staff to be aware of any social issues, nurses are still bound by their code of confidentiality and must be mindful of this when sharing information.

If the nurse feels that the pupil has raised an issue where they would benefit from support from their teachers, they will strongly encourage them to give consent for the nurse to discuss it with the relevant staff and also for the pupils themselves to seek support from other staff where appropriate.

If the nurse feels it is in the child's best interest to breach their confidentiality, for example in cases of child abuse or serious bullying, then they must inform the pupil prior to disclosing any confidential information to other staff or parents. The nurse must be aware that she may need to justify these actions at a later date to the NMC and/or a court of law.

This policy is written with guidance on confidentiality from the RCN and NMC (as shown below).

### **Confidentiality – Guidance from the Royal College of Nursing (RCN)**

As part of their Professional Code of Conduct, nurses are obliged to uphold medical confidentiality. A breach of confidence by a nurse may render them liable to disciplinary proceedings by the Nursing and Midwifery Council (NMC). Nurses also have a legal (common law and statutory) duty of confidentiality to pupils.

The pupil has legal rights to confidentiality, which depend on their level of development, intelligence and ability to understand. The nurse will always seek the child's consent to disclose confidential health information to parents and, in appropriate circumstances, the school head teacher. If consent is withheld, there is a prima facie legal duty of confidentiality that forbids disclosure.

Within a school this can cause a conflict of interest and call for certain amount of understanding on both sides. Although employed by the school, the nurse's (and also the school doctor's) obligation is ultimately to the patient. It is necessary to establish what is reasonable information to divulge to a third party on a 'need to know' basis.

It is reasonable to expect that parents/guardians may be informed of cases of illness and accident. But there are some sensitive health matters, about which the pupil may not wish their parents or the school to know. Legally the nurse has to respect this, while at the same time trying to persuade the pupil that it will be better for them to discuss the matter with their parents/guardians. These situations often arise about contraception issues, other sexual health matters, and alcohol and drug misuse.

Rarely, if the nurse considers that it is in the pupil's best interests to disclose information to the school or parents, then they must inform the pupil before doing so, and be fully prepared to justify their actions at a later date if necessary. For example, if child abuse is suspected the nurse has a duty to share concerns with the relevant authorities as per Area Child Protection Committee (ACPC) procedures.

Every school should have a policy, of which parents and teaching staff are aware, that covers the nurse's professional and ethical obligations, including confidentiality. It is important to remember that the duty of confidentiality to the patient is greater than that owed to the

school which employs the nurse. The only times when this confidentiality may be breached are if:

- The child consents to disclosure in writing
- A Court of Law requires disclosure
- Disclosure is justified in the public interest or in the child's best interests, as in the case of child protection issues.

### **Confidentiality – Guidance from the Nursing and Midwifery Council (NMC)**

Nurses and Midwives have a duty to protect confidential information. The Code is explicit in summarising what is expected. It states:

- You must respect people's right to confidentiality
- You must ensure people are informed how and why information is shared by those who will be providing their care
- You must disclose information if you believe someone may be at risk of harm, in line with the law of the country in which you are practising.

To trust another person with private and personal information is a significant matter. The person who is in the care of the nurse or midwife has a right to believe that the information given to them in confidence is only used for the purpose for which it was given and will not be disclosed to others without permission.

Records of information belong to the organisation and not the professional staff who make the records. No-one in that organisation has the legal right to access to the information in those records, which remain confidential.

The terms and conditions of employment for all employees not directly involved with people in the care of nurses and midwives, but have access to or handle confidential records, should contain clauses that emphasise the principles of confidentiality. These terms and conditions should clearly show that disciplinary action could result if these principles are not met.

## Appendix 9 – Location of First Aid Kits

<b>PREP SCHOOL</b>			
<b>Location</b>	<b>Specific directions</b>	<b>Extras</b>	<b>Kit Type</b>
Main House	Girl's landing		D
School Office	By front door	Plus, foil blanket	C
Kitchen	Metal cupboard back of kitchen	Plus, eye bath	B
Basement Laundry	Shelf in basement laundry room		A
Millennium Hall	Music Block Kitchen		C
Dance Studio			C
Pool side	On shelf		C
Swimming Pool	In office – only for WBH	Plus, foil blanket and x2 ice packs	A
Swimming Pool Plant Room		Plus, eye bath	B
Gym/Sports Hall	In equipment cupboard		C
Climbing Wall			A
Astro Pitch	Kept in shed on pitch side		C
Shack	On hook at far end of shack (key with office)		C
Science lab	In science office on shelf	Plus, eye bath	B
Food tech lab	On windowsill		B
Ceramics studio	In cupboard (left of door) top shelf		A
DT	On shelf right of door		A
Art Room	On hook next to door		A
Lakeside	Kept in canoe shed	Plus, foil blanket	C
Yard	In tearoom	Plus, eye bath	C
Junior Dept			A
Minibus HX70 BKK	Under driver's seat	Plus, foil blanket	C
Minibus HY58 PFG	Centre of cab	Plus, foil blanket	C
Minibus HX67 BWP	Under driver's seat	Plus, foil blanket	C
Minibus BX67 BYK	Under driver's seat	Plus, foil blanket	C
Grey VW Touran OU61 7YG		Plus, foil blanket	C
Pitch side Rucksack	Medical Centre		NA
Trip bag A	Medical Centre	Scissors	C
Trip bag B	Medical Centre	Scissors	C
Trip bag C	Medical Centre	Scissors	C
Trip bag D	Medical Centre	Scissors	C
Trip bag E	Medical Centre	Scissors	C



<b>BOARDING HOUSES</b>			
<b>Location</b>	<b>Specific directions</b>	<b>Extras</b>	<b>Kit Type</b>
Shopwyke			D
Middle Lodge			D
Beeswing			D
Dower House			D
Pear Tree Lodge			D
Orchard Lodge			D

<b>PRE-PREP/NURSERY</b>			
<b>Location</b>	<b>Specific directions</b>	<b>Extras</b>	<b>Kit Type</b>
Nursery	Nursery Kitchen		A
Nursery outside	Nursery Kitchen (taken at breaktime)		C
Pre-Prep	Entrance Hall – Bum bag for break	Duplicate Book	C
Pre-Prep Bum Bag x2	Trip out bag (in staff room)		C
Reception (1)	Classroom		A
Reception (2)	Classroom		A
Year 1 (1)	Classroom		A
Year 1 (2)	Classroom		A
Year 2 (1)	Classroom		A
Year 2 (2)	Classroom		A
Childcare room			A
Forest school		Tick remover	C

**Appendix 10 – Staff Trained in First Aid**

**TRAINED FIRST AIDERS 2024/2025**

<b>MEDICAL DEPARTMENT</b>	<b>Course Attended</b>	<b>Date Attended</b>	<b>Expiry Date</b>
Chelcie Chamberlain (RNC)	Paediatric First Aid (2 day)	06/09/2022	<b>05/09/2025</b>
Gina Dutt (RGN)	Paediatric First Aid (2 day)	06/09/2022	<b>05/09/2025</b>
Amy Waller	Paediatric First Aid (2 day)	06/09/2022	<b>05/09/2025</b>
Ruth Tilling	Paediatric First Aid (2 day)	06/09/2022	<b>05/09/2025</b>
Louise Lewis	Paediatric First Aid (2 day)	06/09/2022	<b>05/09/2025</b>
Emily Maindonald	Paediatric First Aid (2 day)	06/09/2022	<b>05/09/2025</b>
Clare Smith	Paediatric First Aid (2 day)	06/09/2022	<b>05/09/2025</b>

<b>SPORTS DEPARTMENT</b>	<b>DATE ATTENDED</b>	<b>EXPIRY DATE</b>
Emma Pullen EFAW	03/02/2024	03/02/2027
Kevin Smith EFAW	03/02/2024	03/02/2027
Brandon Hanley EFAW	03/02/2024	03/02/2027
Clare Lane EFAW	03/02/2024	03/02/2027
Matt Geffen EFAW	03//02/2024	03/02/2027

<b>HOUSE PARENTS</b>	<b>DATE ATTENDED</b>	<b>EXPIRY DATE</b>
Beth Armitage BLS	02/09/2024	01/09/2027
Clare Smith PFA	06/09/2022	05/09/2025
Sophie Pitman BLS	02/09/2024	01/09/2027
Tim Pitman BLS	02/09/2024	01/09/2027
Lisa Jeram BLS	02/09/2024	01/09/ 2027
Rachel Fisher BLS	02/09/2024	01/09/2027
Clare Lane EFAW (1day)	03/02/2024	03/02/2027
Helen Barker BLS	02/09/2024	01/09/2027

**PAEDIATRIC FIRST AID AT WORK (Expires September 2025)**

<b>MEDICAL DEPARTMENT</b>	<b>PRE-PREP DEPT TEACHERS</b>	<b>PRE-PREP DEPT TA</b>
	Caroline Oglethorpe	
Clare Smith	Dominic Bailey	Laura Boden
Amy Waller	Jane Watson exp 04/2025	
Ruth Tilling	Sarah Lovejoy	
Louise Lewis	Jo Lewis	Blanka Oliver
Chelcie Chamberlain	Jo Rich	
Gina Dutt	Emma Temple	Isabelle Rowan
Emily Maindonald	Beth Rogers	
	Esme Waugh	
	Emma Eckert	Rick Knight

## **Appendix 11 – Staff trained to administer medication**

### **Trained Medication Administrators.**

#### **NURSES**

Chelcie Chamberlain – Registered Paediatric Nurse

Gina Dutt – Registered Nurse

Emma Cooper – Registered Paramedic

#### **MATRONS**

Amy Waller - OPUS expires 22/03/2025

Ruth Tilling – OPUS expires 25/04/2025

Louise Lewis – OPUS expires 23/03/2025

Emily Maindonald – OPUS expires 05/07/2026

Rachel Fisher – OPUS expires 26/09/2025

#### **HOUSEPARENTS/ BOARDING ASSISTANTS**

Helen Barker – OPUS expires 26/06/2025

Clare Smith – OPUS expires 29/02/2025

Lisa Jeram – OPUS expires 26/04/2025

Sophie Pitman – OPUS expires 11/4/2026

Clare Cook – OPUS expires 14/11/2025

Beth Armitage – OPUS expires 11/12/2025

#### **PREP TEACHERS**

Claire Davies – OPUS expires 25/03/2025

Charlotte Andrews – OPUS expires 22/04/2025

Fabienne Bennison – OPUS expires 22/04/2025

#### **PRE-PREP**

Laura Boden – OPUS expires 18/05/2026

Esme Waugh – OPUS expires 13/4/2026

Dominic Bailey – OPUS expires 24/02/2025

Jane Watson – OPUS expires 2/07/2025

Blanka Oliver – OPUS expires 13/10/2025

Elaine Clarke – OPUS expires 02/11/2025

India Montgomery – OPUS expires 23/10/2025

Gemma Dacombe – OPUS expires 08/07/2026