The Purcell School
for young musicians

P14 Medical and First Aid Policy

This Policy is applicable to all students and staff at The Purcell School ('the School') and is relevant to parents and guardians of students at the School. It aims to ensure that there is a high standard of medical and first aid provision within the School for all ages.

The Governing Body of the School is committed to ensuring that the physical and mental health and well-being of students is promoted, that all students with medical conditions can access and enjoy the same opportunities at the School as any other student and to ensuring that they are able to play a full and active role in School life, remain healthy and achieve their potential. The Governing Body will also ensure that the School implements and maintains an effective management system for first aid and for the administration of medicines to all students in its care.

This policy is drafted in accordance with regulation 13 of the Education (Independent School Standards) Regulations 2014 (SI 2014/3283), the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917), the *First Aid at work: Health and Safety (First Aid) Regulations 1981 approved code of practice and guidance*.

Contents

1. Health Care Arrangements 2
2. Roles and Responsibilities 4
3. First Aid: Emergencies Procedure in the Event of an Accident / Illness 7
4. First Aid: First Aiders and First Aid Boxes 10
5. Students with Medical Conditions 12
6. Medical Records 13
7. Medications in School 16
8. Administration of Medicines 21
9. Immunisations 24
10. Consent to Travel 25
11. Confidentiality, Child Protection and Communication 26
12. Accident Records and Reporting 27
13. Infectious Disease / Illness in School 29
14. Health Education 31

APPENDIX A: Emergency care of medical conditions: asthma, anaphylaxis, diabetes and epilepsy 32
APPENDIX B: Medical questionnaire 38
APPENDIX C: Request to administer medications form and request for student to carry medication 44
APPENDIX D: Administration of own medication protocol and assessment form 57
APPENDIX E: Homely remedies 60
APPENDIX F: Instructions for medicines held in the Boarding Houses 62
APPENDIX G: Boarding House record of receiving medicines from the Health Centre 64
APPENDIX H: Staff training record: administration of medicines 66
APPENDIX I: Purcell School First Aid Personnel 67

1. Health Care Arrangements

This Policy covers the School's arrangements for first aid, the administration of medication, the care of students with medical conditions and for those who are unwell.

The School has a Health Centre which houses the school nurse, a physiotherapist (1 day a week) and a school councillor (18.5 hours per week across 3-4 days).

The Health Centre staff receive ongoing training and appraisal and provide medical care for the boarding and day students, as well as staff and visitors who may need medical assistance during the School day.

1.1 Health Centre Accommodation

The Health Centre has 3 day patient beds across 2 rooms, 1 with wash basin facilities. There are 2 student toilets which would be assigned for individual use if required for isolation to prevent cross infection. There is 1 shower (disabled access) and a bath for students to use. There is a treatment room where students are assessed for appropriate care. There is a kitchen where drinks and light meals can be prepared. Other meals would be arranged through the Catering Department. If a student is unwell overnight and needs to be segregated from the student body there is an isolation room within the boarding structure.

1.2 Health Centre Team

Registered School Nurse: ROSIE MCMANUS R.N
Residential Medical Practitioner: CAROL MORGAN R.N.
School Counsellor: NICKY MORRIS
Physiotherapist: DR SARAH UPJOHN

1.3 Medical Information

Medical information, whether it relates to a student's condition or any care given whilst at School, is documented within Health Centre personal medical files and the daily medical/drug administration book record of students/staff visiting the Health Centre. Medical data has restricted access for use by designated personnel to protect confidentiality. Access will be restricted to that reasonably required. To communicate with the boarding houses there is a medical drug administration book which is shared between House and the Medical Centre daily.

1.4 Care of Boarding Students

- When boarding students feel unwell out of School hours they should inform the boarding house staff. The school nurse can be contacted via the on call phone if needed and will assess and give the appropriate advice for the boarder. If required, boarding students will be cared for in an isolated environment until they can be collected. If a boarder is admitted to the Health Centre during the School day, the Houseparent should be informed. In an emergency, arrangements should be made to escort the student to A&E.
- Boarders are not permitted to rest in the boarding house without permission to do so if unwell.
- New boarding students can choose to register with the local GP. This registration will take place as soon as possible in the September of their joining academic year. We advise that all boarders register with the local GP. Students are entitled to register with another local doctor and arrange their own appointments and transport, but the School Health Centre must be informed with whom the student is registered and the School informed if a student will be absent.
- All registered boarders will have a consultation with the school nurse to discuss any past

medical history, whether they are taking any medication and to have baseline recordings of blood pressure (over 16), height and weight.

- If a student is seen by another doctor or other healthcare professional during the holidays, or at any other time, the Health Centre should be informed of details. Students can see another GP during the holidays if they are registered with the local GP as a Temporary Resident. If they complete a full registration form with another GP, their notes will be transferred away from the school's local GP.
- All boarders have access to medical, emergency dental, emergency optometric and other specialist services. This will be arranged via the Health Centre/Houseparents. Appointments will be arranged where possible around lessons. Transport will be arranged by Taxi with an escort where necessary. All under 16s must be escorted and the Health Centre/Houseparent will assess whether older students require an escort or not, depending on the nature of the appointment attended. When arranging an escort, any member of staff may be asked to accompany students on external visits; all Purcell School staff have DBS clearance and they will be instructed to brief the Health Centre on their return with any relevant information.
- There is a School Counsellor who runs sessions for students requiring emotional support. School Counsellor attends 18.5 hours per week and day students may also use this service. Students can self-refer to the School Counsellor.

1.5 Medical Information for School Trips

Any relevant medical information that can be shared will be given to the trip organiser about the students attending the trip. A copy of the Medical Memorandum, which is held for all students who suffer from a medical condition or allergy, will be given with a note of those students attending the trip. This information can be found through the Health Centre via SIMs.

The Health Centre team will arrange First Aid kits for School trips and any other homely or prescribed medications needed. They will give appropriate instruction and training to the trip organiser and/or other staff about the medications and their storage and administration.
It is the teacher/trip organiser's responsibility to inform the Health Centre in advance regarding the names of the students attending the trip so that medical provisions and any concerns they may have with regards to medical advice can be given.

2. Roles and Responsibilities

2.1 Medical Care

The Governors have overall responsibility for the implementation and review of this policy.
The school nurse is responsible for:

- Ensuring that sufficient numbers of staff are suitably trained and are able to access all relevant information and teaching support materials required to assist students with medical conditions;
- Ensuring that sufficient numbers of trained staff are available to support students' medical needs at all times whilst they are under the care of the School, including making contingency plans for staff absence and emergency situations;
- Ensuring that information regarding an individual student's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need to know basis;
- Ensuring that risk assessments take into account the additional risks posed to individual students as a result of their medical conditions;
- The overall development and monitoring of individual Health Care Plans at the School; and
- Ensuring that staff have sufficient understanding to ensure the well-being of children in their care for example to understand instructions such as those for the safety of medicines.

2.2 Parents

The School promotes on-going communication with parents in order to ensure that the specific medical needs of all students in its care are known and met.

Parents should provide the Health Centre with sufficient information about their child's medical condition or needs, ideally a G.P letter listing treatment, special needs and current medication should be provided. They should ensure that their child's immunisations are up to date, according to the UK Department of Health schedule and give dates of when administered.

They should, jointly with the Health Centre, reach agreement on the School's role in supporting their child's medical needs; in accordance with the School's policy and sign the appropriate records (Appendix B). Where appropriate, parents will be invited to consult with the School and relevant healthcare professionals in order to produce an individual Health Care Plan for their student. All additional correlating forms are also found in Appendix B.

The relevant parents should also inform the Health Centre where a student will require either prescription or non-prescription medication to be taken at School and of any changes to the medication required.

The School requests that medication is only taken at School if it is essential, that it is where it would be detrimental to the student's health not to administer the medication during the School day. Where possible, medicines should be taken by day students at home, before and after attending School.

The Health Centre staff will endeavour to seek student and parental agreement where appropriate before passing on information about the student's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a student.

2.3 Health Centre Staff, Boarding Staff, Teaching and Relevant Support Staff

All staff must be aware of the contents of this document and their likely/possible role in providing care for the student, e.g. administration of medicines. They must seek any advice from the Health Centre.

2.4 Health Care Staff

The school nurse is responsible and accountable for the day-to-day medical care of day and boarding students. This includes the maintenance of records, communication with relevant staff and parents. They must work within the guidelines in this policy and within their governing body's professional code of conduct.

The school nurse has overall responsibility for the day-to-day management of the Health Centre and all activities connected to the care of the student including administration of medicines. The school nurse administers medication and will review medical records.

2.5 Boarding Staff

Boarding staff have responsibility to work according to these guidelines. They are responsible for providing basic medical care/treatment with instructions from the parents and Health Centre staff, e.g. giving medication and monitoring of mild illness. They are responsible for maintaining records in the boarding house and communicating to the school nurse and parents any changes or causes for concern. They will seek advice from the school nurse when necessary.

2.6 Teaching Staff and Other Staff

Non-boarding staff have occasional involvement and responsibility to work according to these guidelines, for example, in an emergency or when accompanying students on a School excursion away from School premises.

2.7 First Aid

- The school nurse is responsible for regularly monitoring the systems and management for the protection of the medical welfare of students to identify whether review or change in welfare practice is needed.
- The School will ensure that there are adequate and appropriate First Aid equipment, facilities and first aid personnel (First Aid Personnel) on the School site(s).
- The school nurse has the day-to-day responsibility for ensuring that there is adequate First Aid equipment, facilities and First Aid Personnel available to the School.
- The Health and Safety Committee in conjunction with the school nurse will regularly review the School's First Aid needs to ensure that the School's First Aid provision is adequate.
- The School nurse has the responsibility for collating medical consent forms and important medical information for each student and ensuring the forms and information are accessible to staff as necessary.
- The school nurse is responsible for ensuring that staff have the appropriate and necessary First Aid training as required and that they have appropriate understanding, confidence and expertise in relation to First Aid.
- The school nurse is responsible for ensuring that the School has an adequate number of First Aid Personnel on site at all times.
- All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of First Aid. All staff will use their best endeavours, at all times, to secure the well-being and welfare of the students.

3. First Aid: Emergencies Procedure in the Event of an Accident / Illness

3.1 Emergencies

In the event of an emergency an ambulance should be called via 999 and the Health Centre should generally be contacted without delay on 07746328127. The first aid trained member of staff will take over the administration of First Aid but should not be left and will call for further assistance if necessary. This does not affect the ability of any person to contact the emergency services in the event of a serious medical emergency before implementing the terms of this policy and make clear arrangements for liaison with the ambulance services on the School site.

3.2 Calling an ambulance

If an ambulance is required, there must be someone with the casualty at all times. If that person is on their own they must shout for help. When help has arrived and in your assessment an ambulance is required, call 999 in the first instance, then the school nurse should be called or contacted in the health centre on the on call number. Ensure someone has informed school office (during office hours) that an ambulance is on its way and where it is needed, so that they can meet the ambulance on arrival. Out of hours, a member of House staff will be designated to meet the ambulance and direct them to the casualty. The School office/House staff will inform the Health Centre to ensure that they have been contacted and will also inform one of the Senior Leadership Team. Examples of medical emergencies may include:

- a significant head injury
- fitting, unconsciousness or concussion
- difficulty in breathing and / or chest pains
- exhaustion, collapse and / or other signs of an asthma attack
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- possibility of a serious fracture.

Arrangements should be made to ensure that any student is accompanied in the ambulance, or followed to hospital, by a member of staff if it is not possible to contact the student's parent(s) (or legal guardian(s)) in time.

For emergency procedures for asthma, anaphylaxis and epilepsy see Appendix A (Ab) (AD)

3.3 External Out of Hours Contacts

NHS Direct: 111
Watford General: 01923 244366
Vicarage Rd, Watford, WD18 0HB

3.4 Automated External Defibrillators ('AEDs')

Purcell School has one Automated External Defibrillators (AED), which is located in the main corridor in the main school building, adjacent to the Director of Boarding's office. The school nurse is trained in its use. The school nurse gives guidance to all staff in its use in the medical INSET at the beginning of each academic year.

The AEDs should only be used where a person is in cardiac arrest. It should not be used where a person is conscious, breathing and / or his or her heart is still beating.

If a person is suffering from a cardiac arrest, the first person on the scene should immediately call the emergency services and commence CPR. AEDs are designed to be used by **any** person by following the step by step instructions on the AED Machine.

The person administering the AED should ensure that the area around the casualty is clear before administering the AED. He or she should then stay with the casualty until the emergency services arrive.

3.5 Asthma register and emergency inhalers 1

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

The school nurse is responsible for ensuring that the Inhalers Guidance is properly implemented and followed.

General information on how to recognise and respond to an asthma attack is contained in the guidance referred to in (Appendix A).

The school nurse will hold and be responsible for restocking at least 1 emergency inhaler (which may be bought without prescription). An emergency inhaler may be used if a student's prescribed inhaler is not available (for example, because it is broken, or empty) or in the event of an asthma attack.

Only students who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler may use an emergency inhaler. The school nurse will maintain an up to date register of students who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler and in respect of whom parental consent to the use of the emergency inhaler has been obtained. The register should be reviewed regularly (at least annually) to take into account students' changing asthma care needs. All boarding students with asthma have a yearly appointment with the specialist asthma nurse at the local GP practice.

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

The School adopts the Inhalers Guidance in respect of the use of emergency salbutamol inhalers and holds stock salbutamol inhalers which can be used when a student is not able to access his or her own inhaler.

If an emergency inhaler is used by a student the school nurse will notify the relevant parents or guardian(s) as soon as practicable.

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

3.6 Procedure in the Event of an Accident or Injury

If an accident occurs, then the member of staff in charge should be consulted. That member of staff will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. If necessary, the school nurse should be called as soon as possible. First Aiders can also be called, if necessary, and should be called if the school nurse is not available.

Any witnesses to any accidents or incidents should complete the school accident form, recording any accidents and ensure this is submitted via the school Staff Intranet (see section 12).

In the event that a First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for the school nurse or for an ambulance or making arrangements to transport the injured person to an emergency department or access other appropriate medical services.

Staff should always call an ambulance when there is a medical emergency and / or serious injury.

4. First Aid: First Aiders and First Aid Boxes

The first aid arrangements within this policy are based on the results of a risk assessment carried out by the School in regards to all staff, students and visitors.

First Aid means the treatment of minor injuries which do not need treatment by a medical practitioner, as well as treatment of more serious injuries prior to assistance from a medical practitioner for the purpose of preserving life and minimising the consequences of injury or illness.

The main duties of First Aiders are to give immediate First Aid to students, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary.

First Aiders are members of staff who have completed an approved First Aid course and hold a valid certificate of competence in First Aid at Work ('FAW'), Emergency First Aid at Work ('EFAW'), or an approved alternative qualification which has been identified in place of FAW, EFAW which meets the requirements of the First Aid Guidance.

There will be at least one First Aider on site when children are present. As well as the school nurse, there are a number of teaching, resident and support staff who are trained and qualified as First Aiders. This comprehensive list can be obtained from the school office or the school nurse.

First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the school nurse.

First aiders will undergo updated FAW, EFAW training at least every three years to maintain their qualification.

4.1 First Aid Boxes

First Aid boxes are marked with a white cross on a green background. The content of the First Aid boxes will be determined by the School's First Aid needs assessment and will usually be stocked in accordance with Workplace first aid kits. Staff who are responsible for their department first aid kits must contact the health centre with their re-stock requests when needs arise. Specification for the contents of workplace first aid kits, BS 8599-1:2011, June 2011.

First aid boxes are located around the School site and are as near to hand washing facilities as is practicable.

All requirements for the First Aid kits are supplied by the Health Centre and are regularly stocked at request of individual departments. The Contents of the first aid box must contain the items below:

- Leaflet giving general guidance on First aid
- 20x individually wrapped sterile plasters
- 2x sterile eye pads
- 2x individually wrapped triangular bandages
- 2x large sterile, un-medicated wound dressings
- 4x medium sterile un-medicated wound dressings
- 1x pair of disposable gloves
- 1x finger bandage
- 2x safety pins
- 10x antiseptic wipes
- 1x face shield

First aid kits are available for trips and other off-site events and can be collected in advance from the staff room.

The School's minibuses should have a prominently marked First Aid box on board which is readily available for use and which is maintained in a good condition. The First Aid box should be stocked in accordance with part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078).

4.1.1 Location of First Aid Boxes:

All Boarding Houses
Main School kitchen (Impact Foods maintain)
Staff Room
Main Reception
School Office
PE Department Office and carry kit for field
Music Office
Domestic Office including eyewash station
Maintenance Department including eyewash station
School minibus
Matron Office New Boarding House eyewash station
School Health Centre
Recital Hall kitchen
Art Department including burns kit and eyewash station
Science Labs including burns kit and eyewash station

4.1.2 Location of Travelling First Aid Kit:

Travelling First Aid kits are available from the staff room and the Health Centre.

5. Students with Medical Conditions

Many students will at some time have a medical condition that may affect their participation in School activities and learning. For many, this may be a short-term condition. Other students have medical conditions that, if not properly managed, could limit their access to education. These students are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the School and the Health Centre, can take part in School activities. However, School staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk and there may be some activities that are unsuitable.

Where appropriate, an individual Health Care Plan can help the School to identify the necessary safety measures to support students with medical needs and ensure that they and others are not put at risk. An individual Health Care Plan should be completed with information from the student's parents. A meeting, if possible, would be made in the case of any condition that may require the School to make reasonable adjustments for the student to participate in the School's activities.

Parents or guardians have prime responsibility for their child's health and should provide the School with information about their child's medical condition. Parents should give details in conjunction with their child's GP or Paediatrician, as appropriate. The school nurse and specialist voluntary bodies may also be able to provide additional background information for School staff. This information would be confidential and only shared with other members of staff after discussion with parents to ensure the safety and wellbeing of the student.

All staff should be aware of such medical conditions as asthma, anaphylaxis, diabetes and epilepsy and the emergency care that they may require contained in the protocols in Appendix A (B) (Ab) (Ac).

These protocols are drafted by the school nurse. Copies of the protocols are available from the school nurse.

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

The school nurse can be contacted for any information or advice on these specific conditions and any other conditions a student may have. Specific medical information is only shared with relevant staff in so far as it is important for the wellbeing of the student, whilst at School and on trips. Further details can be requested and given if appropriate for the student's care. This is updated as soon as the School is informed of the condition and as and when the Health Centre is informed of any changes/updates.

6. Medical Records

The Health Centre maintains secure medical documentation regarding any students seen. The Health Centre staff record all consultations with students in their personal medical record. To ensure continuity of care and patient safety, the boarding staff and specifically identified other individuals have limited access to information.

There should be an individual Health Care Record (in the form of the Medical Questionnaire) and individual Health Care Plans where necessary, containing relevant information provided by parents and recording significant health and welfare needs and issues. This will be held in conjunction with the student's medical file which can be accessed by the school nurse. Basic share agreed medical information for all staff is on SIM's.

An individual Health Care Plan will be kept for each student with a chronic/notable condition, whether or not regular medication is required and it should be updated on at least an annual basis or as appropriate if circumstances change as identified on their individual Health Care Record. The School's template individual Health Care Plan can be found at Appendix I.

All communications concerning students' past illnesses, current health or future treatment should be addressed to the school nurse direct, accompanied by a letter from the doctor consulted.

The Health Centre will be responsible for documenting all medication given to students, any other information relating to their medication, ensuring the appropriate maintenance of records within the Health Centre/ Medical Room and advise other members of staff. They can appoint other members of staff to be the "designated person" to oversee medication procedures on a day-to-day basis with appropriate instruction.

All records should be properly completed, legible and current and be available for inspection at all times. Records should provide a complete audit trail of medication. A list of specimen signatures should be kept by the Health Centre/Medical Room of all staff who are deemed competent to be involved in the administration of medicines, and/or first aid, following relevant training and/or induction.

Medicine records should be kept for at least 15 years from the date of the last entry.

There is a statutory requirement to record information on all medicines in boarding schools. Records of current medication must be kept for each student. The following records relating to all medicines must be kept:

- All medicines received by the School
- All medicines prescribed for students
- All medicines administered by the School
- All medicines transferred out of the School or returned to the pharmacy for disposal

6.1 Receipt of Medicines

All medicines brought into School from whatever source should be formally received by the school nurse and the following information recorded. The individual record should show:

- Date of receipt

- Name and strength of medicine
- Quantity received

A 'Permission to Administer' form and 'Permission for Student to Carry Medication' (e.g. Epipen, asthma inhaler) should be completed by the parent or member of Health Centre team if a boarding student and recorded so that it may be viewed by all parties permitted to administer medication (Appendix C).

6.2 Recording of Medicines Administered to Students

All medication administered to students must be recorded in the medication book. This will include prescribed medication and non-prescribed medication administered by boarding or Health Centre staff.

All records relating to an individual student medically are held in the Health Centre.

Details of any medication errors should be recorded in the medication book as a note and the school nurse be notified as soon as practicable.

6.3 Disposal of Controlled Drugs and Other Medicines

All controlled drugs that are out of date or no longer required should be returned to the local pharmacy for destruction. A record of receipt, signed by the receiving Pharmacist, should be obtained and retained by the School Health Centre. All other unwanted drugs are to be returned to the pharmacy for destruction.

Prescribed medicines for an individual student are their property and should be returned to the student, parent or member of staff as appropriate when leaving the School for any period. Failure in them being collected will result in them being destroyed at the Pharmacy.

6.4 Disposal of Medicine Should Occur When:

- The expiry date is reached.
- A course of treatment is finished or is discontinued.
- When a dose of medicine has been removed from the original container but then not taken by the student. It should be kept by the Health Centre and returned to the pharmacy for safe disposal.
- Positive consent has been obtained if the medicine is not a stock item but belongs to a student.
- If a student has left the School and the medication has not been collected by the parent or student within 14 days of contacting them.
- In the event of the death of a student, keep for 14 working days in case needed by Coroner's Office or Courts.

Controlled drugs obtained on individual NHS prescriptions may be disposed of by returning to the supplying pharmacy.

Boarding house staff should sign the drugs out. Medicines should only be disposed of through the Health Centre.

Return of medicines for destruction should be authorised by the Health Centre, who should ensure that the record of return is completed. The record of disposal should include:

- The student's name (for prescribed, controlled drugs and individual homely remedies)
- Name, strength and quantity of medicine
- Date of return
- Consent of student (as appropriate)
- Signature of medical team authorising the return

7. Medications in School

Where a student requires supervision to take their medication or where such medication will be administered by staff, students receiving medication should be made aware of when and where they should attend at the prescribed times during the course of the medication to receive their treatment.

The Purcell School does not allow students to carry or administer any medications in School, without prior consultation and permission from the Health Centre. The Boarding Houses and the Health Centre have a stock of some homely medications that can be given after assessment e.g.: paracetamol.

7.1 Self-Administration Assessment

A comprehensive risk assessment will be undertaken to ensure that an individual student can self-medicate without risk to self or possible risk to other students and be signed by the member of staff assessing and the student.

The type of drug to be taken must also be part of the assessment as students will not be permitted to self-administer controlled medicines. This must be conducted by the Health Centre team following discussion with boarding staff/parents and it be recorded and the self-administration assessment form (Appendix D).

7.2 Students Self-Administration of Medicines

When a student is responsible for self-administering medication, prescribed or non-prescribed, an entry must be kept with information of the medication and the times of administration which will be documented.

Where appropriate, individual students will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis. In other cases, the equipment will be kept, suitably labelled, at the Health Centre / by the HP.

The school nurse must undertake regular checks that the student has taken the medication. They must ensure that medication is locked away so that it cannot be taken by other students.

When necessary, discussions should be undertaken by the school nurse with the student to encourage compliance in taking medication. Tactful support or timely reminders must be given to the student if necessary to aid compliance. If they are unable to comply, the right to self-medicate may need to be reviewed.

Any problems should be reported to the Health Centre.

7.3 Obtaining Supplies of Medication

The supply of medicines to boarding Schools in the UK comes under the remit of the Medicines Act 1968. This legislation identifies medicines into 3 categories:

- GSL or General Sales List: may be purchased from any retail outlet
- P or Pharmacy Only: may be purchased within a community pharmacy when a Pharmacist supervises the sale

- POM or Prescription Only Medicines: may only be obtained by presentation of a written prescription signed by an authorised prescriber.

Over the counter medications are purchased and ordered through the School's Health Centre. All medications obtained are logged in a record book and are regularly checked.

7.4 Homely Remedies or non-prescribed medication (Appendix E)

Medicines in the P or GSL category may be purchased by the school nurse to use as stock for treatment of minor ailments. The boarding houses will keep a small stock of homely medicines and a table of instructions will be easily accessed (Appendix F). This will be monitored by the Health Centre who will check the boxes every term, it is also the responsibility of the HP's to contact the health centre for re-stocking. Boarding House staff must record when they receive medicines from the Health Centre (Appendix H).

These medicines must not be labelled for an individual if they are to be administered to several students. Receipt and stock balance must be recorded in the appropriate log. Where non-prescribed drugs are bought by a student or parent, they should be recorded and stored appropriately.

7.5 Complementary Medicines

Most complementary treatments, including fish oils, homeopathic treatments etc., are considered as over the counter medicines within the terms of the Policy and parents are similarly requested to notify their child's boarding staff or the Health Centre of their use. This is particularly relevant with international students who may bring powders or tablets for health with no clear labelling.

7.6 The School's position regarding sports / dietary supplements is as follows:

The Health Centre staff and sports staff at the Purcell School discourage the use of dietary supplements (such as protein or whey powders and creatine) to enhance levels of physical/sporting achievement, in the belief that they are of no benefit to the physical/sporting performance of the vast majority of students and can, at worst, create an unhealthy attitude towards body image.

Medical and sports coaching advice is that a balanced diet, good hydration, well organised training and/or physical activity and a healthy lifestyle should be all any young person needs to develop and grow in a healthy way. There are risks with certain unregulated supplements (often internet bought) and even regulated supplements can be harmful if overused.

Advice given to the Purcell students is:

- You should always have a water bottle with you – hydration is so important
- You must get between 8 -10 hours sleep a night
- You should stretch before practising an instrument or taking physical exercise
- You should ensure that you eat the nutritionally balanced meals offered at school and avoid take-aways, which are of little if any nutritional value

- Do eat plenty of fish and white meat such as chicken (providing these form part of your normal and existing diet) and use other sources of protein such as tofu, grains and pulses (lentils, chickpeas, etc), beans, oats, soy milk, chia seeds. Vegetables high in protein include broccoli, spinach, sweet corn, kale, edamame beans, bean sprouts, asparagus and peas
- Do eat plenty of fresh vegetables and salad
- Do eat plenty of pasta, potatoes and rice

The Purcell School strongly discourages the use of caffeine-based "energy drinks" such as Monster, Red Bull, 925, Cocaine, Amp, etc. These contain potentially harmful levels of caffeine and Taurine and their use can have damaging physiological side-effects especially for young people.

If any such supplements or energy drinks as mentioned above are found by house staff, they will be confiscated and returned to their parents.

Should any student or parent wish to discuss the Purcell School's position on any of the above, or discuss their own personal situation, please contact the Health Centre.

7.7 International Medicines

Medicines that are brought into School by students from abroad must be taken to the Health Centre by the students so that an assessment can be made and it can be discussed as to why they are taking them. An appointment can then be made to see the local GP to ensure that the medications are licenced in the UK. The Local GP may then prescribe either the same medication or an equivalent.

7.8 Prescribed Drugs

Written prescriptions, both NHS and private may be provided for individual students for medicines in all categories.

The Medicines Act clearly defines that prescribed medicines must only be administered to the person for whom they have been prescribed, labelled and supplied. Medicines supplied for individuals are the property of that individual. These medicines may not therefore be used as "stock" by the School.

Staff must not tamper with supplies of prescribed packs of medicines or decant from one container to another for the purpose of storage. This includes remains of the current supply when a new supply is received. The original supply should be finished first. Stock levels of medication should be kept at an appropriate level for each student dependent on need.

Before it can be administered a prescribed medicine must have a printed label showing:

- Student's name
- Date of dispensing
- Name and strength of the medicine
- Dose and frequency of the medicine

Multiple containers should be labelled individually. Where items have an inner container, (e.g. eye drops, creams, etc.) the label should be applied to the item instead of, or as well as, the outer

container. If the label becomes detached, damaged or illegible the advice of the Pharmacist should be sought before the product is used.

It is good practice to record that a request for a repeat prescription has been made. This should be documented. If medicine is supplied which is unexpectedly different from that received in the past, the staff must check with the Pharmacist and/or the prescriber before formally receiving or administering the medication.

If the GP changes the dose of a medication, then they do inform the Health Centre. The container must then be clearly re-labelled by the Pharmacist. The Health Centre staff must not alter any information on medication labels.

7.9 Controlled Drugs

The Misuse of Drugs Act 1971 is the legislation governing controlled drugs. Controlled drugs will only be supplied on an NHS or private prescription for individual students.

The School is not permitted to hold controlled drugs as “stock items”. The above information relating to prescribed drugs also applies to this group.

Those students who are permitted to possess a controlled drug will be advised that it is an offence to pass the drug to any other person for use.

7.10 Storage of Medicines

All medicines should be stored in secure designated areas.

These include:

- The Health Centre
- Boarding Houses (in the house medical cabinet or controlled drug cabinet)

The School will carry out a risk assessment to consider any risks to the health and safety of the School community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

Parents should collect all medicines belonging to their child at the end of each term and are responsible for ensuring that any date-expired medication is collected from the School

Medication access keys should only be held by authorised designated members of staff.

Emergency medication such as inhalers, adrenaline pens will be kept in the staff room in a clearly named individual container. The Health Centre holds emergency inhalers in accordance with paragraph 3 of this policy (Emergencies/Procedures in the Event of an Accident or Illness). In the case of medication which is not required in an emergency, the student will be told where their medication is stored and who holds the key.

Non-prescribed stock medication must be stored separately from prescribed medication, in a locked cupboard that is securely fixed to a wall in the Health Centre or in the boarding house.

Prescribed medicines should be stored in a locked cupboard or safe that is securely fixed to a wall in the Health Centre/Medical Room or boarding house. There should be sufficient space to store individual students' medication.

Controlled drugs should be stored in a locked metal cupboard securely fixed to a wall, in a secure location in matron's office Gardner/Graham boarding house. The cupboard should be reserved only for the storage of controlled drugs. All other classes of drug should not be placed in the cupboard.

If it is necessary to store Controlled drugs in the boarding house due to the timings a student has to take the medication, they must be stored in a separate locked cupboard from all other medications. The stock should be clearly labelled and amount stored documented on the relevant sheet.

7.11 Storage of Self-Medication Medicines

Those students assessed as competent to self-medicate may store their own individual drugs (not controlled drugs) in their safe, to which they personally have access. It must not be accessible to other students. The School must have a contingency plan for staff to access this, with the permission of the student, in case of a problem or emergency arising. It is the responsibility of the boarding staff to ensure the security of this medication at all times when in the areas for which they have responsibility.

7.12 Cold Storage

A separate and secure dedicated refrigerator is available to be used exclusively for stock and prescribed medicines requiring cold storage. It should be kept locked at all times. It should be cleaned and defrosted regularly. The temperature should be measured and recorded daily on a record sheet using a maximum/minimum thermometer. The normal range is 28oC. The school nurse monitors the temperature of the medical fridge. Temperatures are recorded outside of the normal range and adjusted, if necessary.

8. Administration of Medicines

Administration of medicines is undertaken only by staff designated as competent and given training/instruction. Prescribed medicines should be administered strictly in accordance with the instructions stated by the prescriber. They should only be used for the stated purpose and not administered to anyone other than the student stated on the label. Administration should be made at an appropriate time in order to maximise benefit from the medicine (e.g. may be necessary to take before or after meals or last thing at night). It is an individual's right to refuse medication. Steps should be taken to explain the benefit of taking the prescribed medication. However, persistent refusal should be recorded and reported to the school nurse for further discussion with the student. Record any refusal of medication and the reason and that it has been reported to the school nurse. Record any advice received from the prescriber. Only a medically qualified member of the Health Centre may administer medication requiring specialised or invasive technique after receiving consent.
These may include:

- Medicines administered by the rectal / intramuscular / subcutaneous route

8.1 Procedure for the Administration of Medicines:

- Check the identity of the student.
- Check the medication, dosage instructions, noting any recent changes and ensure that the medication has not already been administered.
- Check that the student is not allergic to the medicine before giving it.
- Check the expiry date of the medicine.
- Administer the medicine following the prescribed instructions.
- Chart the administration immediately in the medication book after the medication has been given.
- Where there is a choice of dosage (i.e. 250mg or 500mg) record the amount given.
- Where a drug is to be given "as required" record whether given or not and reason
- Homely remedies should not be administered for longer than 48 hours without obtaining medical advice from the school nurse.
- For controlled drugs, appropriate entry must be made in the student's Controlled Drug Book. The balance should be checked and maintained by staff after each administration.
- A record should be made of doses irretrievably lost (dropped or spilled) during administration in case further supplies are then needed to finish the course.
- Crushing tablets or opening capsules to aid administration must always be avoided.

8.2 Administration of Medicines Away from School

When away from School the parent of the student would receive the balance of the prescribed medication. For occasional days out a separate supply may be organised.

Details of medicines taken out should be recorded and the administration supervised by the staff responsible for the student whilst away from School. The administration guidelines above should be followed. A record of any administration of medicines whilst on the trip should be communicated back to the school nurse.

A first aid kit containing authorised homely remedies, will be provided in the event of excursions off the School premises. This would usually only be Paracetamol and Chlorphenamine (Piriton)

tablets. Any other student medications would be given to the trip organiser with instruction on administration from the parents and/or the Health Centre with information as to the reason for giving and any medical conditions.

The Medical Policy should be followed at all times when off the premises.

8.3 Drug Administration Errors

- If an error is realised, clinical advice must be sought immediately, no matter how trivial it may seem.
- Appropriate line manager and Health Centre must be informed.
- An Incident Form should be completed to enable a review to take place into how the error occurred to prevent a similar incident happening again.

If a student attending an off-site visit cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this policy.

8.4 Medicines Information and Pharmaceutical Advice

The school nurse should have access to appropriate information about medicines to pass on to staff. They should contact the local community Pharmacist if additional information is required concerning individual medicines. This information can be found on the British National Formulary website (www.bnf.org) or by contacting NHS 111

8.5 Hazard Notification and Drug Alerts

In the event of a medicine being recalled or alert being issued by the MHRA (Medicines and Healthcare Regulatory Agency), the Health Centre should notify the Boarding Staff as appropriate and take the necessary action detailed within any alert document or communication. A record should be kept of any action taken. The school nurse is responsible for processing and acting upon the information at the time.

8.6 Adverse Drug Reactions

Any adverse drug reaction (ADR) or suspected ADR should be discussed with the local GP and/or the Pharmacist, before any further administration of that drug. If appropriate the reaction should be reported to the Medicines and Healthcare Regulatory Agency (MHRA) via the yellow card scheme. Yellow cards are available in the BNF, where information about the types of reaction to report is also given. It is also possible to report such incidents via the BNF website (www.bnf.org). The school nurse is responsible for dealing with and acting upon the information at the time.

8.7 Staff induction and training for giving medicines

The school nurse has overall responsibility for the administration of medicine and the arrangements for students with medical conditions within the School. This responsibility may be delegated, as appropriate, to other members of the school team who have received training in accordance with below.

The school nurse will ensure that all staff are supervised where appropriate. Any staff responsible for the administration of medicine will have access to students' individual Health Care Plans.

- If the employee is employed as a nurse, they must have current registration status with the

Nursing and Midwifery Council (NMC).

- All Health Centre staff should, as part of the Health Centre induction, be instructed on procedures for:
    - Obtaining medication
    - Storing medication
    - Administering medication
    - Recording activity

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

The school trains boarding staff in giving medication via Educare as an additional certification.

9. Immunisations

Information about immunisations & vaccines can be obtained from: www.immunisation.nhs.uk.

9.1 National Child Health Programme

It is the School policy to facilitate the immunisation of children as recommended in the National Child Health Programme. From 2016 the Diphtheria, Tetanus and Polio combined vaccination (DTP) and the Meningitis ACWY will be offered to all Year 9 students. The local immunisation team will make arrangements for these to be carried out during the School day. Any identification of an incomplete course of MMR or other immunisations should be discussed with the local GP. Parents must consent to, and are notified of vaccinations given, as well as students' GPs.

9.2 Influenza

It is School policy to offer identified groups of students an annual vaccination against seasonal influenza.

9.3 Travel Vaccinations

These will be discussed with the travel vaccination nurses at the local GP.

10. Consent to Travel

Parents are requested to provide written consent for the administration of First Aid, medical treatment and medication. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.

Unless in exceptional circumstances, no student under the age of 16 will be given prescription or non-prescription medication without parental consent.

11. Confidentiality, Child Protection and Communication

The school nurse will be responsible for reviewing students' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a student's functioning at the School to the HP, DSL, class teachers and First Aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a student or other members of the School community.

Whilst legally students over the age of 16 can consent to treatment on their own behalf as they are presumed Gillick competent, those under the age can only do so if they are deemed Gillick competent. If not Gillick competent, consent would need to be obtained from someone with parental responsibility unless in an emergency. Emergency treatment can be given without consent to save the life of, or prevent serious deterioration in the health of a child.

If a young person who is Gillick competent asks professionals not to share information about treatment, their wishes can be honoured, unless we feel there are safety issues that require us to share information.

Gillick competent means for a particular decision a young person understands:

- Understands the problem and implications
- Understands the risks and benefits of treatment
- Understands the consequences if not treated
- Understands the alternative options
- Understands the implications on the family
- Is able to retain (remember) the information
- Is able to weigh the pros and cons
- Is able to communicate a reasoned decision about what their wishes are

To ensure a student's safety and welfare during lessons, games and School trips, an electronic list of students with asthma, allergies and significant illnesses is available to the School teaching and games staff.

11.1 Child Protection

All staff are attentive to child protection issues and any concerns must be documented on a *MyConcern* and passed immediately to the School's Designated Safeguarding Lead. All staff will follow School procedures as set out in the Child Protection Policy.

11.2 Communication

We aim to maintain effective communication with parents and other key members of staff where consent and confidentiality allow, but not hindering the safety of the student in School.

12. Accident Records and Reporting

12.1 Accident Records

All injuries, accidents, illnesses and dangerous occurrences (unless very minor in the view of the school nurse) must be recorded on the school's accident / incident form. This form is located via the Staff Intranet Page.

The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness and what First Aid was given. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored in accordance with the School's policy on data retention.

12.2 Accident Form

All accidents requiring medical attention require an accident form to be completed so that accidents can be monitored and action taken if required to remove cause to avoid a further incident occurring. A copy of the form will be electronically shared with the Director of Operations where they will keep a record.

These records will be kept for at least three years or if the person injured is a minor (under 18), until they are 21.5

12.3 Reporting

In the event of an accident, injury or illness requiring First Aid the relevant First Aider should complete an accident form. The form can be located on the staff Intranet or hard copy printed from the staff handbook. These records will be regularly monitored by members of the Senior Leadership team to identify whether review or change in practice is needed.

All injuries, accidents and illnesses, however minor, must be reported to the school nurse and Director of Operations and (s)he is responsible for ensuring that the accident report forms are filled in correctly and that parent(s) or guardian(s) and HSE are kept informed as necessary.

In the event of a serious accident, injury or illness parent(s) or guardian(s) must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Principal if necessary. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.

Schools are legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (RIDDOR) to report the following to the HSE:

- ACCIDENTS INVOLVING STAFF
    - work related accidents resulting in death or 'specified' injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or
    - work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days; or
    - cases of work related diseases that a doctor notifies the School of (for example:

  - certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
  - certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

- ACCIDENTS INVOLVING STUDENTS OR VISITORS
  Accidents where the person is killed or is taken from the site of the accident to hospital and there the accident arises out of or in connection with:
  - any School activity (on or off the premises);
  - the way a School activity has been organised or managed (e.g. the supervision of a
  - field trip);
  - equipment, machinery or substances; and / or the design or condition of the premises.

13. Infectious Disease / Illness in School

Boarding Schools have a legal duty to the health, safety and welfare of the students in their care and the staff they employ. The steps taken in a boarding School to protect students and staff from infection are an important element in the quality of care they provide.

Infectious diseases occur naturally and commonly in school settings. This is a result of the degree of close contact between students and between students and staff, and the difficulties in maintaining a perfect state of hygiene. Infections acquired in the School may spread to staff, family members and the community. Outbreaks of infection may lead to disruption of the School routine and costly control measures. Where possible, the School will prevent the increase in an outbreak of infection into the School and limit its spread. Exposure to an infectious disease is not normally a reason for medical exclusion from School. If an infectious disease is present at School, then the local Public Health England advisors should be contacted so that appropriate control measures can be discussed.

All Staff should take precautions to avoid infection and to follow basic hygiene procedures (such as regular hand washing).

The First Aider should take the following precautions to avoid risk of infection:

- cover any cuts and grazes on their own skin with a waterproof dressing
- wear suitable single use disposable gloves when dealing with blood or other bodily fluids
- use suitable eye protection and a disposable apron where splashing may occur
- use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation
- wash hands after every procedure.

If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- Wash splashes off skin with soap and running water
- Wash splashes out of eyes with tap water or an eye wash bottle
- Wash splashes out of nose or mouth with tap water, taking care not to swallow the water
- Record details of the contamination
- Report the incident to the school nurse and take medical advice if appropriate.

13.1 Care of the Infectious Boarder

A boarding School has a duty of care, which extends beyond the classroom and the School day. The school nurse should be informed of any outbreak. If a student is diagnosed with an infectious disease a number of options should be considered:

- They return to the care of their family
- They go to the care of the guardian
- In exceptional circumstance they remain in School under the care of the Health Centre.

13.2 Isolation for the Infectious Boarder being cared for in School in exceptional circumstances

- They will stay in the Health Centre/house isolation room where they will be isolated and cared for during the infectious period of the particular disease/illness, e.g. 48 hours after the last vomit and/or diarrhoea in gastroenteritis

- They will not be in close contact with any other students in this time
- They will have their own wash and toilet facilities
- In the event of an outbreak where more accommodation may be required for isolation of boarders, a contingency plan would be made, whereby other isolated accommodation would be located and staffed in the event of this need. This decision would be made by the Principal and SLT.

13.3 Care of the Infectious Day Student

They should stay at home until after they are no longer infectious and a risk to the School community. See 13.2 48 hours after the last bout out vomiting/temperature or diarrhoea.

14. Health Education

Throughout the student's School life, through the PSHEE programme and specific curriculum areas such as biology, and other educational lessons, the student will be informed about the importance of being healthy.

- Healthy eating
- Hygiene
- Mental health – e.g. stress, depression
- Puberty
- Sleep
- Friendships
- Sexual relationships

If a student needs support or advice with any of the above concerns, then they should be directed to the school nurse/school counsellor. It is important that confidentiality is maintained wherever possible, but the student must be made aware that the School has a duty of care and may need to contact parents, speak to other members of staff or get specialist advice, preferably with consent. (See Student Consent to Treatment, page 68.)

If there are any mental health concerns with a student, it is important for any concerns to be raised as soon as possible. Detailed information and guidelines can be found in the School Emotional Health and Well Being Policy.

15. Complaints

If parents or students are dissatisfied with the medical support provided at the School, they should raise these concerns in the first instance with the School Nurse.

If the School Nurse cannot resolve the issue, then a formal complaint can be raised via the School's complaint's procedure.

16. Review

This policy and its procedures will be reviewed and updated by the School Nurse and Vice-Principal on an annual basis.

Policy author / reviewer:	***Policy date / review date:***	***Next review due:***
H Austin and T Burns	1/9/2021	1/9/2022
H Austin and T Burns	September 2022	September 2023
H Austin and T Burns	September 2023	September 2024
H Austin and T Burns	September 2024	September 2025
H Austin and T Burns	September 2025	September 2026

APPENDIX A: Emergency care of medical conditions: asthma, anaphylaxis, diabetes and epilepsy

How to Deal with an Asthma Attack

STEP 1:

- Help the child to take their usual dose of reliever inhaler (usually blue) immediately, preferably through a spacer
- Contact the Medical Centre / School Nurse

STEP 2:

- Sit the child upright
- Get them to take slow and steady breaths
- Keep calm and reassure them
- Do not leave them alone

HAVE THE SYMPTOMS IMRPOVED ALREADY?

YES

- Continue to sit with the child until they are feeling completely well and can go back to previous activity
- Liaise with Medical Centre who will contact parents / guardians as appropriate

NO

STEP 3:

- Continue to give two puffs of reliever inhaler (one puff at a time) every two minutes, up to ten puffs

STEP 4:

- If the child does not start to feel better after taking the reliever inhaler as above or if you are worried at any time call 999

Step 5:

- If an ambulance does not arrive within ten minutes, repeat STEP 3 while you wait
- Liaise with Medical Centre who will contact parents / guardians as appropriate

Common signs of an asthma attack include any one or more of the following:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Lips are blue

Allergy and Anaphylaxis Management

An allergy is the response of the body's immune system to an allergen (normally harmless substance), e.g. food, insect stings and medicines.

Severe allergic reactions are known as anaphylaxis and are potentially life-threatening.

Allergy to peanut and tree nuts is the most common food allergy in adults and children.

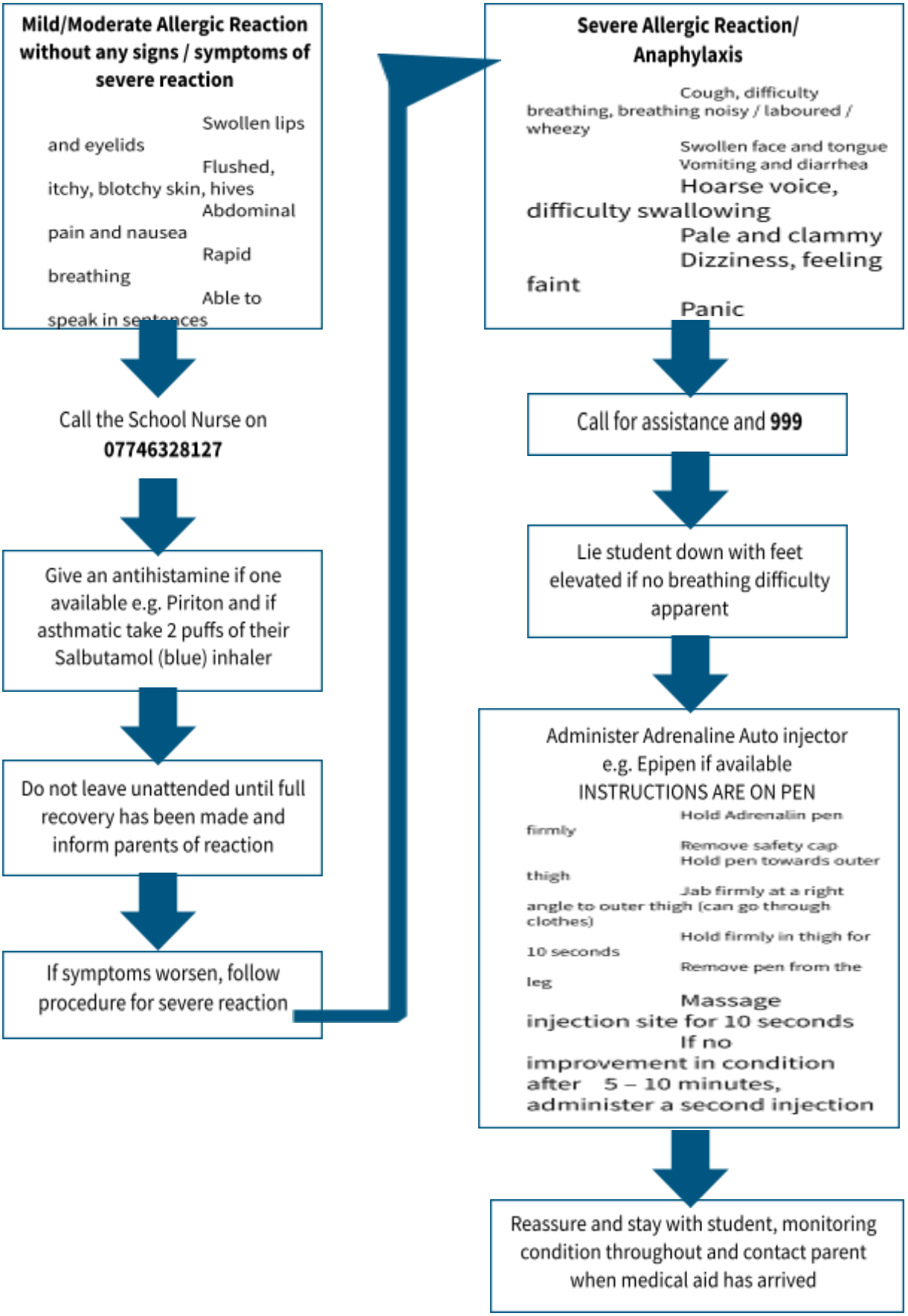
The School cannot guarantee a completely allergen free environment, but aims to minimise the risk of exposure, encourage self-responsibility and plan for an effective response to possible emergencies.

Aims of the School and Health Centre in relation to Allergy and Anaphylaxis Management:

- Encourage students to take responsibility for their allergies, minimising risk of exposure to the allergen and to carry their adrenaline auto-injector (e.g. epi-pen) at all times.
- Encourage the student to inform their peer groups.
- Parents to give accurate up to date medical information in writing to the School, detailing advice and management to be included in the student's care plan.
- Parents (day) and Health Centre (boarders) to provide Adrenaline auto-injector and medication and replace medication when necessary.
- The Health Centre to hold medication and Adrenaline auto-injector and care plans. Where permitted and in consultation with the School, the student carries one and the other held in the staff room.
- Catering to only cook with nut free produce and have food clearly labelled according to HH policy.
- For all information and medications to be given to staff arranging trips.
- For staff to be aware of allergies/anaphylaxis and have regular Adrenaline auto-injector training. Training can be given by an external trainer or from school nurse.
- If an allergic reaction is suspected, call for assistance from the Health Centre.

All staff who work directly with children to be trained and given regular updates on allergy and anaphylaxis management, including use of adrenaline auto-injector pens.

Anaphylaxis Algorithm (for severe allergic reaction)



Emergency Treatment of Hypoglycaemia in Diabetes

Emergency Hypo Kit Box located in boarding house specific to student, the Health Centre and the Staff Room.

Treating hypoglycaemia

Hypoglycaemia (Hypo) means low blood sugar of less than 4mmol/l.

Symptoms

- Mild – tingling, feeling hot and sweaty, light headed, headache, blurred vision, hunger and dizziness
- Moderate – Disorientated, lack concentration, change in personality, irritability and confusion.
- Severe - unconsciousness

Treatment

Call the School Nurse on **07746328127**
In most cases, you can treat hypoglycaemia yourself when you recognise the symptoms.

Treating an episode of hypoglycaemia

The immediate treatment for hypoglycaemia is to have some sugary food or drink (about 15 to 20g of rapidly acting carbohydrate) to end the attack.

For example, this could be:

- a glass of fruit juice or non-diet soft drink
- between three and five dextrose tablets
- a handful of sweets

At first you should avoid fatty foods and drinks, such as chocolate and milk, because they don't usually contain as much sugar and the sugar they do contain may be absorbed more slowly.

After having something sugary, you should have a longer-acting carbohydrate food, such as a few biscuits, a cereal bar, a piece of fruit or a sandwich.

It will usually take around 15 minutes to recover from a mild episode of hypoglycaemia. If you have a blood glucose meter, measure your blood sugar again after 15 to 20 minutes. If it's still too low (below 4 mmol), you should have some more sugary food or a drink before testing your levels again in another 15 to 20 minutes.

When treating someone else with hypoglycaemia, if the above treatment isn't effective, you may be able to help them by applying glucose gel (or honey, treacle or jam if glucose gel isn't available) to the inside of their cheeks, and gently massaging the outside of their cheeks.

It may take 10 to 15 minutes before they feel better. This shouldn't be done if the person is drowsy or unconscious because of the risk of choking.

If you have several episodes of hypoglycaemia a week, you should contact your diabetes care team to find out the underlying cause. Your medication may need to be adjusted, or there may be another condition causing hypoglycaemia that needs to be treated.

If a person in unconscious

If a person loses consciousness because of severe hypoglycaemia, they need to be put into the recovery position and given an injection of the hormone glucagon (if they have an injection kit). The injection will raise their blood glucose level.

The injection should be carried out by a friend or family member who knows what they're doing, or by a trained healthcare professional.

You should dial 999 to request an ambulance if:

- a glucagon injection kit isn't available
- there's nobody available who's trained to give the injection
- the injection is ineffective after 10 minutes

Never try to put food or drink into the mouth of someone who's unconscious as they could choke.

If you're able to give a glucagon injection and the person regains consciousness, they should eat some longer-acting carbohydrate food, such as a few biscuits, a cereal bar or a sandwich.

You should continue to monitor the person for signs of recurring symptoms in case they need to be treated again.

Emergency Procedure during an Epileptic Seizure

- Send someone to call the school nurse 07746328127
- If they are having a tonic-clonic seizure, they may be trapped behind something or kicking against something. If you are with someone who is having a tonic-clonic seizure (fit):
  - move them away from anything that could cause injury – such as a busy road or hot cooker
  - cushion their head if they're on the ground
  - loosen any tight clothing around their neck – such as a collar or tie, to aid breathing
  - when their convulsions stop, turn them so that they're lying on their side
  - stay with them and talk to them calmly until they have recovered
  - note the time the seizure starts and finishes
  - Don’t put anything in the person’s mouth, including your fingers. They may bite their tongue, but this will heal. Putting an object in their mouth could cause more damage
  - As the person is coming round, they may be confused, so try to comfort them.

Do you need to call an ambulance?

You don’t necessarily have to call an ambulance, because people with epilepsy don’t need to go to hospital every time they have a seizure.
Some people with epilepsy wear a special bracelet or carry a card to let medical professionals and anyone witnessing a seizure know that they have epilepsy. “If they know they have epilepsy, they might just prefer to get on with their day.”

However, you should dial 999 if:

- It’s the first time someone has had a seizure
- The seizure lasts for more than five minutes
- The person doesn’t regain full consciousness, or has a series of seizures without regaining consciousness

Remember what happens

- Make a note of what happens during the seizure, as this may be useful for the person or their doctor.
- Be aware of what the person does during the seizure. Make a note of what they're like afterwards (e.g. sleepy, confused, or aggressive), and record how long the seizure lasts.

The following information may be helpful:

- Where was the person? What were they doing?
- Did the person mention any unusual sensations, such as an odd smell or taste?
- Did you notice any mood change, such as excitement, anxiety or anger?
- What brought your attention to the seizure? Was it a noise, such as the person falling over, or body movements, such as their eyes rolling or head turning?
- Did the seizure occur without warning?
- Was there any loss of consciousness or altered awareness?
- Did the person's colour change? For example, did it become pale, flushed or blue? If so, where; the face, lips or hands?
- Did any parts of the body stiffen, jerk or twitch? If so, which parts were affected?
- Did the person's breathing change?
- Did they perform any actions, such as mumble, wander about or fumble with clothing?
- How long did the seizure last?
- Was the person incontinent (could not control their bladder or bowels)?
- Did they bite their tongue?
- How were they after the seizure?
- Did they need to sleep? If so, for how long?

If the patient suffers from epilepsy, when they have recovered, assist them to record the details of their seizure in their diary. Seizure diaries are available free of charge from the Epilepsy Society helpline (01494 601 400), Monday to Friday 9.00am-4.00pm.

APPENDIX B: Medical questionnaire

Medical Questionnaire

Student Details					
Surname				First Name(s)	
Date of Birth		Gender	**M / F**	Town / Country of Birth	
Home Address					
Parent / Guardian Details					
Name				Email	
Address					
Home Telephone				Mobile Telephone	
Student's GP Details					
Name				Student's NHS Number	
Address & Telephone					

	Immunisation Dates				
	1st Dose	2nd Dose	3rd Dose	Booster 1	Booster 2
BCG (Tuberculosis)					
MMR (Combined)					
Measles					
Mumps					
Rubella					
HIB					
Diphtheria					
Tetanus					
Polio					
Meningitis C					
Whopping Cough					
Other (Please State)					

Has your child any of the following?	Chicken Pox **Yes / No**	Mumps **Yes / No**	Measles **Yes / No**

It is expected that full and weekly boarders will be registered with the School Doctor. Please be advised that by registering your child with the School Doctor that this will transfer their GP notes. If you are unclear of the implications of this, please contact the Health Centre.

Please mark the box if you **do not** wish your child to be registered with School Doctor ☐

Does your child suffer from any of the following? (If YES, please complete additional forms stated)

Asthma: YES / NO Peak Flow (if known): **Complete Forms 3, 3A, 3B**	
Diabetes: YES / NO **Complete Forms 7, 7A**	
Epilepsy: YES / NO **Complete Form 7**	
Allergies: YES / NO Please briefly describe: **Complete Form 1**	
Adrenaline Pen: YES / NO **Complete Form 1A**	
Learning Difficulty: YES / NO E.g. ADHD, briefly describe: **Complete Forms 5, 5A**	

Please state below any current or previous medical conditions or important information relating to your child's health including any mental health concerns:

Are there any religious consideration in respects to medical treatment we should be aware of?

Please alert us to any dietary needs

Additional Questions	
Does your child suffer from vision or heading impairment?	**YES / NO**
If YES, please give details	

Do you know of any reason as to why your child may not be able to participate in all aspects of School life? E.g. sport	**YES / NO**
If YES, please give details	

Private Health Care Insurance Details			
Does your child have Health Care Insurance	**YES / NO**	Is this a School provided scheme?	**YES / NO**
Policy Number		If YES, Insurance Company Name	

In cases of emergency, although every effort will be made to obtain parental consent to any clinical procedure or administration of any medication, or to any other treatment considered necessary for the protection of the child's health, the Principal (or someone appointed by her/him) will act in loco parentis. By signing this form parents/guardians are verifying the information given on this form consisting of 3 pages, is true and complete and give the School permission to administer essential first aid and appropriate non-prescription medication. The school health centre team can also administer emergency life-saving drugs under their own guidelines and protocols. I agree to inform the Health Centre in a timely manner of any change in information contained on this form.		
I have read and accept the above statement	**Signature of Parent / Guardian**	
	Date	

PLEASE RETURN COMPLETED FORM TO:
The Health Centre, The Purcell School, Aldenham Road, Bushey, Herts, WD23 2TS
FOR OFFICE USE ONLY

Immunisations

Date	Immunisations Given at School

FORM 1 – ALLERGY HISTORY QUESTIONNAIRE

Name and Date of Birth of Child
Home Address and Telephone Number
GP Name, Address and Telephone Number

What is your child allergic to?

Please tick the symptoms that best describe your child's allergic reaction:

- Itchiness of skin
- Skin rash – e.g. hives, blotchiness
- Itchiness / tingling sensation in the mouth / throat
- Swelling of face / lips / mouth / tongue / body
- Felling sick
- Vomiting/Diarrhea
- Abdominal pain/distension
- Cough/Wheeze
- Difficulty breathing/tightness in chest
- Changes in voice (hoarseness)
- Feeling faint/dizzy
- Looking very pale
- Lips/mouth blue in colour
- Restlessness
- Collapse/unconscious

What medication has your child been prescribed?
At what age did your child have their first reaction?
Describe the reaction
When was their last reaction? (Please describe)

Does your child require hospital treatment?	**YES / NO**
Who diagnosed your child's condition?	**GP / HOSPITAL / ALLERGY SPECIALIST**
Has your child has a skin blood test to confirm this allergy?	**YES / NO**
If YES, when was this done and the result?	
If NO, is your GP referring to an allergy clinic?	**YES / NO**
Can your GP be contacted for further information if required?	**YES / NO**

SIGNED BY PARENT / GUARDIAN (PLEASE STATE)

_____

RETURN TO: The School Nurse, The Purcell School, Aldenham Road, Bushey, Herts, WD23 2TS

APPENDIX C: Request to administer medications form and request for student to carry medication

FORM 1A – REQUEST FOR STUDENT TO CARRY OWN AUTO INJECTOR MEDICATION

THIS FORM MUST BE COMPLETED BY THE PARENT OR GUARDIAN

Name and Date of Birth of Child
Year Group
Home Address and Telephone Number

Medication

Name of Auto Injector Medication (As on box / container)
Dosage
Procedures to be taken in an emergency

Contact Details

Name of Parent / Guardian	
Address	
Home Telephone Number	
Mobile Telephone Number	
Email Address	

I would like my child to keep their Auto Injector medication on them for use as necessary

Signature of Parent / Guardian	
Date	

PLEASE RETURN TO:
The School Nurse, The Purcell School, Aldenham Road, Bushey, Herts, WD23 2TS
FORM 1B – CONSENT FORM: Use of Emergency Auto Adrenaline Injectors (AAI)
Student showing symptom of allergy and anaphylaxis

1. I can confirm that my child has been diagnosed with an allergy and has a prescribed AAI.
2. My child has a working, in date AAI, clearly labelled and has been advised to keep it with them at all times.
3. In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or is unusable.

I, (Name of Parent / Guardian)	
Of (permanent address)	
Hereby give consent* to my son / daughter (Full name and date of birth)	

*****To receive Adrenaline from an emergency AAI held by the School for such emergencies. I also consent for the health centre medical team to administer emergency drugs if deemed necessary within their guidelines.

Signature of Parent / Guardian	
Date	

OR IF NOT WISHING TO CONSENT:

I do NOT give my consent to the above	Please Tick Box •
Signed	
Date	
PRINT NAME	

PLEASE RETURN TO:
The School Nurse, The Purcell School, Aldenham Road, Bushey, Herts, WD23 2TS

FORM 2 – REQUEST FOR STUDENT TO CARRY OWN MEDICATION

THIS FORM MUST BE COMPLETED BY THE PARENT OR GUARDIAN

Name and Date of Birth of Child
Year Group

Home Address and Telephone Number
Condition / Diagnosis

Medication

Name of Medication (As on box / container)
Dosage
Procedures to be taken in an emergency

Contact Details

Name of Parent / Guardian	
Address	
Home Telephone Number	
Mobile Telephone Number	
Email Address	

I would like my child to keep their medication on them for use as necessary

Signature of Parent / Guardian	
Date	

PLEASE RETURN TO:
The School Nurse, The Purcell School, Aldenham Road, Bushey, Herts, WD23 2TS

FORM 3 – ASTHMA HISTORY QUESTIONNAIRE

Name and Date of Birth of Child
Year Group
Home Address and Telephone Number
GP Name, Address and Telephone Number

About your child's asthma:

What medication has your child been prescribed and what is the dosage?
At what age did your child first experience asthma symptoms?
Please describe the symptoms
When was their last acute episode?
Has your child ever needed steroids or a nebulizer? If so, when was it last needed?

Does your child require hospital treatment?	**YES / NO**
Who diagnosed your child's condition?	**GP / HOSPITAL / ALLERGY SPECIALIST**
Is your child under the care of a named asthma nurse of clinic?	**YES / NO**
If YES, please give name, address and telephone number	
Can your GP be contacted for further information if required?	**YES / NO**

Signature of Parent / Guardian	
Date	

PLEASE RETURN TO:

The School Nurse, The Purcell School, Aldenham Road, Bushey, Herts, WD23 2TS

FORM 3A – REQUEST FOR STUDENT TO CARRY OWN INHALER MEDICATION

THIS FORM MUST BE COMPLETED BY THE PARENT OR GUARDIAN

Name and Date of Birth of Child
Year Group
Home Address and Telephone Number
Condition / Diagnosis

Medication

Name of Medication (As on box / container)
Dosage
Procedures to be taken in an emergency

Contact Details

Name of Parent / Guardian	
Address	
Home Telephone Number	
Mobile Telephone Number	
Email Address	

I would like my child to keep their medication on them for use as necessary

Signature of Parent / Guardian	
Date	

PLEASE RETURN TO:
The School Nurse, The Purcell School, Aldenham Road, Bushey, Herts, WD23 2TS
FORM 3B – CONSENT FORM: Use of Emergency Salbutamol Inhaler
Student showing symptom of asthma / having and asthma attack

1. I can confirm that my child has been diagnosed with asthma and has a prescribed reliever inhaler.
2. My child has a working, in date inhaler, clearly labelled and has been advised to keep it with them
   at all times.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is
   unusable.

I, (Name of Parent / Guardian)	
Of (permanent address)	
Hereby give consent* to my son / daughter (Full name and date of birth)	

*****To receive Salbutamol from an emergency inhaler held by the School for such emergencies. I also consent for the health centre medical team to administer emergency drugs if deemed necessary within their guidelines.

Signature of Parent / Guardian	
Date	

OR IF NOT WISHING TO CONSENT:

I do NOT give my consent to the above	Please Tick Box •
Signed	
Date	
PRINT NAME	

PLEASE RETURN TO:
The School Nurse, The Purcell School, Aldenham Road, Bushey, Herts, WD23 2TS

FORM 5 – ADD AND ADHD INDIVIDUAL STUDENT CARE PLAN

THIS FORM MUST BE COMPLETED BY THE PARENT OR GUARDIAN

Name and Date of Birth of Child
Year Group
Condition
Date Diagnosed
Review Date

Contact Information

Clinic / Hospital Contact: Name: Address: Contact Number:

ADD / ADHD History

What age was it noticed there were behaviour concerns?
Please describe these concerns (e.g. organisation, disruption, including home and school life)

Medication

What medication was initially prescribed?
Give details of ALL medication which had been prescribed?
Current medication and dosages including time given

School

Describe previous school (e.g. day / boarding, size etc.)
Describe what this school provides as learning support
Describe the social interaction with teachers, parents, friends etc.
Describe the effects of change in environment (e.g. new school and does it normally settle?)

Daily Care

Are they independent or need instruction regarding personal hygiene?
Describe and give details of eating habits of special dietary requirements

Sleep

How many hours do they normally sleep a night?
Do they sleep well?
Please give details of what care is required whilst at The Purcell School

Signature of Parent / Guardian	
Date	

PLEASE RETURN TO:
The School Nurse, The Purcell School, Aldenham Road, Bushey, Herts, WD23 2TS

FORM 5A – REQUEST FOR SCHOOL TO ADMINISTER SPECIFIC MEDICATION

THE SCHOOL WILL **NOT** GIVE YOUR CHILD SPECIFIC PRESCRIBED MEDICATION UNLESS YOU COMPLETE AND SIGN THIS FORM

Name and Date of Birth of Child
Year Group
Home Address and Telephone Number
Condition / Diagnosis

Medication

Name of Medication (As on box / container)
Date Dispensed
Full directions for use: Dosage, method and course length
Special Precautions (to be taken with / after food etc.)
Self-Administration? YES / NO

FORM 7A – REQUEST FOR SCHOOL TO CARRY OWN DIABETIC MEDICATION

THIS FORM MUST BE COMPLETED BY THE PARENT OR GUARDIAN

Name and Date of Birth of Child
Year Group
Home Address and Telephone Number
Condition / Diagnosis
Diabetic Type 1 or 2?

Medication

Name of Diabetic Medication (As on box / container)
Dosage
Procedures to be taken in an emergency

Contact Details

Name of Parent / Guardian	
Address	
Home Telephone Number	
Mobile Telephone Number	
Email Address	

I would like my child to keep their diabetic medication on them for use as necessary

Signature of Parent / Guardian	
Date	

PLEASE RETURN TO:
The School Nurse, The Purcell School, Aldenham Road, Bushey, Herts, WD23 2TS

CONSENT TO OPERATION

Should your child need surgery, we will make every effort to contact you in the first instance, however there may be occasions where it is time critical (e.g. acute Appendicitis) so for any such emergencies we would be grateful if you could sign the consent form below. If your child is aged 16 years or over they can consent to treatment themselves.

I, (Name of Parent / Guardian)	
Of (permanent address)	
Hereby give consent* to my son / daughter (Full name and date of birth)	

***** To undergo any operations deemed necessary including emergency treatment during periods of residence at The Purcell School and the administration of a general or local anaesthetic for that purpose. In the occurrence that a signature is required, I give FULL permission for a member of the school staff to sign on my behalf for any treatment or operations required.

Signature of Parent / Guardian	
Date	

OR IF <u>NOT</u> WISHING TO CONSENT:

I do NOT give my consent to an operation or general anaesthetic	Please Tick Box •
Signed	
Date	
PRINT NAME	

PLEASE RETURN TO:
The School Nurse, The Purcell School, Aldenham Road, Bushey, Herts, WD23 2TS

CONSENT TO MEDICATION
TO BE COMPLETED FOR ALL STUDENTS

Guidelines are in place within the School Policies for House staff and the Health Centre Medical Team to be able to dispense over the counter medications, such as Paracetamol and Antihistamines. The Health Centre team are also able to administer emergency life-saving drugs through their own protocols and guidelines. If you are happy for your child to receive these treatments, please sign below and / or record any specific objections:

I, (Name of Parent / Guardian)	
Of (permanent address)	
Hereby give consent* to my son / daughter (Full name and date of birth)	

***** To receive over the counter remedies and if needed, emergency drugs

Signature of Parent / Guardian	
Date	

OR IF <u>NOT</u> WISHING TO CONSENT:

I do NOT give my consent to the above	Please Tick Box •
Signed	
Date	
PRINT NAME	

PLEASE RETURN TO:
The School Nurse, The Purcell School, Aldenham Road, Bushey, Herts, WD23 2TS

APPENDIX D: Administration of own medication protocol and assessment form

Administration of own Medical Protocol

The School allows students to keep their own medications in a locked are in the Boarding House if they have been assessed as competent to do so. Asthmatics may carry their inhalers with them. Students with allergies requiring an Epi-Pen should carry a pen with them.

The criteria used to assess the students are:

- The age of the student
- Whether the medication is a long term or a short course
- The student's own choice
- Whether the student has proven him/herself to be reliable in general and will remember to take the medication if it is to be take regularly
- That the student understands why they are taking the mediate and any side effects, and the risks of overdose
- That the student knows when and how to take the medication
- That the student can effectively store the medication in a locked area
- That the student understands that they should never give the medication to anyone else, even if they have similar symptoms

Self-Administration Assessment Form

Name of Student		D.O.B	
Name of Medication / Dose			
Amount of medication given to student			
How often taken			
Medication can be stored in student's own locked area	**YES / NO** (Please Circle as Appropriate)		
Length of Treatment	Date From:	Date To:	
Student's Choice	**YES / NO** (Please Circle as Appropriate)		
Student has proven themselves to be reliable	**YES / NO** (Please Circle as Appropriate)		
Full understanding of reasons for medication and side effects	**YES / NO** (Please Circle as Appropriate)		
Knows when and how to take medicine	**YES / NO** (Please Circle as Appropriate)		

IMPORTANT: If a student is not keeping medication locked away, the right to self-medications will be removed

Signature of Student	
Date	

Signature of Staff	
Date	

FROM 7 – HEALTH CARE PLAN FOR A STUDENT WITH MEDICAL NEEDS (E.g. Diabetes / Epilepsy)

Name and Date of Birth of Child
Year Group
Condition and Date Diagnosed
Review Date

Contact Information 1

Name and Relationship to Student
Contact Number(s)

Contact Information 2

Name and Relationship to Student
Contact Number(s)

Clinic / Hospital Contact: Name: Contact Number:
GP Contact:

Details of condition and symptoms

(Continued on next page)

Treatment and Medication
Details of Specific Care at Home
Details of Specific Care at School
Emergency Care

Detail of equipment needed whether daily or in the event of any changes in condition e.g. wheelchair

Signature of Parent / Guardian	
Date	

PLEASE RETURN TO:
The School Nurse, The Purcell School, Aldenham Road, Bushey, Herts, WD23 2TS

APPENDIX E: Homely remedies

Homely Medicines held in Boarding Houses
Medications that may be administered by a member of the boarding house staff whilst following the accompanying guidelines:

Paracetamol Syrup	250mg / 5mls
Paracetamol Tablets	500mg
Ibuprofen Syrup	100mg / 5mls
Ibuprofen Tablets	200mg
Cetirizine tablets	10mg
Chlorphenamine (Piriton) tablets	4mg

Chlorphenamine syrup	2mg / 5mls
Glycerin linctus	
Inhalant decongestant	Olbas Oil
Anthisan or similar	Insect sting and bite cream
Lozenges	Sweets / soothers
Lemsip	1000mp

Homely Medicines held in Health Centre

Acyclovir ointment	
Anaesthetic throat spray	
Antiseptic lozenges	
Anthisan or similar	Insect sting and bite cream
Blistex	
Bonjela/ulcer gel / igloo pastels	
Calamine lotion	
Cetirizine tablets	10mg
Chlorphenamine (piriton) tablets	4mg
Chlorphenamine syrup	2mg / 5mls
Dextro energy	
Dioralyte	
Glycerin linctus	
Head lice Treatment	Full Marks
Ibuprofen syrup	100mg / 5mls
Ibuprofen tablets	200mg
Inhalant decongestant	Olbas Oil
Loratadine	10mg
Loperamide	2mg
Lozenges	Sweets / soothers
Buttercup cough syrup	
Ovex	
Paracetamol syrup	250mg / 5mls
Paracetamol tablets	500mg
Verruca treatment	Bazooka

The above list can be extended by the Health Centre with advice from the local GP should regular use be indicated. If medication is required regularly from the above list, the student should be reviewed in the Health Centre where a local GP's appointment can be made if necessary.

APPENDIX F: Instructions for medicines held in the Boarding Houses

Instructions for Medicines Held in the Boarding Houses

Medication / Strength	Indications of Use	Areas Stored	Dose	Contraindications / Caution
Paracetamol Syrup 250mg / 5mls - Calpol	Mild to Moderate Pain, Pyrexia, Fever (high temp)	Health Centre, Boarding Houses, Trip First Aid Boxes	6-8 Years: 250mg 8-10 Years: 250-275mg 10-12 Years: 500mg **Can be taken every 4-6 hours and no more than 4 doses in 24 hrs**	**Caution**: Careful note of previous doses
Paracetamols Tablets 500mg	Mild to Moderate Pain, Pyrexia, Fever (high temp)	Health Centre, Boarding Houses, Trip First Aid Boxes	10-12 Years: 500mg 12+ Years: 1g **Can be taken every 4-6 hours and no more than 4 doses in 24 hrs**	**Caution**: Careful note of previous doses
Ibuprofen Syrup 100mg / 5mls **Avoid giving to asthmatics unless known to have taken before without side affects**	Pain and Inflammation, Pyrexia / Fever	Health Centre, Boarding Houses	7-12 Years: 200mg (syrup only) **Can be taken every 4-6 hours and no more than 4 doses in 24 hrs**	**Contraindication:** History of allergy to NSAID (e.g. aspirin, voltarol), Gastric ulcer / bleeding, Chronic indigestion **Caution:** Cardiac impairment, Colitis / Crohns, Renal impairment, Asthma (if asthma symptoms worsen, should not use)
Ibuprofen Tablets 200mg (do **not** give tablets to under 12s) **Avoid giving to asthmatics unless known to have taken before without side affects**	Pain and Inflammation, Pyrexia / Fever	Health Centre, Boarding Houses	12+ Years: 400mg **Can be taken every 6-8 hours and no more than 3 doses in 24 hrs**	**Contraindication:** History of allergy to NSAID (e.g. aspirin, voltarol), Gastric ulcer / bleeding, Chronic indigestion **Caution:** Cardiac impairment, Colitis / Crohns, Renal impairment, Asthma (if asthma symptoms worsen, should not use)

Medication / Strength	Indications of Use	Areas Stored	Dose	Contraindications / Caution
Chlorphenamine Syrup 2mg / 5mls (Piriton)	Relief of symptoms of allergy such as hayfever, hives sunburn etc. Anaphylaxis-adrenaline pen would be used in available	Health Centre, Boarding Houses, Trip First Aid Boxes	3-6 Years: 1mg syrup 6-12 Years: 2mg **Take every 4-6 hours no more than 6 doses in 24 hours**	**Caution:** Epilepsy **Side Effects:** Drowsiness
Chlorphenamine (Piriton) 4mg Tablets	Relief of symptoms of allergy such as hayfever, hives sunburn etc. Anaphylaxis-adrenaline pen would be used in available	Health Centre, Boarding Houses, Trip First Aid Boxes	12+ Years: 4mg **Take every 4-6 hours no more than 6 doses in 24 hours**	**Caution:** Epilepsy **Side Effects:** Drowsiness
Cetirizine 10mg Tablets	Relief of symptoms of allergy such as hayfever, hives, sunburn etc.	Health Centre, Boarding Houses	6+ Years: 10mg once a day **Patients with moderate to severe kidney failure should take 5mg**	Not recommended for children below 6 years
Glycerin Linctus	Symptomatic relief of sore throat and cough	Health Centre, Boarding Houses	1-12 Years: 5mls 4 hourly if required 12+ Years: 10mls 4 hourly if required	**Contraindication:** Diabetes due to sugar content
Olbas Oil / Karvol Drops Drop to tissue – not clothes, skin or for ingestion	Relief of nasal congestions	Health Centre, Boarding Houses	2 drops (to tissue only)	Seek medical advice if ingested or gets in eyes
Anthisan / Bite and Sting Cream / Hydrocortisone 1%	Insect stings and bites, Nettle rash	Health Centre, Boarding Houses	Topical to affected area	

APPENDIX G: Boarding House record of receiving medicines from the Health Centre

Boarding House Record of Receiving Medicines from Health Centre

Boarding House: _____

Date Received	Drug	Amount	Signature
Example: *1.1.14*	*Example:* *Paracetamol*	*Example:* *1 box of 100 tablets*	

APPENDIX H: Staff training record: administration of medicines

Staff Training Record: Administration of Medicines

Name of School	
Name	
Type of Training Received	
Date of Training Completed	
Training Provided By	
Profession and Title	

I can confirm that _____ *Name* _____ has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated in _____ *No. Weeks / Months* _____ time.

Signature of Trainer	
Date	

I confirm that I have received the training detailed above.

Signature of Staff	
Date	

Suggested Review Date	

APPENDIX I: Purcell School First Aid Personnel

THE PURCELL SCHOOL – FIRST AID as of OCTOBER 2026

IN EMERGENCIES PLEASE CONTACT **ROSIE MCMANUS on ext 220 or mobile 07746 328127** (Mon-Fri 8.30am-16.30pm) or
CAROL MORGAN on mobile 07740 174981 (16.30pm-8.30am) or **THE SCHOOL OFFICE on ext 0** (Mon-Fri 8.30am-17.00pm)

NAME	DEPARTMENT	TYPE	EXPIRY DATE
ROSIE MCMANUS	**SCHOOL NURSE & FIRST AID INSTRUCTOR & ASSESSOR**	**FIRST AID AT WORK AND DEFIBRILLATOR INSTRUCTOR**	**29 AUGUST 2027**
CAROL MORGAN	**EMERGENCY ON CALL MEDIC & FIRST AID INSTRUCTOR & ASSESSOR**	**FIRST AID AT WORK**	**24 MAY 2028**
OLENA BILASH	RESIDENTIAL BOARDING ASSISTANT AVISON	EMERGENCY FIRST AID AT WORK	15 APRIL 2027
ROBIN COLLINGWOOD	SPECIALIST ART TEACHING ASSISTANT	EMERGENCY FIRST AID AT WORK	15 APRIL 2027
PAIGE CORCORAN	ASSISTANT HEAD OF HOUSE AVISON	EMERGENCY FIRST AID AT WORK - LEVEL 3	APRIL 2027
SUSAN FISK	ASSISTANT HEAD OF HOUSE SUNLEY	EMERGENCY FIRST AID AT WORK	22 SEPTEMBER 2027
LINDA GRIFFITHS	SCHOOL OFFICE	EMERGENCY FIRST AID AT WORK	5 SEPTEMBER 2028
SIMON HAYTER	EVENING SITE SUPERVISOR	EMERGENCY FIRST AID AT WORK	15 APRIL 2027
CATHERINE HENNEY	SENIOR HOUSEKEEPER	EMERGENCY FIRST AID AT WORK	5 SEPTEMBER 2028
PAUL HOSKINS	DIRECTOR OF MUSIC	EMERGENCY FIRST AID AT WORK	5 SEPTEMBER 2028

SUZIE HUNTER	SUNLEY DAY MATRON	EMERGENCY FIRST AID AT WORK	15 APRIL 2027
MARIE LYNCH	SCHOOL OFFICE	EMERGENCY FIRST AID AT WORK	5 SEPTEMBER 2028
BECKY MENDAY	CONCERTS ASSISTANT	EMERGENCY FIRST AID AT WORK	5 SEPTEMBER 2028
ASHVIN PATEL	SCIENCE TEACHER	EMERGENCY FIRST AID AT WORK	5 SEPTEMBER 2028
RACHEL PRICE	HEAD OF HOUSE ELLINGTON	EMERGENCY FIRST AID AT WORK	JUNE 2028
OLIVIA ROACHE	HEAD OF HOUSE SUNLEY	EMERGENCY FIRST AID AT WORK	13 DECEMBER 2026
SHARANYA SENGUTTUVAN	SCHOOL OFFICE	EMERGENCY FIRST AID AT WORK	15 APRIL 2027
ZIGGI SZAFRANSKI	HEAD OF SIXTH FORM	EMERGENCY FIRST AID AT WORK	15 APRIL 2027
JAMES TITMUSS	SCIENCE TEACHER	EMERGENCY FIRST AID AT WORK	5 SEPTEMBER 2028