

ISI Reference 13a - Policy A7: Medical Policy**Care of boarders who are unwell, including first aid, care of those with chronic conditions and disabilities, dealing with medical emergencies, mental health 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) and endorsed by the Independent Schools Inspectorate (ISI) and the Nursing and Midwifery Council Code of Conduct (2015).

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).*

Independent School Standards Regulations:**Part 3 - Welfare, health and safety of pupils**

Paragraph 13 - First Aid

The standard in this paragraph is met if the proprietor ensures that first aid is administered in a timely and competent manner by the drawing up and effective implementation of a written first aid policy.

(First Aid Policy is incorporated within the Medical Policy and referred to in the Health & Safety Policy ISI Reference 11 - Policy A9).

This document contains the following information:

- 7.1. Introduction to the Health and Wellbeing Centre at QM
- 7.2 First Aid
- 7.3 Administration and Storage of medicines
- 7.4 Access to off-site medical services
- 7.5 Bodily Fluids
- 7.6 Protection of Confidentiality
- 7.7 Seizures and Epilepsy
- 7.8 Head Injuries
- 7.9 Asthma
- 7.10 Diabetes
- 7.11 Anaphylaxis
- 7.12 Mental Health
- 7.13 Eating Disorders
- 7.14 Infection Control Guidelines
- 7.15 Paracetamol Policy

- Appendix 1 First Aid
- Appendix 2 Consent to Self-medicate
- Appendix 3 Paracetamol Record in House
- Appendix 4 Confidential Medical Questionnaire
- Appendix 5 Arrangements for the control of exposure to body fluids
- Appendix 6 Medical Protocol for House staff
- Appendix 7 Care of Boarders who are unwell
- Appendix 8 Head injury/Concussion letter for parents
- Appendix 9 Termly Health Statement
- Appendix 10 Self-harm policy and flowchart
- Appendix 11 Eating disorder policy and flowchart
- Appendix 12 Slapped Cheek Syndrome
- Appendix 13 Handover sheet
- Appendix 14 Medication protocol

7.1. QM Health and Wellbeing Centre

The School Health and Wellbeing Centre is situated on the ground floor, right hand wing of Cloisters, and is staffed by a team of four Registered Nurses. The Health and Wellbeing Centre has an 'open door policy' during the day.

The Health and Wellbeing Centre has a consulting room, a treatment room, a secure dispensary and four single isolation bedrooms, with appropriate facilities and a sitting room. Overnight accommodation is provided for the nurse on call 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.

The Health and Wellbeing Centre team: -

School Medical Officer: Dr Jeanette Lenthall

Acting Senior Sister: Marea Preston RM

Sister: Rosie Brown RN (Mat leave)

The acting senior sister is supported by a small team of qualified nurses in order to offer 24 hour nursing support for the girls at Queen Margaret's School.

Emotional Wellbeing Practitioner: Roz Lester

Clinical Psychologists: Jo Jordan and Stephen Bainbridge

Health and Wellbeing Centre opening times: -

Monday – Saturday

0800-1800

Sunday

0900 - 1300

Outside of these hours a member of the nursing team is on call.

School Medical Officer: Dr Jeanette Lenthall

Dr Jeanette Lenthall, the School Medical Officer (SMO), holds two clinics at school each week. Dr Lenthall and her colleagues at the Escrick Practice will also see girls at any time between the school surgeries. GP surgeries in school will be held on Monday and Thursday mornings.

Contacting the School Nurses

During term time there is always a School Nurse on call. She might not be in the Health and Wellbeing Centre at all times but will be on-site and will always have the emergency mobile telephone with her. Contact numbers are given below. In the event of serious illness or accident the nurse on call should be called to come to the student. Where possible staff are requested to telephone the nurse prior to sending an ill or injured girl to the Health and Wellbeing Centre in order to ensure that the nurse is there to meet her, if there is no answer please try the emergency mobile number. The nurse on-call is always on site so should not be too far away.

Important contact numbers

Health and Wellbeing Centre: **01904 727608**

Extension **608 or 592**

Nurses emergency mobile: **07970 039782**

7.2. 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 all of whom hold the First Aid at Work qualification or its equivalent which requires them to update their training every three years. **A list of all currently**

trained first aiders is maintained at both the Estate Office and the Health and Wellbeing Centre. The Health and Safety Officer is the responsible person who ensures that initial and/or repeat training is given as necessary and a record of that training is maintained.

- 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.
- The number of first aid personnel is based on the number of pupil and employees, taking into consideration adequate provision for leave and absences, off-site activities, practical departments (e.g. Science, PE)etc.
- the main duties of a First Aider are to:
 - give immediate help to casualties with common injuries and illnesses and those which occur as a direct result of specific hazards within schools; and where necessary ensure that an ambulance is called
 - in all instances the First Aider should notify the HWBC of any incidents at the earliest opportunity
 - an accident form should be completed after any accident, dangerous occurrence, or sudden illness requiring immediate resuscitation or occasion of reportable illness. The form should be completed by the person involved, or if they are unable to complete it themselves, then by an adult witness or the first person they are able to report the accident to.

Departmental First Aid Kits

First Aid kits are in the following areas of the School

- | | |
|----------------------------------|---------------------|
| ● 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 and all meet British standards, BS 8599-1. A named member of staff in each department where First Aid kits are located is responsible for ensuring that each kit is kept fully stocked. In science laboratories there are numerous eyewash stations. Boxes are checked on a termly basis and orders are placed for re-stocking with the Health and Wellbeing Centre.

More First Aid information can be found within the school's Health and Safety Policy (A9) where further information relating to First Aid Provision can be found in section 3.2 and appendix B - First Aid and Accident Reporting.

7.3. Administration and Storage of Medicines

Homely remedy protocol

Homely remedy protocols (HRP) are not prescriptions but protocols to enable administration of over the counter (OTC) medications in settings such as care homes, childcare and some educational establishments. They are required for liability purposes. Hunt and Gemmill (2008) advocate their use for health care professionals practicing outside the NHS. HRP's cannot be used for prescription only medicines. The HRP at Queen Margaret's applies to girls with signed consent on their Medical Questionnaire, those girls deemed safe to self-medicate and staff. All staff administering OTC medication should sign a form to say they have read the Paracetamol Policy, have seen the relevant parts of the HRP and have been deemed proficient by

nursing staff to administer medication in House and on trips. The Nursing and Midwifery Council (2008) considers it good practice that the employing organisation sign off all protocols. All Nursing staff, The Head and the School Medical Officer must sign the medication protocol, see Appendix 13. With all homely remedy treatments, it is vital that further medical guidance is sought in a timely manner if an ailment or illness worsens or fails to respond to a homely remedy or First Aid.

Emergency medication

Each girl with a diagnosis of asthma or anaphylaxis must have access to their inhaler or auto injector whilst in school. The School protocol on emergency medication is that girls are required to carry their emergency medication always and the Health and Wellbeing Centre store back-up supplies and also provide House with spare medication. Each House is provided with ongoing training and support and is given an Emergency Care Plan, copies of these are also found on the Google Drive. Further information on this can be found in the Anaphylaxis and Asthma sections in the school's Medical Policy.

Storage of Controlled Drugs (CDs).

The storage of controlled drugs (CDs) should comply with the Misuse of Drugs (Safe Custody) Regulations (1973)

- A secure, lockable cupboard should be used which contains nothing else.
- Only Registered Nurses with authorised access should hold the keys to the cupboard.
- CDs requiring refrigeration must be stored in the lockable refrigerator.
- Separate records for the administration of controlled drugs should be kept in an appropriate file/book.
- The balance remaining should be checked at administration and weekly by two Registered Nurses.
- The protocol for CDs is that unused or out of date stock must be returned to the Pharmacy.
- CDs must be checked into the cupboard as soon as they arrive from the Pharmacy and witnessed by two Registered Nurses.
- CDs taken home by pupils during holiday time must be documented by two Registered Nurses as being taken off the premises.
- The Senior Sister must ensure that the correct protocols regarding CDs are followed and that these systems remain in place.

Storage of stock medication

- Stock medication such as analgesia and antihistamines listed on the medication protocol are counted and recorded.
- All medicines must be stored in the original container or box.
- Spare emergency medication is stored in the Health and Wellbeing Centre Dispensary, girls and key staff are made aware of this.
- Controlled Drugs are kept in the Health and Wellbeing Centre in a locked non-portable cupboard. All CDs are counted in and out of the cupboard and the balance is checked daily.
- Refrigerated medication must be kept in the medical fridge in the Health and Wellbeing Centre, fridge temperatures are checked daily and recorded.
- The medical fridge is used solely for vaccines and medicine storage.
- The temperature range must be recorded between 2-8 degrees.
- During long holidays the fridge must be emptied, and all medications returned to the Surgery for safe storage.

Self-medication

Following consultation and a Risk Assessment by the school nurses some girls who have POMs or who need regular Paracetamol/Ibuprofen may be able to self-medicate. A form for this will be provided and House staff will be informed. Please see Appendix 1. If a girl is in Year 5 or above and wishes to self-medicate and keep medications in her room she may do so, as long as the Risk Assessment form is completed, and she is considered safe by the school nursing team. There must be a lockable, immovable cupboard or container for the storage of medication in her room. The named nurse allocated to that year group will do periodic checks as part of the termly medication checks in House.

If House staff come across medication in a girl's room which have not been locked away, she should refer that girl to the Health and Wellbeing Centre. The nurse on-duty will ascertain whether these are undisclosed medicines or whether they have been prescribed by the SMO. If it is medication prescribed by the SMO and the girl has already been deemed safe to self-medicate then she is in breach of her agreement and the medication will be removed from her possession. The girl will then either receive the POMs directly from House staff when needed or it will be administered to her by nursing staff in the Health and Wellbeing

Centre. If the medication is a homely remedy that has been brought into School, then the girl will be assessed to see if she is competent to self-medicate and the School's policy on self-medication will be explained.

Storage of Medication by House staff

It is the responsibility of the House staff to ensure that all medications issued to girls who are not able to self-medicate are stored within the medicine cabinets in the House study and must be securely locked when unattended. A list of all medications stored should be kept and signed by the school nurse. It is the responsibility of the Health and Wellbeing Centre to carry out checks every term. Expiry dates should be noted. A copy of this checklist should be kept in the Health and Wellbeing Centre in the file marked 'House Medication Checks'.

Administration of Medication by House staff

- 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 a day girl) or the Health and wellbeing Centre (if there is any doubt telephone the Health and Wellbeing Centre to check)
- Select the correct medicine container, check the name of the drug, dosage and time due to be take
- Select the dose and administer with a full glass of water, ensure that it is swallowed
- Record the name of the medicine, time, dose and signature in the individual girl's records which are maintained in House. Each medication administered should 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 girls and parents

Girls and parents are requested to notify their Housemistress and the Health and Wellbeing Centre if new medication is to be taken whilst at school. Girls are requested **not** to have their own supplies of 'over the counter' preparations including analgesics without the knowledge of the Health and Wellbeing Centre and NEVER to issue their own medication to other girls.

Paracetamol

Please see Paracetamol Policy

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

Stock Items for House medicine cupboards

Paracetamol 500mg x 30 tablets

Paracetamol Suspension 250mg per 5ml, 500ml bottle. (Years 1-3)

Throat sweets

Other Specific Items

Medications dispensed by arrangement with the school nursing team and School Medical Officer may include: -

Ibuprofen 200mg/400mg

POMS for individually named girls

Adrenaline auto-injectors and cetirizine for named girls with severe allergies.

Further information regarding the storage of Insulin for girls who are independent with their diabetes can be found in the Diabetes section which refers to the policy and protocol.

School Trips

The Health and Wellbeing Centre will provide First Aid kits to staff escorting girls on trips. On request, they will include 'over the counter' medicines, this depends on the length of stay and type of trip. The member of staff organising the trip will liaise directly with the nursing team, for overnight trips or longer the trip leader will meet with one of the nurses to go through medical information required. If there are any girls with a health condition who are on regular medication to which they will need access to while on the trip, then the staff member in charge of the trip will be provided with all the necessary information, this will include details of the girl's condition and instructions regarding the management of it, including administration of any medicines. All medication taken off-site will be signed out by the staff member. If a girl requests paracetamol

from the trip leader and it is within four hours of leaving school, then the trip leader will phone the Health and Wellbeing Centre, or the girl's parents, to discuss whether it is safe and to avoid double dosing.

Emergency medication for trips is collected by the trip leader, the auto injector kit is collected prior to departure along with the First Aid kit, should it be required for a girl with a known severe allergy.

The Anaphylaxis kit contains

- A named auto injector (EpiPen or Jext)
- Cetirizine (10mg tablets)
- A Salbutamol inhaler
- An Emergency Action Plan.

Vaccines/Immunisations (including travel)

The childhood immunisation programme is completed by the Health Child Team, this immunisation team is a group of Registered Nurses who go to all schools providing children with the necessary immunisations on the schedule. Consent is obtained from parents and guardians on-line, this is organised by the Immunisation Team. The NHS Immunisation Team offers the HPV course starting in Year 2 and the DTP teenage booster and Men ACWY in Year 3. Within School we can also organise any missed vaccines through the SMO or Immunisation Team.

Travel vaccines at Queen Margaret's can be organised through the Health and Wellbeing Centre, if girls are going on a non-school excursion then it is preferred that parents organise the required travel vaccines at home, via the Home GP or a travel clinic. It is important that parents update the school nursing team of any travel vaccines that their daughter may have had in order to keep school vaccine records accurate.

Please see the Infectious Diseases section for Flu Vaccine information.

Record keeping

All medication given to girls must be recorded in each girl's medical diary, and shared with House Staff as appropriate. Information given to House staff is usually based on name of medication, reason (if appropriate), dose, date and time. If a day girl is given medication four hours before home time contact is made with the parent, either by phone or email.

www.nmc.org.uk/standards/code

7.4. Access to off-site medical services

The school benefits from excellent off site local health support services at York Hospital and the York Nuffield Hospital and Dr Lenthall can refer girls with specialist needs to either hospitals. Girls have access to both NHS and private physiotherapy treatment and this can be arranged through the Health and Wellbeing Centre.

Routine dental and ophthalmic appointments are encouraged to take place during the school holidays, but for sudden problems emergency appointments can be made within the area.

Transfer of girls in an emergency; in these situations, a 999 call will be made if the situation is serious or life threatening. The girls will always be escorted in an ambulance by a responsible adult, and parents will be informed as soon as possible.

7.5. Exposure to Bodily Fluids

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.

Please see Appendix 4 for further information.

7.6. Protection of Confidentiality

Confidentiality

In accordance with the School Doctors and Nurses professional obligations, medical information about students, regardless of their age, will remain confidential. The doctor and nursing staff will always respect a student's confidence. However, information may be passed to the parents/guardians, Head, or other members of staff where this is deemed to be in the student's own interests or is necessary for the protection of other members of the school community. Such information will be given and received on a confidential 'need to know' basis.

Health and Wellbeing Centre Confidentiality Statement

"The safety, wellbeing and protection of the girls is the paramount consideration in all decisions made regarding confidentiality. It is essential that trust is established, and that sharing information unnecessarily doesn't take place. All information is shared on a 'need to know basis' and all girls need to feel comfortable with confidential boundaries before a conversation takes place."

The Health and Wellbeing Centre

Within the boarding school setting the Health and Wellbeing Centre provides a confidential service of treatment, advice and counselling, with referral to external agencies as appropriate. The School Nursing team are aware of the issues relating to Gillick competency and Fraser Guidelines. The School Medical Officer operates within the Codes of Practice outlined by the General Medical Council and the Royal College of General Practitioners. The Nursing staff operate within the Codes of Practice outlined by the Nursing and Midwifery Council;

"As a nurse, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately".

All medical records are kept secure within the Health and Wellbeing Centre and are only accessible by medical staff and the Head if deemed necessary. The confidential medical questionnaire should be completed by a parent giving their signed permission for essential information to be shared with staff i.e. diabetes, asthma, allergies, and entered on iSAMS.

If appropriate, and following discussion with the Head or DSL, details of past or current mental health concerns and treatment must be shared outside of the Health and Wellbeing Centre with the appropriate pastoral staff to ensure a coordinated approach across the entire support network. This enables the correct care to be established and make non-medical staff with immediate responsibility within the boarding environment aware of any issues that may arise. It is essential that all medical information shared with relevant staff must be treated with the utmost discretion.

Individual Nursing Care Plans are confidential and are not shared outside of the Health and Wellbeing Centre unless there is a clinical need. Nursing staff can provide details to staff members where appropriate and correct information sharing is encouraged within NMC guidelines and the School's Safeguarding Policy. Emergency Care Plans and Basic Care Plans for such things as anaphylaxis, epilepsy and mental health support etc. are provided by the nurses. These documents are not considered confidential within the School and must be available to all staff who work closely with any girl that has a diagnosis of severe allergies and other such life threatening chronic conditions. No detailed medical information should be written by non-medical staff on a girl's file without checking the accuracy, content and need for this information with the nursing team first.

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. Any issues which relate to pastoral concerns will be shared outside the Health and Wellbeing centre with the relevant pastoral staff. Any safeguarding concerns must be shared with the DSL.

Contraception advice and pregnancy

The Department of Health has issued guidance (July 2004) which clarifies and confirms that health professionals owe young people under 16 the same duty of care and confidentiality as older patients. It sets out principles of good practice in providing contraception and sexual health advice to under 16s. The duty of care and confidentiality applies to all under 16s. Whether a young person is competent to consent to treatment or is in danger is judged by the health professional on the circumstances of each individual case, not solely on the age of the patient. However, the younger the patient, the greater the concern that she may be being abused or exploited. The guidance makes it clear that health professionals must make time to explore whether there may be coercion or abuse. Cases of grave concern would be referred through child protection procedures.

Clinical Psychologists

The Clinical Psychologists work closely within the wellbeing team and communicate directly to the Head, Senior Deputy Head (DSL) and the medical team as needed, working within the guidelines set by the British Psychological Society.

Emotional Wellbeing Practitioner

The School's Emotional Wellbeing Practitioner works within the Ethical Guidelines of the British Association of Counselling and Psychotherapy. Core conditions are empathy, congruence and unconditional positive regard. If possible, confidentiality should remain within negotiated and agreed boundaries. There is a legal obligation to keep information confidential unless permission to disclose has been given or there is a risk of significant harm to either the girl or the practitioner. Confidentiality should be discussed and negotiated at the beginning of the therapeutic relationship.

The Designated Safeguarding Lead is Lars Fox, Acting Head

The Deputy Designated Safeguarding Leads are Tania Davidson, Director of Boarding and Jackie Whay, Assistant Director of Boarding

7.7. Seizures and Epilepsy

Girls with a stable diagnosis of epilepsy can be well cared for at Queen Margaret's. The nursing team can work very closely with the NHS specialist team that the girl is assigned to and the Home GP or SMO. This is achievable both for day girls or boarders. All medical history relating to an epilepsy diagnosis, treatment and relevant contact details for hospital specialists and appointments should be provided on the Medical Questionnaire, this will enable the school nursing team to provide the best care. Girls with unstable epilepsy or a new diagnosis of epilepsy requiring more input should be discussed at length with the nursing and boarding team. All girls with epilepsy or a history of seizures will require a nursing care plan and a basic care plan for House and Teaching staff.

School protocol is for all girls with newly diagnosed epilepsy or an ongoing medical investigation for seizures to be monitored closely by the nursing team. With the agreement of the girl, close friends should be informed and advised on what to look for and along with teaching and boarding staff should be informed and advised on First Aid. **Nursing staff should be contacted immediately if a student feels that she may be about to have a seizure or a seizure has started.** An ambulance will be called if;

- A seizure lasts longer than normal
- Vital signs aren't within normal limits
- The child having the seizure hasn't had a seizure before
- The child having the seizure has a new diagnosis of epilepsy and it is not managed well on medication
- Emergency prescribed medication has been used due to a long seizure

What to do during a seizure

- Stay calm
- Note the time/check how long the seizure lasts
- Prevent others from crowding round
- Put something soft around the casualty
- Try to protect the head
- Only move them if in a dangerous place
- Do not restrict or restrain the movements
- Do not put anything in the person's mouth

What to do when the seizure has stopped

- Place the casualty in the recovery position
- Wipe away any saliva and if breathing is difficult check for a blockage
- Maintain privacy
- Stay with them, give reassurance as they recover
- Contact parents

Care for the girls post-seizure will depend on an individual girl's care plan, and will be decided in consultation with the appropriate individuals.

All information regarding girls with epilepsy have a basic seizure care plan available on the Google Drive.

www.epilepsy.org.uk

7.8. Head Injuries

On average 1.4 million people attend A&E each year with a head injury, 33-50% are children, showing that a mild head injury is common amongst active children and is treated frequently in the Health and Wellbeing Centre at QM.

Mild Head Injury

Symptoms would be, **mild dizziness, nausea and blurred vision.** We treat mild head injuries at QM with ice packs, fluids and paracetamol for pain, we allow the girls to rest in the Health and Wellbeing Centre and observe them, once feeling better and back in House or lessons staff should be encouraged to observe for signs or symptoms suggesting the girl has deteriorated. These would be

Drowsiness
 Unconscious
 Vomiting
 Fitting
 Slurred speech
 Unable to walk
 Or any unusual behaviour

Please contact the nursing team if you have any concerns. The school policy would be to email home to parents of day girls to make them aware of the injury and what to look out for after school. If the girl is a boarder, then House staff would be consulted.

Severe Head Injury

NICE guidelines recommend a 999 call for
 Unconsciousness
 A focal neurological deficit
 Suspected skull fracture or penetrating head injury
 Seizure
 High impact head injury

Symptoms of a severe bump to the head/ loss of conscious no matter how brief would involve the girl going to Accident and Emergency, school protocol would be to make a 999 call. Concussion is associated with a more severe head injury and is classed as a 'traumatic head injury'.

Signs and symptoms: -

Unconsciousness
 Drowsiness
 Glazed or confused
 Fits/Seizures
 Unable to speak
 Hearing loss
 Double vision
 Blood or clear fluid coming from the nose or ears
 Vomiting
 Slurred speech
 Unable to walk

Head injury/Concussion guidelines for parents of day girls. Appendix 6

Please do not hesitate to call **999** if you feel the head injury is serious enough, the girl needs urgent medical attention and you cannot get hold of the on-call nursing staff.

7.9. Asthma

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

The fact that a girl is asthmatic is recorded in her Health Record on 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 nursing team.
- 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 patient's 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 GP may prescribe Steroid tablets for a few days until the asthma is under control again. 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 breath, 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 manufacturer'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 Student

When the girl is seen by the GP and asthma is diagnosed, inhalers and a peak flow meter are prescribed. The Health and Wellbeing Centre 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 nursing staff will continue to monitor the girl in the HWC observing the technique of the pupil's peak flow recordings and use of inhaler. Students with asthma will be reviewed regularly with the Doctor.

Access to Medication

Girls are encouraged to carry their reliever inhalers with them always. The Health and Wellbeing Centre carries a backup 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 always. 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 staff are concerned, then they must notify the nursing staff immediately.

Off Site Visits

If girls are going off site, the appropriate staff must be aware of individuals with asthma and consult with the nursing team. Staff are encouraged to familiarise themselves with the asthma register which can be found in all House studies, the staff Quiet Room and the Google Drive.

7.10. Diabetes

Due to the 24/7 nursing care available at QM girls with diabetes can be well cared for, we have facilities in the Health and Wellbeing Centre should girls need to attend to diabetic pumps and insulin pens and we have excellent facilities for the storage of diabetic equipment and insulin. The nurses at QM can offer as much support that is needed to a girl with diabetes. If the girl is a boarder then it is essential that she is registered with Escrick Surgery under the care of Dr Lenthall, the School Medical Officer (SMO), we can also pull on the resources at York District Hospital and utilise the team there. Diabetic nurse specialists come into school to educate staff and support the girls when needed. If the student with diabetes is day girl, it is important that close links are made between Nursing staff and parents as soon as their daughter arrives at QM.

Should a diabetic girl in Year 5 or 6th Form wish to be more independent with their diabetes, insulin fridges can be provided in House for storage. This fridge will need to be locked and keys will be kept in the Health and Wellbeing Centre, House and in the Estates Dept. The area for pump changes and insulin administration will be discussed, the safe disposal of sharps will be arranged, and a care plan will be drawn up by the Nursing staff and then discussed with the girl to ensure she is happy. House staff will be given further training on diabetes as needed and all staff working closely with the student will be reassured and will also be offered further training.

Hypoglycaemia

Symptoms are;

Dizziness

Shaking

Sweating

Faint

Tiredness

Concentration

Confusion

Blurred vision

Headaches

A low blood sugar below 4mmol/l, should be treated immediately. It is important to contact the Nursing team.

If the girl is **responsive** it is important to act fast.

Give FAST acting glucose such as **150mls of fruit juice, full sugar Coca Cola, 4-5 dextrose tablets or 100mls of Lucozade**. Her blood sugar will then need to be re-checked after 15 minutes and then **repeat** the process if still not above 4mmol/l. It is important then to follow this with a snack or meal to keep the blood sugars up.

If the girl is **unresponsive or confused**, administer GLUCOGEL/DEXTROGEL

Squirt gel between the teeth and the cheek and massage the outside of her cheek or lips. You will need the blood sugar re-checking after 15 minutes and **REPEAT** process until blood sugar levels come back to 4mmol/l. When the girl is responsive offer a drink or snack as above.

If the girl is **UNCONSCIOUS**

Place her in the recovery position call the Nursing team immediately and 999, tell the call handler that the casualty is an Insulin Dependent Diabetic and is hypoglycaemic.

Hyperglycaemia

Sometimes diabetic girls may be hyperglycaemic, once an acceptable level is reached a plan of action will be put into place, this will be discussed on the nursing care plan and House staff will be made aware of the blood sugar limits. If the blood sugar levels are too high the girl will need to be treated with insulin. If a girl states she feels hyperglycaemic contact the nursing team immediately. Once treated and feeling OK, the student should be able to continue on with her school day.

7.11. Anaphylaxis

What is Anaphylaxis?

Anaphylaxis is a life threatening severe allergic reaction to a trigger such as an allergen. These Substances are harmless to most but one in seventy children in the UK have a severe allergy that may require emergency treatment and therefore must carry a prescribed adrenaline auto-injector.

Signs and Symptoms of Anaphylaxis

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

- swelling of the face, throat, tongue and lips
- wheeze, difficulty breathing
- difficulty in swallowing
- skin may appear flushed or pale
- nausea and vomiting
- abdominal cramps
- collapse or unconsciousness

Medication and treatment protocol

In the most severe cases of anaphylaxis, people are normally prescribed a device called an auto-injector (EpiPen or Jext) 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. Auto-injectors can be administered through clothing, if no improvement after 5 minutes of the 1st dose then the use of a second EpiPen will be required.

Parents should always communicate with the school regarding medical updates of a known allergy or initial diagnosis, this should include a treatment plan from the specialist. If the girl is registered at the Home GP then medication needs to be supplied and brought into school on admission or at the time of diagnosis. At least 2 auto-injectors **must** to be provided.

If a girl is likely to suffer a severe allergic reaction all staff should be aware of the condition, all staff should attend the school's annual anaphylaxis training and the aim is that **all House staff will** be trained First Aiders.

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 school should be aware of the risk to such students at break and lunch times, 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. All information is given to

staff going on trips and individual girls are discussed. Staff collect the necessary auto-injector, cetirizine and action plan before leaving site and sign documentation to say they have done so.

At QM each girl's symptoms and allergies will vary and will need to be discussed when drawing up the emergency anaphylaxis care plan (this is provided by nursing staff). The school protocol is that all information regarding a girl's allergy will be highlighted on the school's severe allergy register. On the register a photo is displayed of the girl and the details of the allergy.

All girls with a known severe allergy and who have a prescribed auto-injector must carry at least one adrenaline pen in their pencil case (or about their person) at all times when in school.

All other auto-injectors are labelled for each girl and are available in the Health and Wellbeing Centre, in the individual Houses and in Reception. These are checked periodically by the nursing team.

Call **999 for an ambulance** immediately if the allergic reaction is severe enough to warrant use of the adrenaline auto-injector, and then transfer to hospital is essential as further treatment may be necessary. On return to school, the girl will be monitored very closely. This is likely to be in the HWBC, but will be decided on an individual basis.

7.12. Mental Health

Definitions:

- **A mental health problem** is defined as: 'a disturbance of function in one area of relationships, mood, behaviour or development of sufficient severity to require professional intervention' (Dept. of Health 1995).
- **A mental health disorder** is defined as: 'a severe problem (commonly persistent) or the co-occurrence of a number of problems, usually in the presence of several risk factors' (Dept. of Health 1995).

Mentally healthy pupils have the ability to develop emotionally within the normal range. Some pupils develop behavioural problems that are outside this normal range and these pupils could be described as experiencing mental health problems or disorders. These disorders can seriously impair academic performance.

Schools are uniquely placed to influence the mental health of children and young people. As well as being in a position to recognize the symptoms of mental health difficulties at an early stage, they can enhance the social and emotional development of children and foster their mental wellbeing through their daily responses to pupils.

Queen Margaret's aims to provide a supportive environment that will help students with mental health difficulties to realise their full academic potential and to successfully complete their course. It also aims to facilitate and promote positive mental health and well-being by:

- Providing a range of support services
- Encouraging students with mental health difficulties to seek support.
- Having in place effective procedures for the disclosure of information in respect of students with mental health difficulties.
- Ensuring that the sources of support are clearly communicated to both prospective and current students.
- Promoting understanding and recognition of mental health difficulties.
- Providing guidance and training to staff involved in the support and care of those with mental health difficulties. Regular updates at INSET.
- Providing clear guidance on the confidentiality of personal information provided by students.

Risk Factors influencing the mental health of children

There is no easy way of telling whether children will develop mental health problems or not. Some children maintain good mental health despite traumatic experiences, whilst others develop mental health problems even though they live in a safe, secure and caring environment.

There are, however, some common risk factors that increase the probability that children will develop mental health problems.

These include individual factors, such as:

- having a long-term physical illness or learning disability
- family factors, such as parental conflict and inconsistent discipline
- having parents who separate or divorce
- having a parent who has had mental health problems, problems with alcohol or has been in trouble with the law
- having been severely bullied
- child abuse and neglect (physical abuse, neglect, sexual abuse, emotional abuse)
- experiencing the death of someone close to them /bereavement (grief, aggression, regression and adjustment difficulties)
- experiencing discrimination, perhaps because of their race, sexuality or religion
- acting as a carer for a relative, taking on adult responsibilities
- having long-standing educational difficulties
- post-traumatic stress (caused by an event involving intense fear, helplessness or horror)
- environmental factors such as socio-economic disadvantages – living in poverty or homelessness (Mental Health Foundation, 1999)
- taking prescribed drugs such as *Roaccutane* (generic name, isotretinoin) where there have been recorded side effects including bad headaches, blurred vision, dizziness, nausea, vomiting, seizures, stroke, diarrhoea, and muscle weakness. Additionally, serious mental health problems, such as depression and suicide, have been reported with isotretinoin use. All pupils treated with isotretinoin will be observed closely for symptoms of depression or suicidal thoughts, such as sad mood, irritability, acting on dangerous impulses, anger, loss of pleasure or interest in social or sports activities, sleeping too much or too little, changes in weight or appetite, school or work performance going down, or trouble concentrating, or for mood disturbance, psychosis, or aggression.

Childhood and adolescent mental health disorders

These may include:

- Conduct disorder (e.g. aggression, destroying or losing of property, deceitfulness or theft, truanting or running away etc.)
- ADHD (inattention, hyperactivity and impulsivity)
- Deliberate self-harm (suicidal behavior – suicide is very unusual)
- Eating disorders (e.g. anorexia, bulimia, binge eating or EDNOS – eating disorders not otherwise specified)
- Obsessive-compulsive disorder (obsessions, compulsions and personality characteristics verging on the panic threshold all the time)
- Anxiety disorders (e.g. anxiety, phobias, panic, and school-phobia)
- Soiling and wetting
- Autism (social deficits, communication difficulties, restrictive and repetitive interests and behaviours)
- Substance abuse (abuse and dependence)
- Depression and bipolar disorder
- Schizophrenia (abnormal perceptions, delusional thinking, thought disorders)

PREVENTION

As an integral part of their pastoral role, staff should be alert to the signs of possible mental health difficulties and bring to the attention of the pupil's tutor, Head of Year, Housemistress, Health and Wellbeing Centre and Deputy Head any cases that they feel may be a cause for concern.

At Queen Margaret's there are multiple services internally and externally available to the girls who present with mental health issues. Initial presentation with no previous history, with consent, would be discussed with the SMO (if a boarder), parents and the pastoral team where a plan of action would be put in place. Staff should refer to appendices 10 and 11 for guidance following a concern about Self-Harm or Eating Disorders.

Referral for Psychology goes through the Designated Safeguarding Lead, or the Emotional Wellbeing Practitioner or on recommendation by the GP via the Health and Wellbeing Team. Girls can self-refer to the Emotional Wellbeing Practitioner (EWP), if staff feel a girl needs psychological support they should discuss this with the DSL, nursing team or EWP.

Queen Margaret's also has the following in place to help pupils to cope with school life with the aim of helping to prevent problems from developing. These systems also enable staff to recognize and help pupils with mental health problems.

- **Whole-school organization:** policies, curriculum, tutorial system, pastoral care, management of behaviour, home-school liaison, anti-bullying and SEN provision.
- **Pastoral provision:** organisation of PSHE, pastoral care system, ability for early intervention, support and training for staff, support for vulnerable pupils and liaison with the school health centre and SMO, and external agencies.
- **Classroom practice:** Facilitative teaching, guidance and PSHE.

PROCEDURES FOR IDENTIFICATION OF DISORDERS

Recognising when a child is suffering from mental health problems is not always easy but staff are often the 'front line' of identification.

INTERVENTION PROTOCOL

It is recognized that it is important to give support to young people with mental health problems as soon as the problems are seen to affect the child. The longer the young person struggles, the more complex the problem will become.

Supporting a distressed pupil can be extremely time consuming and stressful to the member of staff.

- Think carefully about what you can and cannot do to help.
- Ask yourself whether you have the time and skills to support them.
- Consider whether there might be a conflict with any of your other responsibilities e.g. disciplinary
- Explain clearly to the student the limits of your role.
- Be prepared to take a firm line about the extent of your involvement.
- DON'T DEAL WITH THE SITUATION ON YOUR OWN.

If you have concerns for a pupil:

- Don't avoid the situation, be proactive not reactive.
- Gather more information from colleagues to see if your concern is shared.
- Express your concerns in private to the pupil and be prepared to listen.
- Explain to the pupil that it may not be possible to keep any information given confidential, but that you would discuss with them if you felt that you needed to share any of the information.
- If you are concerned that you may not have the skills to deal with the student's problems, or if there is no improvement in the pupil despite your basic intervention, speak again to relevant staff or to the Health and Wellbeing Centre or Deputy Head.. (It is important that you err on the side of caution and not get drawn into situations which you may not be able to manage. If in doubt always refer the pupil on).

7.14. Infection Control Guidelines

Infectious diseases that are of a concern to school environments are those that can spread from one person to another through bodily fluids or by aerosols (through coughing and sneezing). Infections that we are vigilant about can be either bacterial or viral.

In the event of an outbreak of an infectious disease our protocol is to isolate the girls infected in the Health and Wellbeing Centre, in consultation with the Director of Boarding an action plan would be put in place. This may involve clearing a dorm in House to use for unwell girls as an overflow from the Health and Wellbeing Centre bringing in extra nursing staff as needed, informing the SMO and if necessary informing Public Health. Girls unwell that could still travel would be sent home or to guardians and parents would be contacted as soon as possible.

Diarrhoea and Vomiting

In cases of diarrhoea and vomiting we would require a period of 48 hours symptom free before girls could return to school. If the girls are being cared for in the Health and Wellbeing Centre they would need to remain with the nursing staff until sufficiently symptom free. If girls have gone home, parents or guardians should contact the school nurses to discuss whether the girl is fit to return.

Chicken pox and Shingles

Chickenpox (varicella) is a viral illness characterised by a very itchy red rash and is one of the most common infectious diseases of childhood. People who have had chickenpox almost always develop lifetime immunity. The virus remains in the body, it lies dormant but can reactivate later in life and cause shingles. It is important to remember if you have never had Chicken Pox you could catch it from someone with Shingles.

Ideally girls diagnosed with Chicken pox would need to be sent home, if this isn't possible they would need to be isolated in the Health and Wellbeing Centre until they were no longer infectious, and their spots had crusted over. All staff who have never had Chicken Pox and feel they don't have natural immunity should declare this on their Staff Medical Questionnaire, likewise if parents believe their daughter has never had Chicken Pox this should be confirmed on their daughter's vaccine status on the Medical Questionnaire, at the time of entry to QM.

Shingles is rare in children but if Shingles is suspected it is most likely that the student would be treated with the appropriate anti-viral medication and the affected area covered. Girls should not swim for the duration of their rash being 'blister' like in appearance and should be careful when showering and not share towels or face cloths. All pregnant and immuno-compromised staff should be informed of this confidential diagnosis and the infected girl should be informed that some staff have been made aware. The rash area should be dressed daily by nursing staff and should not be touched by the girl, and good hand hygiene should be encouraged regardless. Girls with Shingles will most likely feel unwell and be in pain, ideally, they should go home to be cared for but can be accommodated in the Health and Wellbeing Centre if necessary. If the infected girl feels well, there is no need for her to be excluded from school.

Slapped Cheek Syndrome

Once the symptoms of this virus come out and children present with a rash on their face they are no longer contagious. The main threat to our community is to staff that are pregnant. The school protocol is for staff to leave work immediately and consult with their GP or Midwife for advice. Girls feeling unwell with the Slapped Cheek Syndrome may feel unwell with a fever, this is usually treated with paracetamol, fluids and rest. Ideally girls should go home as they may need a few days off school to recover.

Information on Slapped Cheek can be found in Appendix 11, this can be given to staff and parents who require more detailed information.

Flu Vaccine

All girls registered at Escrick Surgery who are asthmatic (on a steroid inhaler) diabetic, have severe kidney disease or are immuno-suppressed can have the Flu Vaccine on the NHS. This vaccine will be offered to the girls in the Autumn Term.

Impetigo

Impetigo is a skin infection that is very contagious but not usually serious. It often gets better in 7 to 10 days if you get treatment. Treatment from the GP is normally antibiotics in cream or tablet form. Anyone can get impetigo but is most common in young children. The skin infection starts with red sores or blisters which burst and crust over.

- Look a bit like cornflakes
- Increase in size
- Spread to other parts of the body
- Itchy
- Painful

School protocol is that girls with suspected Impetigo should see the SMO or Home GP. It is preferred that where possible girls with this skin infection stay at home. All boarders unable to go home will be cared for in the Health and Wellbeing Centre for 48 hours post start of treatment. Good hand hygiene is essential and not sharing towels/face cloths is important.

Scarlett Fever (Scarlatina)

Scarlett Fever is very contagious, it spreads through coughs and sneezes. You can get Scarlett Fever from being in close contact from an infected person or from droplets on surfaces where an infected person has been. Scarlett Fever is an infection that causes a blotchy, pink-red rash, common in young children but can affect any age, other symptoms are sore throat, headache and a high temperature. The infection isn't serious if treated appropriately, antibiotics are usually prescribed, with analgesia, rest and fluids recommended.

Protocol at Queen Margaret's is to stay off school for at least 24 hours. Boarders unable to get home can be cared for in the Health and Wellbeing Centre but parents of day girls are asked to take their daughter to their Home GP and care for their daughter at home until feeling better. If staff are pregnant and have been exposed to the infection there is no evidence to suggest that Scarlet Fever could harm an unborn baby. Standard advice is to always seek medical advice from your GP or Midwife. Scarlet Fever will make you feel unwell, the antibiotics used for the treatment of Scarlet Fever are thought to be harmless to an unborn baby.

Hand Foot and Mouth

Hand foot and Mouth affects exactly that, the hands, the feet and the mouth and takes 7-10 days to run its course. The symptoms are usually blisters in the mouth and spots on the hands and feet that develop into blisters, they are usually grey in the centre. Hand Foot and Mouth is passed on to others from coughing, sneezing and bodily fluids such as faeces. It is contagious, and its most likely period of infection is a few days before symptoms start and approximately 5 days after symptoms present.

Protocol for HFM is to remain off school if you feel unwell, government advice is that children don't need to miss school if they feel well but the school should be aware that spreading of HFM is hard to prevent in a boarding school environment. Treatment is usually paracetamol or ibuprofen and fluids.

To reduce spreading of Hand Foot and Mouth girls should;

- Maintain good hand hygiene
- Trap germs when coughing and sneezing
- Dispose of tissues immediately, preferably into a bin with a lid
- Don't share towels or other household items

Ideally pregnant staff should be made aware of Hand Foot and Mouth so that can seek advice from their GP or Midwife.

Threadworms

Treatment for Threadworms is recommended for all household contact, in the home environment this would involve treating the whole family. In a boarding house this is difficult with a mix of day girls and boarders. The protocol at Queen Margaret's is to treat all those girls with symptoms. Good hand hygiene is encouraged and the confidentiality of the girl(s) is respected. Sharing of towels and face cloths is not advised and infected girls are asked to wear underwear under their night clothes to bed. Domestic staff will be notified so that appropriate cleaning of door handles, sinks and taps thoroughly each day.

Head lice/Nits

Head lice can move quickly from head to head when children share hairbrushes, towels, and hats and from head to head contact. A head louse can live off the human host for 24 hours. Nits are the eggs and lice are the hatched eggs that can often be seen moving on the hair and the hair follicles. Nits are usually laid around the ears and the hair line at the neck and forehead. Head lice can be a problem in communal living especially in a boarding school environment but treated discretely promptly and efficiently irradiates the problem quickly and without fuss.

At Queen Margaret's our protocol on head lice is to treat all boarders with a lice infestation.

Communication is made with parents of day girls to alert them that head lice are in school and to ensure they treat their daughters at home should they have lice. There is no need for children to stay off school or to wash laundry on a hot wash. Combing is best way to irradiate nits and lice, with wet well-conditioned hair.

7.15. Paracetamol Policy

Paracetamol is the most common painkiller; it is also a widely used antipyretic. There are frequent cases of accidental poisoning in children in the UK and that is why there is a strict policy on Paracetamol; although we value the use of this analgesia we are very careful regarding its administration to girls.

All administration of Paracetamol is carefully monitored throughout the day. To ensure there is no 'double dosing' of paracetamol all medication is controlled and monitored by the Health and Wellbeing Centre during 0800 - 1800. Should House staff need to administer paracetamol within these times, then the Nursing staff must be contacted, and the situation discussed. After 1800, if paracetamol is required in House, staff must refer to the Nursing handover for that day before administering any medication. All distribution of paracetamol stock to the boarding Houses is documented and signed for by both House and Nursing Staff.

An email handover from Nursing Staff to House staff takes place at 1800; this handover includes all medication that has been administered to girls throughout the day. **Using the handover format House staff are asked to inform the Nursing staff of overnight medication the following morning at 0800.** If no medication has been given, House staff should inform the Health and Wellbeing Centre of this in an email by 0800.. This process has been in place since November 2015.

Please note

Children 16 years and over can take one or two 500mg tablets 4-6 hourly and should not exceed more than 4 grams in 24 hours.

Children under 16 years should take a lower dose of 3 grams maximum in 24 hours; this should be given in 500mg-750mg doses 4-6 hourly apart.

Nursing staff work within the NICE guidelines 2019 which, in a primary healthcare setting allows qualified staff to give paracetamol doses up to 1gm. This is based on need, size and age with a maximum dose of 3g per 24 hours. The Nursing team will highlight on the nursing handover at night recommended dosages; House staff must refer to this before administration.

-When halving tablets, please dispose of the unused half carefully; this can be flushed down the toilet for safety.

-For accuracy, paracetamol suspension should be used for 250mg or 750mg doses. This can be collected from the Health and Wellbeing Centre dispensary; 250mg/5mls is available in 500ml bottles.

-Please ensure you observe the girl taking the paracetamol after administration.

NICE guidelines 2019

BNF for children 2016-17

www.nhs.uk/conditions/painkillers-paracetamol

www.patientinfo/doctor/paracetamol-poisoning

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Review Date: March 2020

**Lars Fox
Acting Head**

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 face shield, 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 (Glycogen) 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: Self-medication form

Consent to Self-Medicating Form

Name of Pupil: _____

Name of Medication: _____

Dose Required: _____

When needed: _____

How to be taken: _____

Date started: _____ until: _____

- | | |
|---|----------|
| Does the pupil understand that you cannot share this medication with anyone else? | Yes / No |
| Can the medicine be stored in the pupils own locked area? | Yes / No |
| Is it the pupil's choice to administer their own medicine? | Yes / No |
| Has the pupil proven themselves to be reliable? | Yes / No |
| Does the pupil understand why they need the medicine? | Yes / No |
| Is the pupil aware of the side effects? | Yes / No |
| Does the pupil know how to take their medication? | Yes / No |
| Are you happy for this medication to be discussed with the Housemistress? | Yes / No |

Pupils Signature: _____ Date: _____

Registered Nurse Signature: _____ Date: _____

Please note: If a pupil is not keeping and using medication as agreed, the right to self-medicate will be removed.

Original copy with nursing staff and photocopy given to house staff.

Appendix 3: Paracetamol Record in House

**RECORD OF PARACETAMOL STOCK AND 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

Appendix 4: Confidential Medical Questionnaire

Medical Questionnaire
PRIVATE AND CONFIDENTIAL

FIRST NAMES SURNAME.....

Date of Birth **Emergency Contact Numbers:**

Address Mother.....
 Father.....
 Other.....

Date of Entry to Queen Margaret's School
 Previous School

Ethnic Origin Religion

Current GP..... NHS Number.....

All boarders will be automatically registered with Escrick Surgery unless you state otherwise.

Private health insurance Yes/No
 Provider

Dental covered Yes/No

Physio covered Yes/No

IMPORTANT Please fill in the next page as detailed as possible. Alternatively obtain a full **Immunisation history from your GP or photocopy the Immunisation page from your daughters Child Health Book (Red Book in the UK).**

Immunisations	Yes	No	Dates Given			
Diphtheria						
Tetanus						
Pertussis (whooping cough)						
Poliomyelitis						
Hib vaccination						
Meningitis B						
Meningitis C						
MMR measles/mumps/rubella						
Rotavirus vaccine						
Pneumococcal(PCV) vaccination						
Meningitis ACWY						
HPV Gardasil						

Typhoid				
Yellow Fever				
Hepatitis A				
Hepatitis B				
Other				
Tuberculosis	Date	Result		
Mantoux or Heaf Test (for TB in the past)		Positive	Negative	Don't know
BCG against TB if test was Negative.				

General Health	Yes	No	If yes, please give details, dates and future appointments. PLEASE LIST ANY MEDICATION
Does your child have any allergies?			
Is your child taking any medication either regularly or intermittently?			
Has your child ever undergone any surgical operations?			
Is your child under any medical treatment? Please provide a letter from your doctor (In English)			
Has your child had any medical investigations, X-Rays, pathological tests etc.?			
Has your child ever been seen by a counsellor, psychiatrist, psychologist? (please provide a letter or documentation from a relevant clinician)			
Has your child ever had any problems with the following:			
Eyes/Vision			
Hearing			
Asthma (list medication)			
Eczema/Skin			
Dental/Orthodontist			
Fatigue/Anaemia			
Headaches/Migraines			
Period pain			

Bones/Joints			
--------------	--	--	--

Diet	Yes	No	Please give details
Has your child been diagnosed with any specific food allergies or anaphylaxis?			
If yes to the above, does your child require an EpiPen?			
Does your child have any food intolerances?			
If yes to the above, has this been diagnosed by a GP, dietician or consultant?			
Is your child on a special diet? If so please state reason, medical religious or other.			
Is your child a vegetarian/vegan?			
Have you ever had cause to worry about your child's weight?			

I confirm that all the information I have disclosed is correct and I have not omitted any past or current medical history that may be significant.

Parent/Guardian Signature

Date

PARENTAL CONSENT**Declaration**

I agree to the administration of non-prescription (over the counter) medicines. Such as Paracetamol, Ibuprofen, cough mixtures, anti-histamines, anti-sickness, eye drops, and creams? **YES/NO**

Signature Parent/Guardian**Date**

We will make every reasonable effort to contact you should a medical emergency arise. In case we cannot contact you quickly enough, we need consent for your daughter to receive treatment.

I agree to any emergency medical or surgical treatment, including anaesthetic or blood transfusion as considered necessary.

Signature Parent/Guardian**Date**

I agree to the NHS Healthy Child Team keeping my child's immunisations up to date. (An NHS form will be sent to you for consent close to the time of recommended vaccines, please return promptly).

Signature Parent/Guardian**Date**

My daughter is asthmatic and I agree to the use of the emergency inhaler (Salbutamol) as per the government policy on Emergency asthma inhalers for use in schools, Sept 2014.

Signature Parent/Guardian**Date**

If your child needs the flu vaccine due to health reasons such as diabetes or asthma the School GP we will write to you in the Autumn Term for consent. Please contact us if you wish to discuss this further.

Confidentiality

A list is made available to school staff regarding pupils with ongoing medical conditions which might affect the girls' wellbeing safety or academic progress. The school medical team may disclose to a responsible member of school staff, any matter which in their judgement seriously affects the wellbeing of a girl, or of the school community.

I have read and understand the confidentiality statement.

Signature Parent/Guardian**Date**

Appendix 5: 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 0800 - 1700..

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 housemistress for access).
- 2No kits in Health and Wellbeing Centre.
- 1No kit in House Keeper store (see Housekeeper).

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.

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.

Appendix 6: Medical Protocol for House Staff

When the Health and Wellbeing Centre is closed please call the emergency mobile;

On-duty nurse= nurse(s) on-duty during opening times.

On-call nurse = nurse available to you and on-site when Health and Wellbeing Centre is closed.

The nurse on-duty will be available during opening hours 8am-6pm Monday to Saturday and 9am-1pm on Sundays. All other times there will be a nurse on-site and on-call ready to assist with any medical emergencies. If you need to deal with a significant first aid problem during anytime of the day regardless of whether we are open or not you should call the emergency mobile, if you feel able to deal with a basic first aid problem please do and then report anything you feel is relevant to the nursing team.

Emergencies- As a qualified first aider you should be able to deal with any situation you have been trained for, the aim is to;

- preserve life.
- prevent illness or injury from becoming worse.
- relieve pain, if possible.
- promote recovery.
- protect the unconscious.

As staff trained in first aid you are fully equipped to provide first aid until more qualified help arrives. If at any point you feel unable to assist or you are worried you don't know what you are doing you must call for help from the nurses.

Things to call about;

Head injuries

Blood loss (significant)

Unconsciousness

Anything in relation to chronic conditions such as; asthma, diabetes, severe allergies and epilepsy

A drug error

Mental Health

Possible fracture/mobility problem.

Serious injury from an accident

If you are worried at any point and you feel you need an ambulance you MUST call 999 and call the nurse on-call afterwards.

1) All girls must come to the Health and Wellbeing Centre if feeling unwell to get assessed during Health and Wellbeing Centre opening hours. No girls to go to bed in House (Years 1-5) if unwell during the day. If girls return to House complaining of still feeling unwell, please send them back to the nursing staff.

2) Sixth formers in bed need to be checked regularly by House staff,

LVI and UVI every 2 hours

If you are unable to monitor girls closely for whatever reason, then they need to be nursed in the Health and Wellbeing Centre.

After 4 hours the House staff need to report back to the nursing staff. If you have concerns before this time the nursing staff can assess the girl in House.

3) If a girl has a temperature recorded above 38 degrees they need to be cared for by the nursing staff, this doesn't always apply to 6th formers but if the girl is spiking temperatures that are significantly high and the child is unwell then they will need to stay in the Health and Wellbeing Centre. Years 1-5 have thermometers for use in their Medicine Cupboards.

4) No photocopying of confidential medical documentation. All paperwork regarding a girl and her health or past medical history must be filed away with the rest of the medical documentation in the Health and Wellbeing Centre.

- 5) Information on a girls mental or physical health will be discussed with relevant House staff on a 'need to know' basis **only**, this information should not be shared amongst other House teams inappropriately. Best practice is to always maintain confidentiality.
- 6) Any issues regarding mental health (this includes Self-harm, panic attacks and anxiety) please call the Health and Wellbeing Centre immediately and bring the girl to the nursing team who will do the appropriate school assessment and referral as necessary.

7) Vomit

When a girl vomits this is not a direct indication that the girl is unwell and needs urgent medical attention. Often a girl can vomit due to other factors such as menstrual cycle, food intolerance, too much of the wrong food, exercise, stress, headache or pain. Please contact the Health and Wellbeing Centre if you are worried about a girl who has vomited.

Symptoms of gastroenteritis or other vomiting bugs

- Temperature
- Diarrhoea
- Stomach ache
- Sweating
- Generally unwell
- Pale
-

A girl who is infectious and is vomiting will usually have more than one symptom. It is important not to panic.

Girls who vomit overnight

If they are unwell and you are concerned, please call the Health and Wellbeing Centre.

8) Off games

If girls are off games, there are 3 options

- 1) To remain with the class and watch
- 2) To work in the library or similar
- 3) To report to the Nursing staff and remain in the Health and Wellbeing Centre for the duration of that lesson

- 9) Girls needing to go home during the school day due to illness must go through the nursing staff before parents are called, we will then liaise with the relevant House staff and parents.

- 10) Escorting girls for off-site medical appointments is a parental responsibility, if the girl is a boarder this role lies with the House staff. Nursing staff are more than happy to help when staffing permits.

11) Sprained/strains/fractures and mobility issues

All sporting and joint issues will be assessed by the nursing staff, risk assessments regarding crutches and wheelchairs will be completed and stairs up to boarding houses will be discussed. Please note; girls in Year 2 will most likely need to remain in the Health and Wellbeing Centre overnight due to the number of stairs leading to their dorm.

- 12) The Health and Wellbeing Centre has an 'open door' policy and we encourage girls to come and see us at any time should they need medical attention. After 1800 please call the Health and Wellbeing Centre mobile in the first instance for telephone triage. The nurse on-call will then either reassure House staff, come to the boarding house or advise House staff to bring the girl to the nurse on-call for assessment.
- 13) The nursing staff on-duty will take a designated break 2pm-3pm, should there be a medical **emergency** please call the Health and Wellbeing Centre mobile. If you need to dispense paracetamol

to a girl in House please do so, if you are unsure as to her last dose please check with the nursing staff before administration and document all medication given in an email during 2pm-3pm. If there are girls in bed in the Health and Wellbeing Centre between 2pm-3pm they will remain in our care and we will continue to look after them.

14) **Emergency**

In an emergency please contact the nurse on-duty via the emergency mobile number
07970039782.

If you can't contact the nurses, the matter is urgent, AND you feel it is life threatening please call 999.

Appendix 7: Care of boarders who are unwell or who have had an accident

The School has a full complement of healthcare professionals to care for the boarders' physical and emotional health when unwell.

- 1) The Health and Wellbeing Centre offers a 24 hours qualified nursing service to boarders. Girls can attend the Health and Wellbeing Centre throughout the day from 8am-6pm, this is an open-door policy with no appointment necessary. After 6pm the nurse on-call can be reached by phone and always remains on-site.
- 2) The school doctor runs surgeries on Monday and Thursday mornings, appointments can be made directly with the nursing staff. The School Medical Officer (SMO) will only see registered boarders but in an emergency can see non-registered boarders as temporary residents.
- 3) The Emotional Wellbeing Practitioner (EWP) can see girls on Mondays and Thursdays, this is by pre-arranged appointments. Girls can book in with the EWP directly, via the nursing staff or their housemistress. The EWP can be contacted via email but in urgent cases is contactable via phone.
- 4) Acute mental health services can be reached via the SMO or via the CAMHS Crisis Team and the Health and Wellbeing Centre has well established links with this NHS service.
- 5) The School can also offer girls psychologist appointments, these are usually referred by the SMO, parental request or step up from the EWP. The school funds 6 sessions to girls who require this level of emotional care.
- 6) The School has an in-house Physiotherapist, there is no set days for this service, parents are billed per session. Appointments take place in the Health and Wellbeing Centre and there is no set referral route, the Physiotherapist is available for both urgent acute problems and chronic ongoing care.
- 7) If a boarder is unwell or has an accident during Health and Wellbeing Centre opening hours the girl should be brought to the Health and Wellbeing Centre, if this is not possible the nurse on-duty will go out to them. They will always be seen assessed and treated by a qualified nurse. If not well enough to return to lessons, they will be cared for in the Health and Wellbeing Centre by the nurses on-duty. Those girls in the 6th form can return to bed in House and be cared for jointly by the Housemistress and a nurse on-duty.
- 8) All Housemistresses as well as being first aid trained are competent in the administration of paracetamol and other age specific homely remedies. If any 'over the counter' medication or care is given overnight the Housemistress will contact the Health and Wellbeing Centre by 8am the following morning to update. This will either take place via email, phone or on the handover sheet.
- 9) If a girl is unwell or has an accident during the times of the Health and Wellbeing Centre being closed the nurse on-duty will be contacted, she will then triage the situation and in consultation with the member of staff involved will decide the appropriate course of action.
- 10) In the event of the number of beds in the Health and Wellbeing Centre being full the nurse in-charge will liaise with the Director of Boarding and risk assess the situation. Those requiring a bed in the Health and Wellbeing Centre will be cared for in House under the joint supervision of their Housemistress and the nursing team. Where necessary girls will be isolated, precautions taken, and PPE used by staff.
- 11) All House staff are first aid trained. It is preferred with minor first aid situations such as cuts, grazes and bumps that girls can attend either the Health and Wellbeing Centre during opening hours or go to their House staff to deal with these minor situations.

- 12) All girls who have been cared for in the Health and Wellbeing Centre during the School day may wish to return to their Houses in the evening, if they feel better and they are likely to go back to lessons the following day then this is permitted. If the girl is still unwell and likely to be off lessons a second day, then they must be cared for by the on-call nurse in the Health and Wellbeing Centre overnight.
- 13) All wash facilities and comfortable bedding such as duvets are provided in the bedrooms in the Health and Wellbeing Centre, but girls are always welcome to bring their own bedding and whatever else they might need to be comfortable and aid a speedy recovery.
- 14) If a girl needs to attend the Accident and Emergency Department at York or Selby Hospitals, then an available member of staff will be found to escort her. The parents will be immediately contacted and continually updated.
- 15) If there is a life-threatening medical emergency and an ambulance is required House staff should call emergency services before they call the Health and Wellbeing Centre or out of hours nurse on-call.
- 16) All boarders requiring dental, optical or routine hospital appointments can arrange these through the Health and Wellbeing Centre. Parents and House staff will be updated as necessary.
- 17) Information will be shared by the Health and Wellbeing Centre with the House staff with the consent of the girl. If the girl does not wish this to happen, confidentiality will be maintained unless there are extenuating circumstances e.g. safeguarding issues.

Appendix 8: Head injury / Concussion Guidance for staff and parents

A head injury is not always a serious clinical emergency. In a school environment head injury can be common. The following will give some guidance on what to watch for, how you can help and when to seek further help.

For a few days you may feel:

- More tired than usual.
- Feel miserable.
- Have a headache.
- Not concentrate as well as normal.
- Have a reduced tolerance of loud noise and bright lights.

How to aid recovery:

- Allow the girl some quiet space.
- Discourage active play, watching TV, reading or computer games.
- Encourage plenty of drinks.
- Give paracetamol within the guidelines for a headache.

Contact the school nurse at any time for advice or to request an assessment.

Emergency help may be needed if any of the above symptoms worsen or persist contact the school nurse before dialling 999 for an emergency ambulance. If there is enough concern to warrant hospital attendance, **under no circumstances must a staff member transport the girl in their own car.**

If the following problems occur, seek medical attention immediately:

- Extreme drowsiness or difficulty in waking the girl.
- Vomiting.
- If the girl seems confused in any way or doesn't appear to understand you.
- Severe headache.
- Dizziness.
- Blurred or double vision.
- Irritability.
- Any kind of attack you think may be a convulsion, fit or seizure.

Remember, this is just guidance. If you are worried about a girl, seek a nursing opinion.

Health and Wellbeing Centre
Mobile

Ext. 608
07970 039782

Appendix 9: Termly Health Statement

During this school holiday has your daughter suffered from any infectious disease or illness?	Yes/No
Please give details	
Has your daughter visited the GP, had a hospital appointment or hospital admission during these school holidays?	Yes/No
Please give details	
Has your daughter been prescribed new medication during these school holidays? (this includes inhalers, sprays and creams)	Yes/No
Please give details	
Has your daughter received any vaccinations, including travel vaccines during these school holidays?	Yes/No
Please give details including dates	
Has your daughter travelled to other countries during these school holidays?	Yes No
Please give details	
Is there any other changes to your daughter's health that you would like to discuss with the nursing team?	Yes/No
Please give details or if you prefer please call the Health and Wellbeing Centre.	
Sign and Date	

Appendix 10: Self-harm Policy and self-harm flowchart

Self-harm is a coping mechanism for individuals who are attempting to manage challenging emotional states. It is any deliberate, non-suicidal behaviour, which causes physical pain or injury and is aimed at reducing the emotional pain and distress of the individual concerned. ALL incidents of self-harm are to be taken seriously.

At Queen Margaret's we aim to provide the most appropriate emotional support possible.

This policy aims to address the issues of self-harm:

- how to deal with pupils who self-harm and how to offer support in the short and longterm
- to provide support depending upon the individual needs of the pupil
- to help all pupils improve their self-esteem and emotional literacy
- to support staff members who come into contact with people who self-harm
- how to prevent self-harm from spreading within the College
- to have clear guidelines for staff – who needs to be informed, when do parents and outside agencies need contacting?
- education about self-harm for pupils and staff

All staff and teachers are expected to:

- listen to pupils in emotional distress calmly and in a non-judgemental way
- speak confidentially to the DSL and the HWBC if they become aware of a girl who is self-harming
- not make promises (e.g. assuring confidentiality) which can't be kept, reassure pupils that in order to seek health and happiness people need to know about their problems so that they can help
- guide pupils towards appropriate help
- promote problem-solving techniques and non-harmful ways to deal with emotional distress
- enable pupils to find places for help and support

Recognising warning signs

For some individuals there will not be any specific warning signs that they are engaging in or contemplating self-harming behaviours. For others, the following indicators may be noted:

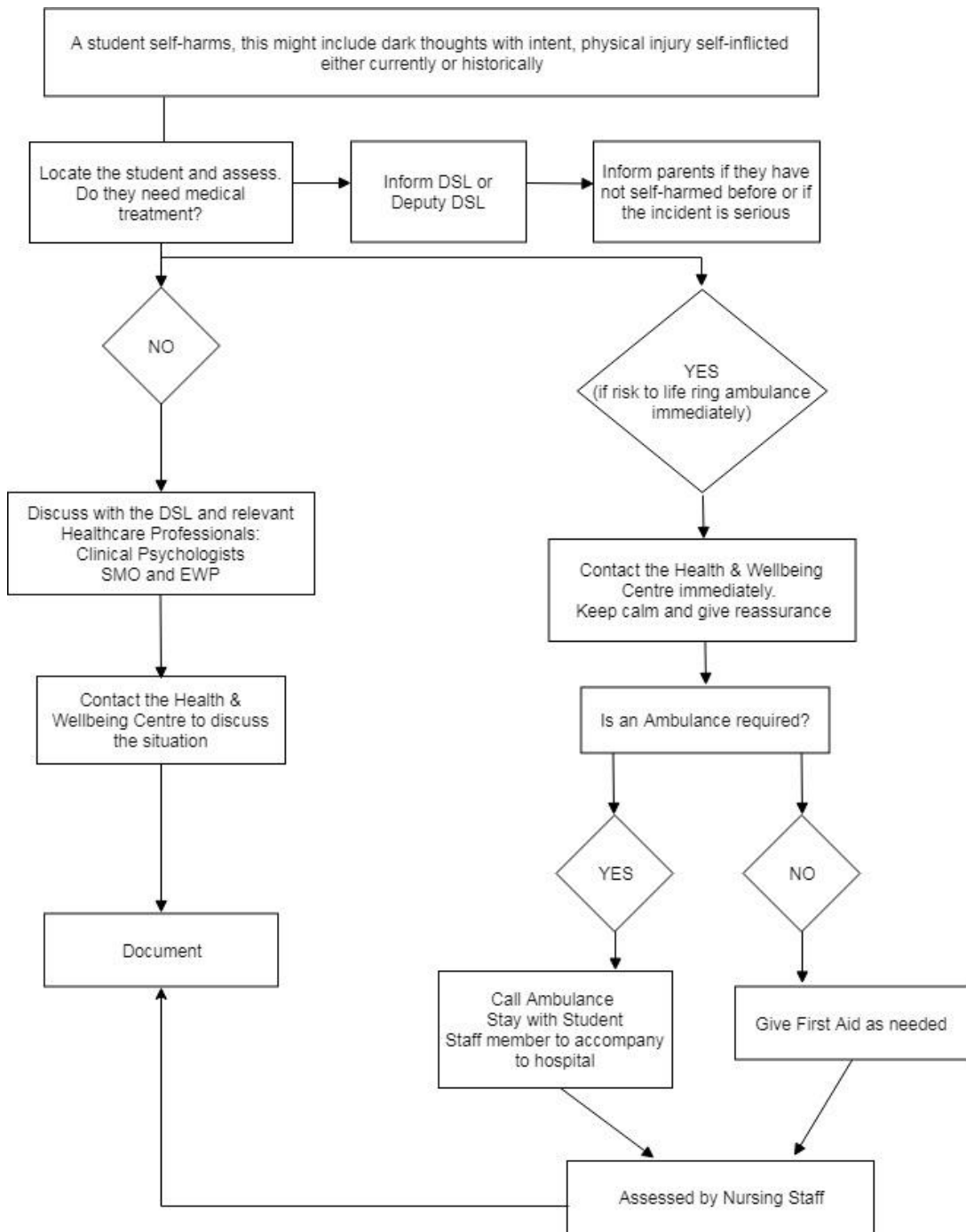
- risky behaviours, for example drug taking, alcohol misuse
- lack of self-esteem,
- being overly negative
- bullying of others
- social withdrawal
- significant change in friendships
- regular bandaged wrists or arms
- obvious cuts, burns or scratches (that don't look like accidents)
- a reluctance to participate in PE or change clothes
- frequent accidents that cause physical injuries

Supporting peer groups

If the self-harming becomes known to wider group (e.g. year group) the following needs to be taken into account:

- support and guide the peer group (either from within school or external). These cases can be complex and protracted. Staff will not only be dealing with the pupil in question. They will also need to manage the reactions of the peer group (and possibly their parents) and will need to provide an appropriate combination of support, reassurance and information whilst observing carefully the need for patient confidentiality.
- The pupil's best interests would be the primary driver in all decision-making but this will need to be balanced against the needs of other pupils. Staff should consult the Senior Deputy Head regarding the communication strategy with other parents if they become concerned.

Appendix 11 Guidelines for staff supporting pupils who self-harm:



Appendix 11: Eating Disorder Policy and Flowchart

1. Aims

This policy outlines the complex nature of eating disorders and the school responsibilities towards pupils eating from an eating disorder.

2. Introduction

'Eating disorders are not a diet gone wrong or a fad or a fashion. They are a way of coping with difficult thoughts, emotions or experiences' (From b-eat 'beating eating disorders').

3. Definitions

There are three main types of eating disorder:

Anorexia Nervosa – “when a person tries to keep their weight as low as possible; for example, by exercising and/or exercising excessively.”

Bulimia Nervosa – “when a person goes through periods of ‘binge eating’ and is then deliberately sick or uses laxatives to try and control their weight”

Binge Eating Disorder – “when a person feels compelled to eat a large amount of food in a short period of time, usually resulting in quick weight gain”

There are further eating disorders which tend to be a mixture of those outlined above.

4. Risk Factors

Eating disorders usually and more frequently appear during the teen years or through to young adulthood but can also develop in childhood and later in life. Eating disorders affect both genders, although it has been found that women are two and a half times more likely to develop an eating disorder than men. Some pupils may be more at risk than others due to certain trigger factors. These could include; stress, lack of confidence or low mood. A combination of risk factors may mean the pupil is more vulnerable to the characteristics of an eating disorder.

5. Warning Signs

Physical Signs

- Rapid weight loss or frequent weight changes
- Loss of disturbance in menstruation
- Fainting/dizziness
- Dehydration
- Feeling tired and not sleeping well
- Signs of damage due to vomiting including swelling around the cheeks or jaw, calluses on knuckles, damage to teeth and bad breath
- Lethargy/low energy
- Feeling cold most of the time, even in warm weather

Behavioural Signs

- Dieting behaviour (e.g. fasting, counting calories, avoiding certain food groups)
- Eating in private and/or avoiding meals with other people
- Evidence of binge eating (e.g. disappearance and/or hoarding of food)
- Frequent trips to the bathroom during or shortly after meals
- Vomiting or using laxatives
- Changes in clothing style (e.g. baggy clothing)
- Compulsive or excessive exercising
- Changes in food preferences
- Obsessive rituals around food preparation and eating
- Extreme sensitivity to comments about body shape, weight, eating and exercise habits

Psychological Signs

- Preoccupation with eating, food, body shape and weight
- Feeling anxious and or irritable around meal times
- Feeling 'out of control' around food
- 'Black and white' thinking (e.g. rigid thoughts about food being 'good' or 'bad')
- A distorted body image
- Using food as a source of comfort (e.g. eating as a way to deal with boredom, stress or depression)
- Using food as self-punishment (e.g. refusing to eat due to depression, stress or other emotional reasons)

Students who have an eating disorder can be very secretive and come sometimes be linked with a strong level of self-denial. Using the above warning signs, it will allow a 'bigger picture' to be formed and ultimately result in a diagnosis or strong suspicion of an eating disorder. Students who suffer from an eating disorder may display a combination of symptoms as above or show only one symptom. In some cases, they may not show any signs or symptoms at all.

6 Strategies

- All staff will be made aware of the up to date Queen Margaret's Eating Disorders Policy and the procedures that follow
- All staff to be encouraged to be vigilant and if any concerns arise that a student may have shown signs regarding a possible eating disorder then they MUST pass on their concerns. This could be to the Head, Housemistress, Health and Wellbeing Centre or Senior Deputy Head of the School. Please note: all concerns MUST be discussed with a member of the Health and Wellbeing team to enable staff to build up a picture to see if any patterns develop.
- Health and Wellbeing Centre staff will monitor a student's height and weight at time of enrolment. Attendance is not compulsory, but all boarders will be strongly encouraged to attend and house staff informed of any non-attenders. At this stage there will be opportunity for the nurse to discuss healthy eating as well as general, physical and emotional and psychological health issues. The nurse may then wish to follow up an individual pupil more regularly if any concerns arise.
- Boarders who have a BMI (Body Mass Index) of concern will be referred to the GP – this BMI will consider the student's ethnic origin, lifestyle, general health and previous BMI.
- If any other aspect of general health discussion at this point raises any concerns, then the student may also be referred to the GP for review.
- All staff will be encouraged to be 'approachable' so that students feel supported if they wish to discuss worries or anxieties they may have, whether this be directly concerned with an eating disorder, or not.
- Any students who may have concerns about a peer should feel comfortable to communicate these to a member of staff and reassured that their concerns will be taken seriously.
- Ensure all members of staff and pupils are aware of the support which is available in school such as; School Nurses, GP, EWP, Pastoral and Teaching Staff, PSHE education and school literature.
- As above – all shall also be made aware of external support such as; private counselling, eating disorder clinics, CAMHS, b-eat. All of this information can be found from the staff at the Health and Wellbeing Centre.

7 What to do if there is a suspicion or confirmation that a student has an eating disorder.**Boarders:**

- If a member of staff suspects or is told of a problem, they must refer to the flow chart and report it immediately to the Health and Wellbeing Centre.
- Whoever the member of staff contacted is, they should then encourage the pupil to go to the Health and Wellbeing Centre for assessment; this will be to ascertain whether there has been any weight loss and to discuss any problems that she may have.
- If the student does not want to attend the Health and Wellbeing Centre, House staff will monitor the student closely and liaise effectively and regularly with the Health and Wellbeing Centre Nurses. If there are serious concerns regarding a student's health and they refuse to attend the Health and Wellbeing Centre, then the GP must be consulted, and a course of action decided upon.

- Members of the Health and Wellbeing Centre will continually liaise, within the boundaries of confidentiality, with House staff, senior staff and parents with reference to the pupil's condition.
- If there is a serious concern for the student's safety – Health and Wellbeing Staff may be able to breach a pupil's confidentiality. The boundaries of medical confidentiality and 'Gillick competency' apply, where a pupil becomes very unwell the confidentiality must be broken but the student must be given a full explanation to allow them to understand that it is within their best interests to share this information.
- When a student has a suspected or identified eating disorder and attends the Health and Wellbeing Centre as encouraged, they will be assessed by a Health and Wellbeing Centre Nurse. This assessment will include; measuring of height and weight. A Body Mass Index (BMI) will then be calculated and this will take into consideration influencing factors such as; ethnic origin, lifestyle, general health and previous BMI. If this BMI is calculated as either very high or very low, she will be referred to the GP. If, despite the BMI, the pupil is displaying physical or behavioural signs of an eating disorder, she will also be referred to the GP.
- Once a student has been referred and has seen the GP, it may be possible that a diagnosis, or suspicion of an eating disorder is present. If this is the case, then further action will be taken. This may include further tests and investigations. Possibilities include: referral to a counsellor, psychiatrist or a specialist eating disorder clinic. It may also include blood tests to establish if there are further worrying signs. This further action will be determined by the GP and will happen in collaboration with the student their family, other Health and Wellbeing Staff, House staff and senior staff.
- Where the pupil is deemed physically and emotionally well enough to stay in school, they should be encouraged to do so, this may be a temporary measure of becoming a day girl. The student's progress will be monitored closely to ensure they are responding to treatment. If the student is not deemed physically well enough to be in school, she will be taken home by her parents, only to return to school when well enough to do so. When back in school the student will continue to be monitored closely by Health and Wellbeing Centre Staff and House Staff.
- It may be possible that a student with an eating disorder who remains in school might be excluded from certain activities to aid and facilitate her recovery.. All appropriate members of staff will be informed of this and expected to handle any of this information discreetly and with compassion.

Day Girls:

- All staff should be aware of the common signs and symptoms associated with an eating disorder. They must also take into account that for non-residential students this can prove more difficult to recognise some of the signs – so good communication with parents is paramount.
- If a student is showing signs of illness she should be encouraged to attend the HWBC for assessment by a nurse. If it is felt that the student is showing signs of physical ill health, or there is a strong suspicion of an eating disorder then the student's parents should be contacted and informed of these concerns.
- Parents should be contacted ideally with the student's consent, but if staff are highly concerned about the student then parents may be contacted without the student's consent. If a student is considered too unwell to be in school and she refuses to attend the Health and Wellbeing Centre, parents should be contacted to come and collect the student and take her home.
- Students and parents should be pointed in the right direction to seek help – this information can be obtained as previously stated, from the Health and Wellbeing Centre Staff.
- Any student with a diagnosed eating disorder who is well enough to attend school can do so. All staff involved with closely monitor the student and any concerns reported back to parents.
- It may be possible that a student with an eating disorder who remains in school might be excluded from certain activities to aid and facilitate her recovery.. All appropriate members of staff will be informed of this and expected to handle any of this information discreetly and with compassion.

8. Follow up

Any follow up reviews and meetings should be recorded in full, in a timely and accurate manner. This can include meetings with the student, their parents, peers or other staff members:

- Individual care plan established which can be reviewed and updated on a regular basis – or as any changes occur, this will include an action plan.
- Any concerns raised.

All this information will be recorded and stored on the iSAMS Sanatorium Manager under the individual student's diary. The information will also be stored in the student's Child Protection file.

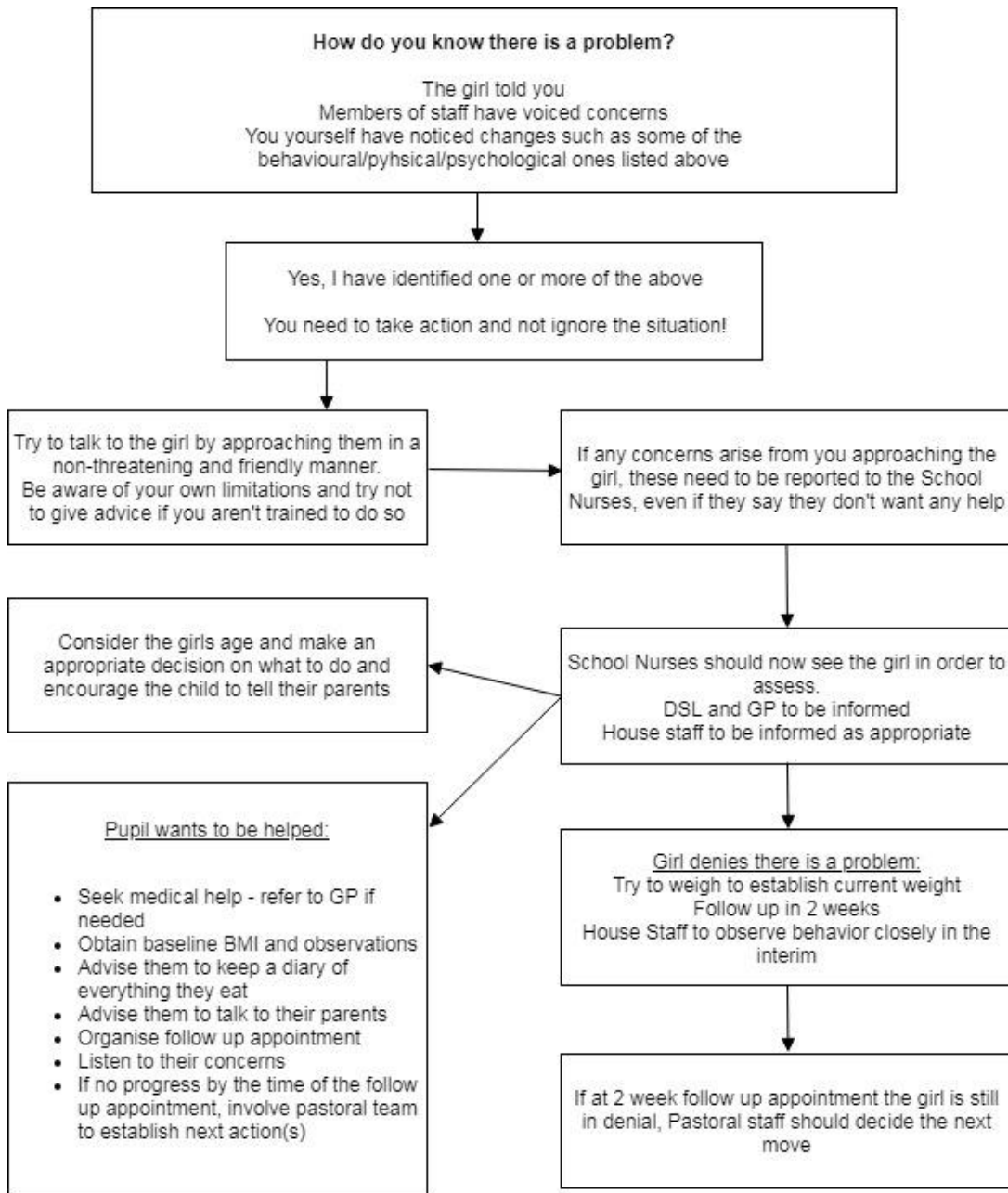
The copy of the individual student's care plan can be accessed by staff in the Health and Wellbeing Centre – this medical information will be shared on a need-to-know basis.

www.nhs.uk/Conditions/Eating-disorders/Pages/Introduction.aspx

www.nimh.nih.gov/health/topics/eating-disorders/index.shtml

www.nedc.com.au/recognise-the-warning-signs

Eating disorder flowchart



Appendix 12: Slapped cheek syndrome

What is "Slapped Cheek Syndrome"?

It is a mild rash illness that occurs most commonly in children. The ill child typically has a 'slapped-cheek' rash on the face and a lacy red rash on the trunk and limbs. Occasionally, the rash may itch. An ill child may feel unwell and have a low-grade fever or a cold a few days before the rash breaks out. The child is usually not very ill, and the rash resolves in 7 to 10 days.

Can adults get parvovirus B19 infection?

Yes, they can. An adult who is not immune can be infected with parvovirus B19 and either have no symptoms or develop the typical rash of slapped cheek syndrome, joint pain or swelling, or both. The joint pain and swelling usually resolve in a week or two, but may last longer. However, most adults have previously been infected with parvovirus B19 and have developed life-long immunity to the virus and cannot become infected again.

Is parvovirus B19 infectious?

Yes. A person infected with parvovirus B19 is infectious during the early part of the illness, before the rash appears. By the time a child has the characteristic 'slapped cheek' rash he/she is probably no longer contagious.

How does someone get infected with parvovirus B19?

Parvovirus B19 has been found in the respiratory secretions (e.g. saliva, sputum, or nasal mucus) of infected persons before the onset of a rash, when they appear to "just have a cold". The virus is probably spread from person to person by direct contact with those secretions, such as sharing cutlery, cups, drinks, drinking glasses etc.

Is parvovirus B19 infection serious?

Parvovirus B19 is usually a mild illness that resolves on its own. Parvovirus B19 infection may cause a serious illness in persons with chronic red blood cell disorders (e.g. sickle cell anaemia or spherocytosis) or a weakened immune system. Rarely, serious complications may develop from parvovirus B19 infection during early pregnancy.

Can parvovirus B19 infection be prevented?

There is no vaccine or medicine that prevents parvovirus B19 infection. Frequent hand washing is recommended to decrease the chance of becoming infected. People should also avoid sharing cutlery, cups, drinks, drinking glasses etc.

Should children with parvovirus be excluded from school?

Excluding pupils with slapped cheek syndrome from school is not likely to prevent the spread of the virus. People are infectious before they develop the rash and it becomes clear that they have slapped cheek syndrome. Cases of slapped cheek syndrome in a school most commonly happen when the infection is spreading in the community.

I am pregnant and have been exposed to a child with parvovirus B19. What should I do?

You should contact your doctor, who may wish to do a blood test. Usually, there is no serious complication for a pregnant woman or her baby if exposed to a person with slapped cheek syndrome. Most women are already immune to parvovirus B19, and these women and their babies are protected from infection and illness. Even if a woman is susceptible and gets infected with parvovirus B19, she usually experiences only a mild illness. Likewise, her unborn baby usually does not develop any problems due to parvovirus B19 infection. However, sometimes parvovirus B19 infection may cause miscarriage or severe anaemia in the unborn baby. There is no evidence that parvovirus B19 infection causes birth defects or developmental delay.