



Yehudi
Menuhin
School

FIRST AID, HEALTH CARE AND MEDICINES POLICY

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Revision History

Revision	Paragraph Number	Revision
November 2019		<p>Replaces previous Policy 5.4 Dealing with Health and Safety Emergencies, Policy 5.5 First Aid, Health Care and Medicines and Policy 5.6 Managing Work Related Stress.</p> <p>Whole document has been reformatted and substantially rewritten.</p>
Autumn 2022	<p>p.3</p> <p>p.5 and 8</p> <p>p.9</p> <p>p.12</p> <p>P.26</p> <p>P.42</p> <p>P.44</p> <p>p.45</p> <p>P.58</p> <p>P.63</p>	<p>All references to Assistant Bursar (Estates) changed to Assistant Bursar (Estates). Amendment – Guidance in schools, early years and further education, DFE 2022.</p> <p>Headmaster amended to Head</p> <p>First Aider training added</p> <p>Addition - School Nurse</p> <p>Addition of Assistant Bursar (Estates)</p> <p>Addition - All boarders whose family home or guardian are further than ten miles from the School are registered with the local GP practice at Cobham Heath Centre.</p> <p>Addition – School protocols for a range of medical needs. Advice sheets for common ailments.</p> <p>Addition - In an emergency staff to call the emergency services on 999 and inform the Head</p> <p>Addition – School Nurse</p> <p>Addition - administration records are checked weekly by the School Nurse and another member of staff.</p>

	P.77	Addition – guardian
	p.88	Addition - Bursar and Chief Operating Officer. Removal - P4.5 Staff Wellbeing Policy
	page 21	Addition of Over the Counter Medication Protocol
Spring 2026	page	OTC – Over the Counter Medicines CHC – Cobham Health Centre

Abbreviations, Acronyms and Definitions

Abbreviation / Acronym	Definition
AED	Automated External Defibrillator
<i>Gillick Competent</i>	<i>A child is Gillick Competent if he or she has sufficient understanding and intelligence to understand fully what is proposed.</i>
RIDDOR	Reporting of Injuries, Diseases, Dangerous Occurrences Regulations 2013
LT	Leadership Team
OTC	Over the counter – relates to medication which can be purchased without a prescription.

Aim / Objective / Statement of Intent

1. The School is committed to creating a healthy and safe learning and working environment for its pupils, staff, contractors and visitors. This includes physical as well as mental health.
2. Adequate and appropriate first aid provision will be available at all times whenever pupils, staff, contractors, visitors or members of the public are on school premises (including the Menuhin Hall) and when pupils and staff are engaged in off-site visits and activities.
3. This policy is intended to ensure that the School complies with relevant legislation and guidance including:
 - Health and Safety (First Aid) Regulations 1981
 - Health and Safety at Work Act 1974
 - Management of Health and Safety at Work Regulations 1999
 - Guidance First Aid in schools, early years and further education. DFE 2022
 - Automated external defibrillators (AEDs) in Schools 2019
 - Reporting of Injuries, Diseases, Dangerous Occurrences Regulations 2013
 - Standards for Medicine Management 2015 (issued by Nursing & Midwifery Council)
4. It aims to provide clear information for staff, parents and pupils on the provision of First Aid and general healthcare provision at the school. It also aims to provide staff with clear guidance and information on the use and storage of medicines in school to ensure that the health needs of those requiring medicine are met and the School remains a safe environment for everyone.

Roles and Responsibilities

Governing Body and the Head

5. The Governing Body has ultimate responsibility for all health and safety matters. Executive oversight is devolved to the Head, who in turn delegates operational responsibility as follows:

Deputy Head (Pastoral)

6. The Deputy Head (Pastoral) has overall responsibility for:
 - The content and implementation of this policy and the First Aid Needs Assessment;
 - Ensuring that at least one qualified first aider is on the School site when children are present.

School Nurse

7. The School Nurse is responsible (following consultation with the Director of Estates and Facilities) for ensuring that the contents of this policy are consistent with current relevant guidance. She is also responsible for advising the School on technical health-related and First Aid matters, and on the suitability of nominees for First Aider training.
8. In addition, the School Nurse is responsible for:
 - Dealing with injuries and illness;
 - Maintaining confidential and independent records of treatment or medication given for staff and pupils;
 - Informing a pupil's parents of any significant illnesses or accidents occurring to their child, unless it is not in the pupil's best interests to do so or where the pupil does not wish their parents to be informed
 - If the School Nurse is not on-site/on-duty, then House Staff - in the first instance – should communicate with parents and guardians.
 - Organising provision, checking and replenishment of first aid boxes, excluding the AED;
 - Providing input into the First Aid Risk Assessment;
 - Maintaining a list of boarders who self-medicate along with evidence of appropriate assessment and control measures;
 - Updating the chronic illness, asthma and allergies list and sharing information with relevant staff as required;
 - Initial conversations with new pupils to assess their health status;
 - Continuing contact with parents and guardians throughout a pupil's time at school;
 - Overview of boarding staff regarding administration of medicines (including recommending additional training where necessary);
 - Ensuring that there is adequate staffing to fulfil the first aid, healthcare and medicines provision identified as required by the Head.

Director of Estates and Facilities

9. The Director of Estates and Facilities is responsible for:
 - In consultation with other key staff, assessing the School's First Aid needs;
 - Maintaining a copy of completed Accident Records;
 - Compiling Accident statistics based on Accident Records received;
 - Recommending and making changes to the First Aid Policy;
 - Recommending and making changes to the First Aid Risk Assessments;

- Recommending changes to practices and processes based on compliance with regulations and best practice;
- Ensuring that compliance with this policy is included as part of the normal health and safety audits and reviews.
- Maintaining First Aider training records and for ensuring that adequate training sessions (including refresher training sessions) are provided to maintain the competence of First Aiders.

Risk Management Committee

10. The Risk Management Committee is responsible for monitoring accident statistics, reviewing and approving the First Aid Risk Assessment (at least annually), and confirming that policies and procedures outlined in this policy are fulfilled.

Boarding Staff

11. Boarding Staff are responsible for:

- Administering non-prescription medication (as per the OTC Protocol) to pupils in the boarding houses as required and referring pupils to the School Nurse where necessary
- Ensuring that any non-prescription medication administered is logged on ISAMS, on pupil records and that the School Nurse is informed
- Ensuring that any prescribed medication from a UK GP/Hospital is administered – if instructed by the School Nurse - as per the guidance on the packet.
- Staff must ensure that the administration is recorded on ISAMS.
- Should a pupil present to staff medication prescribed outside of the UK and not authorised by the School Nurse/GP they are prohibited from allowing the pupil to continue the course of medication, should take the medication in and report the pupil and medication to the School Nurse.
- The School Nurse will liaise with CHC and the parents for clarification and whether the medication may be prescribed under UK BMF guidance.

Menuhin Hall Manager

12. The Menuhin Hall Manager is responsible for:

- Ensuring any accidents in or around the Menuhin Hall are recorded on Every under Report Incident.
- Ensuring that the AED outside the Menuhin Hall is properly checked and maintained by liaising with the School Nurse
- Following up any incidents involving members of the public (including, but not limited, to contacting them to check on their wellbeing) and supporting staff who have dealt with any incidents
- Advising the Director of Estates and Facilities of any facilities issues which need to be addressed to either prevent an incident or have occurred as a result of an incident (e.g. additional housekeeping, repairs to door handles, replacement of fire extinguishers etc.)
- Providing input into the First Aid Risk Assessment

13. The Hall Manager may choose to delegate any of the above tasks to other members of Menuhin Hall staff as necessary but retains responsibility overall.

First Aiders

14. First aiders will give immediate help to those with common injuries or illnesses where they feel confident to do so, and where necessary ensure that an ambulance or other professional medical help is called. They will take charge of the situation until a more qualified person has arrived to assist and should ensure that they are aware of the location of First Aid Boxes in each building. When a First Aider is requested to attend a casualty, he / she should respond immediately and deliver appropriate First Aid in line with their training, seeking advice and support from other first aiders or the School Nurse if possible.

Obligations of First Aiders

15. Whether the casualty is ill or injured, First Aiders should keep a record of all treatment and actions taken and record these on Every, under Incident Management

16. In any case, the details of treatment and actions taken will be electronically shared with the School Nurse and the Director of Estates and Facilities.

17. Where casualties are treated at the scene and then transferred to the Health Centre, to a GP or to a hospital, a verbal handover must be provided to the receiving organisation. This handover should include any available information on the casualty's condition and any treatment given.

18. Following the use of any materials from a First Aid kit, the First Aider must notify the Health Centre so that replacement items may be issued. Only by doing this can the contents of First Aid kits be maintained at appropriate levels throughout the year. First Aiders should not rely on the termly re-stocking exercise for this.

19. Accuracy of reporting information (both verbally and on Every) is vital in case reporting of the accident to HSE under the provisions of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (as amended) is required.
20. Information should include the time, any conditions that affected the accident (e.g. height of a fall, ground conditions) and specific reference to the nature and location of injuries (including which side of the body and specific injury locations – “left middle finger” rather than just “finger”).
21. Details of the requirements to report Accidents, Incidents and Near Misses are given in paragraphs 38-41.
22. Any spillages, including those of body fluids, should be reported to the Housekeeping Team (spillage kits are located in Cowan and Harris Houses and the Health Centre). In their absence, please contact the Estates Manager. (See also Policy P5.1 Health & Safety, Appendix B)

All Staff

23. All staff are responsible for the welfare of pupils at all times both in School and during off-site activities and visits. Staff should use their best endeavours at all times, particularly in the event of an accident or emergency, to secure the welfare of pupils.

Provision & Training

24. First aid arrangements should be based on a comprehensive first aid risk assessment undertaken by the Director of Estates and Facilities to determine the first aid needs of the School, along with information from the Bursar, Menuhin Hall Manger and School Nurse. It will be reviewed on a continual basis with formal review at least once a year and include consideration of the following:-

- Location of the School
- Layout
- Specific hazards or risks on the site
- Staff or pupils with special health needs or disabilities (permanent or temporary)
- Previous record of accidents / incidents at the School
- Provision for mealtimes, weekends and breaks
- Off-site activities, including concerts and trips
- Practical departments such as science and PE
- Members of the public visiting the Menuhin Hall

- Availability of facilities to care for pupils within Boarding Houses
 - Skill set of staff available to care for pupils, staff and visitors
25. Based on the risk assessment, the School will provide an appropriate number of qualified first aiders who have completed an Emergency First Aid at Work course (certification valid for three years), in addition to the School Nurse. He/she will support the needs of staff and pupils.
26. Boarding staff, who are responsible for administering medication to pupils when the School Nurse is not on duty, complete training in the administration of medicines on Educare. This training is updated at least every 2 years. Staff will be prompted by the HR Assistant who will keep up-to-date records of completion.
27. There will always a certified First Aider on duty in the Menuhin Hall.
28. A list of qualified first aiders and their contact details is available in each School Building.
- 29.
30. Appropriate first aid materials, equipment and facilities will be available at all times when pupils, staff, contractors, visitors or members of the public are on site. First aid equipment will be clearly and correctly labelled and easily accessible.

Location of First Aid Kits

33. First Aid kits are located in the following places:
- a. Health Centre, Ground Floor, Music House
 - b. Staff Room, 2nd Floor Music House
 - c. Reception, Ground Floor White House
 - d. Science Lab, 1st Floor White House
 - e. Science Classroom, 1st Floor White House
 - f. Art Room, Ground Floor Brackenbury Building
 - g. Swimming Pool
 - h. Duty Room, Harris House
 - i. Office, Harris House
 - j. Boarding Office, Music House
 - k. Bursary Department, Kitchen Bursary Building
 - l. Box Office, Menuhin Hall
 - m. Backstage, Menuhin Hall
 - n. Main Kitchen, Ground Floor White House
 - o. Music Admin Office, Music Studios

- p. School Vehicles
- q. Laundry Room

34. Contents of the First Aid kits are checked at least termly by the School Nurse. Any member of staff or pupil who uses items from the First Aid kit must inform the School Nurse so that the kit can be replenished.
35. A First Aid kit will also be taken when pupils leave the School on organised trips or to attend events. The staff member leading the trip is responsible for ensuring that they have the First Aid kit with them. All school vehicles including the minibuses carry a suitable First Aid kit.
36. All pupils and staff are given information on the provision of first aid and how to report an accident or injury during their induction.

37. **Location of Automated External Defibrillator (AED)**

- Menuhin Hall - Foyer
- Middle Block- entrance to Courtyard

The School Nurse will ensure that the AED in Middle Block is maintained and stocked. All first aiders are trained in the use of the AED devices. If there is occasion for the AED to be used the School Nurse and Director of Estates and Facilities should be notified at the earliest opportunity

Reporting of Injuries, Diseases, Dangerous Occurrences Regulations (RIDDOR)

38. The Reporting of Injuries, Diseases, Dangerous Occurrences Regulations (RIDDOR) 2013 puts a duty on employers, the self-employed and those in control of work premises to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).
39. These include (but are not limited to):
- a. Death (other than suicide) of a worker if they arise from a work-related incident
 - b. Certain injuries such as:
 - i. Fractures (other than to fingers, thumbs and toes)
 - ii. Amputations
 - iii. Serious burns including scalding
 - iv. Any loss of consciousness caused by head injury
 - c. Certain diseases in particular circumstances.
40. It is very important to make a report as soon as possible but all reports must be made within 10 days of the incident. The Bursar is responsible for making any reports under RIDDOR but may choose to delegate this to the Director of Estates and Facilities.
41. Further details can be found at <http://www.hse.gov.uk/riddor/>

Pupil Healthcare

42. All boarders whose family home or guardian are further than ten miles from the School are registered with the local GP practice at Cobham Heath Centre. Staff will arrange for pupils to be seen by a doctor at Cobham Health Centre as needed. The GP practice includes both male and female doctors; if a boarder wishes to be seen by a doctor of the same gender as themselves, this is easily arranged. Parents who live within ten miles from the School are not required to register with the local GP practice in Cobham. If the decision is made to remain with the local GP, parents will be asked to confirm their understanding that the School will be unlikely to arrange GP appointments for the child and this will therefore fall to the parents or the guardian. Parents who live within ten miles from the School are not required to register with the local GP practice in Cobham. If the decision is made to remain with the local GP, parents will be asked to confirm their understanding that the School will be unlikely to arrange GP appointments for the child and this will therefore fall to the parents or the guardian.
43. Any boarder requiring more urgent medical attention, including emergency dental or optical treatment, will be taken directly to the Walk-in Centre or Accident and Emergency Department at a local hospital.
44. The School employs a registered nurse- The School Nurse liaises closely with the Boarding House Staff who are trained and authorised to provide basic first aid and health care in the Boarding Houses out of hours. The School Nurse is the main point of contact for parents on health care matters and is the first port of call for pupils taken ill or injured whilst on the premises. There are protocols which are kept by the School Nurse which guide staff in responding to a range of medical needs including Anaphylaxis, Asthma, Diabetes, Epilepsy and head injuries. Spillage of body fluids and infection control are also included in the protocols. Comprehensive folders with advice sheets for common ailments which can occur in pupils are stored in each House.
45. The School Nurse is onsite every term time weekday from 9am until 3pm. Staff should generally call the NHS Service on 111 if the School Nurse cannot be contacted. In an emergency staff should call the emergency services on 999 and the Head should be informed.

46. Regular training is provided to staff on the administration of Adrenaline Auto Injectors and the emergency treatment of asthma and other relevant conditions as necessary to support the current pupil and staff cohort.

The School Health Centre

47. The School Health Centre is located on the ground floor of Cowan House. It is accessed via a dedicated external door to the side of the Recital Room and along from the Garden Door. It is fully equipped with a treatment and consulting room containing a reclining and fully moveable trolley bed, and a dedicated toilet and sink.

48. The Health Centre can also be used by staff whilst on duty at the school but is not normally available to members of the public attending events at the School, including at The Menuhin Hall.

49. The Health Centre is open Monday to Friday (Term Time only) 9am to 3pm. Should the School Nurse be unavailable the House Staff are sufficiently trained to deliver prompt first-aid.

50. Where a boarding pupil is taken ill or remains unwell outside of the opening hours for the Health Centre, assessment is made as to whether they are able to remain in School under the care of boarding staff, require immediate professional medical attention, or need to be cared for by their parent or local guardian.

Medical Information

51. On admission to the School, parents of all pupils are required to complete a Health and Medical Consent form, giving details of a pupil's physical and mental health, allergies and dietary needs the child may have. Included on the form is a section for parents/guardians to give consent for simple medications to be dispensed under the over-the-counter medication protocols (See [Appendix A](#)) and for first aid to be administered to their child at school if needed. Parents are asked to inform the nurse of any changes in a child's medical needs. All medical information about children, both day and boarding pupils, is held securely in the School Health Centre. If a child has a specific medical condition about which all members of staff should have knowledge (e.g. diabetes, asthma, epilepsy, serious allergies which may result in anaphylactic shock, etc.), that information is displayed on the relevant boards in the pupil's boarding houses and the Kitchen. A copy is also kept in Reception and in the Menuhin Hall but is not on public display. Individual Healthcare Plans are drawn up with parents by the School Nurse as needed.

52. All routine dental and eye care should be dealt with in the School holidays by the parents. This helps to avoid unnecessary interruption of School or lessons. Boarders are registered with Cobham Health Centre, to facilitate quick and easy access to term-time appointments for non-emergency matters.
53. If staff require medical information about children (e.g. when preparing a Risk Assessment for a trip), that information can be gained from the School Health Centre. However, for overnight trips, parents are expected to fill in a medical form and return it to the person responsible for organising the trip.
54. Confidential medical information of pupils may be divulged in staff meetings when it is deemed essential for all members of staff to have that information. However, in the majority of cases, confidential medical information relating to pupils will only be divulged to staff where it is necessary for the direct performance of their role.
55. Staff are required to complete a medical questionnaire when joining the School, in order that the School can fulfil its responsibility to “ensure the medical fitness of staff to carry out their duties” and to allow it to make “reasonable adjustments”. This information is retained in the individual’s personnel folder. However, to enable speedy and effective administration of first aid, where an allergy or serious ongoing medical condition is declared, staff will be asked if this information can be shared with the School Nurse. Examples of where this might be requested include epilepsy, severe allergic reactions, narcolepsy etc.

Accident Books

56. Details of any accidents which require treatment will be recorded on Every – the School’s accident reporting system.
- 57.

Medicines

Consent and Confidentiality

58. When a child joins the school parental consent for the administration of OTC medications and First Aid is requested. Should permission not be forthcoming the School Nurse will contact the parents or guardians on a case-by-case basis.
59. If a pupil requires urgent medical attention while under the School’s care, we will, if practicable, try to contact the parents to obtain prior consent. However, if it is not practicable to contact them, the School will make the decision on their behalf, if for

example, consent is required for urgent treatment recommended by a doctor or other medical practitioner (including anaesthetic or operation, or blood transfusion (unless the parents have previously notified us they or the pupil object to blood transfusions). Only the Head, or in his absence, another member of the Leadership Team, should make any decision of this nature on behalf of the School.

60. A supply of over-the-counter medicines is kept in the School Health Centre and in the two Boarding Houses, and is administered under the non-prescription medication protocol (a copy is held in each house), a
61. All consultations between the School Nurse, any GP and pupils are confidential, and the rights of pupils as patients are appropriately respected at all times. Health information is only shared with other members of staff with the knowledge and consent of the pupil to whom it relates (and his/her parents if the child is not of sufficient maturity to give own consent) unless it is deemed that the need to protect the child from harm outweighs the right to confidentiality.

Recording of the administration of medication

62. Prescription medication, or 'over-the-counter' (OTC) medication, if a pupil is not deemed Gillick competent, is stored in a locked medical cabinet in either the boarding houses or the Health Centre. Once the medication has been checked by the School Nurse, boarding staff are notified on the administration procedures. As and when the staff member on duty administers the medication, it is required that the date, time, dose are logged on ISAMS. Only staff members who have completed relevant training in the Administration of Medication in Schools are allowed to administer any medication to pupils.

Controlled drugs

63. If an international pupil is prescribed a controlled drug the School Nurse will attempt to obtain a written prescription from the pupil's doctor in English. Should this not be forthcoming the School Nurse will check that it is a UK licenced medication, liaises with the GP and, if the medication is deemed acceptable, the GP accepts the prescription. Should the GP decline then the School is obligated to restrict access to the medication on the school premises. The drug would be kept in a locked cupboard in either the boarding house or medical centre. The medications must be entered in the control drug book for each dose given and signed by two staff members where possible (or the pupil if considered Gillick Competent), to demonstrate that a dose has been administered. Each medication will have its own page. The administration records are checked weekly by the School Nurse and another member of staff.
64. Where controlled medication needs to be administered outside of hours where the Health Centre is opened, this will be organised by the School Nurse. Similarly, where controlled

medication is required for a pupil on a School trip or other offsite event, the School Nurse will also organise this. Arrangements will be tailored to the pupil's needs, medication and, where appropriate, location of event.

Emergency Medication & Treatment

65. All pupils who have medical conditions such as asthma, diabetes or serious allergies must have easy access to their medication and are encouraged to carry their own medication in School as soon as they are assessed as being sufficiently responsible to do so.
66. Spare emergency medication, such as Adrenalin Auto Injector are kept in Reception, both boarding houses, Dining Room and the Menuhin Hall. The school requests parental permission for the use of these on pupils with anaphylaxis, however should any member of staff believe that someone is having an anaphylactic episode they are authorised to administer the pen. Pupil's are expected to always carry with them their own device.
- 67.
68. Inhalers (spare - Middle Block, Harris House and Reception,) This medication may only be administered to those to whom it has been prescribed and we have parental consent for. Pupils are expected to always carry with them their own device.
- 69.
70. The School ensures regular and up-to-date training of staff in the use of such emergency medication.
71. If an ambulance is summoned for a pupil, then where possible the School Nurse will accompany the pupil to the Hospital. If unavailable, another member of staff will escort the pupil. A member of school staff will always stay with a pupil in hospital until their parents/guardian arrive at the hospital.
72. The Head is to be informed immediately (usually by the Deputy Head (Pastoral)) if an ambulance is called to the school site, or of any incident requiring emergency medical intervention.
73. If an ambulance is summoned for a member of staff, the staff member may request any member of school staff to accompany them to the hospital whilst their next of kin is contacted.
74. If an ambulance is summoned for a member of the public, there is no requirement for a member of staff to attend the hospital, however where this is requested by the member of the public, the staff member may choose to accompany them. Should the member of the public choose not to leave with the ambulance crew (despite the ambulance crew recommending medical review at the hospital), they are entitled to do so and staff should note this on the accident form for record purposes.

Interim Medication

75. Interim medication will be treated in the same manner as any other medication.

Non-emergency Medication & Treatment

76. All non-emergency medicine, whether prescribed by a doctor or not, should be handed to the School Nurse for safe storage. Individual pupils may be able to keep some medicines in their rooms in small quantities, in their lockable space. This will be assessed by the School Nurse and a competency form is signed by the Nurse and the pupil and regularly reviewed. The School reserves the right to refuse permission for any pupil to keep medication. Detailed information is provided to pupils via an information leaflet containing information on storage and handling of medicines etc. Copies of this leaflet are available from the School Nurse on request.
77. All medicine should be in the original packaging and should include the product information leaflet. Prescribed medication must be clearly labelled for that individual. Medication prescribed by overseas doctors must include instructions and labelling in English. Where medication does not fulfil these criteria, it will be removed by the School Nurse, stored in a locked drawer in the Health Centre and returned to a pupil at the end of term.
78. Alternative, homeopathic or Eastern medicines will be allowed as long as there are instructions for dosage in English, either provided or which can be printed out. These medicines will be treated the same as any other medication.
79. Stocks of everyday non-prescription medication for common ailments are kept in the School Health Centre and each Boarding House and are administered to pupils by appropriately trained staff as needed.
80. Boarding pupils will be provided with school transport wherever available to routine medical appointments. Pupils may choose how much involvement they wish the school staff to have during this appointment. For example, they may not want the staff member to attend the actual appointment with them but may feel happier if the staff member waited for them outside of the room.
81. Day pupils requiring non-emergency medical treatment should be collected from School and accompanied to any appointments by a parent/guardian. The School will contact a parent/guardian in these cases. Where a parent/guardian is unable to collect the pupil and

where it is in the best interests of the child, the School will agree with a parent/guardian an appropriate course of action.

Storage of Medicines

82. The School Nurse ensures that all medication is correctly and securely stored in locked cupboards/fridge in the School Health Centre. In addition, a small supply of non-prescription medication is kept in a locked medicine cupboard in each boarding house for administration by authorised staff if the nurses are not available.

Disposal of medicines

83. A record should be kept of unused medications that are disposed of. This record should include date of return, name of pupil, from whom medication is described, and the name, strength and quantity of the medicine to be disposed of. The record must be signed by the relevant member of staff and entered into the Disposal Medication Book which is stored in the Health Centre. All medication will be discarded at a proper disposal point, most usually in a local pharmacy.

Infectious Diseases

84. Infections can spread quickly in a boarding school. Many will be minor and self-limiting, whilst unpleasant for the individual child. If large numbers of pupils are affected these viral infections can be disruptive for the whole school community. Staff, as well as pupils, can be affected and vulnerable groups such as immunosuppressed children, older staff or pregnant members of staff may be placed at particular risk. Occasionally an outbreak of a more serious viral or bacterial infectious disease may occur which requires specific public health intervention e.g. a coronavirus, gastroenteritis, measles or meningitis. (See also Risk Assessment RA12 – Control of Infectious Diseases.)

85. Pupils who are unwell for a short time can be cared for at School by the Nurse, if necessary in the School Health Centre. If the pupil is likely to be unwell for several days or if he/she has an infectious disease which requires exclusion from the School, parents or guardians will be asked to take the child home. The child will not be allowed to return to School for the period of time recommended by Public Health England (see link to PHE guidelines below). The same guidelines apply to School Staff.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/789369/Exclusion_table.pdf

86. School catering staff are required to comply with the Food Safety legislation enforced by the Local Authority in relation to working when they are unwell.

Immunisations

87. The School follows the recommended DoH vaccination/immunisation programme for children.

88. Some immunisations are given on the premises by visiting school nurses and others require a trip to Cobham Health Centre. This will be arranged by the School Nurse and consent will usually be obtained from parents prior to immunisation, especially where pupils are under the age of 16.

89. Where a parent does not consent to immunisation but the pupil does and is under the age of 16, the child's competency will be assessed. If the child is deemed Gillick competent and wishes to consent to immunisation, the Health Professional will make every effort to contact the parent to attempt to obtain their agreement, however immunisation can still proceed without parental consent.

90. When the pupil leaves School, details of any immunisations will be given to the pupil to take forward to their next educational establishment.

Managing Work-related Stress

91. The School is committed to creating a healthy and safe working environment for all its employees and recognises that this includes the mental as well as the physical wellbeing of its employees. Work-related stressors are a potential hazard to health and the school is committed to managing work related stress in a proactive manner to reduce the personal impact on its employees. Individuals who are identified as particularly at risk of stress are managed proactively and provided with appropriate health-care support whilst recognising the need for confidentiality to be maintained. To fulfil its commitment and obligations, the School will provide the necessary resources to implement this policy. In particular, it will support managers in fulfilling their obligations under this policy and ensure that the additional support services referred to are adequately resourced.

92. The School provides access to a 24/7 confidential health, medical information service and counselling service via DAS, Health at Hand service via Aviva and to the "AXA Thrive" App by AXA which uses cognitive behavioural therapy to support employees. Further information

about these systems and how to gain access is available from the Bursar and Chief Operating Officer.

93. The School will ensure, so far as is reasonably practicable, that:

- a. Areas of work-related stress are identified and assessed as appropriate, and relevant measures are introduced to control the risk to health;
- b. Roles, responsibilities and accountabilities are clearly defined and understood in order to achieve successful management of work-related stress;
- c. Relevant departments co-operate effectively in the management of work-related stress;
- d. Employees are provided with appropriate information, guidance and training relevant to work related stress.

94. This applies equally to all workers, regardless of employment status. It is further recognised that work-related stress can affect anyone regardless of his/her position in the organisation.

95. All staff in positions of responsibility should:

- a. Identify work-related stressors for their area and implement strategies as appropriate;
- b. Ensure appropriate communication between managers and staff;
- c. Facilitate training for staff (including themselves);
- d. Offer appropriate support for staff.

96. All staff should:

- a. Co-operate with one another in discharge of their duties relating to this policy
- b. Raise areas of concern at the earliest opportunity with the appropriate person

Appendix A

Over the Counter Medication Protocol

Definition

An Over-the-Counter Medication is a product that can be obtained without a prescription for the immediate relief of a minor, self-limiting ailment. Prescribed medicines, vitamins, herbal remedies and items of first aid are not Over the Counter Medication and are not covered by this protocol.

When to administer an Over-the-Counter Medication

Administration of medicines under the Over-the-Counter Medication protocol may only be undertaken by members of staff who have received appropriate training from the School Nurse.

Administration of Over-the-Counter Medication is limited to a documented list of products used for the relief of specific symptoms as drawn up by the School Nurse. Only symptoms listed in the protocol may be treated. The maximum duration of treatment may not exceed 48 hours without obtaining advice from the school nurse or a doctor. If symptoms persist or give cause for concern, medical advice must be sought.

Ailments which may be treated using Over the Counter Medication include:

- Indigestion
- Mild pain including headaches and period pains
- Cough/Cold
- Hay fever or mild allergy

The Over-the-Counter Medication protocol specifies which product(s) may be used for each ailment and gives clear guidelines for administration including:

- Indication for use
- Name of medicine
- Dose and frequency
- Maximum dose and treatment period
- Cautions or contra-indications to use including other medication taken

If there is any doubt as to whether an Over-the-Counter Medication is suitable it should not be given and medical advice should be obtained.

Storage of Over-the-Counter Medication

Over the Counter Medication are stored in a locked medicine cupboard.

Recording of administration of Over-the-Counter Medication

An accurate record must be kept of the administration of Over-the-Counter Medication. There is a record book for this purpose by the locked medicine cupboard in each boarding house. The School Nurse should be informed at the earliest opportunity of any medicine administered under the Over-the-Counter Medication protocol. The School Nurse will replenish supplies of medication as needed for use in the boarding houses.

Medicines included in the Over-the-Counter Medication policy are:

- Paracetamol
- Calpol Six Plus Fastmelts
- Ibuprofen
- Ibuprofen suspension
- Lemsip Sachets (over 16 years only)
- Piriton Syrup (short-acting antihistamine)
- Cetirizine (long-acting non-drowsy antihistamine)
- Stugeron tablets (for travel sickness)
- Rennie antacid tablets
- Strepsils throat lozenges
- Anthisan Bite and Sting Cream
- Germolene New Skin for minor wounds
- Olbas Oil

Over the Counter Medication Protocol – PARACETAMOL

Indication for use

For relief of occasional mild to moderate pain

Drug

Paracetamol tablets/capsules/caplets/dispersible tablets 500mg

Dosage

Adults & children over 16 years: One or two tablets up to four times a day

Children 12-16 years: One or 1½ tablets up to four times a day

Children 10-11 years: One tablet up to four times a day

Maximum dose in 24 hours: Four doses with at least four hours between doses

Maximum duration of treatment: Up to 48 hours then seek medical advice

Cautions:

- Do not administer with any other product containing paracetamol (includes many cough and cold preparations as well as other types of pain relief)
- Not suitable for anyone with a history of kidney or liver disease or alcohol abuse

Accidental overdose

Immediate medical advice should be sought in the event of any overdose with Paracetamol, even if the patient feels well, because of the risk of serious liver damage.

Over the Counter Medication Protocol – CALPOL SIX PLUS FASTMELTS

Indication for use

For relief of occasional mild to moderate pain in children

Drug

Paracetamol 250mg

Dosage

Adults & children over 16 years: Two to four tablets up to four times a day

Children 12 to 16 years: Two to three tablets up to four times a day

Children 9 to 11 years: Two tablets up to four times a day

Maximum dose in 24 hours: Four doses with at least four hours between doses

Maximum duration of treatment: Up to 48 hours then seek medical advice

Cautions:

- Do not administer any other product containing paracetamol (this includes many cough and cold preparations as well as other types of pain relief)
- Not suitable for anyone with a history of phenylketonuria or kidney or liver disease

Accidental overdose

Immediate medical advice should be sought in the event of any overdose with Paracetamol, even if the patient feels well, because of the risk of serious liver damage.

Over the Counter Medication Protocol – IBUPROFEN

Do not administer if the pupil has asthma

Indication for use

For relief of occasional mild to moderate pain in children

Drug

Ibuprofen 200mg

Dosage

Adults & children over 12 years: One to two tablets up to 3 times a day

Maximum dose in 24 hours: Three doses with at least four (preferably 6) hours between doses

Maximum duration of treatment: Up to 48 hours then seek medical advice

Cautions:

- Do not administer if taking other NSAID painkillers or aspirin
- Allergic to ibuprofen, any other ingredient of the product or aspirin or other related painkillers
- Have (or have had two or more episodes of) stomach ulcer, perforation or bleeding

Over the Counter Medication Protocol – IBUPROFEN SUSPENSION

Do not administer if the pupil has asthma

Indication for use

For relief of occasional mild to moderate pain in children

Drug

Ibuprofen 100MG/5ML

Dosage

Children 7yrs to 12yrs: 10ml up to 3 times a day

Maximum dose in 24 hours: Three doses with at least four hours (preferably 6 hours) between doses

Maximum duration of treatment: Up to 48 hours then seek medical advice

Cautions:

- Do not administer if taking other NSAID painkillers or aspirin
- Allergic to ibuprofen, any other ingredient of the product or aspirin or other related painkillers
- Have (or have had two or more episodes of) stomach ulcer, perforation or bleeding

Over the Counter Medication Protocol – LEMSIP SACHETS

Do not administer if the pupil is under 16 years of age

Indication for use

For relief of cold and flu symptoms

Drug

Paracetamol 650mg and phenylephrine hydrochloride 10mg per sachet

Dosage

Adults & children over 16 years: One sachet diluted in hot water every 4-6 hours

Children 6 to 16 years: **Not suitable for children under 16 years**

Maximum dose in 24 hours: Four sachets with at least 4 hours between each dose

Maximum duration of treatment: Up to 48 hours then seek medical advice

Cautions:

- Do not give with any other product containing paracetamol
- Not suitable for anyone with kidney or liver disease or alcohol abuse

Accidental overdose

Immediate medical advice should be sought in the event of any overdose with Paracetamol, even if the patient feels well, because of the risk of serious liver damage.

Over the Counter Medication Protocol – PIRITON SYRUP

Indication for use

For relief of symptoms of hay fever and other allergic conditions

Drug

Chlorphenamine maleate 2mg in 5ml

Dosage

Adults & children over 12 years: 10ml (2 x 5mls) every 4-6 hours

Children 6 to 12 years: 5mls every 4-6 hours

Maximum dose in 24 hours: Six doses given every 4-6 hours

Maximum duration of treatment: Up to 48 hours then seek medical advice

Cautions:

- Not to be given with monoamine oxidase inhibitors (MAOIs)
- Not be given with other antihistamines or with phenytoin
- Avoid alcohol
- May cause drowsiness – do not drive or operate machinery

Accidental overdose

May cause extreme drowsiness. Seek medical advice in the event of overdose.

Over the Counter Medication Protocol – CETIRIZINE

Indication for use

For relief of symptoms of hayfever and other allergic conditions

Drug

Cetirizine hydrochloride 10mg

Dosage

Adults & children over 12 years: 10mg (1 tablet) per day

Children 6 to 12 years: 5mg (½ tablet) per day

Maximum dose in 24 hours: One dose

Maximum duration of treatment: Up to 48 hours then seek medical advice

Cautions:

- Contains lactose – not suitable for anyone with an intolerance to lactose
- Do not give to anyone with severe kidney disease
- Seek medical advice before giving to anyone with epilepsy

Over the Counter Medication Protocol – STUGERON

Indication for use

To control travel sickness

Drug

Cinnarizine 15mg

Dosage

Adults & children over age 12: 2 tablets, 2 hours before travelling.

One further tablet after 8 hours if required during journey

Children aged 5-12 years: 1 tablet, 2 hours before travelling

One further half tablet after 8 hours if required during journey

Cautions:

- Do not drink alcohol while taking this medication
- Contains lactose – not suitable for anyone with an intolerance to lactose
- Do not give to anyone with liver or kidney disease
- Do not give to anyone who is receiving treatment for anxiety or depression

Over the Counter Medication Protocol – RENNIE

Indication for use

For relief of indigestion, heartburn and upset stomach

Drug

Calcium carbonate 680mg and magnesium carbonate 80mg

Dosage

Adults & children over 12 years: Two tablets to be sucked or chewed as required

Children under 12 years: Not recommended

Maximum dose in 24 hours: No more than 10 tablets per day

Maximum duration of treatment: Up to 48 hours then seek medical advice

Cautions:

Do not give to anyone who has

- Kidney stones or severe kidney disease
- High calcium or low phosphate levels in the blood

Over the Counter Medication Protocol – STREPSILS

Indication for use

For symptomatic relief of sore throats

Drug

2,4-Dichlorobenzyl alcohol 1.2mg and Amylmetacresol 0.6mg per lozenge

Dosage

Adults & children over 6 years: Dissolve one lozenge in the mouth every 2-3 hours

Maximum dose in 24 hours: No more than 12 lozenges per day

Maximum duration of treatment: Up to 48 hours then seek medical advice

Over the Counter Medication Protocol – ANTHISAN CREAM (Mepyramine Maleate 2%)

Indication for use

Relief from insect bites, stings and stinging nettle rash

Active Ingredients

Mepyramine maleate 2%, ceto-stearyl alcohol, polyethylene glycol 600 monostearate, castor oil, methyl hydroxybenzoate, silicone antifoam, foin coupe (fragrance)

How to use

Adults & children over 2 years: Apply 2-3 times a day to the site of the insect bite, sting or nettle rash. For best results use as soon as possible.

Maximum dose in 24 hours: Reapply as needed up to 3 times in 24 hours

Maximum duration of treatment: Up to 72 hours then seek medical advice

Cautions:

- Do not use on eczema or extensively broken skin
- Do not use on areas of sunburned skin
- Do not use on large areas of skin

Over the Counter Medication Protocol – GERMOLENE NEW SKIN

Indication for use

Protection for minor skin damage such as grazes, blisters and other superficial wounds

Active Ingredients

Ethyl acetate, alcohol demat, nitrocellulose, ricinus communis, isopropyl alcohol, amyl acetate, isobutyl alcohol

Dosage

Adults & children over 12 years: Apply a small amount to clean, dry skin

Children under 12 years: Not recommended for use on children

Maximum dose in 24 hours: Reapply as needed

Maximum duration of treatment: Up to 48 hours then seek medical advice

Cautions:

- Do not use near eyes, nose or mouth
- Do not inhale
- Do not apply to wounds or injuries that appear to be infected or inflamed

Over the Counter Medication Protocol – OLBAS OIL

Indication for use

Relief of bronchial and nasal congestion

Active Ingredients

Mixture of essential pure plant oils: Cajuput Oil 18.5%, Clove Oil 0.1%, Eucalyptus Oil 35.45%, Juniperberry Oil 2.7%, Levomenthol 4.1%, MethylSalicylate 3.7%, Mint Oil, Partly Dementholised 35.45%

How to use

Adults & children over 2 years: Add 2 or 3 drops to a tissue and inhale the vapours or add 2 or 3 drops to hot water in a bowl and inhale the vapours.

Maximum dose in 24 hours: As required

Maximum duration of treatment: Up to 7 days then seek medical advice

Cautions:

- Do not put drops directly into nose or mouth. If accidentally swallowed seek medical advice.
- If Olbas Oil comes in direct contact with the surface of the eye, wash thoroughly and seek medical advice.
- Do not use olibus oil if you are allergic to any of the listed ingredients.
- Do not use on broken skin

