

Policy A7: Medical

Care of boarders who are unwell, including first aid, care of those with chronic conditions and disabilities, dealing with medical emergencies and the use of household remedies

This policy has been written in line with Standard 3 (Boarders' Health & Wellbeing) of the National Minimum Standards (NMS) for Boarding Schools (April 2015) endorsed by the Independent School's Inspectorate (ISI). This document contains the following information:

- 5.1. A general guide and introduction to the Health and Wellbeing Centre (HWC) at QM
- 5.2. First Aid policy
- 5.3. First Aid procedures (set out in Appendix 1)
- 5.4. Chronic Conditions and Disabilities Policy (Introductory)
- 5.5. General Management of Medication including household remedies
- 5.6. Access to Off-site medical etc. services
- 5.7. Protection of Confidentiality
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This document should be read in conjunction with the School Health & Safety Policy (Policy A9) which provides further guidance in relation to First Aid provision at QM.

NMS Standard 3: Boarders' Health and Wellbeing

- 3.1. The school has, and implements effectively, appropriate policies for the care of boarders who are unwell and ensures that the physical and mental health, and the emotional wellbeing of boarders' is promoted. These include first aid, care of those with chronic conditions and disabilities, dealing with medical emergencies and the use of household remedies.
- 3.2. 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 appropriately qualified personnel, adequately separated from other boarders and provides separate accommodation for male and female boarders where this is necessary.
- 3.3. In addition to any provision on site, boarders have access to local medical, dental, optometric and other specialist services or provision as necessary.
- 3.4. All medication is safely and securely stored and proper records are kept of its administration. Prescribed medicines are given only to the boarders to whom they are prescribed. Boarders allowed to self-medicate are assessed as sufficiently responsible to do so.
- 3.5. The confidentiality and rights of boarders as patients are appropriately respected. This includes the right of a boarder deemed to be "Gillick Competent" to give or withhold consent for his/her own treatment. (*Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. A child will be Gillick competent if he or she has sufficient understanding and intelligence to understand fully what is proposed*).

5.1. QM Medical Centre

The School Health and Wellbeing Centre is situated on the ground floor, right hand wing of Cloisters. Providing 24 hour nursing cover at all times when girls are in school, the Centre is staffed 24 hours a day by members of a team of three Registered Nurses ("RN"). There is an additional RN on the school staff who can provide "back-up" cover. Three nurse-led surgeries are held at the Centre 7 days a week – no appointment is required.

The Health and Wellbeing Centre is a discrete part of Cloisters building, entirely separate from the remainder. It has a consulting room, a treatment room, a secure dispensary and four single isolation bed rooms, with appropriate facilities and a sitting room. Overnight accommodation is provided for the duty nurse within the building. Girls staying in the Health and Wellbeing Centre may be visited by friends and staff, with the permission of the nurse on duty.

It is recognised that there will be occasions when girls in the Sixth Form feel ill but do not feel that their condition merits going to the Health and Wellbeing Centre. Girls who feel this way must let their Housemaster/mistress or the assistant on duty know that they feel unwell but prefer to rest in their room. The Housemaster/mistress will then apply the guidelines set out in Appendix 10.

The Health and Wellbeing Centre team is composed of:-
 School Medical Officer: Dr Romina Onac
 Head of Medical Centre (Senior Sister): Helen Williams
 Sisters: Jane Crowther, Amanda Bates and Anna Craven
 Emotional Wellbeing Practitioner: Roz Lester
 Psychologists: Dr Jo Jordan and Dr Stephen Bainbridge

School Medical Officer: Dr Romina Onac

Dr Romina Onac, the School Medical Officer, holds two clinics at school each week. These clinics are for girls only, not staff. Dr Onac and her colleagues at the Escrick Practice will see girls at any time between the school surgeries.

RN Surgery times (no appointment required)

Monday – Friday

07.30am-7.30pm

Saturday

08.00-7.30pm

Sunday

09.00-7.30pm

Doctor's Clinics (by appointment only)

Monday (from 3.00pm)

Friday (from 10.00am)

Contacting the Nursing Sisters

During term time there is always a RN on duty. She might not be in the Health and Wellbeing Centre at all times, but will always have a mobile telephone with her. Contact numbers are given below. In the event of serious illness or accident the Sister may be called to come to the patient. Staff are requested to telephone the Duty Nurse prior to sending an ill or injured girl to the Medical Centre in order to ensure that the RN is there to meet her

Contact Numbers

Health and Wellbeing Centre treatment room: extension **608** [At night, **608** is transferred to the Sister first on call]

HWC: **01904 727608** [This rings in the Health and Wellbeing Centre and all Sisters' accommodation]

HWC: **07970 039782** {Please note that poor signal in some areas of school may mean this phone is not always answered on the first ring}

5.2. First Aid

First Aid arrangements are in operation to ensure that all girls, members of staff and visitors will receive immediate First Aid in the event of an accident, no matter how minor or major. The aims of First Aid are to

- provide treatment for the purposes of preserving life
- prevent the situation from worsening
- promote recovery

First Aiders

The School has a team of qualified first aiders (including the RNs themselves) all of whom hold the First Aid at Work qualification or its equivalent. A list of all currently trained first aiders is maintained at both the Estate Office and the Health and Wellbeing Centre. All staff have access to a telephone list on which the identity of first aiders is clearly marked with an ambulance sign. The Health and Safety Officer ensures that initial and/or repeat training is given as necessary (in any event not less frequently than once every three years) and a record of that training is maintained. At all times when girls are in school there will always be at least two first aiders on duty.

Departmental First Aid Kits

First Aid kits are located in the following areas of the School

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|----------------------------------|---------------------|
| • Boarding House Studies | • Back Kitchen |
| • Art Department | • Dance Studio |
| • Food Technology Department | • Staff Room |
| • Science Laboratories | • School Mini Buses |
| • PE Department / Swimming Pools | • Theatre |
| • Catering Department | • Tractor Shed |
| • Maintenance Department | |
| • Reception | |

First Aid Kit contents and equipment vary according to their location. A named member of staff is responsible for ensuring that each first aid kit is kept fully stocked

5.3. First Aid Procedures

The Senior Sister will maintain and review (not less than annually) a set of guidelines for the effective management of all foreseeable first aid emergencies. It is a requirement that all staff familiarise themselves with this policy and in particular with Appendix 1. Current procedures are set out in Appendix 1. If possible, in the event of an emergency, a first aider should be contacted and in any event reference made to the guidance in Appendix 1.

5.4. Chronic Conditions and Disabilities

The Senior Sister will maintain and review (not less than annually) a set of guidelines for the effective management of the following conditions; Asthma, Epilepsy, Diabetes, Anaphylaxis, Self-harm and Influenza. Current procedures are set out in Appendices 2 -7.

Where appropriate, Individual Healthcare Plans will be written by the Senior Sister and made available to teaching and pastoral staff on the Schools information management system, iSAMS.

The Senior Sister will inform the Director of Boarding and Pastoral Care (DoPC) of a girl with a chronic condition or disability and it will be the DoPC's responsibility (in consultation with an RN and the girl's Hsm as appropriate) to consider if an Individual Welfare Plan for that girl is necessary in addition to her Individual Healthcare Plan. Any IWP will also be made available to staff on iSAMS.

The Health and Wellbeing Centre will cause brief details of the girl's condition and/or disability to be recorded in the Health Record Section of that girl's profile in iSAMS. It is the responsibility of all staff to familiarise themselves with the contents of that section in relation to girls with whom they have dealings.

Following an assessment by the Senior Sister, some pupils with chronic conditions may self-administer their medications which they must keep in the Hsm's medicine cupboard, or in an agreed lockable cupboard or a box (provided that the girl is assessed as being sufficiently responsible to keep it secure). Self-certification consent forms in the form set out at Appendix 8 should be completed for these girls and held in the House Medical records. The Hsm will be informed of this arrangement. Overall supervision is provided by the RN and long term supplies of the girl's medication are kept in the medical centre dispensary.

Delegated responsibility may be given to the Hsm to administer medication to younger girls on long term treatment. This responsibility is only given following discussion relating to the girl's medical condition and an assessment by the RN that it is appropriate for the girl to have medication administered in her house. It is then the responsibility of the Hsm to ensure that medications are administered at the correct time and each treatment or administration recorded separately. The Hsm should remind the girl to attend the medical centre to order repeat prescriptions. If there are any concerns about administration of medication the Hsm must contact the RN on duty immediately

5.5. General Management of Medication including household remedies

The RNs administer medications within the Medication Protocol written by Dr Onac and signed by herself and the RNS. This Protocol is updated yearly by Dr Onac (each original signed document is given to the Head).

It is the policy of the school that Paracetamol (either in tablet form or suspension) is issued by the duty RN to the Hsm for him/her to administer to girls within their houses. The RN checks the Paracetamol, strength and amount and records these details with the Hsm present. The Hsm signs that he/she has received them and then accounts for them in house. The Paracetamol is kept locked in the House medicine cupboard.

Parents give signed consent for 'over the counter' medications to be given at the discretion of the RNs and Hsm who work within the medications protocol from the SMO. These consents form part of the confidential medical questionnaire (a copy of which is set out at Appendix 13 below) that are completed by parents on their daughter's entry to school. In the rare case of parents refusing consent, the Hsm would be notified.

RNs and Hsm will need to administer prescription only medications (POMS) for individually named girls. These POMS may have been prescribed by a GP at home or by the SMO and will state clearly the dosage and frequency of administration.

Using standard documentation, communication takes place between House and Nursing Staff each evening at 7.30pm and morning at 7.30am regarding medication and times administered and other medical issues.

Storage of Medicines by the Housemaster/mistress

It is the responsibility of the Hsm to ensure that all medications issued to girls who are not able to self-medicate are stored within the medicine cabinets provided and must be securely locked when unattended. A list of all medications stored should be kept and countersigned by the RN. It is the responsibility of the RN to carry out checks every term. Expiry dates should be noted. A copy of this checklist should be kept by the RNs in the medical centre. Girls who are self-medicating must keep their medications secure in their own lockable area.

Administration of Medication by Housemasters/mistresses

Administration of medication by Hsm, the Hsm will follow this procedure:

- Check the girl's name;
- Determine why she is having the medication, consider whether privacy is appropriate and, if so arrange this;
- Check the girl's medical records;
- Ask whether she has received any medication today from parents (if day girl) or the Health and wellbeing Centre (if there is any doubt telephone the RN in the Health and Wellbeing Centre to check);
- Select the correct medicine container; check the name of the drug, dosage and time due to be taken;
- Select the dose and administer with a full glass of water. Ensure that it is swallowed whilst in Hsm presence;

- Record the name of the medicine, time, dose and signature in the individual girl's records which are maintained by the Hsm. Each medication administered to be recorded separately;
- If Paracetamol is requested by member of staff, this should be recorded on documentation kept with the house medical records.

Information for pupils and parents

Girls and parents are requested to notify their Hsm and School Health and Wellbeing Centre if new medication is to be taken whilst at school. Advice is given to girls in Years I-IV using the form in Appendix 11 and to girls in Years V-VI using Appendix 12, and copies of these notices are kept prominently displayed in Houses. Parents leaving medicines with the Hsm will be asked to complete an authorisation form. This form should be completed by parents of Preview girls who are taking medication. Girls are requested not to have their own supplies of 'over the counter' preparations including analgesics with out the knowledge of the Health and Wellbeing Centre or Hsms and NEVER to issue their own medication to others.

NB: It is the policy at QM not to administer Aspirin unless prescribed by a doctor.

Stock Items for House medicine cupboards

Paracetamol 500mg x 30 tablets

Paracetamol Suspension 250mg per 5ml [500ml bottle]

Barnips sore throat /cough lozenges x 40

Other Specific Items

Medications dispensed by arrangement with RN and School Medical Officer may include:-

Ibuprofen 200mg/400mg

Co-codamol 8/500mg

POMS for individually named girls

EpiPens and Piriton (POMS) for named girls with severe allergies.

Documentation Samples

Several specific templates/record sheets exist that relate to the storage and dispensing of medication to and/or by girls who are unwell. Copies of these document templates follow in Appendix 9

Pupil Dispensation Record

- used by Boarding Staff to record medication dispensed by staff to individual pupils.

- checked by Health and Wellbeing Centre Staff at least once every term.

Paracetamol Records

- used by Boarding Staff to record paracetamol stocks in Year Group First Aid Cupboards.

- checked by Health and Wellbeing Centre Staff at least one every term.

Self-Medication Slips

- completed by girls who are requesting permission to dispense their own medication; checked and authorised by the Health and Wellbeing Centre Staff and returned to House Staff for their information.

Updated and re-checked on a regular basis.

GP or Parental Request to Administer Medication Forms

- used to give information relating to medication prescribed and dispensed to individual girls, and to record the dispensing of these medicines. Particularly designed for preview girls

5.6. Access to off-site medical etc. services

The school benefits from excellent off site local health support services. Nearby in York are the York NHS Hospital and the York Nuffield Hospital and Dr Onac is able to refer girls with specialist needs to either hospital.

Two Clinical Psychologists are retained by the school and are available to support both girls and staff. They work independently from the medical centre and referrals are made through the Director of Pastoral Care.

Girls have access to both NHS and private physiotherapy treatment. The Medical Centre is able to accommodate a visiting Chartered Physiotherapist.

Routine dental and ophthalmic appointments are encouraged to take place during the school holidays, but for sudden problems there is access to the Dental Practice at Dunnington who will deal with emergencies. The Medical Centre, under the supervision of the SMO, has an annual vaccination programme for Influenza and Revaxis boosters (Polio, Tetanus and Diphtheria) which are given with parental consent. Holiday travel vaccinations are also given at the Medical Centre, in liaison with Escrick Surgery where Dr Onac is based.

The NHS School Health Team annually attends QM to vaccinate girls in Howard House whose parents have consented to the HPV vaccinations.

5.7. Protection of Confidentiality

The Health and Wellbeing Centre provides a confidential service of treatment, advice and counselling, with referral to external agencies as appropriate. The Senior Sister and the RN's are aware of the issues relating to Gillick competency and Fraser Guidelines. The SMO operates within the Codes of Practice promulgated by the General Medical Council and Royal College of General Practitioners. The Senior Sister and RN's operate within the Codes of Practice promulgated by the Nursing and Midwifery Council. (Proof of registration with NMC is annually updated and given to Bursar).

All medical records are kept secure within the Medical Centre and are only accessible to the SMO and RNs.

The confidential medical questionnaire (Appendix 13) completed by parent on girls arrival at school, gives their signed permission for essential information to be shared with staff i.e. diabetes, asthma, allergy, and entered into iSAMS.

Further information may be released with girl's permission to key staff 'on a need to know' basis to Hsm and teachers taking girls off site on school trip.

Girls when divulging personal information would be made aware that their confidentiality might not be kept, if they relate to being at risk/abuse. CPO would be informed.

Otherwise, whilst girls are encouraged to discuss medical issues with their parents, if they refuse to do so and are Gillick competent, their right to confidentiality will be respected.

5.8. Exposure to Bodily Fluids

Due to injuries and illnesses there may be occasions when other persons may be exposed to bodily fluids such as blood, urine, and vomit. Such bodily fluids have the potential to contain viruses and diseases which could be harmful to the health of others.

It is essential that spillages of bodily fluids are dealt with quickly and safely, ensuring that measures are taken to prevent other from exposed to the potentially harmful fluids and to minimise the spread of the infection.

It is the responsibility of all members of QM staff to initiate the necessary procedures to deal with a spillage when such an incident is encountered. Hygiene kits are available for trained staff to use. Training will be provided periodically and as required.

See Appendix 14 for further details

5.9. Duty to Report

Pursuant to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 ("RIDDOR") the School is required to report to the Health and Safety Executive (telephone 0845 300 99 23) certain occurrences including deaths, major injuries, over seven day injuries and other events. With that in mind, all accidents and injuries must be reported to the School Health and Safety Officer who is specifically charged with the responsibility for determining whether it is required under RODDOR that the occurrence reported to him must, in turn be reported to the HSE and, if that is required, to make the report.

Jessica Miles
Head

Helen Williams
Senior Sister

Date Agreed: September 2015
Review Date: September 2016

Appendix 1: First Aid Procedures and Advice

All the first aid situations mentioned in this document must be referred to the Health and Wellbeing Centre. Many will require immediate transfer to hospital

1.1. General Advice

First Aid Boxes

Contain: resus faceshield, eye pads, finger dressings, burns dressing, conforming bandage, adhesive tape, foil blanket, scissors, assorted plasters, sterile dressings, triangular bandages, safety pins, gloves and where appropriate, eye irrigation bottles

Do not contain: cotton wool, ointments, creams and sprays.

Dealing with the Patient

- Try not to panic
- Reassure the patient and continue to do so
- Request onlookers to move elsewhere
- Put the patient, as quickly as possible, into the best position and try and make them comfortable
- Wear gloves if possible; this will minimize cross infection

1.2. Wounds and Bleeding

- Apply dressing to control bleeding
- Apply gentle pressure to wound, providing no foreign body i.e. glass, is present
- Elevate wound if situated on a limb
- If bleeding continues add up to two further dressings.
- Do not remove first dressing as that would encourage further bleeding
- If wound and bleeding are severe then lay patient down, to prevent shock occurring

1.3. Nose Bleeds

- Nip the soft part of the nose, as high up as possible for 10 minutes and further periods of 10 minutes
- Patient should be sitting down, leaning slightly forward and breathing through mouth
- Once bleeding has stopped – discourage the patient from blowing or wiping nose

1.4. Burns and Scalds

- Reassure and put patient into the best position.
- Cool burn site with tap water for 10 minutes
- Apply soaking wet towels to extensive areas of damaged skin
- Do not apply ointments, sprays or creams
- Do not burst blisters
- Remove with great care watches, rings and jewellery
- Do not remove clothing and cool burn site through clothing
- To protect wound from infection, cover with non-fluffy dressing e.g. kitchen film or polythene bag

1.5. Bone, Joint and Muscle Injuries:

- If in doubt, then do not move the patient
- Immobilise the injured area
- Keep patient warm and as comfortable as possible
- Apply cold compress to sprains or bruises and support injured area if possible

1.6. Eye Injuries

- Splashes of substance into the eye – act quickly as the eye absorbs
- Irrigate the eye with irrigation bottle, using whole bottle, otherwise use tap water
- Gentle, steady stream of fluid, with head tilted to one side so no solution goes into unaffected eye
- This method of eye irrigation would be effective for dust or small foreign body in the eye
- With large foreign body in the eye, do not attempt to remove: immediate referral to Medical Centre

1.7. Dealing with Disorders of Breathing

Asthma

History of this problem – reassure – obtain patient's inhaler/medication – get the patient to identify their own inhaler and let them use it, ideally through a volumatic spacer.

The asthmatic should be sitting up and leaning slightly forward with arms ideally resting on table or desk. Ask all onlookers to move away to allow space and calm for the patient.

The asthma attack may be induced by allergy, nervous tension, exertion. The asthmatic will find breathing out particularly difficult and the wheeze can be clearly heard. If there is no improvement: **999 transfer to hospital.**

Panic Attacks

Reassure – sit the patient up – they will be gasping for breath and the breathing will be far too fast. Encourage them to breathe at a more normal rate. Condition usually resolved by breathing into a paper bag.

Injury to Chest

If conscious, position should be supported semi-reclined – **not** lying flat. If a bleeding wound is evident, the injured side of the chest should be lower than the uninjured side. **999 transfer to hospital**

Choking

5 hard slaps between the shoulder blades. If unsuccessful try 5 abdominal thrusts (unsuitable for very small children) followed again by 5 back slaps. If the patient loses consciousness, resuscitation may be needed, but back slaps and abdominal thrusts may still be done even when the patient is on the ground. **999 transfer to hospital.**

1.8. Disorders of Circulation

Fainting

Partial faint - may be sat down with their head between their knees. Full faint presents with loss of consciousness, slow pulse and pale skin colour. Lie patient down, elevate feet, keep warm and consciousness will quickly be regained. Reassure and allow to rest, once consciousness regained.

Shock

May be induced by injury, pain, blood loss. Presents with rapid pulse initially, skin pale/grey, sweating, but cold and clammy, nauseated, tired, yawning, thirst (but do **not** give drink) and aggression. **SHOCK CAN BE FATAL.** Lie patient down, reassure, elevate legs, keep warm. **999 transfer to hospital.**

Anaphylactic Shock

Caused by drugs, foods, insect bites/stings – causing severe allergic reaction.

Patient may have own EpiPen – help them to use it. Medical Centre has antihistamines/adrenaline – **contact nursing staff immediately**

Signs and Symptoms: Skin rash, anxiety, swelling of face/neck, difficulty in breathing, which may be severe, and a rapid pulse.

Sit patient up if conscious; recovery position if unconscious; **999 transfer to hospital**

Electric Shock

Do not endanger yourself.

Insulate yourself, prior to switching off current or breaking the electrical contact.

Exit and entry burns on the body should be cooled with water. There can be a track of internal damage.

Lie patient down and treat as for shock. **999 transfer to hospital.**

1.9. Disorders of Consciousness

Head Injuries

Recent history of injury and damage may be visually apparent. There may be intense headache; straw coloured or blood stained discharge from ears and nostrils; eyes may be bloodshot with unequal pupils not reacting; partial paralysis; disorientation and deterioration of consciousness; nausea; dizziness; blurred vision, agitation. In all these cases lie patient down with head slightly raised. If unconscious, place in the recovery position. **999 transfer to hospital**

Concussion

Any recent history of a blow to the head **must** be referred to the Health and Wellbeing Centre, even if the following symptoms are not evident: nausea, dizziness, blurred vision, pain. Patient may gradually deteriorate. **Do not give pain killers.**

Epilepsy

Talk and reassure the patient, even if having a fit, they may well be able to hear you. If having a major fit, clear the area around the patient, do not move them, but loosen tight clothing and protect the head with a pillow or item of clothing. **Do not restrain or put anything in their mouth**

In the tonic phase of a fit the patient becomes rigid, breathing momentarily, may cease, jaw may clench and then convulsions commence. Patient may be incontinent. Transfer to hospital is rarely needed. Once the fit has stopped, patients returns to normal after a short rest

Diabetes - Hypoglycaemia

Occurs when insufficient sugar in the body. Patient is usually unaware of condition and may experience: weakness; hunger; palpitations; faintness; muscle tremors; strange behaviour, i.e. confusion, awkwardness, aggression. The skin becomes pale, cold, and clammy to the touch, but may also be sweating. Pulse will be bounding and the condition of hypoglycaemia, if untreated, will quickly lead to unconsciousness.

If conscious, give patients own Hypostop/Glucogel **or** give a sugary drink, sugar lumps, glucose, chocolate, honey or jam. **Ideally half a can of non diet drink i.e. coke or lemonade** will usually be adequate to reverse the condition. To give too much glucose/sugar at this time may lead to hyperglycaemia which should be avoided.

If the patient is losing consciousness, the Health and Wellbeing Centre stocks an injection (Glycogon) which can reverse hypoglycaemia. If patient is unconscious – **999 for transfer to hospital**

1.10. Resuscitation

1. **Danger** - is there any danger to you?
2. **Response** – does the patient respond to your voice?
3. **Airway** – has the tongue perhaps fallen back?
4. **Breathing** – look, listen and feel for breathing.
5. **Circulation** - Carotid pulse (in the neck) to establish if a pulse exists.

Do not use the radial pulse at the wrist – it will be too hard to find if the patient is very ill.

The present First Aid guidelines advise that if the patient is not breathing and there is no pulse then telephone **999 prior to commencing Cardio-Pulmonary resuscitation.**

Acquire the Defibrillator immediately and follow the voice instructions from the machine

Commence CPR = 30 compressions – 2 breaths

To be successful, compressions of the sternum (breastbone) need to be 5-6cm on an adult and at a rate of 120 per minute. This is **very hard work. If you wish for tuition please contact the Medical Centre.**

The **Defibrillator** is housed on the wall outside the Health and Wellbeing Centre. Oxygen and basic resuscitation equipment is kept within the Health and Wellbeing Centre in the clearly labelled emergency black 'Grab Bag'.

Please remember the correct recovery position: it might be a life saver

Appendix 2: Management of Asthma Policy

What is Asthma?

A large number of girls at QM suffer from Asthma and an attack may occur without warning.

Asthmatics have airways which narrow as a reaction to various triggers. The triggers vary between individuals, but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible girls. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the girl's skin and lips may become blue.

About one in seven children have asthma diagnosed at some time and about one in twenty children have asthma which requires regular medical supervision.

The fact that a girl is asthmatic is recorded in her Health Record in iSAMS under the heading "Conditions" and House Staff are briefed individually.

Asthma Attacks

All staff should be aware of what to do in an asthmatic attack. The school follows the following procedure:

- Ensure that the relieving inhaler (usually blue) is taken immediately, ideally through their volumatic spacer
- Reassure the girl and stay calm
- Ensure tight clothes are loosened and the pupil is sitting up
- Summon the Health and Wellbeing Centre Sister
- During an Asthma Attack use 2 puffs every 2 minutes for 10 minutes.
- **If no improvement call 999**

Presenting Features of Asthma

- Wheeze
- Breathlessness
- Dyspnoea
- Dry cough
- Noisy breathing
- Tight chest

The Hallmark of Asthma is that these symptoms tend to be:

- Variable
- Intermittent
- Worse at night
- Provoked by triggers including exercise, stress, high pollen counts, weather changes

Diagnosis of Asthma

Diagnosis is determined by chest examination by a physician, peak flow recordings, reversibility test and patients history.

Some pupils will benefit from short term use of inhalers, following Upper Respiratory Tract Infection (U.R.T.I.) – these patients are not asthmatic.

Treatments

There are two main types of asthma inhalers – Relievers and Preventers and they work in different ways.

Relievers

Relievers help to relieve breathing difficulties when they happen. Relievers usually come in blue inhalers e.g. Salamol/Ventolin inhalers.

Preventers

Preventers help protect the lining of the airways from inflammation. They make asthma symptoms less likely. Preventers usually come in brown, red or orange inhalers.

Steroids

If a pupil's asthma worsens the Doctor may prescribe Steroid tablets for a few days until the asthma is under control again, these will be administered from the Health and Wellbeing Centre. Heavy colds or chest infections can severely aggravate a normally well controlled asthmatic.

Using a Volumatic Spacer

Spacers are issued to some girls for use with their inhalers to improve the effectiveness of their technique.

Having removed the inhaler cap, the inhaler is shaken and placed into the spacer.

Instruct the girl to breathe out gently and close the mouth around the mouthpiece.

Holding the spacer level, press the inhaler and continue breathing in slowly and deeply.

Hold the breath for 10 seconds or alternatively, with girls unable to hold their breathe, allow breathing to continue in and out as normal

If another dose is required, the inhaler should be removed and shaken before repeating

Care of Volumatic Spacer

The spacer should be cleaned as per manufacture's recommendations. Wash in detergent, rinse well in water and allow it to dry naturally.

The Spacer should be replaced at least every twelve months, but immediately if damaged.

Instruction to the Pupil

When the girl is seen by the Doctor and Asthma is diagnosed, inhalers and peak flow meter are prescribed. The Health and Wellbeing Centre Sister will teach and demonstrate how to use the inhaler and peak flow meter.

Using the Peak Flow Meter (which records lung function)

- Ask the girl to stand
- Hold the meter horizontally without restricting the movement of the marker which should be on zero position
- Breathe in deeply
- Seal lips around the mouthpiece and breathe out as hard and fast as possible (do the best of three)
- Record reading
- The girl should measure peak flow early in the morning and early in the evening before using inhalers

The Sister will continue to monitor the girl in the HWC at morning and evening surgery observing the technique of the pupil's peak flow recordings and use of inhaler. Pupils with Asthma will be reviewed regularly with the Doctor.

Access to Medication

Girls are encouraged to carry their reliever inhalers with them at all times. The Health and Wellbeing Centre carries a back up supply of inhalers for all diagnosed girls with asthma.

PE/Activities

The school positively encourages all girls with asthma to participate in sport and related activities. Girls with asthma should carry their own inhalers with them at all times. Teachers will remind girls to use their inhaler before the lesson and warm up exercises. If a girl needs to use their inhaler during the lesson they should be encouraged to do so. If teachers are concerned then they must notify the Sister immediately.

Off Site Visits

If girls are going off site the appropriate staff must be aware of individuals with Asthma and consult with the Sister in the Medical Centre.

Ref: British Guideline on the Management of Asthma- A National Guideline, British Thoracic Society.

Appendix 3: Management of Epilepsy Policy

What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so and will ensure that both the pupil and school staff are given adequate support.

Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). Examples of some types of generalised seizures are:

Tonic Clonic Seizures

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure. During the clonic phase of the seizure there will be rhythmic movements of the body which will gradually cease. Some pupils only experience the tonic phase and others only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovery times can vary – some require a few seconds, where others need to sleep for several hours.

Absence Seizures

These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the pupil may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is day dreaming.

Partial Seizures

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

Simple Partial Seizures

In this type of seizure the person is conscious aware of what is happening to them. This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring. Reassurance and comfort should be given.

Complex Partial Seizures

This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused, wandering and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

During these seizures, do not restrain the person and guide them away from dangerous situations. Speak gently and calmly to the person to help familiarize them to their surroundings. Give the person space for awhile.

What to do during a Convulsive Seizure

- Stay calm
- Note the time/ check how long the seizure lasts
- Prevent others from crowding round
- Put something soft under the head
- Only move them if in a dangerous place
- Do not restrict or restrain the convulsive movements
- Do not put anything in the persons mouth

What to do when the Seizure has stopped

- If possible put them in the recovery position
- Wipe away any saliva and if breathing is difficult check that nothing is blocking the throat such as food or dentures
- Minimise embarrassment, if incontinent deal with this privately
- Stay with them, give reassurance until fully recovered

Medication and Control

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing or flickering lights, video games and computer graphics and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents should be encouraged to tell school staff of the likely triggers.

Pupils with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Off-site activities may need additional planning, particularly overnight stays. Concern about any potential risks should be discussed with pupils and their parents, and if necessary, seeking additional advice from the GP, paediatrician or school nurse/doctor.

Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage.

When completing medical questionnaires, parents should be encouraged to tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place. Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. **The RN on duty should be contacted immediately.**

The RN may call for an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness, or where there is any doubt.

Ref: The National Society for Epilepsy

Appendix 4: Management of Diabetes Policy

What is Diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes traditionally needed to have several insulin injections daily. Treatment of diabetes can now be controlled by a small computer controlled insulin pump, the size of a mobile phone, which is connected to the patient's skin. Blood sugar levels need to be monitored throughout the day and a healthy diet taken.

Medication and Control.

Most children can manage their daily insulin needs from a very early age and may simply need supervision if very young, and also a suitable, private place to perform certain tasks.

Girls with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this at any during the school day and more regularly if their insulin needs adjusting.

Girls with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for girls with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, particularly in extremes of weather, the girl may experience a hypoglycaemic episode (a hypo) during which her blood sugar level falls to a critically low level. Staff in charge of physical education classes or other physical activity sessions should be aware of the need for girls with diabetes to have glucose tablets or a sugary drink to hand.

Hypoglycaemic Reaction

Staff should be aware that the following symptoms, either individually or combined, which may be indicators of a hypo in a girl with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking
- lack of concentration
- irritability

Each girl may experience different symptoms and this should be discussed when drawing up the health care plan.

If a girl has a hypo, it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. **The RN on duty has immediate access to Glucogel and GlucaGen injections and must be contacted.** Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk should be given once the pupil has recovered, some 10-15 minutes later. If the pupil's recovery takes longer, or in cases of uncertainty, call an ambulance.

An increased need to go to the toilet, persistent thirst, tiredness and weight loss may indicate poor diabetic control, and schools will naturally wish to draw any such signs to the parents' attention.

Appendix 5: Management of Anaphylaxis Policy

What is Anaphylaxis?

Anaphylaxis is an extreme and immediate hypersensitivity reaction usually to food, drugs or insect stings. It is important to respond quickly to a patient who may be suffering an attack of Anaphylaxis. If a patient presents with one or more symptoms of Anaphylaxis following a sting from a bee or wasp or after a meal, Anaphylaxis is likely to be the diagnosis. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases; they go through the whole of their school lives without incident. The most common cause is food, in particular nuts, fish and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection – EpiPen, depending on the severity of the reaction.

Where girls are known to be susceptible to an anaphylactic reaction they will be prescribed an EpiPen to take on all trips and the trip leader will be provided with an explanatory leaflet.

Signs and Symptoms of Anaphylaxis

Signs and symptoms will normally appear within seconds or minutes after exposure to the allergen. These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- skin may appear flushed or pale
- nausea and vomiting
- abdominal cramps
- diarrhoea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing
- conjunctivitis
- hypotension

Medication and control

In the most severe cases of anaphylaxis, people are normally prescribed a device called an EpiPen, for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional.

For some children, the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency.

EpiPens can be administered through clothing, if no improvement after 5 minutes of the 1st dose use a second EpiPen.

The pupil may be old enough to carry his or her own medication but, if not, a suitable safe yet accessible place for storage should be found. The safety of other pupils should also be taken into account. If a pupil is likely to suffer a severe allergic reaction all staff should be aware of the condition and know who is responsible for administering the emergency treatment.

Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such pupils at break and lunch times and in cookery, food technology and science classes and seek to minimise the risks whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

Each pupil's symptoms and allergies will vary and will need to be discussed when drawing up the health care plan.

Call **999 for an ambulance** immediately, particularly if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication. If the allergic reaction is severe enough to warrant use of EpiPen, and then transfer to hospital is essential as further treatment may be necessary.

Appendix 6: Self-Harm Policy

Definition

Self harm encompasses a wide variety of behaviours and acts. Self harm is the term used to describe deliberately harming or injuring yourself and is a symptom of mental illness. The most common methods are:

- Repeatedly cutting the skin
- Burning or scalding
- Pulling out hair or eyelashes
- Swallowing sharp items
- Jumping from heights
- Strangling
- Taking poisons and overdosing

Identifying Signs

Girls of all ages at Queen Margaret's School may self harm. It is most common among those who have poor self-worth and are troubled and unhappy.

- Self harmers are often secretive and good at avoiding detection
- Denial of injury source will be well practised and convincing
- Arms, legs and abdomen are the most used sites for cutting and burning

Management

Observe, be sensitive and consult the Medical Centre. Please do not approach the girl yourself. Each patient must be assessed as an individual case. On going confidential support and care will be co-ordinated by the School Nurses. Parents and school staff will be involved with the girl's permission. Psychiatric treatment may be appropriate and this would continue during term time.

Self Harm Includes Eating Disorders

Anorexia Nervosa

Anorexia is a complex condition which must be diagnosed and treated quickly. Any girl who is avoiding meals and showing signs of weight loss must be observed and monitored discretely by staff. Please do not approach the girl about her eating habits. If a member of staff is confided in by a girl who has an eating problem, then that girl needs to be gently persuaded to extend her trust and involve the Nursing staff. The Medical Centre staff must be informed immediately to enable them to assess and treat the pupil.

Bulimia

The bulimic may appear to be a normal weight and the level of bingeing may vary. Many remain undiagnosed for years, causing long term physical harm. Self induced vomiting is done in secret, but patterns of behaviour may become evident to the observer.

Management of Eating Disorders

Anorexia and bulimia are symptoms of mental illness and may be life long problems to the sufferer. Frequent confidential monitoring and support from the Nursing Staff will be ongoing. Referral for psychiatric specialist care may be arranged. Close liaison between parents, therapists and relevant school staff is essential to enable the girl to progress and recover.

It may necessary to withdraw a girl from sport and dance activity. Should this occur, then relevant staff would be informed.

In severe cases, meals may be taken in the medical centre, though every effort is made not to isolate the girl from her peer group.

Immediate friends of the sufferer will also need support and this would be co-ordinated by the Nursing Staff.

Appendix 7: Influenza Policy

Seasonal Influenza

This is a highly infectious viral illness. People with influenza are able to spread the infection easily to others and symptoms can last for one to three weeks.

The symptoms include:-

- high temperature, over 38C or 100F
- widespread muscle and joint pain
- severe headaches
- vomiting and diarrhoea
- sore throat, cough and a runny nose

Most people start to recover after one week and will have needed to stay in bed through the worst of the symptoms. People who have other medical conditions may develop complications as a result of influenza which can then lead to serious illness, e.g. pneumonia.

Influenza / Swine Flu Vaccination

All girls at Queen Margaret's School are offered the influenza vaccination yearly and this is given, with parental consent, just before the autumn half term, to enable immunity to develop in time for the commencement of the winter influenza season. The school Medical Officer wishes to encourage all girls and staff to have this yearly vaccination to prevent an epidemic outbreak at school.

Influenza Epidemics

The threat of an influenza epidemic continues every year. The school Medical Officer, Dr Romina Onac and Senior Sister, Helen Williams will keep the school's management and governors informed of any changes in advice from the Local Health Authority or government. In the event of an influenza epidemic, the school website would provide up to date relevant information.

QM has a tradition of excellence in caring for girls, but should an influenza epidemic be experienced, girls displaying symptoms would be sent home or to their UK guardian. Girls who are ill and can not return home will be isolated and cared for at school. Health Protection protocol dictates that no person with symptoms of influenza should travel on public transport or air flight, thus parents would be asked to collect their daughter from school.

Girls who become ill with influenza at home must remain isolated until symptoms subside and not return to school until fully recovered. Parents are asked to contact the school Health and Wellbeing Centre 01904 727608 prior to sending their daughter back to school following influenza infection or suspected influenza symptoms.

Appendix 8: Consent to Self-Medicate

**QUEEN MARGARET'S SCHOOL
Health and Wellbeing Centre
CONSENT TO SELF-MEDICATE**

Date.....

I wish to retain the responsibility for keeping and taking my own medications.

Medication name.....

Girl's Name.....Signature.....

Parental/guardian/Housemistress signature.....

RN..... Signature.....

Date of review.....

Appendix 9 (contd)

**RECORD OF PARACETAMOL STOCK
& STAFF SELF ADMINISTRATION**

TO BE KEPT IN LOCKED MEDICATION CUPBOARD

DATE RECEIVED FROM Health and Wellbeing Centre: _____

30 TABLETS X 500mg OF PARACETAMOL (Please cross off as administered)

30	29	28	27	26	25	24	23	22	21	20	19	18	17	16
15	14	13	12	11	10	9	8	7	6	5	4	3	2	1

DATE RECEIVED FROM Health and Wellbeing Centre: _____

30 TABLETS X 500mg OF PARACETAMOL (Please cross off as administered)

30	29	28	27	26	25	24	23	22	21	20	19	18	17	16
15	14	13	12	11	10	9	8	7	6	5	4	3	2	1

1 BOTTLE PARACETAMOL 250mg/5ml (500ML)

DATE RECEIVED FROM Health and Wellbeing Centre (Write in box below)

STAFF SELF ADMINISTRATION RECORD OF PARACETAMOL

Name	Date	Time	Dose / Strength	Signature

**GP/PARENTAL REQUESTS
TO ADMINISTER MEDICATION**

Please forward copy to Health and Wellbeing Centre

INSTRUCTIONS

NAME:					Date of Birth	Year
Date	Time	Problem	Name of Medication	Dose	Frequency	Comments

ADMINISTRATION RECORD

Date	Time	Problem	Name of Medication	Dose / Strength	Signature of Staff	Comments

Appendix 10: Guidelines for the management of ill Sixth Form pupils

- It is recognised that there are circumstances when it is preferable to allow sixth formers to remain in their own rooms to rest when they are ill.
- Girls are not permitted to make this judgement without consulting their House Staff.
- The House Staff will only allow this after consultation with the Health and Wellbeing Centre.
- The House Staff will do at least two checks on the pupil during a four hour period.
- If the House Staff has any concerns about the girl's symptoms during this four hour period she should call the Health and Wellbeing Centre. Sister will then visit to make an assessment.
- At the end of this four hour period the girl must either return to her usual routine or go to the Health and Wellbeing Centre for her condition to be assessed. If she is too unwell to attend the Health and Wellbeing Centre, Sister will visit to make an assessment.
- Only the HWC staff may summon the School Doctor.

Appendix 11: Medication Advice for Years I-IV

IF YOU BRING YOUR OWN SUPPLY OF OVER THE COUNTER MEDICATIONS INTO SCHOOL:

THESE MEDICATIONS INCLUDE PARACETAMOL, NUROFEN, LEMSIP, BENYLIN, BUTTERCUP SYRUP, BEECHAMS POWDERS, MULTIVITAMINS etc.

PLEASE SHOW ALL MEDICATIONS TO YOUR HOUSE STAFF OR HEALTH AND WELLBEING CENTRE. YOUR HOUSE STAFF WILL EITHER ISSUE THE MEDICATION TO YOU OR COMPLETE THE NECESSARY DOCUMENTATION TO ALLOW YOU TO SELF MEDICATE.

DO NOT GIVE YOUR OWN MEDICATIONS TO GIRLS WHO ARE ILL, ADVISE THEM TO COME TO THE HEALTH AND WELLBEING CENTRE OR THEIR HOUSE STAFF.

Appendix 12: Medication Advice for Years V-UVI

IF YOU BRING YOUR OWN SUPPLY OF OVER THE COUNTER MEDICATIONS INTO SCHOOL:

THESE MEDICATIONS INCLUDE PARACETAMOL, NUROFEN, LEMSIP, BENYLIN, BUTTERCUP SYRUP, BEECHAMS POWDERS, MULTIVITAMINS etc

PLEASE INFORM THE HOUSE STAFF OR HEALTH AND WELLBEING CENTRE AND COMPLETE THE NECESSARY DOCUMENTATION TO ALLOW SELF MEDICATION.

DO NOT GIVE YOUR OWN MEDICATIONS TO GIRLS WHO ARE ILL, ADVISE THEM GO TO THE HEALTH AND WELLBEING CENTRE OR THEIR HOUSE STAFF.

Appendix 13: Confidential Medical Questionnaire

CONFIDENTIAL MEDICAL QUESTIONNAIRE

Please complete and return this questionnaire as soon as possible to the Queen Margaret's Health and Wellbeing Centre. This information provides a background for use only by the School Medical Officer and Registered Nurses, and assists us in providing health care for your daughter. All boarders will normally be registered with Dr. Onac, and their GP records will be held on behalf of Dr. Onac at the school Health and Wellbeing Centre under the jurisdiction of the School Registered Nurses. Please note that all medical information remains confidential.

Personal Details

Full name of girl _____

Home address _____

Telephone number _____

Date of birth _____ Religion _____

Town and Country of birth _____

If **not** the UK then how long has she been resident in the UK? _____

Name and address of her last GP
in the U.K _____

Previous illnesses

- | | | |
|-----------------|-----------------|--------|
| 1. Has she had: | Measles | Yes/No |
| | Whooping Cough | Yes/No |
| | Mumps | Yes/No |
| | Chickenpox | Yes/No |
| | Glandular Fever | Yes/No |

2. Has she had any other infectious illnesses? Yes/No

If so, state nature and date _____

3. Does your daughter suffer from any recurrent health problems? Yes/No
If so, please state the nature of the problem

4. Is your daughter on any regular medication? Please list

5. Does your daughter suffer from any form of allergy? Yes/No
(e.g. Medication, eggs, nuts, elastoplasts etc.,)
If so, please state details of allergy and treatment

6. Has she ever had any operations? Yes/No
If so, please state the nature and date of the operations

7. Is her eyesight good? Yes/No
Is her hearing generally good? Yes/No

If not please state the problem

8. Has your daughter had dental problems? Yes/No
Please give details

9. Is there any ailment or condition which could create problems for your child to participate in school sport and/or school outings? Yes/No

10. Is your daughter asthmatic? Yes/No

If so, what medication does she take?

Has she ever had a hospital admission for asthma attacks?

Name: _____

<u>Immunisation Record</u>	<u>Date of vaccinations</u>
Tetanus	
Poliomyelitis	
Diphtheria	
German Measles (Rubella)	
MMR (Measles, Mumps and Rubella)	
Meningitis C (Please state 'given' if date unknown)	
Heaf test/Mantoux test for Tuberculosis	
Result of Heaf /Mantoux test <i>positive or negative</i> (please delete)	
BCG (Tuberculosis)	
<i>Other vaccinations:</i>	
HPV vaccine course of 2 or 3 injections Gardasil or Cervarix (please indicate which)	
<i>Travel Vaccinations:</i>	

- During her time at school your daughter will be offered:
Meningitis C and Rubella vaccination (if not already done)
Tetanus, Diphtheria and Polio boosters

Please indicate below if you would like these to be carried out by the School Medical Officer:

***I do/do not wish the School Medical Officer to give my daughter routine vaccinations.**

- Influenza vaccinations will take place during the Autumn Term. Please indicate below if you would like your daughter to receive regular immunisation against Influenza as advised by the School Medical Officer.

***I do/do not wish the School Medical Officer to give my daughter regular Influenza Immunisation.**

- If your daughter is resident in a country with a high prevalence of Tuberculosis and has not previously been BCG vaccinated, the Department of Health may recommend she is screened and subsequently vaccinated.
- In the event of the necessity for an operation, specialist's opinion or X-Ray etc, do you wish your daughter to be treated by the National Health Service or as a private patient?

***I wish my daughter to be treated by the NHS/Private.**

In the event of emergency treatment I give my consent for the school to act in loco parentis on my behalf.

- If your daughter is a boarder, please send her NHS Medical Card before the start of term so that she may be registered with the School Medical Officer.

- Please give your permission for simple non-prescription medications to be given at the discretion of the Registered Nurse and House Staff. These are only given under strict guidelines provided by the School Medical Officer.

*I give/I do not give my permission for non-prescription medications to be administered.

*I give/I do not give my permission for my daughter to receive emergency medical, first aid, dental and optical treatment.

***(please delete as appropriate)**

Please indicate if you wish House Staff and/or Teaching staff to be informed regarding any aspect of your daughter's health as given on this questionnaire. This information is confidential and may only be released by the School Nursing Staff with your consent.

Parental Signature: _____

Name (Printed): _____

Date: _____

Appendix 14: ARRANGEMENTS FOR THE CONTROL OF EXPOSURE TO BODILY FLUIDS

1.0 INTRODUCTION

1.1 Due to injuries and illnesses there may be occasions when other persons may be exposed to bodily fluids such as blood, urine, and vomit. Such bodily fluids have the potential to contain viruses and diseases which could be harmful to the health of others.

1.2 It is essential that spillages of bodily fluids are dealt with quickly and safely, ensuring that measures are taken to prevent others from exposure to the potentially harmful fluids and to minimise the spread of the infection.

1.3 It is the responsibility of all members of QM staff to initiate the necessary procedures to deal with a spillage when such an incident is encountered. Housekeeping staff are available to assist with cleaning and control during the hours of 8.00am to 5.00pm.

2.0 PREVENTING THE SPREAD OF INFECTION

2.1 Containment. It is essential that people should be kept well clear of the contaminated area. Persons walking through the contamination are likely to spread infection on their shoes to other clean areas. As soon as reasonably practicable the area should be cordoned off using any means available, such as locking doors, providing barrier from chairs etc.

2.2 Disposal. Contaminated items, including equipment and materials used in the process of cleaning the spillage, not required to be kept should be disposed of using the yellow plastic sacks provided in the hygiene kits. These sacks should be sealed when filled and carefully stored until collection by hazardous waste contractor can be arranged. The Housekeeping Department should be contacted with regard to waste storage and collection. Under no circumstances should hazardous waste be placed in the general refuse containers.

2.3 Cleaning. Contaminated items such as clothing and bedding which are to be kept must be submitted for specialist cleaning. These items should be placed in the red plastic bag provided in the hygiene kits, secured and passed to Housekeeping Department for cleaning. Under no circumstances should contaminated items be washed in School laundry machines, sinks or wash basins.

3.0 HYGIENE KITS

3.1 Hygiene kits, containing all the equipment and materials to safely clear away biohazard spills, are distributed throughout the School and located in the following area:

- 1No kit in each year group boarding area (see relevant house mistress for access).
- 2No kits in Health and Wellbeing Centre.
- 1No kit in House Keeper store (see House keeper).

3.2 Each kit contains personal protective equipment (PPE) such as apron, eye protection, gloves etc, which must be worn in accordance with the procedures and instruction provided. A full list of the equipment and materials, and the procedures and instructions to be followed are contained in each kit.

4.0 TRAINING

4.1 Before used, individuals should undergo basic training in the use of the hygiene kits. Training can be arranged through the Housekeeper or the Health and Wellbeing Centre.

5.0 REPORTING

5.1 All incidents involving bodily fluids must be reported to:

- Health and Wellbeing Centre – to ensure they are informed of the situation regarding the health of an individual, and to follow up with any additional medical care.
- Housekeeper – to ensure the cleaned area is sufficiently hygienic and to ensure that equipment used from the hygiene kits is adequately sterilized and materials used are replenished.