

Administration of Medicines and Supporting Pupils with Medical Conditions Policy

Queen's College, Taunton

August 2019 (V3)

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1 **Policy statement**

- 1.1 This policy applies to Queen's College, Taunton with an additional policy for EYFS.
- 1.2 This policy is addressed to all staff and parents.
- 1.3 This policy should be read in conjunction with the First Aid Policy.

2 **Aims**

- 2.1 The Governing Body of the School is committed to ensuring that physical and mental health and well-being of pupils is promoted and that all pupils with medical conditions can access and enjoy the same opportunities at the School as any other pupil and to ensuring that they are able to play a full and active role in school life, remain healthy and achieve their academic potential.
- 2.2 The Governing Body will also ensure that the School implements and maintains an effective management system for the administration of medicines to all pupils in our care in order to ensure that the School provides support to individual pupils with medical needs.

3 **Responsibilities**

- 3.1 The Governing Body has overall responsibility for the implementation and review of this policy.
- 3.2 The Head Teacher / Senior School Nurse are responsible for:
 - 3.2.1 ensuring that sufficient numbers of staff are suitably trained and are able to access all relevant information and teaching support materials required to assist pupils with medical conditions;
 - 3.2.2 ensuring that sufficient numbers of trained staff are available to support pupils' medical needs at all times whilst they are under the care of the School , including making contingency plans for staff absence and emergency situations;
 - 3.2.3 ensuring that information regarding an individual pupil's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need to know basis;
 - 3.2.4 ensuring that risk assessments take into account the additional risks posed to individual pupils as a result of their medical conditions; and
 - 3.2.5 the overall development and monitoring of Individual Healthcare Plans (**IHCP**) at the School; and
 - 3.2.6 ensuring that staff have sufficient understanding and use of English to ensure the well-being of children in their care for example to understand instructions such as those for the safety of medicines.
- 3.3 The Head Teacher and members of senior management are responsible for regularly monitoring the systems and management of medical welfare of pupils to identify whether review or change in welfare practice is needed.

4 Liaising with parents

- 4.1 The School promotes on going communication with parents in order to ensure that the specific medical needs of all pupils in our care are known and met.
- 4.2 The parents of a pupil must inform the Head Teacher and Senior School Nurse if that pupil has or develops a medical condition and, where appropriate, provide the School with appropriate medical evidence and / or advice relating to their child's medical condition.
- 4.3 Where appropriate, parents will be invited to consult with the School and relevant healthcare professionals in order to produce an Individual Health Care Plan (**IHCP**) for their pupil.
- 4.4 The relevant parents should also inform the Senior School Nurse where a pupil will require either prescription or non-prescription medication to be taken at School and of any changes to the medication required.
- 4.5 The School requests that medication is only taken at School if it is essential, that it is where it would be detrimental to the pupil's health not to administer the medication during the school day. Where possible, medicines should be taken at home, before and after attending School.
- 4.6 Staff at the School will not administer any medication to a pupil without obtaining prior written permission from his or her parents. This requirement will not prevent a pupil of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.
- 4.7 Unless in exceptional circumstances, no pupil under the age of 16 will be given prescription or non-prescription medication without parental consent.
- 4.8 Staff will ensure that parents are informed in writing on each and every occasion that any medication was administered and, for any reason, medication has not been administered parents will be informed and will be given an explanation. Appendix 4

5 Individual Health Care Plans (IHCPs)

- 5.1 The School will focus on the needs of each individual pupil and how their medical condition impacts of their School life, including how the medical condition impacts on a pupil's ability to learn and will take steps to help increase pupils' confidence and ability to self-care.
- 5.2 Where a pupil has long-term or complex medical condition or health needs, the School will, where appropriate, produce an IHCP for that pupil, in accordance with Appendix 1. A template IHCP is set out in Appendix 2.
- 5.3 The IHCP for Junior School pupils will be completed by parents and will be held in Junior School Office and a copy will be sent to the Medical Centre. The IHCP for Senior School pupils will be prepared following consultation with the parents, the pupil (where appropriate) and the School nurse on duty and / or any other relevant healthcare professional.
- 5.4 Where appropriate, the IHCP should be linked with a pupil's statement of Special Educational Needs (**SEN**) and / or Education, Health and Care Plan (**EHC**). Where a pupil has SEN but does not have a statement or EHC, their SEN should be mentioned in their IHCP.

5.5 Once the IHCP is approved the Senior School Nurse will be responsible for its maintenance and implementation.

5.6 The IHCP will be reviewed at least annually or more frequently where a pupil's needs change.

6 **Training**

6.1 The School will ensure that there are members of staff who are appropriately trained to manage medicine as part of their duties.

6.2 The Head Teacher has overall responsibility for the administration of medicine and the arrangements for pupils with medical conditions within the School. He / She will delegate duties as appropriate to the Senior School Nurse and other members of staff who have received training in accordance with section 6.4 below.

6.3 The Senior School Nurse will ensure that all non medical staff are supervised where appropriate. Any staff responsible for the administration of medicine will have access to pupils' IHCPs.

6.4 Relevant members of staff will receive appropriate training and support from the Senior School Nurse and / or a qualified health professional, including training on the side effects of medication and what to do if they occur. If the administration of medication involves technical, medical or other specialist knowledge, appropriate individual training tailored to the individual pupil will be provided to appropriate staff by the Senior School Nurse and / or a qualified health professional, where appropriate. The Senior School Nurse and / or qualified health professional will lead on identifying and agreeing with the School, on an on-going basis, the type and level of training required. See guidelines for administration of paracetamol for non-medical staff. Appendix 6

6.5 The Senior School Nurse and / or a qualified health professional will provide written confirmation that the member of staff is proficient in the procedure which is set out in Appendix 5.

6.6 Staff must not give prescription medicines or undertake health care procedures without appropriate training. For the avoidance of doubt a first aid certificate does not constitute appropriate training in supporting pupils with medical conditions.

6.7 The School engages the following health professionals to train and assist school staff in dealing with medical conditions and administering medicine:

6.7.1 School Nurses

6.8 The School has guidance and protocols in place to deal with common medical conditions such as anaphylaxis, asthma, epilepsy and diabetes.

6.9 These protocols are drafted by the Senior School Nurse and the School Doctors. The School has adopted the Medical Conditions at School guidance and protocols.

6.10 Copies of the guidance and protocols are available from the Medical Centre and on the NHS website Appendix 10

6.11 All new starters will be made aware of the terms of this policy during their induction and of details of protocols relevant to those pupils under their care.

7 Insurance

The Governing Body will ensure that there is adequate insurance in place which appropriately reflects the level of risk at the School

- 7.1 All staff that are required to administer medicines or to provide support to pupils with medical conditions are covered by the School's liability insurance. A copy of the relevant insurance policy is available to all staff on request.

8 Medical records and consent

- 8.1 Parents of all pupils at the School are required to complete the relevant parental agreement to administer medicine when their child starts at the School before medication is administered to the relevant pupil.
- 8.2 Parents of asthma sufferers are referred to paragraph 16. Staff administering medicines and / or treatment will complete and sign the records each time a medicine is administered. Written records of all medication administered to every pupil are retained by the School Nurse and relevant records can be provided, subject always to the law on data protection, to parents on request. These records are regularly reviewed by the Head Teacher and Senior School Nurse.

9 Prescription, non-prescription medication and household remedies

- 9.1 Staff will not administer any medication that has not been prescribed for that particular pupil by a doctor, dentist, nurse or pharmacist with the exception of emergency inhalers and AAI's (Adrenaline Auto injector) in accordance with paragraph 16 and 17 .

Staff may only administer certain non-prescription medication and / or household remedies such as pain and fever relief if the Parents have already provided their written consent for this and only if there is a health reason to do so. Parents will be asked to sign the Patient Medical Card Appendix 3 to confirm their agreement to staff administering over the counter medication and to confirm that the pupil has not suffered an adverse reaction to the medication in the past. Consent given by parents for administration of over the counter medicines will be assumed throughout the child's school career unless withdrawn in writing.

- 9.2 If a child is deemed to be Fraser Competent, in that they understand the need for and consent to accepting medication, then over the counter medication can be given without parental consent, providing that parents have not expressly refused consent.
- 9.3 No pupil shall be given medicine containing aspirin unless prescribed for that particular pupil by a doctor.

10 Self-medication

- 10.1 The School recognises that pupils should be allowed to carry their own medicines and relevant devices (such as inhalers), wherever possible or should be able to access their medicines for self medication quickly and easily.
- 10.2 Following consultation between the School, parents and the pupil, a pupil will be permitted to store and carry their own medication if in the opinion of the Year Leader/Boarding House Parent and Senior School Nurse they are sufficiently competent to do so. This will be reflected in a pupil's IHCP.

- 10.3 The School will also consider the safety of other children and medical advice from the prescriber in respect of the pupil in reaching this decision.
- 10.4 Pupils will be made aware the medication is strictly for their own personal use and it should not be passed to any other pupils under any circumstances and to do so is a breach of School rules.
- 10.5 Pupils should only bring in sufficient medication for the doses required throughout the school day and must be in identifiable packaging.

11 Administration of medication

- 11.1 Where a pupil requires supervision to take their medication or where such medication will be administered by staff, pupils receiving medication should be made aware of when and where they should attend at the prescribed times during the course of the medication to receive their treatment.
- 11.2 All medicines supplied to the School by parents must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. Staff administering medication will check the pupil's name, the name of the medication, the prescribed dose, the expiry date, the method of administration, the time / frequency of administration, any side effects and the written instructions on the container before providing the medicine to the pupils.
- 11.3 If Staff are in any doubt over the procedure to be followed, the parents will be contacted before action is taken.
- 11.4 If a pupil refuses their medication, Staff will record this and report to parents as soon as possible.

12 Storage of medication

- 12.1 Medicines are always securely stored in accordance with individual product instructions.
- 12.2 The School will carry out a risk assessment to consider any risks to the health and safety of the school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.
- 12.3 All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.
- 12.4 Emergency medication such as inhalers, auto injector devices and blood glucose/keytone testing meters will be kept in the Medical Centre for Senior School and Matron's Office for Junior School.. The School Nurses hold emergency inhalers in accordance with paragraph 16. In the case of medication which is not required in an emergency, the pupil will be told where their medication is stored and who holds the key.
- 12.5 Pupils who do not carry and administer their own medication understand which members of staff will administer their medication.
- 12.6 If a pupil is prescribed a controlled drug, unless otherwise agreed as part of a IHCP, it will be kept in safe custody in a locked, non-portable container and only named staff and the pupil will have access. A record of any doses used and the amount of the controlled drug held at the School will be maintained.

- 12.7 Those pupils who are permitted to possess a controlled drug will be advised that it is an offence to pass the drug to any other person for use.
- 12.8 Medication is to be collected in the last week of the summer term. The nursing staff will safely dispose of out of date medication during the school year and inform parents where a replacement is required.

13 Access to external medical services

- 13.1 Pupils have access to local medical, dental, optometric and other specialist services or provision as necessary. A charge may be incurred for taking pupils to routine appointments and there may be a charge for overseas pupils if emergency treatment is required, if the correct documents are not provided.

For provisions for an unwell pupil, including boarding pupils, please see Appendix 7.

- 13.2 Parents will be asked to provide written permission for medical and dental treatment in respect of a particular pupil.

14 Emergency procedures

- 14.1 In the event of an emergency resulting in the administration of medicine, the School Nurse should be called as soon as possible, if not already present. If the School Nurse does not consider that he or she is able to deal with the presenting condition, then they should continue any first aid or medical procedures being provided whilst another person summons emergency medical care. This does not however affect the ability of any person to contact the emergency services in the event of a medical emergency. Staff should always dial 999 for the emergency services in the event of a serious medical emergency before implementing the terms of this policy and make clear arrangements for liaison with the ambulance services on the School site.
- 14.2 A checklist for contacting the emergency services can be found in Appendix 69.

15 Automated External Defibrillators (AEDs)

- 15.1 The School's AEs are located at the Medical Centre, in the Queen's Hall and in the Junior School Office.
- 15.2 The AED should only be used where a person is in **cardiac arrest**. It should **not** be used where a person is conscious, breathing and / or his or her heart is still beating.
- 15.3 If a person is thought to be suffering from a cardiac arrest, the first person on the scene should immediately call the emergency services and commence CPR.
- 15.4 In Resuscitation Council (UK) Guidelines (2015), the absence of normal breathing continues to be the main sign of cardiac arrest in a non-responsive patient. Once CPR has started, the Guidelines recommend that the rescuer should only stop CPR if the victim shows signs of regaining consciousness, such as coughing, opening their eyes, speaking or moving purposefully, as well as breathing normally. Staff trained in Basic Life Support (BLS) are expected to recognise cardiac arrest, call for help and initiate BLS.

15.5 If possible, a First Aider who is trained in the use of AEDs should be called for. However, AEDs are designed to be used by any person by following the step by step instructions on the AED.

15.6 The person applying the AED should ensure that the area around the casualty is clear when it advises "stand clear" as the shock will be automatically administered. S/he should continue to follow AED instructions until the emergency services arrive.

16 **Asthma register and emergency inhalers**

16.1 The other requirements of this policy apply to emergency inhalers, including but not limited to appropriate training, use, supply, storage, care, disposal and record keeping.

16.2 The School Nurses and the Head Teacher are responsible for ensuring that the Inhalers Guidance is properly implemented and followed.

16.3 General information on how to recognise and respond to an asthma attack is contained in the guidance referred to in Appendix 8.

16.4 The School Nurses will hold and be responsible for restocking at least two emergency inhalers (which may be bought without prescription). An emergency inhaler may be used if a pupil's prescribed inhaler is not available (for example, because it is broken, or empty) or in the event of an asthma attack.

16.5 Only pupils who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler may use an emergency inhaler. The School Nurses will maintain an up to date register of pupils who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler and in respect of whom parental consent to the use of the emergency inhaler has been obtained. The register should be reviewed regularly (at least annually) to take into account pupils' changing asthma care needs. A copy of the register is to be stored with the emergency inhalers.

16.6 Parents are to notify the School as soon as practicable that a particular pupil has been diagnosed with asthma and /or has been prescribed a reliever inhaler. Notification should be accompanied by a completed consent form signed by the parents in the form set out at Annex B of the Inhalers Guidance (a copy of which is available from the School Nurses on request. Completed consent forms should be stored on the pupil's file and, where appropriate, the ICHP updated accordingly.

16.7 If an emergency inhaler is used by a pupil the School Nurse will notify the relevant parents or guardian(s) as soon as practicable.

16.8 Emergency inhalers are also to be stored, cared and disposed of in accordance with Part 3 of the Inhalers Guidance.

17 **Anaphylaxis**

17.1 The other requirements of this policy apply to emergency AAI's , including but not limited to appropriate training, use, supply, storage, care, disposal and record keeping.

17.2 The School Nurses and the Head Teacher are responsible for ensuring that the Anaphylaxis Auto Injector Guidance is properly implemented and followed.

17.3 General information on how to recognise and respond to anaphylaxis is contained in the guidance referred to in Appendix 9.

- 17.4 The School Nurses will hold and be responsible for restocking at least two emergency AAI's (which may be bought without prescription). An emergency AAI may be used if a pupil's prescribed AAI is not available (for example, because it is broken, or out of date) or in the event of anaphylaxis.
- 17.5 Only pupils who have been diagnosed at risk of anaphylaxis, who have been prescribed a AAI and the school has written parental permission may use an emergency AAI. The School Nurses will maintain an up to date register of pupils who have been diagnosed at risk of anaphylaxis and /or who have been prescribed an AAI and in respect of whom parental consent to the use of the emergency AAI has been obtained. The register should be reviewed regularly (at least annually) to take into account pupils' changing anaphylaxis care needs. A copy of the register is to be stored with the emergency AAI's.
- 17.6 Parents are to notify the School as soon as practicable that a particular pupil has been diagnosed at risk of anaphylaxis and /or has been prescribed an AAI. Notification should be accompanied by a completed consent form signed by the parents, a copy of which is available from the School Nurses on request. Completed consent forms should be stored on the pupil's file, the schools MIS (management Information System) and, where appropriate, the ICHP updated accordingly.
- 17.7 If an emergency AAI is used by a pupil the School Nurse will notify the relevant parents or guardian(s) as soon as practicable.
- 17.8 Emergency AAI's are also to be stored, cared and disposed of in accordance with the Guidance on the use of adrenaline auto-injectors in schools, Department of Health, September 2017.

18 **Off-site visits and sporting events**

- 18.1 The School actively supports all pupils with medical conditions to access and enjoy the same opportunities at the School as any other pupil, which includes ensuring that they are able to take an active role in school trips and sporting activities, unless it is contraindicated by a medical professional involved in a pupil's care (such as his or her GP).
- 18.2 If a pupil attending an off-site visit or sporting event cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this policy.
- 18.3 All pupils requiring preventative medicine (particularly for sport), if sufficiently competent to self-medicate, are responsible for carrying their medication with them. If not sufficiently competent, a member of staff shall carry the medication, individually labelled.
- 18.4 Secure storage for medicines will be available at all short-term accommodation used by the School.

19 **Unacceptable practice**

- 19.1 Staff should use their discretion and training with regards to each individual pupil's medical needs, by reference to their IHCP and / or EHC, as appropriate.
- 19.2 However, staff should be aware that the following practices are generally unacceptable:
- 19.2.1 preventing access to medication and relevant devices (such as inhalers), where this is reasonably required;
- 19.2.2 assuming that all pupils with the same conditions require the same treatment;

- 19.2.3 frequently sending pupils with medical conditions home or preventing them from taking part in normal School activities, unless this is provided for in their IHCP / EHC or by their medical advisors;
- 19.2.4 sending unwell pupils unaccompanied to the School office or medical room;
- 19.2.5 penalising pupils for their attendance record, if their absences are related to their medical condition (e.g. hospital appointments);
- 19.2.6 preventing pupils from drinking, eating or taking toilet or other breaks when required to enable them to manage their medical condition effectively;
- 19.2.7 requiring parents, or otherwise making them feel obliged, to attend the School to administer medication or otherwise provide medical support to a relevant pupil during the School day;
- 19.2.8 preventing pupils from participating in, or creating unnecessary barriers to children participating in all aspects of School life.

20 **Complaints**

- 20.1 If parents or pupils are dissatisfied with the medical support provided at the School they should raise these concerns in the first instance with the Senior School Nurse.
- 20.2 If the Senior School Nurse cannot resolve the issue then a formal complaint can be raised via the School's complaint's procedure.

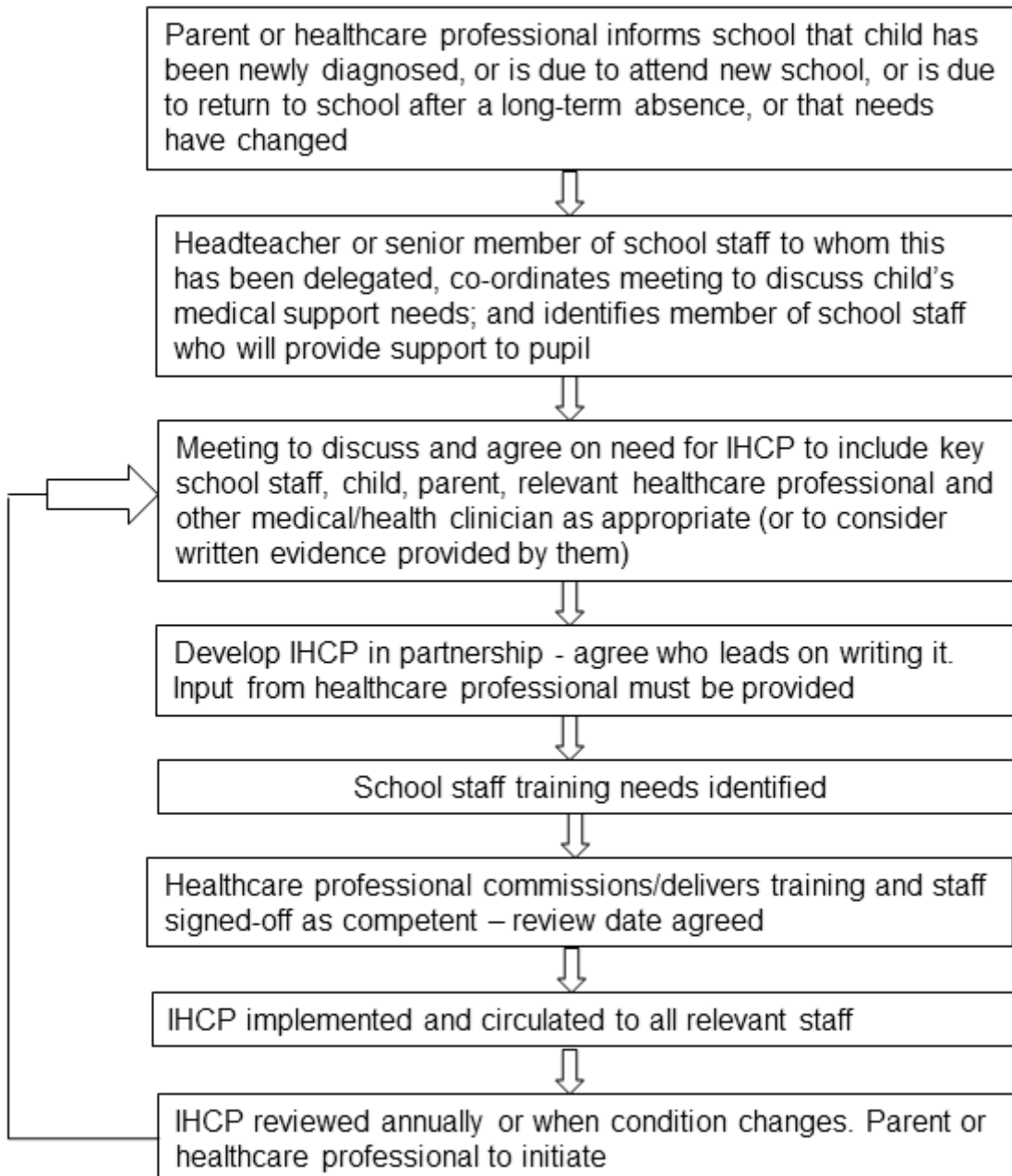
21 **Review**

- 21.1 This policy and its procedures will be reviewed and updated by the Senior Nurse and Head Teacher on an annual basis.

Effective date of the policy	30 August 2019
Responsible Member	Rachael Wilson Senior Nurse
Authorised by	School Doctor
Signed	Dr Hamish McLaren
Date	30 August 2019

Authorised by	Board of Governors
Signed	Mark Edwards, Chair of Governors
Date	30 August 2019

Appendix 1 Model process for developing Individual Healthcare Plans



Appendix 2 Individual Healthcare Plan (IHCP)

Queen's College Individual Healthcare Plan



PERSONAL INFORMATION

Name.....

Address.....

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Date of Birth.....

Medical Condition.....

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Date.....

.....

Review Date.....

CONTACT INFORMATION

Family Contact 1.....

Name.....

Parental Responsibility.....

Relationship to child.....

Phone No. (work).....

Phone No. (Home).....

Phone No. (mobile).....

Email.....

Family Contact 2.....

Name.....

Parental Responsibility.....

Relationship to child.....

Phone No. (work).....

Phone No. (Home).....

Phone No. (mobile)

Email.....

DAILY CARE – MEDICAL

NAME OF CHILD.....

Medical Condition Drug Dose When? How is it administered?

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DAILY CARE/MONITORING REQUIREMENTS INCLUDING BREAKTIMES AND AFTER-SCHOOL CARE

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IMPACT OF CONDITION ON LEARNING INCLUDING ANY PHYSICAL RESTRAINTS CAUSED BY CONDITION

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EMERGENCY CARE PLAN

Name.....

What is considered an emergency situation?

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What are the symptoms?

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What are the triggers?

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What action must be taken? (Including parental contact and responsible adult)

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FOLLOW-UP CARE

Name of Child.....

Follow-up care required:

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Additional Information re parents' wishes/advice:

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Parental signature
Print Name
Date

Staff Signature
Print Name
Date

IT IS THE PARENT'S/GUARDIAN'S RESPONSIBILITY TO INFORM THE SCHOOL OF ANY CHANGES TO ANY PART OF THIS MEDICAL HEALTHCARE PLAN AND TO PASS ON COPIES OF ANY NEW MEDICAL ADVICE FROM HEALTHCARE PROFESSIONALS.

Appendix 3

PAGE 1

PUPIL MEDICAL CARD

Please complete all pages in full using BLOCK CAPITALS

Pupil Surname/Family Name _____

Pupil First Names (in full) _____

Date of Birth (day/month/year) _____ Male Female

NHS Number (UK residents) _____

Passport Number _____

EU Health Insurance Card Number _____

Town and Country of Birth _____

Address _____

Pupil's Current GP/Medical Centre

GP's Name _____

Medical Centre Address _____

Medical Centre Telephone _____

Emergency Contact Information – Boarding and Day Pupils

Boarders whose families live outside of the UK MUST complete full contact details of the UK Guardian appointed for their child. This can be a friend or relative over the age of 25, preferably living within one hour's driving distance of Queen's College. Please be aware that the Guardian must be able to collect the pupil from school the same day and accommodate them in the event of infectious illness or serious disciplinary issues. A list of guardian agencies is available from Admissions.

Emergency Contact/Guardian Name (in full) _____

Mobile Telephone Number _____

Home Telephone Number _____

Email Address _____

Home Address _____

Relationship to Pupil _____

PUPIL MEDICAL CARD CONTINUED

PAGE 2

Pupil's name _____

Height _____ Weight _____

Allergies - please list any allergies the pupil has, including allergies to medication

		Medication Prescribed	Type of reaction
Nuts	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Food (please specify)	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Wasp/Bee Stings	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Allergy to medication (please specify)	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Other (please specify)		_____	_____

Illness/Operations - please list any illnesses the pupil has had

		Date (if known)	Further information
Chicken Pox	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Glandular Fever	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Appendectomy	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Tonsillectomy	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Grommets	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Heart Surgery	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Broken Bones	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Other (please specify)		_____	_____

Immunisation Record - please complete the details in full, with dates

Vaccination	Date	Vaccination	Date	Vaccination	Date
BCG	<input type="radio"/> Yes <input type="radio"/> No	Meningitis ACWY	<input type="radio"/> Yes <input type="radio"/> No	Whooping Cough (pertussis)	<input type="radio"/> Yes <input type="radio"/> No
Diphtheria	<input type="radio"/> Yes <input type="radio"/> No	Meningitis B	<input type="radio"/> Yes <input type="radio"/> No	Yellow Fever	<input type="radio"/> Yes <input type="radio"/> No
Hepatitis A	<input type="radio"/> Yes <input type="radio"/> No	Meningitis C	<input type="radio"/> Yes <input type="radio"/> No	Other	<input type="radio"/> Yes <input type="radio"/> No
Hepatitis B	<input type="radio"/> Yes <input type="radio"/> No	MMR	<input type="radio"/> Yes <input type="radio"/> No	Girls Only:	
Polio Booster	<input type="radio"/> Yes <input type="radio"/> No	Rabies	<input type="radio"/> Yes <input type="radio"/> No	HPV 1	<input type="radio"/> Yes <input type="radio"/> No
Tetanus Booster	<input type="radio"/> Yes <input type="radio"/> No	Typhoid	<input type="radio"/> Yes <input type="radio"/> No	HPV 2	<input type="radio"/> Yes <input type="radio"/> No

PUPIL MEDICAL CARD CONTINUED

PAGE 3

Pupil's name _____

Medical Conditions – please complete all sections with as much information as possible, including medication doses

		Further information	Medication
Asthma*	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
ADHD	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Anxiety/Depression	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Bone/Joint Diseases	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Diabetes	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Eating Disorders	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Eczema/Psoriasis	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Enuresis (bed wetting)	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Fits/Convulsions	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Hayfever	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Heart Murmur	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Migraines	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Other		_____	_____

Asthma

If the pupil has asthma/has been prescribed an inhaler (delete as appropriate) please indicate if you give consent for them to be administered the emergency inhaler should their inhaler be unavailable.

- I consent for my child to be administered the emergency inhaler should their inhaler be unavailable
- I DO NOT consent for my child to be administered the emergency inhaler should their inhaler be unavailable

Medication

Please list any other medication the pupil is currently taking, whether prescribed or over the counter, and the reasons

PUPIL MEDICAL CARD CONTINUED

PAGE 4

Pupil's name _____

Other Agencies

Are there any other agencies involved in the care of the pupil such as CAMHS, Social Services, Speech Therapy

Parent Authorisation - please complete both sections

I consent for my child to be given over-the-counter medication if needed

I undertake to keep the School Medical Centre fully informed of any changes to my child's health

Parent Signature

Parent Signature

Date _____

Date _____

TO BE COMPLETED BY MEDICAL CENTRE STAFF ONLY

PAGE 5

Pupil's name _____, DOB _____

House _____

Nurse's Medical Date _____ Conducted by _____

Height _____ cm Weight _____ kg BMI _____

BP _____ P _____ Urine _____

Hearing _____ Vision R _____,6/_____ L _____,6/_____

Braces Yes _____ No _____ Glasses Yes _____ No _____

Dental Care _____ Lenses Yes _____ No _____

Smoking Yes _____ No _____ Colour Blind Yes _____ No _____

Menses - age started _____ Regular/Irregular _____

Allergies and Reaction _____

Auto Injector Pen Yes _____ No _____

Medication _____

Past Medical History _____

Doctor's Medical Date _____ Conducted by _____

RS _____

Abdomen _____

ENT _____

CVS _____

Skeletal _____

Testes _____

Comments _____

Appendix 4 Record of medicine / treatment administered to all pupils

Queen's Highgrove Nursery – Medicine Form

Please not as stated in our policy, we are only able administer medication that has been prescribed by a doctor and will only follow the dosage stated on the prescription.



Child's Name.....

Date	Medication and dosage	Time of last dose	To be administered at:	Permission to administer:	Administered by:	Witnessed by:	Parents signature

Appendix 5



Staff training record: administration of medicines

Name of School	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [• name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated in [• [• number] [[• weeks] / [• months' time]].

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date

Appendix 6

Guidelines for the administration of Paracetamol

for Non Medical Staff

Paracetamol should only be given after the following checks have been made:

- What is the complaint? Headache, earache, period pain, toothache, muscle pain?
- Ask if the pupil has recently taken any medication or any medicines from the Medical Centre.
- Ask if they have they taken **lemsip or Co/codamol** as these contain paracetamol or Chinese medicine. If yes, ensure that there has been **four hours since last dose.**
- Is the pupil allergic to anything? Have they taken paracetamol in the past?
- Record in the boarding house medical book the dose, time and reason for the medication
- The pupil should be seen to take the medication by the person issuing it.

If in doubt do not give and telephone the School Nurse on call for advice.

Guidelines for dosage of Paracetamol

Over 16 years 1 to 2 tablets (500mgs to 1gm), 4 - 6 hourly.

No more than 4 doses in 24 hours

12- 16 years 1 to 1.5 tablets (500mgs to 750mgs)

or 10 to 15 mls of paracetamol elixir (250mgs in 5mls) 4 - 6 hourly.

No more than 4 doses in 24 hours

10 – 12 years 1 tablet (500mg) or 10 mls paracetamol elixir (250mg in 5mls) 4 – 6 hourly.

No more than 4 doses in 24 hours.

8 – 10 years 7.5 mls paracetamol elixir (250mg in 5mls) 4 – 6 hourly.

No more than 4 doses in 24 hours.

6 – 8 years 5mls paracetamol elixir (250mg in 5mls) 4-6 hourly.

No more than 4 doses in 24 hours

under 6 years discuss with School Nurse

Appendix 7

MEDICAL PROVISION INFORMATION

Statement

The care of our pupils is paramount. We endeavour to work closely with parents, pupils and staff to help our pupils to remain healthy thus enabling them to continue to access their education without stigma or exclusion.

We provide a high standard of health care for all pupils who are ill or injured during the day.

MEDICAL CENTRE

The medical centre is located on the ground floor of the Haslam building. It is staffed by a team of qualified nurses who maintain full medical cover for twenty four hours a day during term time.

We have a consulting room and treatment room and have 6 beds for boarding students to be nursed overnight if required.

Medical Centre staff are:

Mrs Rachael Wilson RGN Senior Nurse Manager
Mrs Sue Parratt RGN Deputy Senior Nurse Manager
Mrs Lidia Carp RGN
Mrs Emma Walburn RGN
Mrs Jane Whitefield RGN
Mrs Alison Chedham RGN
Mrs Leslie Pallant – medical centre assistant.

The medical centre contact phone number is 01823 340819 or 07980 868476

The school provides a medical officer affiliated with a local GP practice with whom all boarding pupils are registered.

Occasionally boarders who live close may choose to remain registered with their own family doctor but it then becomes the parents responsibility to arrange medical appointments should they be needed.

Boarders should see their family GP as a temporary resident if they need to see a GP in school holidays.

The Doctors who visit school are;

Dr Hamish McLaren
Dr Gabrielle de Cothi

College Way Surgery
Comeytrowe Centre
Taunton
TA1 4TY
Telephone 01823 259333

Twice weekly clinics are held in the medical centre at school but GP cover is also provided throughout the week by College Way Surgery.

Pupils may have access to a doctor of the same gender if they wish.

We have a physiotherapist Mr Dominic Jones who visits school on a Monday afternoon and is able to offer a 15 minute consultation free of charge. Pupils should book an appointment through the medical centre. If further treatment is recommended this will take place at his rooms and will be charged. This is a decision that the pupil will need to make with his/her parents.

We have two school counsellors, Mrs Michelle Howell and Mr Deenis Victor, who are available through appointment.

The medical centre will arrange and advise The Attendance Officer / Year Leaders / Boarding House parents of appointments with other agencies such as dental, optician and hospital outpatient appointments

It is preferred that regular dental check ups are carried out during school holidays with the family dentist. Emergency dental appointments can be arranged if needed.

Emergency orthodontic appointments can usually be arranged for broken braces. The cost is usually in the region of £60 and needs to be paid at time of treatment.

Optician appointments can be arranged through the medical centre if needed but all expenses occurred are payable by the parents.

It is school policy that all pupils are escorted to any appointments outside school. We have 6 medical escorts

Mrs Wendy Harding
Miss Rebecca Morgan
Mrs Diane Harrison
Mrs Lorraine Sawyer
Mrs Jane Brown

Pupils are transported either by taxi or in the chaperone's car.

MEDICAL INFORMATION

A medical form has to be completed for all new pupils. The form outlines significant past medical problems, current ones and present treatment, as well as known allergies. Some information from these forms will be entered on the school's database.

We ask that parents indicate on the form whether they consent for the administration of First aid, medical treatment and medication.

Parents are asked to inform the medical centre of any change in their child's health.

MEDICAL CENTRE OPENING

The medical centre is open from;

Outside of these hours a nurse is always available and pupils should in the first instance contact their Boarding house parent if they feel unwell.

Pupils who need to see the School Nurse should attend during the following surgery times.

Monday to Friday

07.30 - 08.20

10.30- 11.00

13.00- 14.00

16.20- 19.00

Pupils should only attend during lesson time with the permission of their teacher.

All visits to the medical centre are recorded in writing and on individual computerised records. This information is kept in line with the Nursing and Midwifery Council Code of Professional Conduct. Information will only be passed on to third parties on a "need to know" basis. Where possible, prior consent from the individual is obtained. We encourage the individuals to share information with parents/guardians. Confidentiality may only be breached if it is believed to be a matter of child protection, and advice will be sought from the Designated Safeguarding Lead. Occasionally it may be necessary to share information with others when the interests of patient safety and public protection override the need for confidentiality or a challenging situation arises when confidentiality rights must be balanced against duties to protect and promote the health and welfare of pupils who may be unable to protect themselves

VACCINATIONS

It is the responsibility of the day pupil's parents to ensure that their vaccination programme is up-dated at their own GP surgery and to inform the medical centre that vaccinations have been given.

Boarding pupils have their vaccination programme up-dated and brought in-line with the current UK schedule by the medical centre staff with signed parental consent although those over 16 may sign their own.

National vaccination programmes such as HPV and Meningitis vaccinations are provided by the local school immunisation team who come into school to give the vaccinations.

PROCEDURE FOR PUPIL ILLNESS DURING SCHOOL HOURS

If a pupil becomes unwell during lesson time or a teacher considers a pupil is not well enough to be in class they are sent to the medical centre where contact will be made with parents if appropriate.

The pupil will remain in the medical centre until either the school nursing staff are satisfied that he or she is well enough to return to lessons or parents have been contacted and taken the pupil home

All pupils must report to the medical centre before going home so their absence can be recorded.

Boarding pupils will be cared for in the medical centre until the school nursing staff are satisfied that they are well enough to return to the boarding house.

Boarders who are unwell are not permitted to stay in the boarding house during the school day.

In some cases boarders may be asked to stay with their guardians until they are well enough to return to school.

CONTACTS

If a pupil suffers from an illness or accident, when appropriate attempts will be made to contact next-of-kin, but if it is deemed that emergency action is required the school undertakes to refer the pupil to the appropriate professionals without prior consent.

Appendix 8

GUIDELINES FOR RESPONDING TO ASTHMA SYMPTOMS AND AN ASTHMA ATTACK

Common 'day to day' symptoms of asthma are:

- Cough and wheeze when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD;

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Responding to signs of an asthma attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward

- Use the child's own inhaler – if not available , use the emergency inhaler
- Remain with the child while inhaler and spacer are brought to them
- Help the child to take two separate puffs of the salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of ten puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better or you are worried at ANYTIME before you have reached ten puffs, CALL 999 FOR AN AMBULANCE.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- The child's parents should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.
- The Head Teacher or Deputy Head should be informed.

Rachael Wilson
Senior School Nurse
August 2019

Signed Dated.....

Dr H Maclaren SMO

Reference Guidance on the use of emergency salbutamol inhalers in schools, Department of Health, March 2015

Appendix 9 Guidelines for responding to an allergic reaction/anaphylaxis

Signs and Symptoms of an allergic reaction/anaphylaxis include:

- Skin rashes and itching and hives.
- Swelling of the lips, tongue or throat.
- Shortness of breath, trouble breathing, wheezing (whistling sound during breathing)
- Dizziness and/or fainting.
- Stomach pain, vomiting or diarrhoea.

If a child is displaying the above signs of anaphylaxis, the guidance below on responding should be followed.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ANAPHYLAXIS PROCEDURE WITHOUT DELAY IF THE CHILD;

- Shortness of breath, trouble breathing, wheezing (whistling sound during breathing)
- Has swelling of the lips, tongue or throat
- a blue/white tinge around lips
- Is going blue
- Appears exhausted
- Has collapsed

Responding to signs of anaphylaxis:

- Keep calm and reassure the child
- Encourage the child to lay down (If breathing difficulties allow the child to sit up)
- Use the child's own AAI – if not available, use the emergency AAI
- Remain with the child while AAI are brought to them
- Help the child to administer the AAI, or for them if they are unable
- If there is no improvement after 15 minutes, administer another AAI
- The child's parents should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.
- The Head Teacher or Deputy Head should be informed.

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:




- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



**Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):**

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)   
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- your telephone number
- your name
- your location as follows: Queen's College, Trull Road, Taunton, Somerset TA14QSstate what the postcode is - TA1 4QS provide the exact location of the pupil
- provide the name of the pupil and a brief description of their symptoms
- inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Appendix 10 Guidance and protocols for specific medical conditions

a) Anaphylaxis

Source: <http://www.nhs.uk/conditions/Anaphylaxis/Pages/Introduction.aspx>

b) Asthma

Source: <http://www.nhs.uk/Conditions/Asthma/Pages/Treatment.aspx>

c) Diabetes

Source: <http://www.nhs.uk/Conditions/Diabetes/Pages/Diabetes.aspx>

d) Epilepsy etc

Source: <http://www.nhs.uk/Conditions/epilepsy/Pages/treatment.aspx>