



MOOR PARK

AD DEUM QUI LAETIFICAT JUVENTUTEM MEAM

Medical Aid Policy

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1.0 Policy Statement

- This policy outlines the school's responsibility to provide adequate and appropriate equipment and facilities for First Aid at Moor Park, and the procedures put in place to meet this responsibility.
- Moor Park School aims to provide a safe system for the storage and administration of medicines so that those children with short or long term medical needs are able to participate in the full life of the school, so far as is reasonably practical.
- This policy serves as an umbrella for all areas of school; however, certain details may be modified based on the age group of the children. Please refer to the Moor Park Early Years Medical Aid policy for and supporting documentation for Tick Tock.
- This policy is written in conjunction with the Medical Room Handbook and detailed procedure should be taken from this.
- This policy is revised annually.
- Following this policy will ensure that First Aid is administered in a timely and competent manner.

2.0 Organization

- First Aid is under the control of the First Aid Co-ordinator, assisted by the Matrons who are available throughout the day/night by rota when children are present.
- The First Aid Co-ordinator and Matrons have read and are bound by the *Medical Room Handbook*.
- There will be a minimum of one age appropriately qualified first aider at each school site at all times when children are present.
- There is a school doctor who meets with the First Aid Co-ordinator/matrons and who is available 24hours/day for advice.
- Long-term full time boarders are registered with the School Doctor within the first two weeks of admission.
- For the boarders, the First Aid Co-ordinator will arrange all appropriate visits to the dentist, orthodontist, optician etc., as requested by parents/carers or as necessary.
- There are 3 daily surgeries held in the Medical Room where children can visit a matron for medical care.
- The Medical Room has 3 beds, a toilet/bath facility and is accessible at all times, located across from the Staff Common Room.
- In the case of an injury/sudden illness, a qualified First Aider present will give immediate First Aid including commencing CPR if necessary, however, the Duty Matron will take over care as soon as possible.
- The Defibrillator is located behind the Front Desk in the Front Hall of the Main Building.

3.0 Staff Training

- Staff designated to administer medicines (usually the Matrons and First Aid Co-ordinator) will receive training from the School Doctor, when necessary.
- The First Aid Co-ordinator, where appropriately qualified, will also provide training to other staff in the administration of emergency medicines.
- In cases where the administration of prescription medicines requires technical or medical knowledge, the First Aid Co-ordinator will arrange specialized training from an external health care professional.
- First Aid: The school aims to provide the following first aid cover:
- First Aid at Work:
- Matrons, First Aid Co-ordinator plus elected others;
- Paediatric First Aid (EYFS):
- All EYFS staff hold a pediatric first aid qualification and some teaching staff hold a first aid certificate.
- This training is to be updated as appropriate, with a minimum of every three years per qualification.
- Details of all First Aiders to be displayed in the Medical Room, with details of qualifications and renewal dates.
- At least one person to hold a Paediatric first aid certificate to accompany EYFS school trips.
- The First Aid Co-ordinator will ensure that appropriate systems for information sharing exist so that those staff members who need to know about medical conditions (teachers, matrons, bus drivers etc.) do so, while, equally ensuring that the confidentiality of the information is maintained.

4.0 Medical Records

On admission to the school, all parents will be required to provide information giving full details of:

- medical conditions
- allergies
- regular medication
- emergency contacts
- consent for treatment
- name of family doctor/consultants
- special requirements (eg dietary)
- childhood illnesses and vaccinations
- At entry into the Upper and Middle School, parents will be invited to resign consent forms and new information sheets.
- A list of special diets and medical conditions will be available to all staff via the Staff Server. Special Diets are posted in the Staff Room and Kitchen serving areas.

5.0 Administration of Medicines

5.1 Roles and Responsibilities of Staff/School and Parents

- In cases where the administration of prescription medicines requires technical or medical knowledge the First Aid Co-ordinator will arrange specialized training from an external health care professional.
- The school will only accept medication that has been prescribed by a doctor or other medical professional. Tick Tock will only administer medication prescribed by a Dr. Please see EFYS Medical Aid policy.
- It is the parents' responsibility to notify the school of their child's medical requirements or any medical conditions so that the appropriate information is available in case of emergency.
- Where possible, and in particular for day children, medication should be arranged in agreement with the child's doctor so that it is not required to be administered during the school day.
- Parents must inform the school, in writing, if their child needs to have a specific medication. This request will include the child's name, date, amount of medication to be given, expiry date, and instructions for usage. A specific form is available from the Medical Room, the Front Hall and the Pre-Prep School classrooms.
- The First Aid Co-ordinator /Duty Matron is responsible for recording a child's medication usage.

5.2 Prescription Medicines

- The First Aid Co-ordinator/Matrons will administer a prescription medicine to a child provided that the following criteria have been met:
 - 1) The parent has fully completed and signed a consent form (stating child's name, date, amount of medication given, expiry date, and instructions for usage).
 - 2) The medicine is in its original, unaltered dispensed container.
 - 3) The medicine has the child's name on it.
 - 4) That the medication has been prescribed by a doctor.
- The First Aid Co-ordinator/Duty Matron will crosscheck the information contained on the consent form with the instructions on the container and raise any discrepancies with the parent prior to administration.
- The First Aid Co-ordinator /Duty Matron will keep a log of all medicines given to pupils by way of the Home Medication chart and the Digital Day Diary.
- All medications, prescription or otherwise, will be kept in a locked cupboard, in a locked room.
- Any controlled drug will be kept in a locked, non-portable container to which only named staff will have access. (Head of Boarding, Houseparent and Assistant House Parent).
- The First Aid Co-ordinator/ Duty Matron will refer to the Guidelines for managing prescription medications in the Medical Room Handbook.

5.3 Non-Prescription Medicines

- The school does keep a small stock of proprietary tablets and medicines in a locked cabinet for general use.
- During enrolment, parents are requested to complete a consent form for the administration of such over-the-counter medicines.
- A list of these proprietary, over-the-counter medicines is posted in the Medical Room, on the school website and has been approved by the Headmaster and School Doctor.
- No other non-prescribed medicine will be administered without specific prior written permission from the parents.
- The school reserves the right to refuse to administer a non prescribed medicine, even if requested to administer it by the parents. This decision rests with the Headmaster.
- The First Aid Co-ordinator/Duty Matron will keep a log of all non-prescription medicines given to pupils by way of the Digital Day Book.
- The First Aid Co-ordinator/ Duty Matron will refer to the Guidelines for managing non-prescription medications in the Medical Room Handbook.
- If a child has a high temperature (over 38) or 37.7 for EYFS children we will attempt to contact the parent before administering paracetamol. If we cannot get in touch with the parent, all children have a signed Emergency Medical Consent form in their file that covers emergency administration. Parents will be asked to collect their child and they must be temperature free for a minimum of 24 hours without the use of medical intervention. Where medicines are administered, parents will be informed on the same day, or as soon as reasonably practicable. On collection of an EYFS child, parents are required to sign a medical information form.
- All children that present a high fever will be have a full body check for a rash.
- If a child has sickness and diarrhea there is a exclusion period of 48 hours from the last time the child was sick or had diarrhea.

5.4 Controlled Drugs

- Some controlled drugs may be prescribed as medicine for use by children, eg methylphenidate
- A designated member of staff (usually First Aid Co-ordinator, Matron or House Parent) may administer a controlled drug to the child for whom it has been prescribed.
- Any controlled drug will be kept in a locked, non-portable container to which only named staff will have access.
- A record of the drug stock and its administration will be kept for audit and safety purposes (Individual records & Controlled Drug Recording Book).
- Controlled Medicines for boarders may be kept in the locked room in a locked cupboard in the Boarding Office on either the boys' or girls' wing.

5.5 Storage of Medicines

- Medicines will be stored in the Medical Room in strict accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.
- Medicines for boarders may be kept in the locked cupboard in the Boarding Office on either the boys' or girls' wing.
- *OTC medications:*
 - 1) will be kept securely in a locked cupboard, in a locked room.
 - 2) will be listed with indications for use, contra-indications, dosages, and side effects.
- *Prescribed medications:*
 - 1) will only be issued to the pupil for whom they have been prescribed.
 - 2) must stay in their original container, with an unaltered label.
 - 3) will be kept securely in a fridge or locked cupboard, in a locked room.
- Children will know where their own medicines are stored and who holds the key.
- In the event that a boarding child is deemed competent to self medicate, in accordance with their care plan, access will be given to medication by the duty staff.
- All emergency medicines, such as asthma inhalers, glucose tablets and adrenaline pens, will be readily available to children and not locked away.
- In certain circumstances, those children who are permitted to self administer medication, such as asthma sufferers, may carry their medication with them. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed and this may require special access arrangements for certain emergency medicines.

5.6 Long Term or Complex Medical Needs

- The school will do all that it can to support any child with long term or complex medical needs.
- A child who has a serious medical condition will have a written health care plan developed by the First Aid Co-ordinator and the child's parents. This health care plan will be made available to appropriate staff, as needed.
- It is the First Aid Co-ordinator's responsibility to ensure all relevant staff are aware, particularly where the condition or medication may affect behaviour and performance or where emergency procedures may be required.
- When taking a child off site to a match/outing etc. it is the responsibility of the charge teacher to take with him/her the child's healthcare plan (if necessary), medication and any needed equipment.
- Staff members will receive training and support from the First Aid Co-ordinator, School Doctor or an outside agency in how to manage a child with a particular medical condition.

5.7 Self Management of Medications by Pupils

- The school's aim is to support and encourage children who are able to take responsibility for the management of their own medicines from a relatively early age.
- If the nature of the medication, given storage and security considerations, is compatible with the school environment, then the First Aid Co-ordinator, with the written permission from the parents/carer, will devise a Health Care Plan so that the individual child can self-manage.
- The First Aid Co-ordinator and matrons will be available to support the self-medicating child.

5.8 Medicine Management for Trips

- Trip information must be given to the First Aid Co-ordinator at least a week in advance.
- The Duty Matron will give medication for that trip to the staff in charge immediately prior to departure.
- The staff in charge will have sufficient training prior to the trip to be able to administer simple medication needs.
- The staff member in charge will be briefed about any medical conditions of pupils, and training will be offered where required.
- When taking a child off site to a match/outing etc. it is the responsibility of the teacher to take with him/her the child's Health Care plan, if necessary, medication and any needed equipment.

5.9 Medicine Disposal

- The First Aid Co-ordinator /Matrons may dispose of expired medication as appropriate.
- Controlled Drugs will be disposed of through the designated GP surgery.
- Parents must collect medicines held at the school at the end of each term.
- Medication prescribed for a pupil must not be kept for use by anyone else, and should be disposed of correctly.
- A Sharps box is available in the Medical Room. Collection and disposal of this box will be arranged with the local pharmacy.

5.10 Incorrect Dosage

If a child is accidentally given the incorrect medicine or dosage, the First Aid Co-ordinator or Duty Matron will seek immediate medical advice from the designated GP surgery.

Any medical advice contained on the medicine container will be followed in the interim. The procedure above will then be followed as appropriate. A significant event will be triggered and audit done in conjunction with the designated GP.

Even where the medicine is non-threatening, the First Aid Co-ordinator will inform parents and provide any appropriate information on possible side effects.

5.11 Risk Assessment

In addition to the generic risk assessments for first aid and the Medical Room facility, individual assessments may be required for children with specific medical conditions.

Any assessment would form part of the health care plan, with findings being made available to all relevant staff.

Medical issues are included in any risk assessment relating to trips and outings.

6.0 Off Games Procedure

- In the case of a recent illness or injury the Duty Matron may declare a child unfit and off games.
- Children are only allowed 'Off Games' with a written note/email from parents or if the First Aid Co-ordinator /Matron/Sports Coach deems it necessary. This note must include the time, date and duration that the child is to be taken off games. The medical room must be informed of this information.
- A parent may telephone the school to request 'off games' for their child, however this is discouraged and must be followed up by a 'phone call from the Duty Matron.
- All request letters will be delivered to the medical room and dated.
- The First Aid Co-ordinator /Duty Matron will compile and post in the Staff Room a daily revised list of children on restricted activities.
- Children who are 'Off Games' are to report to The Medical Room and will be advised of where to go for supervision.
- If a child is 'Off Games' for any block of time, the Duty Matron will inform day duty staff to observe child to aid fast recovery where appropriate.

7.0 Accidents and Record keeping

- All accidents/illnesses/medical incidents are to be reported to the Duty Matron, who is responsible for recording the event.
- In addition to the above, the following items and records are controlled by the matrons:
 - 1) *The Medical Room Day Book (electronic)* – a record of all accidents, incidents and medical issues referred to a matron or the Medical Room. This electronic book also keeps a record of medicines given, detailing name, time, dosage and signature.
 - 2) *The Controlled Drugs Record (blue)* – a record of the administration of any controlled drugs.

- 3) *The Accident Book (green RIDDOR)* – the statutory record of any potentially reportable accident.
 - 4) *Off Games Record* – a record of all children who have been put ‘off games’ at the request of a parent, guardian or matron.
 - 5) *Accident/Incident Form* – internal form used if the injury or illness could have been serious, especially if due to organization or premises.
 - 6) *Record of Stock Medicines* – A full record of all purchased stock medicines is kept
 - 7) *EYFS/Pre Prep: All accidents, incidents and medication is uploaded on to the Tick Tock and school digital day book. This information is collated so recommended corrective actions can be identified. It is the responsibility of the form teachers to return the slips daily to sick bay. The matron on duty is responsible for uploading, Kindergarten and Reception forms on to the digital daybook. The Tick Tock manager is responsible for uploading the Tick Tock information on to the Tick Tock digital daybook. The form is then put in to the child’s personal file.*
- Matrons are also responsible for managing a small stock of proprietary tablets and medicines for general use, which is kept in a locked cabinet.
 - When an accident is required to be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, this will be carried out by the First Aid CO-Ordinator or Safety Officer. Guidance from the Health and Safety Executive Education INFORMATION Sheet Number 1 “Reporting in School’s Incident” will be sought when such a situation arises.
 - These requirements are in addition to the school’s in-house procedures for recording all medically related incidents.

7.1 RIDDOR

Most incidents that happen in schools or on school trips do not need to be reported to the HSE. If a pupil is injured in an incident and remains at school, is taken home or is simply absent from school for a number of days, the incident is not reportable.

Injuries to pupils, staff and visitors who are involved in an accident at school or an activity organised by the school are only reportable under RIDDOR when an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests are not treatment)

The HSE Information Sheet EDIS 1 (rev3) gives guidance and examples of whether an injury arises out of or in connection with work.

If in doubt guidance should be sought from the HSE, for example when a pupil from another school is injured (specified injury) during a sports match (not reportable) as opposed to a pupil of the school who is injured similarly during a timetabled games lesson (reportable).

Reportable major injuries:-

- Fracture, other than fingers, thumbs and toes
- • Amputation
- • Dislocation of the shoulders, hip, knee or spine
- • Loss of sight (temporary or permanent)
- • Chemical or hot metal burn to the eye or any penetrating injury to the eye
- • Electric shock
- • Injury leading to hypothermia
- • Unconsciousness needing resuscitation/hospital admission for over 24 hours
- • Acute illness – loss of consciousness from absorption of any substance by inhalation, ingestion or through skin
- • Acute illness resulting from exposure to a biological agent or its toxins or infected material

Any accident resulting in death is reportable under RIDDOR.

Also, a reportable occupational disease when confirmed by a doctor in writing must be disclosed. The HSE Information Sheet EDIS 1 (rev3) gives details of specified injuries and reportable diseases.

Accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

Dangerous Occurrences (specified near miss events) are reportable under RIDDOR. The HSE Information Sheet EDIS 1 (rev3) contains the typical examples applicable to schools.

7.2 Monitoring: Accident and Incident Reports

- The School's Health and Safety Officer (Bursar) will compile a statistical summary of the contents of the Day Book (electronic) at least annually in order to inform management and governors, and highlight any trends, particularly in the type and location of accidents. The summary is submitted to the Governor Safety Sub-Committee.
- The First Aid Co-ordinator /Duty matron will complete an 'Accident/Incident Report' for any incident that has the potential to be serious and submit this to the Health and Safety Officer.
- The School's Health and Safety Officer will scrutinize the Accident/Incident Reports at least annually and include the results in the annual safety audit of First Aid and the Medical Room. The results of the annual audit are submitted to the Governor Safety Sub-Committee.
 - An Accident/Incident Report will be completed for all incidents included in the Green Accident Book (RIDDOR).

EYFS

A written record is kept of incidents or injuries and the first aid treatment given. Parents will be informed of any accident or injury sustained by the child on the same day and will be made aware of any treatment given. The parent/ carer will be asked to sign the form upon collection. This information will then be put into the accident / incident book.

(EYFS 3.51)

In the event of an accident, incident or illness, which requires First Aid intervention, this will be undertaken by a member of staff qualified to do so and the details will be recorded on the correct form.

(EYFS 3.51)

Ofsted must be notified of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence. Providers must notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and must act on any advice given.

(EYFS 3.52)

7.3 Accident Investigation

- The Bursar and / or Matron will assess the nature of the accident and the reporting requirements. Reference should be made to the HSE Information Sheet EDIS 1 (rev3) (<https://www.hse.gov.uk/pubns/edis1.pdf>).
- If required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations an online form is completed and submitted to the HSE. Reports can be made on-line via the HSE website, only fatal and specified injuries can be reported by telephone.
- The Matron / Sick Bay is responsible for maintaining an accurate record of all accidents that happen to pupils, staff, visitors and contractors at the school, or on school-led activities outside school. This is achieved by completing the accident daybook (paper and electronic) when they attend the Sick Bay for any occurrence requiring first aid.
- Relevant, completed accident forms are forwarded to the Bursar, the Deputy Head and the pupil's Form Tutor. The forms are to be kept for a minimum of 3 years and categorised (pupils, staff, visitors). The records should be kept in a locked filing cabinet in the Sick Bay to ensure compliance with the Data Protection Act.
- Accident reports are considered at every meeting of the School Health and Safety Committee.
- All accidents reportable by the school under RIDDOR are investigated. This will normally be undertaken by the Bursar and may include the taking of witness statements, photographs and the production of a written report. All such reports are reviewed by the School Senior Management Team and the Health and Safety Committee.

- For serious incidents, the Bursar should consider obtaining legal advice at the outset of any investigation. Such support can be obtained by contacting ISBA.
- The Bursar will contact the school insurer where any incident is felt likely to result in a claim.
- The Matron is responsible for escorting pupils to hospital and for ensuring that Pastoral Staff are informed. They will ensure that the parents of the pupil are informed as soon as possible for anything other than a trivial injury.

8.0 First Aid Boxes

- There are 21 First Aid boxes positioned at strategic points around the school plus a First Aid box for each bus.
- These boxes are checked at the beginning of each term and matrons will replenish all missing stock and expired items.
- There are 7 First Aid bags kept in the Medical Room. These are for use by any member of staff for matches and away school trips/outings.
- These 7 First Aid bags are checked weekly by the Duty Matron and stocks replaced as necessary.

9.0 Major Illnesses/ Injuries - Emergency Procedure

If a Duty Matron/ Headmaster/ Bursar is not present, or cannot be quickly contacted (ie. by pager on front desk), it is the responsibility of the trained first aider when dealing with any particular incident to call an ambulance in accordance with their First Aid training and EpiPen training. This should be the first priority.

In addition, if in any doubt call an ambulance (999 or 112).

If a child needs to go to hospital by ambulance, a member of staff will follow the patient to the hospital (with the emergency consent form) and will stay with the child until the parent/carer arrives.

If a child must go to hospital, but not by ambulance, a member of staff will be called to drive both the child and a qualified first aider, if necessary. The member of staff will bring the emergency consent form and will stay with the child until the parent/carer arrives.

The Headmaster/Deputy Headmaster/First Aid Co-ordinator will inform the parents as soon as possible and will be responsible for follow-up enquiries.

When any children are present on the Moor Park grounds and site, there will at all times be a first aid qualified member of staff on the school site.

9.1 Infectious Diseases

These are dealt with in accordance with Public Health England's publication 'Guidance on Infection Control in Schools and other Childcare Settings'. Refer to Sickbay's Handbook.

9.2 Human Flu Pandemic

These are dealt with in accordance with the School's Human Flu Pandemic Procedure and Public Health England Guidance. Refer to Sickbay's Handbook.

9.3 Minor Injuries/Illnesses

Administer First Aid if appropriate. The patient should then be escorted to the Medical Room so the Duty Matron can provide care.

The patient will be treated and observed in the Medical Room. When possible the patient will be returned to the classroom.

The Duty Matron will record the incident in the Digital Day Book and contact parents if necessary. In cases of a Pre-Prep School child, it is the responsibility of the Form Teacher to inform parents with an accident form.

9.4 Sports Field Accident

In the event of an accident occurring on the Sports' Field, the following points should be followed:

Any player who is bleeding (but no other serious injuries) must be removed from the field of play and not allowed to return if there is the slightest possibility of a further spillage of blood. Bleeding wounds must only be dealt with by someone provided with protective, disposable gloves.

ANY head injury, the player will be removed from the sports field and NOT allowed to return during that day and then only having been closely observed.

Staff should have access to a phone when teaching on the fields or at the pool.

1. In the case of a suspected serious injury (particularly to the spine or head) or unconsciousness, do not move the patient, even if s/he is in the middle of the field of play, and phone for an ambulance.
2. If you need to telephone for an ambulance, use a mobile or send a responsible person to the school office.
3. Have an escort take all patients with injuries other than those needing an ambulance directly to the Sick bay.
4. Do not give any sort of drink to patients who need medical attention in case they later need anaesthetic.
5. The Duty Matron will be responsible for calling the Doctor, administering a pain-relieving drug if necessary, and/or contacting A&E.

9.5 Head Injuries

- If a child presents with a head injury, their condition **MUST** be monitored very carefully. A thorough assessment of the patient must be made observing for signs of concussion.
- Check for eye movement (pain), facial bruising/swelling, fluid leaking from ear canal.
- If there are no signs of concussion and the patient feels able, they may return to class. Ensure they know to come back to the Sick Bay should they feel at all worse.
- Any head injury all staff will receive an email so they are aware of the incident and the child can be closely monitored.
- Parents must be informed of all head injuries and for day children, a **HEAD INJURY** letter must be written.

- If a head injury happens outside of school time or premises it is the responsibility of the child's parent/guardian to inform the School.
- ****If the child shows symptoms of concussion, there must be an immediate transfer to hospital. We will make one attempt to contact the parent before transfer, however, if contact is not possible, the child will be transferred. The Duty Matron should inform the School Doctor/GP surgery. The School will act on the advice of the doctor or hospital as appropriate. The Headmaster/Deputy Headmaster should be informed of the incident to ensure continued effort is made in contacting parents, and they will be kept up-to-date with their child's condition.**

10.0 Specific Medical Conditions

- Moor Park School recognizes that children may have specific medical conditions and positively welcomes all children with any need. Our aim is to ensure all staff has up to date training in these conditions and also that procedures are put into place so that children with these conditions are well cared for.
- The First Aid Co-ordinator will inform all teaching staff, as appropriate, when a pupil has or is newly diagnosed with a particular medical condition.
- The First Aid Co-ordinator is responsible for communicating to kitchen staff and teaching staff who has food allergies or related medical issues.
- When a child has a serious medical condition the First Aid Co-ordinator will write a Health care plan and liaise with the child's parents. This Health Care plan will be made available to staff members as needed.
- When taking a child off site to a match/outing etc. it is the responsibility of the teacher to take with him/her the child's Health Care plan, medication and any needed equipment.
- Staff members will receive training and support from the First Aid Co-ordinator, School Doctor or outside agency in how to manage a child with a particular medical condition.
- Teaching staff will receive EpiPen training and should fully understand what procedures and protocols to follow. Training should be updated every three years.
- The First Aid Co-ordinator will ensure that EpiPens and inhalers are clearly named and accessible at all times.
- The First Aid Co-ordinator will ensure that all EpiPens and inhalers are in date at all times.

10.1 Children with Type I Diabetes

- The First Aid Co-ordinator, with the aid of parents, is responsible for writing a Health care plan for a child with Type I Diabetes. The Medical Room handbook will give detail on the content of the Health Care Plan.
- The First Aid Co-ordinator /Duty Matron will monitor a child with Type I Diabetes to ensure s/he is taking regular blood glucose readings. These numbers, along with the amount of insulin injected, will be charted in Sick Bay.
- The First Aid Co-ordinator will relay blood glucose readings/insulin numbers to parents as needed.
- Insulin will always be accessible to the child, but must be kept in a refrigerator.
- The First Aid Co-ordinator /Duty Matron will ensure that a child with Type I Diabetes will always have glucose tablets on person and have access to quick-releasing foods such as biscuits.
- Staff will be made aware of a child with Type I Diabetes care plan and will be instructed on what to do should the child become hypoglycaemic.

10.2 Children with Epilepsy

- The First Aid Co-ordinator will refer to the Medical Room Handbook for detail and procedure.
- The First Aid Co-ordinator, with the aid of parents, is responsible for writing a Health care plan for a child with diagnosed epilepsy.
- If a child is on epilepsy medication, it will be stored in a locked box in a locked cupboard in line with the Controlled Drugs section of this policy (5.4).
- Each time a child is given epilepsy medication, the First Aid Co-ordinator /Duty Matron is responsible for recording this in the Controlled Drug Recording Book.
- The First Aid Co-ordinator will make staff aware of the child's medical care plan and will instruct them on what to do should the child have a fit.

10.3 Children with Asthma/ Allergies

- The First Aid Co-ordinator will refer to the Medical Room Handbook for detail and procedure.
- The First Aid Co-ordinator, with the aid of parents, is responsible for writing a Health care plan for a child with diagnosed asthma and allergies.
- From the medical record, the First Aid Co-ordinator will create a separate asthma register and allergy register that are available to all staff in the Staff Room and in the Medical Room. These registers include the child's name, photo, condition, medication and dosage. This applies to EYFS children.
- The First Aid Co-ordinator will also identify children with asthma/allergies on the School Server.

Medication

- Immediate access to reliever inhalers/EpiPens is vital. Children's labeled inhalers, spacers, and EpiPens are kept easily available at all times in the Medical Room.
- Children are encouraged to carry their reliever inhaler as soon as the parent, doctor and class teacher agree they are mature enough to do so or as needed.
- In this case, parents are requested to ensure the school is provided with a labeled spare reliever inhaler. This spare inhaler will be kept in the Medical Room and will be used when the Duty Matron packs the First Aid bag for away matches and outings.
- If a child with asthma does not carry a reliever inhaler on person, his/her labeled inhaler will be kept available at all times in the Medical Room. The Duty Matron will use this inhaler when she packs the First Aid bag for away matches and outings.
- If a child requires a preventative inhaler, this will be stored in the matron's first aid area of the boarding house, or sick bay in the case of a day child. The matron is responsible for overseeing and monitoring the child's regular usage of this preventative inhaler.
- Antihistamine (Piriton) is always readily available in the Medical Room.
- Unless instructed otherwise by the parents, all labeled (name and photo) EpiPens along with care plans will be kept easily accessible in the Medical Room.
- It is the Duty Matron's responsibility to pack the child's EpiPen/s and care plan when a child with a prescribed EpiPen travels off site.
- It is the First Aid Co-ordinator's responsibility to alert parents if their child's inhaler/EpiPens are going to run out of date.

Health Care Plans

- Reference to the Medical Room handbook will be made upon the preparation of Health Care Plans.
- The First Aid Co-ordinator will write, with input from parents and school doctor (if necessary), a Health Care plan for a child with asthma **if** the child requires long term a daily dose of preventative inhaler. This child, as part of the Health Care Plan, will have a chart in dorms so that the matron can monitor his/her daily usage. The First Aid Co-ordinator will review this plan, with parental approval annually. This plan will be made accessible to all staff members as necessary.
- The First Aid Co-ordinator will write, with the help of parents, a Health Care Plan for any child with prescribed EpiPens. The First Aid Co-ordinator will review this plan, with parental approval annually. This plan will be made accessible to all staff members.
- The First Aid Co-ordinator will write, with the help of parents, a Health Care Plan for any child with a food allergy/intolerance that requires special medical attention (such as celiac). This plan will be made accessible to all staff members and, in particular, to all catering staff.
- Tick Tock: It is the responsibility of the Tick Tock manager to liaise with the First Aid Co-ordinator to ensure that any new child that needs a health plan has one put in place.

11.0 Ill child during the evening

- Please see the Medical Room Handbook for procedure.

If a child becomes ill in the middle of the night and wakes a matron for help:

- A small dorm room would be acquisitioned for the purpose of isolating the child. This dorm would be the nearest small dorm to the Assistant houseparent/ Houseparent/ Head of Boarding).
and there is a assist pager that is provided for the children to contact an Assistant houseparent/ Houseparent/ Head of Boarding).
- The matron would monitor the child as appropriate and update the parents as needed.
- A washroom would be designated just for those who are ill.

If there is no spare dorm room:

- The child would be escorted to Sick Bay to be cared for by an appropriate member of staff.
- If a child is to be cared for in Sick Bay during the night, the houseparents must be informed so that appropriate cover could be arranged.

If there are several children who require isolated care:

- A dorm room would be acquisitioned for the purpose of isolating the children. This dorm would be the nearest possible dorm to the matron and an assist pager would be provided for the children to contact the Assistant houseparent/ Houseparent/ Head Of Boarding).
- If a child or children could not be returned home (for example, overseas boarders) and there was no free dorm room, the child/ren would be housed in one of the residential staff houses (either houseparents or headmaster) and cared for by them.

If a Tree House boarder becomes ill in the middle of the night and requires matron care:

- One of the Tree house houseparents would contact the duty matron and drive the child to Sick Bay to be cared for as above.

12.0 Body Fluids Spillage and Waste Disposal

- Any spillage of body fluids must be cleaned up immediately and effectively using a body fluid spill kit.
- Individual Departments: the cleaning department will make up spillage kits depending on the levels of contaminated areas.
- The Medical Room also houses body fluid kits.
- Staff must wear appropriate personal protective equipment: disposable apron, gloves, face masks. **Gloves are Mandatory**
- The quantity of medical waste from the School is very small – therefore it is acceptable for this waste to be bagged and disposed of with the normal waste.
- Yellow Clinical Waste bags are available, if required for larger amounts of waste. These are disposed of via the School Doctor/ Clinical waste collections.
- There is a Sharps bin located in the Medical Room office.

12.1 Procedure:

- When dealing with spillages, place absorbent paper hand towels on the affected area. All liquid material should be completely absorbed into the towels.
- Wipe the area with a suitable disinfectant/hypochloride solution with either a paper towel or disposable mop/ sponge.
- A spray disinfectant may be used.
- Once the area is clean, spray with disinfectant and leave the area to dry.
- Place a 'Wet Floor' hazard sign, if appropriate on the area.
- Ventilate the area well.
- Clean any reusable equipment by soaking in disinfectant solution/ wiping, before removing gloves and allowing to dry.
- If necessary place the clinical waste in the clinical waste bin located in the Sick Bay toilet. Liaise with domestic staff for collection.
- Wash hands with soap and hot water.
- Inform appropriate staff if anything in storage containers is required to be replaced.

13.0 Communication

- If an accident has occurred with a child, the Duty Matron or Headmaster/Deputy Headmaster will contact the parents.
- If a child is believed to be suffering from a notifiable disease, it is the duty of the First Aid Co-ordinator to inform the HPA and/or Ofsted, as necessary.
- If it is necessary for a child to go to hospital by ambulance, a member of staff will accompany the child unless the child's parents/carer can attend.
- If a child must go to hospital, but not by ambulance, a member of staff will drive both the child and a first aider, if necessary. The member of staff will bring the emergency consent form and will stay with the child until the parent/carer arrives.

- If a child is unwell, it may be appropriate for the School to administer a mild analgesic or another over-the-counter medicine. The school will hold a pre-signed consent form for the administration of such medicines for every child. Whenever possible and reasonable, a parent will be contacted prior to giving a child an analgesic/medicine.
- If a child is not well, the Duty Matron will contact the child's parents who will take their child home until well again. If the child's parents/guardians cannot be reached, the Duty Matron will try the third contact given by parents. If this course of action is not possible, the child will be monitored at School, in the Medical Room, until collection is possible.
- Full details of recommendations for exclusion are available in 'Health Matters' given to all parents on admission and available on the website, this lays out the procedure for dealing with all children who are ill or infectious. Duty Matron will also advise upon collection of the child.
- Children may not return to school within 48 hours of vomiting or diarrhoea episode, unless specifically agreed with the First Aid Co-ordinator. If a child has both, sickness and diarrhea 48 hours exclusion applies.
- Parents will be referred to HPA's Infection Control Guidelines in Schools and Other Childcare Settings for exclusion recommendations.
- If a full-time boarder becomes unwell, s/he will be cared for by the Duty Matron either in the dorm room or in the Medical Room, as appropriate.
- Should there come a time when there are several boarders who need to be cared for and/or isolated, the Duty Matron will be assisted by the Houseparents and/or the Headmaster.
- Parents must be informed of all head injuries and a head injury letter must be sent home and signed by parents.