



LORD
WANDSWORTH
COLLEGE

Healthcare Policies (incorporating Mental Health Policy)

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Health Centre	May 2022	SLT	17/5/22	All previous Health Centre policies merged to create this new document
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1. Introduction

A child's safety, health and happiness are central to a successful education, and as a result sit at the heart of all that happens at Lord Wandsworth College. All staff have a responsibility to promote good health amongst our pupils.

In 2022 this policy was created to provide a single place for all policies pertaining to healthcare at the College.

2. Anaphylaxis and Adrenaline Pen Policy

2.1 Aim

To provide urgent medical care to a pupil/member of staff/visitor should he/she have an anaphylactic reaction.

2.2 What is Anaphylaxis?

Anaphylaxis is a severe, life-threatening, generalised or systemic hypersensitivity reaction. It is characterised by rapidly developing, life-threatening problems involving: the airway (pharyngeal or laryngeal oedema) and/or breathing (bronchospasm with tachypnoea) and/or circulation (hypotension and/or tachycardia). In most cases, there are associated skin and mucosal changes.

2.3 The Pupil

Pupils who have been prescribed an adrenaline auto-injector (pen) are to carry their emergency medication with them at all times. Current recommendations are that anyone prescribed an adrenaline pen should always carry two in date pens on their person. During school the second pen can be held with Matron in the 'Emergency Box', however best practice is to keep upon their person. It is deemed by the nature of the medication, that permission has been granted by either the parent/guardian or the pupil, for the medication to be administered in an emergency situation. All pupils will also have a completed and signed Allergy Action Plan

2.4 Responsibility

Joint responsibility should be held by the pupils, their parents or guardians, Matrons and the Health Centre to ensure that the pupil carries in-date adrenaline pens. New pens should be ordered prior to their expiry date.

2.5 Boarding Houses

All houses who have a pupil who has been prescribed an adrenaline pen will have an 'Emergency Box'. The box should be kept in a safe, accessible, unlocked area that is clearly labelled. The box will contain one in date adrenaline pen for use in an emergency, plus a care plan for that specific pupil. If there is more than one pupil in the boarding house who has been prescribed an adrenaline pen their names will be written on the outside of the emergency box. There are two types of adrenaline pen in circulation at the moment.

1. EPIPEN
2. JEXT

All pens contain adrenaline and are interchangeable in an emergency.

The availability of the emergency adrenaline pen box in house is in addition to the pupil's own prescribed adrenaline auto injectors which they will carry with them at all times. If the pupil's second adrenaline pen is held with Matron in the Emergency Box it should be collected when leaving the school grounds.

2.6 Procedure in the event of an individual having an anaphylactic reaction:

The emergency Adrenaline Pen box contains clear written instructions as to what to do in the event of an individual having an anaphylactic shock, using the following procedure:

- Try to encourage a calm and reassuring environment
- Take the Adrenaline Pen out of the container - prime it by taking off the cap
- Hold the EpiPen 10 cm from the upper outer thigh. The JEXT is to be held against the thigh.
- Administer the Adrenaline Pen, this can be through clothing, but try to avoid seams and objects in pockets such as phones and keys.
- Hold the Adrenaline Pen in the thigh for 10 seconds and remove
- Gently rub the area for 10 seconds
- Stay with the casualty and ask someone to call 999 saying ANAPHYLACTIC SHOCK and ADRENALINE PEN ADMINISTERED (if that is the case). Please note, anyone having an anaphylactic reaction should avoid standing up as this can lead to a drop in blood pressure
- If the casualty continues to show signs of anaphylaxis give a second dose 5-15 minutes after the first.
- Call Parent/Guardian
- The casualty should go to hospital with the empty Adrenaline Pens
- Document event in pupil's individual notes and inform the Health Centre if not previously notified

If a pupil has an anaphylactic reaction they should be sent by ambulance to hospital with the empty adrenaline auto injector that has been administered, whether full recovery is noted or not. The pupil's parents should always be informed immediately after alerting the ambulance.

Since there is no way to predict the severity of a reaction, and because anaphylaxis can progress so rapidly, waiting for the ambulance or the Health Centre staff to administer adrenaline may greatly increase the risk of death. Therefore, it is essential that anyone with a history of anaphylaxis keep adrenaline auto-injectors on hand at all times and be prepared to use them whenever a reaction occurs.

The Health Centre co-ordinates a list of pupils who must carry an adrenaline auto-injector. This is accessible on the VLE from Sharepoint on the dashboard called Student Medical Conditions. Further information is also held on the pupil's records on iSAMS. The Health Centre holds a register of pupils who should come in annually to demonstrate to staff that they are competent to use their medication and have a good understanding of their condition.

Staff are trained in the administration of an adrenaline auto-injector during the staff first-aid training programme.

The second emergency adrenaline pen must go with the pupil on any school trip.
NO AAI = NO TRIP

[Anaphylaxis UK | Anaphylaxis Campaign | UK Allergen Charity](#)

3. Asthma Policy

3.1 Aim

We aim to encourage and help pupils with asthma to participate fully in all aspects of College life.

This policy has been written with advice from Asthma UK. The College welcomes all pupils with asthma.

3.2 What is Asthma?

Asthma is a common condition that affects the airways. The typical symptoms are wheeziness, cough, chest tightness, and shortness of breath. Symptoms can range from mild to severe. Treatment usually works well to ease and prevent symptoms. Treatment is usually with inhalers. A typical person with asthma may take a preventer inhaler every day (to prevent symptoms developing), and use a reliever inhaler as and when required (i.e. if symptoms flare up).

3.3 How does asthma affect children?

Children with asthma may develop episodes of attacks of breathlessness and coughing during which wheezing or whistling noises may be heard coming from the chest. Tightness felt inside the chest is sometimes frightening and may cause great difficulty in breathing.

Individual children are affected by their asthma in different ways. One child may have very occasional, brief and mild attacks whilst another may be forced to not attend College, be unable to participate in games and need regular treatment.

For children diagnosed with asthma, the condition may disappear or improve during the teenage years, although it can return later in life.

3.4 What causes an asthma attack?

Asthma is a physical disorder of the lungs which causes the air passages to become sensitive to a variety of common stimuli. It is not an infectious disease nor is it a psychological disease, although strong emotions can lead to symptoms.

Contact with something that irritates the lungs – known as a trigger – narrows the airways, the muscles around the lungs tighten, and there is an increase in the production of sticky mucus (phlegm).

Common asthma triggers include:

- house dust mites
- animal fur
- pollen
- cigarette smoke
- exercise
- viral infections

Asthma may also be triggered by substances (allergens or chemicals)

3.5 Staff and pupil training and awareness

Staff are trained in the recognition and management of asthma through the staff first aid training program. Each boarding house has the necessary equipment to deal with acute asthma attacks, in the form of a Salbutamol inhaler and a spacer.

We aim to create staff awareness for early recognition and treatment of asthmatic conditions. Staff need to be aware of pupils with asthma and a list is available, on a need to know basis, on the staff intranet. This information is regularly updated by the nursing team.

3.6 Asthma management

The nursing team should be informed of the pupil's asthma status and current medication, on entry to the college or on diagnosis, and up-dated if the condition or treatment changes. Nurses will carry out a baseline peak flow of all new pupils with a history of asthma.

Pupils who are boarders will have regular asthma reviews at the Health Centre by the nursing team and an asthma register is maintained by our asthma specialist nurse. New pupils to the College with a history of asthma will have a nurse medical and a record of Peak Flow and medication documented.

3.7 Use of preventative inhalers

These are usually brown or orange and contain steroids. These are taken regularly to reduce the sensitivity of the air passages so that attacks no longer occur or are only mild.

This type of inhaler does not help during an attack.

3.8 Use of relief inhalers in College

These are generally blue and are used to relieve pupils when breathless, coughing or wheezing.

All pupils must carry their inhaler at all times.

Pupils must not share their inhalers.

3.9 Pupil responsibility

Pupils should carry their reliever inhalers with them at all times and are encouraged to be responsible for them. NO INHALER = NO SPORT. NO INHALER= NO TRIP

Through regular contact with the health care staff, the aim is to encourage and support each pupil in the self-management of their asthma in preparation for when they leave the College.

The Health Centre will send out an annual letter to parents of pupils not registered with the school doctor to request an update of their child's / ward's asthma status.

3.10 Emergency Action

In the event of an asthma attack or if a pupil becomes breathless, wheezy or coughs continually:

1. Call the Health Centre for assistance on 333/334

2. Reassure them. Let the pupil sit down in a position they find comfortable (often squatting on a chair 'cowboy style' helps). Do NOT let them lie down. Loosen any tight clothing.
3. Ask them to take their usual dose of their reliever inhaler (usually blue). Ask them to breathe slowly and deeply. If they have a spacer available, ask them to use it with their inhaler. The inhaler is more effective with a spacer, especially when being used for young children.
4. If they have no inhaler call 999 or 112 for emergency help.
5. A mild attack will normally ease after a few minutes. However, if they don't improve within a few minutes, it may be a severe attack. Ask them to take a puff every 30 to 60 seconds, until they have had 10 puffs. Help the casualty to use their inhaler if they need assistance.
6. If the attack is severe, and they are getting worse, becoming exhausted, or if this is their first attack, call 999 or 112 for emergency help.
7. Monitor their breathing and level of response. If the ambulance hasn't arrived within 15 minutes, repeat step 4.
8. If they become unresponsive at any point prepare to give CPR.

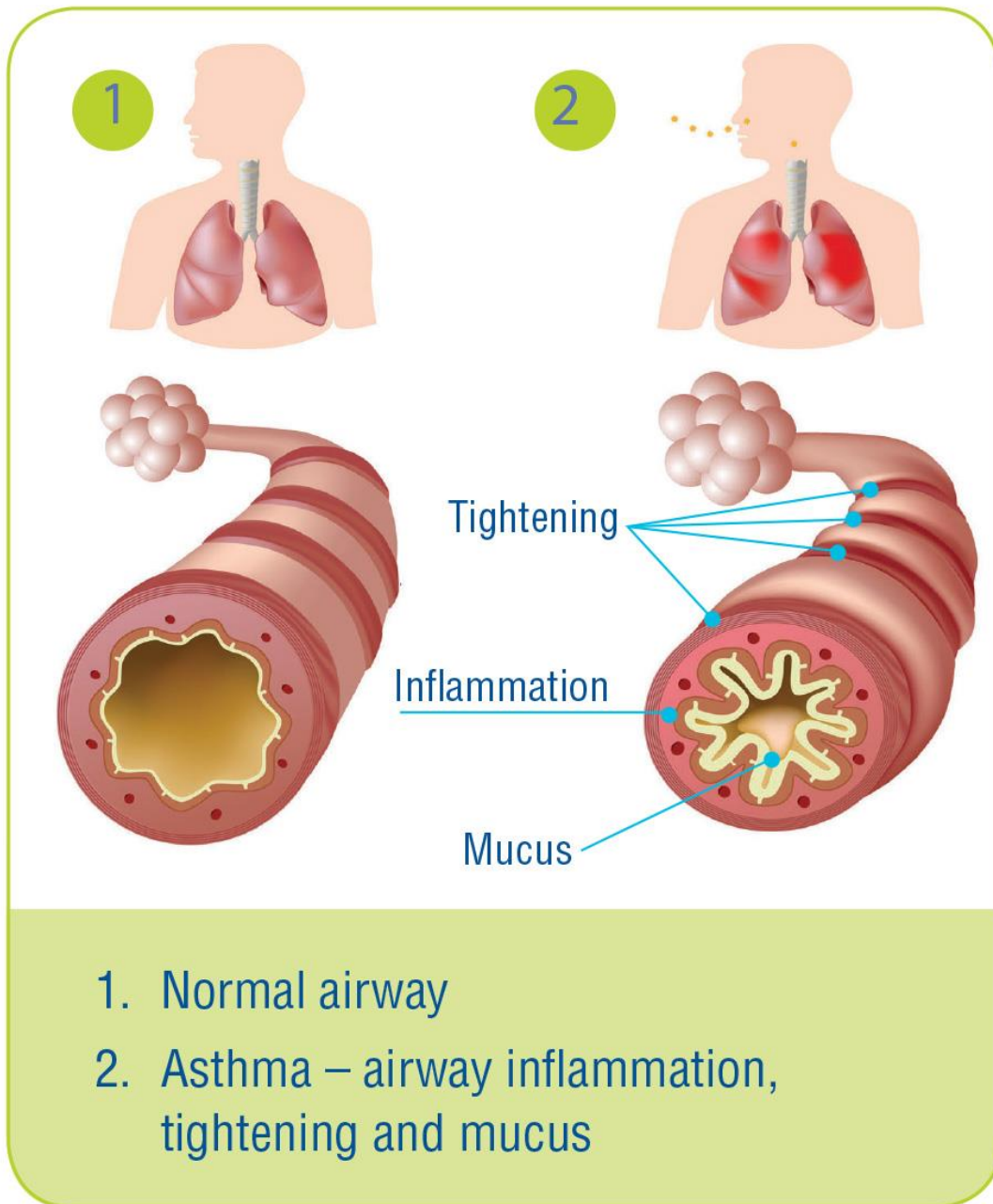
If their symptoms improve and you do not need to call 999, the health centre nurses may advise them to get an urgent same-day appointment to see their GP or asthma nurse.

Signs of a severe asthma attack - ANY of these signs means it is severe:

- The relief medication does not work
- The pupil is breathless enough to have difficulty in talking normally
- Blue tingeing around the mouth
- Rapid breathing
- Call the emergency services - 999
- Stay with the pupil
- Keep trying the relief inhaler every 5 – 10 minutes. Do not worry about overdosing.
- Inform the parents.

The College helps to be asthma friendly by:

- Operating a 'No Smoking' policy
- Encouraging prophylactic housekeeping measures in boarding houses e.g. mattress and pillow protectors etc.
- Raising awareness in the Sports, Science and D & T Departments.



<http://www.patient.co.uk/health/asthma>
<http://www.nhs.uk/conditions/asthma/Pages/Introduction.aspx>

4. Biohazard Spill Policy

4.1 Aim

The aim of this policy is to decrease the exposure risk to blood-borne and body fluid pathogens. Adherence to this policy is the responsibility of all staff who may come into contact with spillages of blood or other body fluids. All staff need to be aware of their personal responsibilities in preventing the spread of infection. Disinfection aims to reduce the number of micro-organisms to a safe level. Whilst a variety of chemical disinfectants are available, high concentration chlorine-releasing compounds provide an effective method of treating body fluid spills with activity against a range of bacteria and viruses.

4.2 LEGAL POSITION

The College has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2021, as amended). For the purposes of this policy, biohazards are defined as:

- Blood
- Respiratory and Oral Secretions
- Vomit
- Faeces
- Urine
- Wound Drainage

4.3 PPE

All staff dealing with a biohazard spill are to ensure that they:

- wear a plastic disposable apron
- wear disposable gloves
- protect eyes and mouth with goggles/visor and mask if splash or spray is anticipated
- wear protective footwear when dealing with extensive floor spillages
- use the biohazard spill kits provided by the College (not “just a cloth or mop”)
- always dispose of PPE and contaminated waste in a sealed (yellow) disposable bag, which is to be disposed of at the health centre.

4.4 PROCEDURE

All staff dealing with a biohazard spill are to:

- Take precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular avoid blood or body fluids reaching the eyes or the areas inside the mouth and nose;
- Wear appropriate PPE;
- Use the biohazard spill kits provided by the College;
- Place all soiled paper towels and gloves in a sealed (yellow) disposable bag and then double bagged for transport to the Health Centre to be disposed of in an approved manner, i.e. in locked yellow bins outside the Health Centre;
- Wash hands including arms to the elbow with warm water and soap **immediately** after **every** clean-up of blood or body fluid. This should be performed **even** if gloves have been worn;
- Wash all areas that have come into contact with blood;
- Report all biohazard spills to the Health Centre and College Health & Safety Co-ordinator immediately;
- Request a bio-hazard kit to replace the one used. These are supplied by the Health Centre.

<http://www.hse.gov.uk/coshh/>

5. Care of Boarders Who Are Unwell Policy

5.1 Objectives

The College has appropriate procedures in place for the care of boarders who are unwell. These include First Aid, care of those with chronic conditions and/or disabilities, dealing with medical emergencies, and the use of prescribed and non-prescription medication.

Boarders who are unwell and are in need of isolation with ensuite facilities and who cannot be collected immediately by parents, will have this arranged by house staff as per their individual house sickbay plan. This may be in a different house if their own house does not have ensuite facilities. The house staff will liaise with the nominated house as necessary to arrange this transfer. Isolation sickbays with ensuite facilities are available in Sutton, School, Park, Gosden and Junior all having appropriate facilities and provision to contact appropriately-qualified personnel. Such accommodation is adequately separated from other boarders. For overnight illness the sickness plan (Appendix 1) should be followed by the Houseparent or Assistant Houseparent - whichever one is on overnight cover. When matron is on duty an observation chart will be completed and liaise with the health centre staff as necessary (Appendix 2). We will request for the pupil to be collected at the parents/guardians earliest convenience.

If a boarder does not need to isolate, they may remain in their own bed/dorm until they can be collected. Day pupils will be requested to be collected from the health centre or their boarding house as soon as parents/guardians can facilitate.

In addition to any provision on site, boarders have access to local medical, dental, optometry and other specialist services or provision as necessary which the health centre and house staff.

Prescribed and non-prescription medication is distributed according to the 'Medications Policy' specifically following the Storage and Administration of Prescribed and Non-Prescribed Medication sections of that policy, by house staff. Boarders who are allowed to self-medicate are assessed as being sufficiently responsible to do so and should sign the appropriate form which is held in their file which is kept in House. These pupils then keep their medication in a locked drawer or cabinet. All medicine management is overseen by the Senior Nurse.

The confidentiality and rights of boarders as patients are appropriately respected. This includes the right of a boarder deemed to be 'Gillick or Fraser Competent' to give or withhold consent to his/her own treatment. 'Gillick Competence is defined as a child, under the age of 16, who is able to consent to his/her own medical treatment without the need for parental permission or knowledge. A child will be 'Gillick Competent' if he or she has sufficient understanding and intelligence to understand fully what is proposed. Below are links to more information about this:

<https://www.nhs.uk/conditions/consent-to-treatment/children/>
<https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines>
http://ethics.grad.ucl.ac.uk/forms/DH_GuideForChildrenAndYoungPeople.pdf

6. Confidentiality Policy

6.1 Overview

Lord Wandsworth College believes that:

- the safety, well-being and protection of our pupils are the paramount consideration in all decisions staff at Lord Wandsworth College make about confidentiality. The appropriate sharing of information between College staff is an essential element in ensuring our pupils' well-being and safety.
- it is an essential part of the ethos of our school that trust is established to enable pupils, staff, and parents to seek help both within and outside the College. However, we try to minimise the number of situations when personal information is shared to ensure pupils and staff are supported and feel safe.
- pupils, parents and staff need to know the boundaries of confidentiality in order to feel safe and comfortable in discussing personal issues and concerns including sex and relationships
- LWC's attitude to confidentiality is open and easily understood and everyone should be able to trust the boundaries of confidentiality operating within the College
- issues concerning personal information including sex and relationships and other personal matters can arise at any time
- everyone in the College community needs to know that no one can offer absolute confidentiality
- everyone in the College community needs to know the limits of confidentiality that can be offered by individuals within the community, so they can make informed decisions about the most appropriate person to talk to about any health, sex and relationship, or other personal issue they want to discuss.

6.2 Definition of confidentiality

The definition of confidentiality in relation to this policy is *discretion in keeping private information*. Although, when speaking confidentially to someone, the confider has the belief that the confidant will not discuss the content of the conversation with another, there are few situations where absolute confidentiality can be offered. This means that in most cases what is on offer is limited confidentiality.

The general rule is that staff should make clear that there are limits to confidentiality, at the beginning of any conversation. These limits relate to ensuring children's safety and well-being. The pupil will be informed when a confidence has to be broken for this reason and will be encouraged to do this for themselves whenever this is possible.

6.3 Confidentiality in the classroom

During the course of a lesson given by a member of the teaching staff or an outside visitor, careful thought needs to be given to the content of the lesson, establishing ground rules to ensure confidential disclosures are not made.

6.4 Confidentiality during one-to-one disclosures

It is essential that all members of staff know the limits of the confidentiality they can offer to both pupils and parents, as well as any required actions, and sources of further support or help available, both for the pupil or parent and for the staff member within the College, and from other agencies where appropriate.

It is essential that all members of staff and volunteers understand the limits of the confidentiality they can offer to pupils and parents. As a consequence, staff and volunteers must be familiar with the content of the College's Safeguarding and Child Protection Policy.

When a pupil divulges information of a sensitive nature, the member of staff must ensure that the pupil is aware that they cannot offer unconditional confidentiality, however they should reassure the pupil that, if confidentiality has to be broken, they will inform them first. The member of staff should reassure the pupil that their best interests will be maintained and, in most circumstances, they should encourage the pupil to talk to their parents. Clearly, if there is a risk or increased risk to a young person by them talking to their parents then no encouragement to do so should occur.

If disclosure occurs at an inappropriate time or place, the member of staff should talk to the pupil again before the end of the day.

The issue must then be passed on to the DSL. If he is not available, then the matter must be discussed with one of the Deputy DSLs. If neither person is available, the matter should be discussed with another member of the Senior Leadership Team. The member of staff may be able to discuss the issue without giving the name of the pupil; however, if asked for the young person's name, the informant must comply. The designated person for child protection will assess the situation and make a decision whether or not to inform parents, Children's Services, or other bodies as a Child Protection issue.

6.5 Counsellors and health professionals

At Lord Wandsworth College we offer the support of a school counsellor as well as access to healthcare professionals. Appointments can be made through the Health Centre, Chaplain, through school matrons or via e-mail. There may be some occasions when a young person is encouraged to access these services by the College, if it is felt that it would be in their best interests.

Health care professionals can give confidential medical advice/treatment to pupils, as long as the pupils fulfil the Gillick/Fraser criteria (governing a health professional's ability to give medical advice/treatment to under 16s). The medical professionals are experienced in discussing issues and possible management with young people, and always have in mind the need to encourage pupils to discuss issues with their parents/carers. The needs of the patient are paramount however, and staff will not insist on the pupil's parents/carers/Houseparent being informed about any condition, advice or treatment, unless the pupil does not fulfil the Gillick/Fraser criteria, or the matter is a child protection issue. Child protection issues will be dealt with according to the most up-to-date safeguarding recommendations.

6.6 Contraceptive advice, pregnancy and sexual health

Department of Health guidance confirms that health professionals must provide under 16s the same duty of care and confidentiality on contraceptive advice/pregnancy/ sexual health as that which they provide to older patients. The health care professionals are responsible for making a judgement based on the Gillick/Fraser criteria, regarding whether a young person is competent to understand and consent to any treatment. Regarding sexual health, contraception and pregnancy, the young people at the College will be helped and supported on each occasion as is clinically appropriate. They will also be supported in sharing any information with parents, if they request such help. This may involve a joint meeting between parents, the young person and members of the College staff. In cases where the pupil declines to share information with parents, then this matter will be explored with the young person. As long as the pupil fulfils the Gillick/Fraser criteria and the matter is not a child protection issue, the young person's privacy will be respected.

6.7 Confidentiality and families

We recognise that sometimes there may be family issues which might affect the pupil in which the family will only disclose to us if they can be sure that the information will be treated confidentially. We will respect the wishes of the family and where it is felt necessary to share information given to us, this will be discussed with the parent first, unless a pupil is considered to be at immediate risk and there is an overriding child protection concern.

6.8 Informing parents

Lord Wandsworth College believes that it is essential to work in partnership with parents and carers and we endeavour to keep parents and carers abreast of their child's progress at school, including any concerns about their progress or behaviour. However, we also need to maintain a balance so that our pupils can share concerns and ask for help when they need it. When a pupil does have a difficult personal matter that is disclosed to staff at the school, they will be encouraged also to discuss the matter with their parents or carers themselves, unless in doing so they put themselves at risk or further risk of harm.

In some cases, the young people at the school will be helped and supported to share information with parents if they request such help. This may involve a joint meeting with parents, the young person and members of school staff.

If a young person requests information not to be shared with parents or carers, the matter will be explored with the young person. In some cases, parents will not be informed and the young person's privacy will be respected.

It is only in exceptional circumstances that the staff member should be in a position of handling information without parental knowledge. The decision to inform parents is the responsibility of the senior designated person for child protection, or the person acting on his behalf - who must be informed of any disclosures.

6.9 Key principles followed at Lord Wandsworth College

- Ensure the time and place is appropriate; when they are not we reassure the child that we understand they need to discuss something very important and that it warrants time, space and privacy
- See the child before the end of the school day. More serious concerns must be reported immediately to ensure that any intervention necessary to protect the child is accessed as early as possible.
- Tell the child we cannot guarantee confidentiality if we think they will:
 - harm themselves
 - hurt someone else
 - or they tell us that someone is hurting them or others
- Not interrogate the child or ask leading questions
- We will not put children in the position of having to repeat distressing matters to several people.
- Inform the pupil first before any confidential information is shared, with the reasons for this.
- Encourage the pupil, whenever possible, to confide in his/her own parents/carers.

7. Counselling Policy

7.1 Aim

The aim is to help pupils deal with and overcome issues that are causing emotional pain or distress.

Counselling will only take place with the full knowledge and acceptance/ agreement of the pupil, and on the advice of the Senior Medical Officer, Senior Nurse or Chaplain where appropriate.

- Pupils who are 16 years and above:
These pupils can begin counselling without the prior knowledge of parents/guardians or those in loco parentis if they choose.
- Pupils between the age of 13-16 years:
These pupils can also begin counselling without the prior knowledge of parents/guardians or those in loco parentis if they choose. The counsellor will encourage these pupils to tell a parent or guardian about the appointments.
- Pupils between the age 11-13 years:
These pupils can, if happy to begin counselling, do so with the knowledge of their parents/guardians or those in loco parentis.

The content of the counselling sessions remains confidential between the pupil and the counsellor. The counsellor will have a clear contract with each pupil. This contract will explain the boundaries of confidentiality within the College counselling service. The counsellor can breach confidentiality if they believe the pupil is at significant risk to themselves or others/or by another.

The interests of the pupil will be paramount.

7.2 The counsellor's responsibilities:

- To provide information on the counselling service. This may include the type of counselling offered, the role of the counsellor and a clear understanding of the contract of confidentiality with the pupils.
- To make provision for external consultative supervision.
- To provide an audit of service use to the Senior Nurse and deputy head pastoral.
- To provide consultation with the multidisciplinary team within the Health Centre and to the Chaplain, and where appropriate attend pastoral meetings with the Chaplain, Senior Nurse and Senior Deputy Head or deputy head pastoral.
- To make suitable case records, keeping them in a secure confidential manner and in accordance with the BACP (British Association for Counselling and Psychotherapy).

7.3 Referral/Ongoing appointments:

1. Pupils can self-refer
2. School Medical Officer/Nursing referral
3. Parental referral
4. House and teaching staff referral

Referrals are discussed with the Senior Nurse and/or Chaplain to ensure counselling is thought to be the most appropriate action.

Referral forms are available on the VLE in the Health Centre area.

- Counselling is undertaken in accordance with the pupil's own wishes. Pupils have the right to refuse counselling or discontinue counselling at any time. It is the responsibility of the counsellor to respect the pupil's autonomy.
- Counselling can take place as a plan of care for certain pupils with specific issues. This plan of care will be managed by the Senior Nurse in collaboration with the School Medical Officer.
- The counsellor has a responsibility to report to the Senior Nurse if a pupil discontinues or refuses counselling. In these circumstances the Senior Nurse will inform the School Medical Officer/ Deputy Head Pastoral.

7.4 Ongoing appointments:

- The counsellor may email the pupil directly with the agreed appointment time, place and date. The pupil is encouraged to inform their teachers that they will be missing a lesson.
- The Counsellor will inform the Matrons of Junior House of the time that 1st and 2nd Form pupils are requested to attend counselling.
- The Health Centre will be aware of the list of pupils being seen by the Counsellor each day, and will be in a position to confirm a pupil's attendance to an appointment.
- It is considered good practice for younger pupils to have appointments which last a maximum of 45 minutes. However, the time is negotiable with each session and each individual pupil.

7.5 Charges for sessions with our counsellors or youth workers:

- The first 6 sessions with any individual will be paid for by LWC, however, the 7th session onwards will be charged; costs will be added to the end of term bill. Foundationer pupils will not be charged. School Counsellors current rate is £42.50 a session.

8. Drug Testing Protocol

8.1 Introduction

LWC will carry out any testing for illegal drugs in accordance with the guidelines set out in Reference A as closely as is practicable. These guidelines are kept by the Headmaster's Secretary for reference. To add further clarity the following LWC guidelines are given:

Reference: A MOSA Guideline: Testing for Substance Misuse in Schools June 2020.

8.2 Who can authorise a drug test?

A urine or hair test can only be authorised by either the Headmaster or the Senior Deputy Head/ Deputy Head Pastoral. They will only ask for a test if they have a reason to suspect that the pupil may have taken drugs, whether at school or elsewhere, during term or in the holidays. This can be, but is not limited to, a positive reaction from a drugs dog during routine checking of boarding houses or around campus. A drugs test will also automatically be carried out should an individual be known to have, or suspected to be, vaping; this includes when individuals are found to be in possession of vaping equipment or associated paraphernalia.

The College also carries out randomised finger-print drugs testing where students are randomly chosen across different year groups each half term/term; a member of the SLT should be present for the test; this test does not need to take place in the Health Centre. This is another preventative deterrent for students.

8.3 Who will carry out the test and where will it be carried out?

The test will be carried out in the Health Centre by a member of the senior leadership team, with a Nurse present, and a second nurse or member of staff also present if possible. This is to ensure that the test is carried out correctly and fairly and to offer the pupil any support that they may need. The Senior Deputy Head / Deputy Head Pastoral will follow the procedure in accordance with Reference A. In any cases of uncertainty, the advice of the College's Medical Officer, the Senior Deputy Head, or the Headmaster will be sought. Should a Houseparent suspect that an individual is under the influence of substances or has been vaping then they can conduct a mouth swab test in house or a finger print test.

8.4 What if the result is positive?

If the test is positive then the Health Centre staff will offer support to the pupil concerned. The College may then arrange for a second, more accurate test to be carried out by an independent and recognised organisation if this is felt necessary. Disciplinary action can be taken after the initial result is known. If a second test is being sought, for example, from the lab,,then should the individual be visibly under the influence of a substance or is suspected to be by the Senior Deputy Head, Deputy Head Pastoral, the Health Centre or the Headmaster, then the student may be required to stay at home until the results of the second test are received.

8.5 Does consent need to be given?

Parents have given consent as part of the terms and conditions of accepting a place at LWC, however, the individual's Houseparent may wish to call the parent out of courtesy before the test is undertaken. Pupils need to agree to the test but if they refuse then disciplinary action may be taken and police guidance sought.

8.6 Will the Police be informed if a positive result is given?

The Police may be informed in the event of a positive result in either the initial or the follow-up test. The final decision as to whether to inform the Police will remain with the Headmaster.

8.7 Who will pay for the test?

Parents will be charged for any drugs tests that take place; costs will be added to the end of term bill.

9. Head Injury Policy

Lord Wandsworth College is guided by the Rugby Football Union and NICE guidelines for Head Injuries

9.1 Aim

To promote a safe environment and prevent harm for the pupils at Lord Wandsworth College. Concussion Guidance (RFU):

Concussions can occur in many situations in the school environment; any time that a student's head comes into contact with a hard object such as the floor or a desk, or another student's body. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE, and if messing around indoors during breaks. The nature of rugby means that concussion can occur in training and in matches.

Concussion is a temporary impairment of brain function usually caused by a blow that has shaken the brain within the skull. It is usually caused by a blow directly to the head, or indirectly if the head is shaken when the body is struck. It is important to recognise that most concussions occur without there being any loss of consciousness.

Failure to assess, evaluate and manage a pupil with a concussion can have serious adverse consequences, particularly if a pupil with concussion is allowed to continue playing, e.g. rugby, or returns too early to training or playing.

A pupil who has suffered concussion must comply with guidance issued by the RFU (RFU Regulation 9). In line with guidance, players with suspected concussion must go through a Graduated Return to Play Protocol with medical practitioner clearance before a return to play.

9.2 Procedure

A pupil who sustains a head injury should be assessed by:

- Pitch-side first aider present and/or the school nurse as soon as possible.
- An ambulance should be called in accordance with NICE guidelines in the event of:
 - Witnessed loss of consciousness
 - Amnesia (antegrade or retrograde) lasting more than 5 minutes
 - Abnormal drowsiness
 - 3 or more episodes of vomiting

Unless it is considered safe and appropriate for the pupil to be transported to hospital by car.

The nurse assessment will involve checking for signs of concussion and include an appropriate neurological examination including assessing the GCS (Glasgow Coma Scale). If necessary, based on findings, the pupil should remain in the Health Centre for further assessment - minimum 30 minutes. As clinically appropriate, the nurse will decide on further management.

The parents or guardian of the pupil will be informed as soon as possible of the injury and the subsequent need for a visit to an Emergency Department if the pupil is or becomes symptomatic of a concussion/head injury.

Written head injury advice sheets will be given or emailed to pupils/parents. The Houseparent/Matron of boarders who sustain a head injury will be alerted by the nurse and they will be responsible for following the medical advice for observation of a pupil with a head injury, which may involve overnight checks.

The routine minimum stand-down period is 23 days for Under 19s. Pupils who have sustained concussion will be assessed by the Health Centre nurses, and school medical officer if necessary, who will, based on clinical assessment, make a judgement for “*Graduated Return to Play*” as outlined by the RFU. This program involves non-contact sport and return to contact will be decided by the school medical officer, as clinically appropriate. The pupil may also be referred to the College remedial sport coach.

All injuries will be reported on accident forms which are accessed and edited on the VLE:
[Accident report – Lord Wandsworth College \(fireflycloud.net\)](#)

NICE guidelines:

<https://www.nice.org.uk/guidance/cg176/ifp/chapter/Head-injuries>

RFU Headcase Resources:

[Resources \(englandrugby.com\)](#)

This policy is written in agreement with the School Medical Officer, Dr David Andrews.

10. Head Lice – Medical Protocol

10.1 Context

Head lice are a common frustration among children. They are not considered a health hazard as they do not spread illness or disease. Head lice do, however, multiply quickly and can spread from person to person during head-to-head contact. Head lice can occur in all ages and are not associated with sex, race, social class or hygiene.

10.2 Aim

To provide guidance to the Matrons and Houseparents on action to be taken in the event of a case of head lice being identified.

To provide guidance to all Matrons and Houseparents regarding the head lice identification and treatment information to be given to pupil's families.

Pupils with head lice do not need to be kept off school.

Head lice can cause anxiety of pupils, and affected pupils should be dealt with sensitively in order to minimise distress and reduce anxiety in both them and others.

10.3 Action To Be Taken For Junior and Senior Houses:

- Matron/Houseparent to inform Health Centre of any suspected/identified cases of head lice. Parent/carer of affected pupil to be informed.
- Treatment to be requested for confirmed cases of head lice for boarders registered with the school medical officer. Boarders to be assisted by matron with applying the head lice treatment as required.

Junior House:

- As cases of head lice are more prevalent in Junior House a parentmail regarding headlice should be sent to all Junior House parents/carers when a case has been identified. (see appendix 3). This parent mail should include a link to the NHS website on head lice and nits. This website contains information regarding head lice, their identification and treatment. It also includes a video instructing how to wet comb through hair for head lice detection.
- Information regarding the identification and treatment of head lice to be available on the school's VLE for parents' information (see appendix 4).

Senior Houses:

- Cases in senior boarding houses are less frequent than in Junior.
- Should a case/cases of head lice occur in a senior boarding house, an initial discussion should take place between the Houseparent/Matron and the Health Centre.
- Each case will be dealt with on an individual basis. Parent/guardian of pupil to be informed.
- Assistance provided for towels and bedding to be laundered.
- Houseparent to send parent mail to year group or whole house parent group.
- Houseparent also to liaise with other boarding houses to inform of potential cases.

11. Infection Control Policy

Lord Wandsworth College recognises that pupils and staff will become unwell from time to time during their life at the school.

11.1 Aims

To put measures in place to minimise the spread of infection, within the school and community at large.

Procedure:

Pupils or staff who shows signs of infection in the form of either diarrhoea or vomiting should take leave from the school for a minimum of 48 hours after symptoms have ceased.

Pupils or staff who have been diagnosed with an infectious disease should take leave from the school, and follow the advice given by their GP/Nurse. The following actions will be taken by the College:

11.2 The action plan:

- Identify 'index case'.
- Senior Nurse staff to discuss concerns with the Headmaster/Senior Deputy Head.
- Senior Nurse to contact School Medical Officer to ensure he is in agreement with actions.
- Senior Nurse to contact Public Health England (formerly Health Protection Agency).
- The Senior Nurse will coordinate all enquiries and care through the Health Centre.
- If appropriate, on discussion with PHE and SMO the Health Centre will obtain vaccines and vaccinate where appropriate and necessary ensuring parental consent is in place or gained.
- Preventable measures to be put in place straight away- such as isolating the index case, with appropriate care in place.
- Obtain consent from the pupil's/pupils' parents/guardian or staff member for communication with the College population, in an appropriate manner, that an infectious disease is present in the LWC community.
- The Headmaster will coordinate the communication to staff, parents and pupils.
- GP and nursing team will liaise with the Public Health England and inform SLT of guidance.

11.3 Preventative Measures:

- Staff and pupil training on hand washing.
- Availability of hand washing facilities throughout the school and where a basin is not available hand gel is made available.
- Effective communication with the nursing team on a daily basis, through providing information on pupil and staff illness and prolonged absence from school.
- Encouraging parents and guardians to keep pupils at home, within the guidelines suggested thus preventing the spread of infection within the boarding houses and school at large.

Ref: Public Health England [Head lice \(pediculosis\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/head-lice-pediculosis)

Health protection in schools and other childcare facilities:

A practical guide for staff on managing cases of infectious diseases in schools and other childcare settings: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

12. Intimate Care Policy

12.1 Introduction

Intimate care refers to care of an intimate nature, dealing with bodily functions and personal hygiene which may require direct or indirect contact with sensitive areas of the body including the genitals. Possible situations requiring intimate care to be given include providing assistance with toileting or for cleaning a pupil following an "accident" involving vomit, urine or faeces.

Intimate care will only need to be provided in very unusual circumstances as most pupils at LWC are assumed to be able to meet their own toileting and hygiene requirements independently. Should the circumstance of any pupil change, meaning they need intimate care, it is reasonable to assume they would either be at home or in hospital. However, should such a situation arise meaning a pupil requires intimate care whilst in school, this policy should be implemented.

12.2 Aim

To safeguard the dignity, rights and well-being of pupils.

To provide guidance, support and protection to staff

To reassure parents that their child will be cared for appropriately and protected.

12.3 Context

Generally, physical contact between staff and pupils is discouraged because it can lead to misunderstandings. However, subject to the guidance given in the Staff Handbook, some physical contact may be appropriate and necessary:

- To carry out first aid
- To provide comfort and reassurance to a pupil in distress
- To restrain a pupil in certain specific circumstances to prevent injury or damage
- To demonstrate a particular technique as part of a lesson
- Health Centre Nurses may be required to carry out physical examination in order to assess injury, illness or disease.

12.4 Intimate care

Should a pupil have an "accident" they should be treated with sensitivity and their dignity and privacy maintained. They should be encouraged to carry out as much as possible of the cleaning operation themselves. In most situations the pupil will not require intimate care as they will be able to clean themselves. Staff should enable the child to tend to themselves by providing towels, cleaning cloths, soap and spare clothing etc. as necessary.

Young children or children with special needs may occasionally need intimate care. In certain circumstances a pupil at LWC might need intimate care through illness, injury or excessive use of alcohol for example. In providing intimate care, staff must follow these guidelines, they should record each incident and report it to a senior member of staff (the Housemaster/ Housemistress, the Health Centre and pastoral SLT).

If intimate care is required, it should only be carried out by a member of the Lord Wandsworth College Health Care team. If a pupil in a boarding house requires intimate care they should be taken to the Health Centre or in a medical emergency an ambulance should be called. When intimate care is required a chaperone should be offered to accompany the pupil if they would like to have a second member of staff present. Indeed, in providing intimate care, the staff member may also request a chaperone to be present to ensure their and the pupils actions are appropriate.

Parents should be informed of what has happened discreetly. If an individual child regularly suffers such accidents, this should be discussed with parents who may need to seek further advice. In most circumstances the parents would already have been expected to have informed the School if their child did suffer from such accidents.

Off-site visits - when planning off-site visits, provision should be made for dealing with possible accidents of this nature. The party leader should carry spare clothing, cleansing tissues etc. and is responsible for the safe management of the pupil. Except in an emergency, parents or other volunteers should not be asked to carry out intimate care.

If it is known that a child will have a regular need for intimate care, LWC should draw up an individual care plan for that child in discussion with parents and appropriate professionals.

13. Medications Policy

13.1 Aim

To set out guidance for the storage, administration and documentation of prescribed and non-prescription medication, to help boarding house staff (Houseparents, Matrons, resident and non-resident tutors) understand exactly what must be done and how such medication is to be administered.

The policy is consistent with NMS 7 'Boarders' health and wellbeing'. It should be read in conjunction with the First Aid Policy and Care of Boarders Who Are Unwell policy.

All pupils must complete a medicines risk assessment (Appendix 5). The form will be filed in house and is valid for their time while a member of that house.

Parents are aware that they should inform the School/Nurse/Matron if their child is prescribed medication at any time – as per admission forms.

Storage of prescribed and non-prescription medication and documentation
Medication (apart from emergency drugs- please see description below*) must be kept securely in a locked cupboard. Only those with authorised access may hold keys to this cupboard.

13.2 Prescription medication

(PM) is medication which has been prescribed by a medical professional for a named individual. The prescription will specify the dose, frequency and route of administration. Administration of all PM must be documented. All pupils with prescribed medication in College should have Prescription Medication Consent Form (appendix 6) completed. A medicine chart GP prescribed form (appendix 7) will be used to record all the administration details.

Non-prescription Medication (NPM), also known as over the counter medication, can be bought without a prescription. It comes with generic directions for use. The College restricts non-prescription medications to a documented list of products used for the relief of specific symptoms. This list has been formulated by the Senior Nurse and the School Medical Officer. Only those ailments listed on the non prescription medication list may be treated and they may only be treated using the specific products and doses detailed on the list. If the symptoms persist, or give cause for concern, medical advice should be obtained in case the NPM medication is masking more serious underlying conditions.

The list of NPM specifies conditions for which treatment using a NPM should be considered. They include:

- Indigestion
- Mild pain
- Coughs/colds
- Hayfever/ allergic reactions
- Minor sports injuries

A list of the NPMs stocked must be kept in the locked medicine cabinet containing the NPM's, as well as a list of indications/contraindications for their use, and a list of normal doses and dosage frequency, maximum dose and treatment period, cautions or contraindications and side effects (appendix 8). This list should be pinned on the door of the medicine cabinet. OTCs will be kept separate from named Prescribed Medications. Expiry dates will be checked

regularly. OTCs may interact with medicines that a GP has prescribed, and appropriate checks should be made prior to administration if concerned (e.g. referral to a current BNF or the School Medical Officer.)

An accurate record of stock supplied, date of issue and expiry dates must be kept. (Appendix 9/9a Junior/Senior House Medication/Stock Control).

All non-prescription medications should have the date of opening recorded on the packaging. Once opened, they will be disposed of after the manufacturer's suggested expiry. Expiry dates will be checked on a monthly basis. Expired medication can then be disposed of via the Health Centre.

NPM must be kept separate to any named PMs.

13.3 Emergency Drugs*

are prescribed medicines used to treat an individual for a potentially life threatening situation, for example: Adrenaline Auto-injectors and Ventolin (Salbutamol) inhalers (blue). These should not be locked away but stored in a box/cupboard that is clearly marked as being emergency medication, which is accessible at all times.

13.4 Controlled Drugs.

Some pupils are prescribed drugs which come under the controlled drugs category, these medications will be brought to house usually by a parent, or some times by a nurse. The prescription will specify the dose, frequency and route of administration. The Health Centre Staff need to be informed straight away when a controlled drug is brought into LWC, so that a nurse can attend to sign them into the Controlled Drug book. The medication should be counted in house in the presence of matron or HsP by the nurse. These drugs need to be stored in the locked drug cupboard, inside a second locked cabinet. A separate record for Controlled Drugs must be kept in a bound book with numbered pages. The amount of drugs in the cupboard and the date/time/amount of drugs given must also be documented and witnessed by a second person. Balance checks are periodically undertaken with the Senior Nurse, or another nurse on her authorisation. If any Controlled drugs are returned to parents, this needs to be documented in the CD book and signed for.

13.5 Obtaining Non Prescription Medication

These will be purchased from a pharmaceutical supplies company and held in the Health Centre as stock. A medication order form (appendix 10) will be completed by Matrons to request new stock, All paperwork must be completed and kept for audit purposes.

13.6 Administration of Medication

13.6.1 Prescribed Medication

All administration must be documented on the relevant medicine chart GP prescribed form. If a pupil should refuse to take medication, this must also be recorded and the Health Centre informed.

Prescribed medication must only be given to the pupil for whom it has been prescribed and must never be used for another pupil. Labels on prescribed medication must never be changed. Prescribed medication must be kept in a locked cupboard and, for pupils under 16, given by matron/hsp. Pupils over 16 must sign a consent form to be able to self-administer certain medications (appendix 11).

Any pupil with emergency drugs will have a care plan detailing what medication should be given and in what circumstances.

13.6.2 Non- Prescription Medication Permission

For administering NPM must always be obtained from the parent/guardian via the Health Centre. A list of NON-consenting parents/guardians is distributed at the start of term to the relevant boarding houses and displayed inside the OTC medicines cabinet. This can also be found in each pupil's medical notes on iSAMS. This list should be consulted prior to administration. Confirmation of this can also be found on the pupil's 'Medication Consent Form' filled out on the pupil's admission to the College and is held in the Health Centre. This form is electronic, and for all new pupils from September 2016 will be held on iSAMS but limited to health centre access due to confidentiality. Any administering of non-prescribed medication must be documented to maintain accurate records and avoid possible overdosing.

13.7 Medication Administration Records

It is essential that all medicines that are given to pupils/staff are documented to ensure accurate records and avoid possible overdosing.

It is vital to check:

- the identity of the pupil
- in the case of a PM: that the medicine chart GP prescribed form matches the label on the medication
- that the medication is in date
- the dose/frequency
- when the pupil last had any medication (check the live medication sheets on Sharepoint: Lord Wandsworth College\Health Centre - Documents\Medical Information - Matrons and all staff docs
- that the pupil is able to have the medication (some pupils are allergic to Paracetamol, and pupils with Asthma should not take Ibuprofen)

The paper document should be in black ink, legible, signed, dated and confidential. It must be kept for all drugs administered (including NPM) and be retained for 15 years after the last entry.

PM administration must be documented on the medicine chart GP prescribed form.

NPM administration must be documented on both the paper records in the boarding house (if given by house staff) and on the medication sheets on the SharePoint: Lord Wandsworth College\Health Centre - Documents\Public Documents\Medical Information - Matrons and all staff docs site on the i. Matrons have access to this area on the shared drive where all their administration regarding medication is held. The eight boarding houses all work using the same recording system and the nurses are responsible for auditing boarding house records.

Emergency Drug administration must be documented in the boarding house day book and an email should be sent to the Health Centre detailing the administration details.

Self-administration of medication

Pupils may self-administer if:

- they have completed the Self-Medicating Consent form (appendix 11)
- They are under 16 years old, but are deemed Gillick/Fraser Competent

- They sign a self-medication form and demonstrate that they will act responsibly with the drugs, keeping them in a safe place at all times.
- They are over 16 years old and have signed the consent form.

Controlled drugs must never be self-administered.

Disposal of unused medication

A record must be kept of unused medication, which must be returned to the Health Centre.

This record will include:

- The date returned.
- The name of the pupil.
- The strength and quantity of the medication.
- The signature of the member of staff returning the medication.

Drug errors - do not panic

These must be reported immediately to the Health Centre so that appropriate action can be taken. If this happens out of Health Centre hours then advice must be sought by dialing 111 NHS helpline.

All paperwork and instructions for administration and storage of medication can be found on the sharepoint shared drive.

14. Medical Consent Policy

14.1 Introduction

Lord Wandsworth College provides the facilities of a Health Centre on site which is open six days a week, during term time. The day to day management of the Health Centre is the responsibility of the Senior Nurse.

14.2 The law and consent

Pupils who are 16-18 years can give consent to being examined or treated in the same way that adults can. If a pupil agrees to a particular treatment, the doctor, nurse or counsellor does not have to ask parents/guardians for consent.

However, if a pupil in this age group decides to refuse a particular treatment, and it is deemed in the best interests of the pupil, sometimes parents/guardians may be asked to be involved.

Pupils who are under 16 years may still be able to give consent for themselves, provided the pupil is able to fully understand what is involved in the proposed treatment. This is known as Gillick Competence.

Although pupils are able to give their consent for themselves, pupils are actively encouraged to involve parents and guardians in their decision.

Sometimes young people want to be able to get advice or treatment, but may not want to tell their parents. In this case, if a pupil is deemed able to consent for themselves, the doctor, nurse or counsellor will not tell the pupil's parents without their permission, except in exceptional circumstances.

Exceptional circumstances would include if the pupil was deemed to be a risk to themselves or others, and therefore information would be shared to protect the pupil.

The pupils at Lord Wandsworth College are able to have the same level of confidentiality at the Health Centre as they would from any other medical or health centre run by professional medical and nursing staff. Health information is not shared with the College unless consent is given or if over ridden due to any safeguarding concerns.

The doctors and nurses may act as advocates for the pupils and their families within the College environment, if required /appropriate and with consent.

Ref: Consent – what you have a right to expect - A guide for parents

<https://www.nhs.uk/conditions/consent-to-treatment/children/>

15. Mental Health Policy

15.1 Aim

Lord Wandsworth College (LWC) is committed to providing a caring, friendly and safe environment for all its pupils so they can learn in a relaxed and secure atmosphere. The staff and health professionals at LWC, as part of the wider pastoral care team, all aim to create an environment that aids in establishing a College community in which pupils have opportunities to grow and flourish in line with the ethos of the College, its statement of boarding principles and its pastoral care plan.

This document has been compiled using guidance from the following sites/organisations:

<https://youngminds.org.uk/youngminds-professionals/>

<https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions>

http://www.youngminds.org.uk/training_services/policy/mental_health_statistics?qclid=CNXz8Na6yUCFUbkAodth0AvA

<https://www.hampshirescp.org.uk/>

<https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/mental-health-act-your-rights-easy-read/>

15.2 Recognising Mental Health Issues

The incidence of Mental Health difficulties rise sharply in the adolescent years. We are very aware of the impact of the Covid-19 pandemic and lockdowns on the mental health of our pupils, their parents and staff alike. Support is offered for all at our health centre by the nursing team who can signpost for any further involvement with professional bodies.

15.3 For information

Signs that a pupil is suffering from Mental Health difficulties include:

- Low or irritable moods, appearing tense, unhappy or hostile
- Decreased interest in pleasurable activities, appearance and/or personal hygiene
- Weight changes, loss of appetite
- Interrupted sleep pattern or increased need for sleep
- Psychomotor agitation, retardation or standard of work dropping dramatically
- Fatigue or loss of energy
- Feelings of worthlessness, guilt, becoming withdrawn or passive
- Reduced concentrating/decision making ability
- Odd or regressive behaviour
- Obsessive behaviour/perfectionism
- Physical signs of self-harming
- Suicidal ideation or plans

Common Mental Health disorders include:

- Eating Disorders such as Anorexia Nervosa and Bulimia
- Obsessive Compulsive Disorder (OCD) /Phobias
- Depression: Mild to severe with/without associated:
 - Self harm
 - Anxiety disorders
- Anger Management Issues/abnormal coping mechanisms

It is not uncommon for someone to have more than one mental health disorder at any one time.

15.4 Support

The pastoral team offer support for all pupils to talk about any symptoms or concerns any pupil may have for themselves or for their friends.

The pastoral team can then signpost to the most appropriate person to ensure the support continues. The nurses, school counsellors and youth worker along with the school chaplain are very well placed to offer support.

A significant number of staff have their Mental Health First Aid qualification.

15.5 Diagnosis

Diagnosis is made based on a history of a collection of the above symptoms for a period of more than two weeks. In the assessment and treatment of Mental Health issues in pupils, special attention will be paid to the issues of:

- Confidentiality
- The pupil's consent (including Gillick/Fraser competence)
- Parental Consent
- Child Protection procedures
- Referral to: The Mental Health Act in Young People ⁽²⁾, NICE Guidelines ⁽³⁾ & LWC Policies.

15.6 Confidentiality

The general rule on confidentiality at LWC is that staff should, at the beginning of any conversation, always make clear to pupils that there are limits to confidentiality. The School Nurses, whilst being skilled in discussing issues and possible actions with pupils, must always have in mind the need to encourage pupils to discuss issues with their parents or carers. The needs of the pupil are paramount and the Nurses will not insist that a pupil's parents or carers are informed about any advice or treatment they give, unless there is an overriding clinical need to do so. A better outcome can be expected, however, if every effort is made to engage a pupil's parents/carers in a collaborative relationship, with regard to the advised treatment regime. Consideration must be given to barriers that arise from language difficulties in foreign pupils and their parents.

15.7 Safeguarding

The staff at LWC must always pass on information about allegations of child abuse to the person designated under child protection procedures. Sharing confidential information without consent will normally be justified in the public interest:

- When there is evidence or reasonable cause to believe that a child is suffering, or is at risk of suffering significant harm:
- To prevent significant harm to a child

If the disclosure relates to a child protection issue there is a specific obligation to report it. The Health Professional must inform the pupil concerned if it is decided that there is a need to pass on her/his confidential disclosure to another person.

Boarding Pupils can self-refer to the School Medical Officer by making an appointment via the Health Centre, alternatively referral can be made to see the Doctor by the Nurses if there is concern after an initial informal chat and/or concerns have been raised by college staff, boarding staff, peers or family members.

15.8 Management

15.8.1 All Pupils:

- For pupils with 'mild symptoms' who may recover with no intervention, a further assessment should be arranged with the Health Centre, normally within two weeks, i.e. 'watchful waiting'.
- All pupils have access to the School Counsellors via the Health Centre. Whilst maintaining a high degree of confidentiality the Nurses, Counsellors and the School Medical Officer work closely to deliver best-practice care and onward referral as clinically appropriate; e.g. own GP, Child and Adult Mental Health Services (CAMHS) or private Child Psychologist / Psychiatrist as appropriate.
- The safeguarding team play a key role in supporting the pupil. This may be through coordinating services, e.g. CAMHS, the Health Centre, counsellor and parents, or it may be having a watching brief and liaising closely with the pupil's Houseparent.

15.8.2 Day Pupils or Flexi Boarders (i.e. NOT registered with the School Medical Officer):

- 'Watchful waiting' may result in referral to the school counsellor or advised to contact own GP.

15.8.3 Boarding Pupils (including Weekly and Flexi Boarders):

- Pupils should be advised that some medication that is prescribed may need to be dispensed by House Staff, therefore consent that House Staff are made aware of the condition is important and also advised that an understanding amongst teaching staff (on a need to know basis) will be beneficial to the pupil in order to make appropriate allowances in their expectations regarding academic output and performance etc.
- Depending on the severity of the condition, pupils are encouraged to see the School Counsellors and/or referred to CAMHS (Child and Adolescent Mental Health Services) or if parents prefer, a private Child and Adolescent Psychiatrist.
- Regular follow up appointments are always made with the School Medical Officer to review the effects of treatment and the progress made, this is generally monthly if medication has been prescribed (if prescribed by the School's Medical Officer). Age appropriate information should be given that covers the nature, course and treatment of the condition, including the likely side effects of any medication that is offered.
- The pupils must be made aware that the Health Centre is always available to them if they need to have some space or quiet time away from school or the boarding house and that the Nurses are available to offer support and a caring audience if they need to talk. This is preferable to a pupil who is mentally unwell unburdening onto other pupils who are ill equipped to deal with the impact of the situation.
- Consideration should be given to the relevance of offering advice about sleep hygiene, anxiety management, anger management, practical avoidance techniques for self-harming, nutrition and the benefits of a balanced diet.
- Pupils should be made aware that further help, support and advice is available from relevant outside agencies such as 'Childline' and 'Samaritans', details of which are in the Health Centre.
- Regular observations of pupils with Eating disorders will be managed by the Health Centre and then communicated with relevant parties (parent, CAMHS, DSL case worker lead).

15.9 Suicide Risk

In the event that a pupil is judged by the Health Professionals or the Safeguarding Team to be at risk of attempting suicide or poses some other danger to themselves or others, then confidentiality will be breached.

It is important that the Senior Deputy Head and Deputy Head Pastoral and the parents/carers are informed and an urgent case conference will be held.

An assessment will be made as to whether a pupil who is at risk of suicide will be allowed to continue to board.

The Health Professionals' duty of care will however remain and all necessary referrals will be made. Treatment will continue as advised by the School Medical Officer.

This policy should be read in conjunction with the LWC Counselling Policy.

15.10 Example of Risk Assessment for a pupil with Suicidal thoughts.

Being forewarned and prepared for even the remotest possibilities empowers us for moments that might occur. We learn CPR and hope never to use it. We learn how to manage suicidal students hoping never to have to enact this plan – but feeling that should a situation arise; we could manage until help arrives.

Keep Calm – Get Staff Assistance – Protect Other Students – Look After Yourself

1. Ensure that they are at registrations and lessons
2. During the school day: If they are missing, he/she must be urgently located/searched for
3. Registrations – you must be 100% sure when he/she is in our care
4. Quick check on them during prep (duty tutor)
5. Physically see them when you say goodnight (late tutor)
6. NEVER let them go out in the evening by themselves
7. There is no need for hypervigilance – just awareness of where they are and that they are not in clear distress or shut down
8. When going into their room, knock, wait for a response, then go in
 - a. No response – do not go in
 - b. Do a sensible and rationale check of the house
 - c. Check signing in and out book / T Cards
 - d. If they cannot be located alert HsP ASAP & get assistance from another member of staff
 - e. (some Hsp may be happy to enter his/her room and check)
 - f. Follow missing pupil policy
 - g. Alert the DSL if you are concerned or cannot get hold of Hsp
 - h. You are not under any obligation to enter their room – however, if you chose to and you find that there is a medical emergency, deal with the situation in front of you. Do everything in your power to keep other students away. Clear the corridor and house if necessary – send them to nearest boarding house.
9. If required/requested administer first aid and note down in the daybook as usual and add to CPOMS.
10. If they talk about suicide or wishing to die:
 - a. Establish the risk – do they have a timescale or a method (do not suggest/list methods)
 - b. Talk about what will get them through the next 5 seconds, 5 minutes, 15 minutes etc. Distract them. Talk normally. How are your dogs? What's

- happening tomorrow? Any plans for the weekend? Shall we go and get a drink? How about some toast? Get assistance from another member of staff.
- c. Do not leave them alone if the risk is significant – if there is no risk to other students ask one of them to get Hsp, matron or assistant Hsp.
 - d. You can be firm & directive – come downstairs with me now please and take them to Hsp/Matron/AsHsp.
 - e. Report concerns immediately on CPOMS.
 - f. You must then talk to Hsp or the DSL or the Chaplain about what you have heard for your own health and wellbeing – nobody is ever fine after a conversation about suicide.
 - g. Please also seek support from the Health Centre team.

Please remember that they been judged fit to board on sound knowledge and advice so the likelihood of you having to enact this plan is very unlikely but being prepared is important. We have to know how to deal with this case, and any future ones, professionally and calmly.

Ali Cocksworth (DSL)	07719085600
Alex Battison	07500 040 520

16. Needlestick (Sharps Injury and Contamination Protocol)

16.1 Context

Sharps injuries as a known risk in the Health Care sector. Sharps contaminated with an infective patient's blood can transmit more than 20 diseases including hepatitis B,C and human immunodeficiency virus (HIV). Due to this risk of transmission of disease, sharps injuries or contamination incidents can cause worry and stress to those who receive them (Health and Safety Executive, 2013).

A sharps injury is an incident which causes a needle, blade or other medical instrument to penetrate the skin.

A contamination incident is an exposure to blood or bodily fluids via a sharp implement or bite that punctures the skin; or exposure of mucous membranes or non-intact skin to blood or other bodily fluid.

16.2 AIM OF POLICY

To provide guidance on the action to be taken in the event of a needlestick injury or contamination incident.

16.3 Prevention of injury or contamination

Sharps injuries and contamination incidents should be prevented wherever possible by the appropriate use of personal protective equipment and by the safe handling and disposal of needles and other sharp instruments. The use of sharps should be avoided where possible, needles should never be recapped and secure sharps containers should be situated close to the work area. Where the use of sharps is required, used needles, blades etc. should immediately be disposed of in a secure sharps container.

As needlestick, other sharps injuries or contamination incidents carry the risk of transmission of blood borne viruses (BBV) it is essential they are managed correctly and promptly. If required, post exposure prophylaxis is most likely to be effective when initiated as soon as possible (within hours) and ideally should be started within an hour of exposure – particularly when a significant risk of exposure to HIV is identified.

In the event of a needle stick injury the nurse should:

1. Encourage bleeding from the site of the injury, ideally by holding under running water. Do not suck the wound.
2. Wash area thoroughly with running water and plenty of soap. Do not scrub the wound whilst washing it.
3. Flush mucous membranes with copious amounts of running water, before and after removing any contact lenses. Do not swallow water used to rinse mouth.
4. Dry wound and cover with a waterproof plaster or dressing.
5. If possible identify source of contamination and record Pupil or Staff member's details.
6. Report to the Senior Nurse. The senior nurse will attempt to obtain further information on which to base an assessment of the risk of exposure to BBV.
7. Record on the online accident form.

8. Senior Nurse will discuss Hepatitis B immunity status with you. Consideration of immunoglobulin if non-immune. Consideration of further testing depending on the risk of source of contamination. If necessary attend A&E for further investigation. Information regarding the risk of exposure to BBV will be shared with medical staff assessing the injured/contaminated staff member
9. The Senior Nurse will discuss with the school Medical Officer.
10. In the event of the source patient needing to be tested for BBV, the source patient/source patient's family will be approached by the senior nurse or school medical officer to discuss testing. The injured/contaminated staff member should not discuss with the source patient or their family.
11. Clinical supervision post injury will include Health and Safety Recap and Risk Assessment review.
12. In the event of injury/contamination occurring on a Saturday or out of hours, after attempting to inform the senior nurse, the injured/contaminated individual should attend A and E. This may necessitate the closure of the Health Centre if it is a nurse. An email should be sent out to all staff informing them of the closure. Any on site paramedics providing sports match cover should also be informed.

17. Nut Free and Allergy Policy

17.1 Aims

Please note that LWC cannot guarantee to be a nut-free environment. We believe this can lead to a false sense of security and we prefer that pupils and staff always remain vigilant. Our aim is to keep the School as a controlled allergy zone. To that end, food prepared and served by the Catering Department does not include nuts in the ingredients. This does not extend to bought-in foods labelled "may contain traces of nuts". Any food prepared by the Catering Department which uses an ingredient that "may contain traces of nuts" will be identified as such.

- The Catering Department is aware of all individual pupil allergies and specific dietary requirements. Clear labelling of all food served in the Dining Hall is provided.
- These pupils are introduced to the Catering Manager, and at mealtimes are encouraged to make themselves known to the Catering team, who will explain to them what is on the menu on that specific day and what is suitable for them to eat. Depending on the menu on the day, food may be cooked specifically that is devoid of generic allergens such as wheat.
- The Catering Manager is available to meet with any parent/guardian/pupil wishing to discuss their child's individual dietary requirements and will provide copies of the School's 3-weekly menu cycle.
- All Catering staff are trained in Food Safety and Hygiene. All Chefs are trained in Food Safety and Hygiene, City and Guilds Level 3.

The intent of this policy is to minimise the risk of any pupil or adult suffering allergy-induced anaphylaxis whilst at School, or attending any School-related activity, and to ensure staff are properly prepared to manage such emergency situations should they arise. In addition, we are fully supportive of the measures required under food-labelling requirements known as "Natasha's Law". This Law highlights the need to ensure ingredient lists are displayed, along with highlighted potential allergens on all 'Pre-Packed food for Direct Sale' (PPDS). The Catering Department will ensure this information is prepared and made available in accordance with these requirements.

LWC aims to protect pupils who have allergies to nuts (and other allergens) yet also help them, as they grow up, to take responsibility as to what foods they can eat, and to be aware of where they may be put at risk. Foods containing nuts are discouraged from being brought into School.

LWC supports the approach advocated by 'The Anaphylaxis Campaign' and 'Allergy UK' towards nut bans/nut-free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, staff and visitors, and no school could guarantee a truly allergen-free environment for anyone living with a food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education. A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

This policy serves to set out measures to reduce the risk to those pupils and adults who may suffer an anaphylactic reaction if exposed to nuts to which they are sensitive.

17.2 Definition

Anaphylaxis (also known as anaphylactic shock) is an allergic condition that can be severe and potentially fatal. This is characterised by rapidly developing life-threatening airway/breathing/circulatory problems usually associated with skin or mucosal changes.

Please read the LWC 'Anaphylaxis & Adrenaline Pen Policy' in conjunction with this Policy.

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens. Common UK Allergens include (but are not limited to): - Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

17.3 Parent responsibilities:

- On a pupil's entry to the School, it is the parent's responsibility to inform the Health Centre of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's 'Allergy Action Plan' (BSACI plans preferred - www.bsaci.org/new-bsaci-allergy-actions-plans-for-children-available/) to School. If they do not currently have an 'Allergy Action Plan' this should be developed as soon as possible in collaboration with a Healthcare professional e.g., School Nurse/GP/Allergy Specialist.
- Parents are responsible for ensuring any required medication (including two 'Adrenaline Auto Injectors') is supplied, in date and replaced as necessary. Pupils registered with the School Doctor will have this monitored by the Health Centre.
- Parents are requested to keep the School up to date with any changes in allergy management. The 'Allergy Action Plan' will be kept updated accordingly.
- Parents are requested to not bring into School any food or treats (such as for birthdays) unless they have checked the ingredients carefully. Packaging must be checked for:
 - "Not suitable for nut allergy sufferers"
 - "This product contains nuts"
 - "May contain nuts"

17.4 Health Centre responsibilities:

- The Health Centre will coordinate information received from the parents/guardians and make sure that the Allergy database is up to date.
- If appropriate, 'Allergy Action Plans' will be generated by the Senior Nurse in conjunction with the parent and pupil.
- The Senior Nurse will inform the relevant members of staff and the Catering department.
- The Health Centre staff will provide staff training to enable staff to recognise the symptoms of an allergic reaction and to respond appropriately.
- The School seeks parent, staff, and pupil support towards maintaining a minimised risk environment.

17.5 Staff responsibilities:

- Staff should read and follow this policy and the 'Anaphylaxis and Adrenalin Pen Policy', both in College and when out on trips and outings.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies, as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution. In addition, HoDs should review any activities where equipment might be shared (musical instruments, chopping boards etc.), and ensure protocols are put in place to

avoid cross-contamination. This should be reflected in their Departmental/activity Risk Assessments.

- Staff leading school trips, including off-site Sports fixtures, will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- Caution must be taken when bringing food items into School (whether homemade or bought-in), that is to be shared with pupils and staff. Care must be taken to ensure that no nuts are included in the product. All product packaging must be checked for warnings directed at nut allergy sufferers. If the following, or similar, are displayed, the product must not be used in School without the supervision of staff – and supervised handwashing:
 - “Not suitable for nut allergy sufferers”
 - “This product contains nuts”
 - “May contain nuts”

17.6 Pupil responsibilities:

- Pupils are encouraged to self-manage their allergy and are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.
- Pupils should not bring snacks into School that may contain nuts, and care must be taken when sharing snacks. Packaging must be checked for:
 - “Not suitable for nut allergy sufferers”
 - “This product contains nuts”
 - “May contain nuts”
- Pupils should not be eating snacks that may contain nuts on the School buses.
- All pupils should be regularly reminded about the good hygiene practice of washing hands before and after eating, which helps to reduce the risk of secondary contamination.

18. Pandemic policy

18.1 AIM

To provide Lord Wandsworth College with a strategic framework to support an integrated preparedness and response to a pandemic e.g. influenza/Covid19

18.2 Management

If there is the threat of a pandemic, then the Headmaster will coordinate the College's response in conjunction with the SLT and the College's Senior Nurse/Medical Officer and PHE. The College's response will be graduated according to what may be a quickly changing situation.

18.3 Approach

The primary concern of the College during a pandemic would be to minimise the risk to all members of the community whilst ensuring the continuation of normal education for as long as practically possible. General guidance on a flu/Covid pandemic is at Appendix 12. Throughout the event of a pandemic, the aim of the College is to operate as normally as possible within the following parameters:

1. Pupils and staff deemed to be at high risk due to pre-existing conditions will be advised to stay at home for all or part of any pandemic, and to work remotely.
2. Pupils and staff who continue to attend school will observe increased infection control measures, such as those detailed in Appendix 13. Other measures include increased cleaning (particularly of hard surfaces frequently touched by hand) and additional disposal for used tissues.
3. The College does not have the facilities to treat significant numbers of pandemic cases. Therefore:
 - Pupils and staff who develop 'flu like' symptoms whilst at home should remain at home.
 - Staff who begin to display flu like symptoms at College should return home immediately;
 - Pupils who become ill whilst at College should be referred to the Health Centre where they will be placed in isolation until collected at the first opportunity by their parent(s) or guardian.
 - (The College will retain an up-to-date list of guardians for pupils with parents living overseas and their associated contact details. There is a responsibility on parents living overseas to ensure that the nominated guardian of their son/daughter has a full understanding of the College's policy and their possible involvement in its subsequent implementation);
 - If for any reason a pupil is unable to go to home or guardians, an area of isolation can be created in Haygate wing as per the Covid 19 pandemic. Cared for by the Health Centre team during opening hours, and by Haygate when HC closed.
4. In the event that Houseparents should become incapacitated, reliance will be placed on House tutors to provide cover, if necessary, remaining in the House overnight. Former Houseparents may also be called upon to assist.
5. The continued running of the Health Centre will be a fundamental requirement for the College to remain open. If necessary:

- House matrons may be called upon to assist.
 - Use will also be made of agency staff.
 - Other Houses and facilities at the College may be utilised as an extension of the Health Centre.
6. In the event of cases internal to the Lord Wandsworth College community, the College will follow the prevailing government guidance in respect of fixtures and school trips.
 7. The Senior Deputy Head will manage academic staff absences on a daily basis making best use of available staff; the Bursar/COO will manage support staff absences in the same way.
 8. Should disruption to international air travel become likely, pupils living overseas may be considered for return on a case-by-case basis depending on the wishes of their parents/guardian.
 9. Should the College close to pupils:
 - The Deputy Head (Teaching and Learning) and Heads of Departments will consider what arrangements can be made to continue educating pupils via remote learning such as Teams/ One Note etc. Within this, priority will be given to students approaching external examinations.
 - The prevailing government advice will apply to candidates sitting external examinations.
 - Regular updates will be made available through our website, Parent email system and where necessary by telephone call.
 - In line with workers in other sectors, staff will continue to come into College unless ill or caring for dependants, or the direction for remote working is advised by the government.
 10. The decision to close the College to pupils will be made by the Governing Body. However, this decision may be delegated to the Headmaster if there is a need to respond quickly. The decision to close will be guided by:
 - Advice by Central Government, through the local authority.
 - Advice from the College's Health Centre with the Medical Officer.
 - Local conditions, for example a general shortage of food or insufficient staff presence to ensure that proper catering, supervision of pupils or first-aid medical care for pupils can take place may dictate that a closure has become necessary.

See appendices 3 and 4 for more information.

19. Sports and Illness Policy

19.1 Off Games

Pupils will be “Off Games” in the following circumstances:

- If they have sustained an injury but are considered to be fit for some sports or activities this will be noted e.g. “swim only - SO”, Limited in some way - will try and join in ‘Ltd’
- When a pupil is acutely ill or has a temperature, participating in heavy physical exercise can affect the heart and cause sudden death. These conditions will still apply if the illness is *not* being treated with medication such as antibiotics. Pupils still completing a course of antibiotics, but are clinically well, may be able to resume games after seeing the College doctor or nurse for an assessment.
- Parents may request that a pupil be taken “Off Games”, but the College doctor or nurse may assess the pupil; and the parents will be consulted if there is any disagreement. However, the College has the final jurisdiction over team selection.
- A pupil suffering from a chronic illness, who is expected to be unfit for sports and activities for extended periods of time, will be identified by *italicising* their name. Where the level of fitness could be variable as in Osgood Schlatter’s Disease, the abbreviation “Ltd” will follow the name indicating that some sports activities can be tolerated but the pupil will have personal limitations, which will include being off games entirely during acute attacks. These will be noted on the iSAMS off games list.

The Health Centre may refer a pupil to the College Remedial Sport Coach (Ben Hazell) who will design a program to help keep the pupil’s fitness levels at an optimum level while they are recovering from an illness or injury. For pupils under the age of 16, consent will be sought from the parents/guardian to release relevant medical information to assist the coach to plan for the requirements of the pupil.

Pupils can also be referred to the Sports Therapist (Bethany Huntington), who with consent from parents, can assess injury and advise on ongoing treatment needed. This service is invoiced directly to parents from the Sports therapist.

Pupils who have sustained a suspected concussion will be placed off games and assessed by a school nurse. If the school nurse deems necessary, they will then be assessed by the College Medical Officer or their own GP who will, based on clinical assessment, make a judgement for “*Graduated Return to Play*”. This program involves non-contact sport and return to contact will be decided by the College Medical Officer or nursing team, as clinically appropriate. See Head Injury Policy and RFU guidelines:

<https://www.englandrugby.com/participation/playing/headcase>

If the pupil is considered to be “unfit for games” this may affect their medical fitness to participate in CCF and DofE expeditions/activities and an assessment by the College Medical Officer or nurse may be required.

An email will be sent by the nursing staff to their Matron and Houseparent and parents, indicating the status of each pupil being placed 'off games' after attending the health centre for review. Any pupil put Off Games, will have their name added to the live off games document created each day for staff to refer to. iSAMS which communicates with the SOCS programme will also be updated accordingly to ensure relevant coaches/staff can see when a pupil is unable to play.

A pupil whose status is 'in house' remains in house. All others should be actively involved in either:

- their main sport in a limited capacity
- rehab with the Head of Strength and Conditioning
- an active swim session

The medical staff will indicate if an alternative is advisable.

20. Suspected Poisoning Policy

20.1 Introduction

A poison is a substance that, if taken into the body in sufficient quantity can cause damage, either temporary or permanent. Poisons can enter the body in various different ways – they can be swallowed, absorbed through the skin or eyes, inhaled or injected. Once the poison has entered the body it can be carried to all parts of the body via the bloodstream and therefore cause many different side effects.

Many conditions mimic the signs and symptoms of poisoning, including seizures, alcohol intoxication, a stroke and insulin reactions. Staff should look for the signs and symptoms listed below and if they suspect poisoning contact the Health Centre on 333 or dial 999.

There are a wide variety of different poisons from a variety of man-made or natural sources. One of the commonest forms of poisoning is due to contamination of food by bacteria – food poisoning.

20.2 Signs and symptoms of poisoning

Common signs and symptoms to look for include:

- Burns or redness around the mouth and lips, from drinking certain poisons
- Breath that smells like chemicals, such as gasoline or paint thinner
- Burns, stains and odours on the person, on clothing, or on furniture, floor, rugs or other objects in the surrounding area
- Empty medication bottles or scattered pills
- Vomiting, difficulty breathing, sleepiness, confusion or other unexpected signs.

20.3 When to call for help

Call 999 immediately if the person is:

- Drowsy or unconscious
- Having difficulty breathing or has stopped breathing
- Uncontrollably restless or agitated
- Having seizures

Provide the emergency service with information about the person's symptoms, age and weight, and any information you have about the poison, such as amount and how long since the person was exposed to it. It helps to have the pill bottle or poison container on hand when you call.

20.4 What to do while waiting for help

Please note, when tending to someone you suspect has been poisoned it is essential you take steps to protect yourself from being exposed to the poison yourself. Gloves and aprons may be required to protect yourself from being contaminated. Protective face shields should also be used when giving rescue breaths if they are not breathing.

Some of the things you can do for the person until help arrives:

- If the person has been exposed to poisonous fumes, such as carbon monoxide, get him or her into fresh air immediately.
- If the person swallowed the poison, remove anything remaining in the mouth.
- If the suspected poison is a household cleaner or other chemical, read the label and follow instructions for accidental poisoning.
- If the poison has spilled on the person's clothing, skin or eyes, remove the clothing. Flush the skin or eyes with cool or lukewarm water, such as by using a shower for 20 minutes or until help arrives.
- Make sure the person is breathing. If not, start CPR and rescue breathing.

- Take the poison container (or any pill bottles) with you to the hospital. It may be helpful to keep samples of vomited material as they may be used to identify the poison.

20.5 What NOT to do: Do not give anything to induce vomiting.

<https://www.nhs.uk/conditions/Poisoning/>

20.6 Drug Poisoning

Poisoning can result from an overdose of either prescribed drugs or drugs that are bought over the counter. It can also be caused by drug abuse or drug interaction.

The effects vary depending on the type of drug and how it is taken (see table below). When you call the emergency services, give as much information as possible. While waiting for help to arrive, look for containers that might help you to identify the drug.

20.7 Recognition features

Category	Drug	Effects of poisoning
Painkillers	Aspirin (swallowed)	Upper abdominal pain Nausea & vomiting Ringing in the ears “Sighing” when breathing Confusion and delirium Dizziness
	Paracetamol (<i>swallowed</i>)	Little effect at first, but abdominal pain, nausea and vomiting may develop. Irreversible liver damage may occur within 3 days (malnourishment and alcohol increase the risk)
Nervous system depressants and tranquillisers	Barbiturates and benzodiazepines (<i>swallowed</i>)	Lethargy and sleepiness, leading to unconsciousness. Shallow breathing Weak, irregular, or abnormally slow or fast pulse
Stimulants and hallucinogens	Amphetamines (including Ecstasy) and LSD (<i>swallowed</i>); cocaine (<i>inhaled</i>)	Excitable, hyperactive behaviour, wildness and frenzy Sweating Tremor of the hands Hallucinations
Narcotics	Morphine, heroin (commonly injected)	Constricted pupils Sluggishness and confusion, possibly leading to unconsciousness Slow, shallow breathing, which may stop altogether Needle marks, which may be infected
Solvents	Glue, lighter fuel (<i>inhaled</i>)	Nausea and vomiting Headaches Hallucinations Possibly, unconsciousness Rarely, cardiac arrest

20.8 Alcohol Poisoning

Alcohol (chemical name, ethanol) is a drug that depresses the activity of the central nervous system – in particular, the brain.

Prolonged or excessive intake can severely impair all physical and mental functions, and the person may sink into deep unconsciousness.

There are several risks to the casualty from alcohol poisoning:

- An unconscious casualty risks inhaling and choking on vomit.
- Alcohol widens (dilates) the blood vessels. This means that the person loses heat, and hypothermia may develop.
- A casualty who smells of alcohol may be misdiagnosed and not receive appropriate treatment for an underlying cause of unconsciousness, such as a head injury, stroke, or heart attack.

20.8.1 Recognition features

There may be:

- A strong smell of alcohol
- Empty bottles or cans.
- Impaired consciousness: the casualty may respond if roused but will quickly relapse.
- Flushed and moist face.
- Deep, noisy breathing.
- Full, bounding pulse.
- Unconsciousness.

In the later stages of unconsciousness:

- Dry, bloated appearance to the face.
- Shallow breathing.
- Weak, rapid pulse.
- Dilated pupils that react poorly to light.

20.8.2 Treatment

Your aims:

- To maintain an open airway.
- To assess for other conditions.
- To seek medical help if necessary

If the casualty is conscious:

- Cover a casualty with a coat or blanket to protect them from the cold.
- Assess the casualty for any injuries, especially head injuries, or other medical conditions.
- Monitor and record vital signs – level of response, pulse and breathing – until the casualty recovers or is placed in the care of a responsible person.

If the casualty becomes unconscious:

- Open the airway and check breathing
- Be prepared to give chest compressions and rescue breaths if necessary.
- Place them into the recovery position if the casualty is unconscious but breathing normally.
- **Dial 999** for an ambulance

DO NOT induce vomiting

21. Appendix 1 – Boarding Sickness Care Plan

In the event of a sick child after the hours of 9pm:

- Pupils to be moved to the designated sick room according to their house sickbay plan.
- The plan below should be used and left securely in the office to enable a secure handover to the next member of staff.
- Contact parents or guardians if the situation requires support.

Name of child.....

Date.....

Time

Member of staff

Symptoms:

.....

.....

.....

Time	Temperature	Fluids given	Movements
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Medication given:

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Medical advice sought.

NHS 111 or 999

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22. Appendix 2 – Matrons’ Observation Chart

<i>MATRONS PUPIL OBSERVATION FORM</i>										
Name						Date				
House		Boarding status (please circle)			Day	Weekly	Flexi	Full		
Presenting symptoms										
Seen by the Health Centre (please circle) Yes No										
Date / Time										
Parents informed										
Temperature										
Medication given Yes/No (see med form)										
Fluids offered Yes /No										
Fluid taken Yes /No										
Food taken Yes/No										
Symptoms										
Nausea- N										
Vomiting- V										
Diarrhoea- D										
Headache- H										
Tummy ache-T										
Mood change-M										
Other										
Signature/initials										

Comments

23. Appendix 3 - Parent Email text regarding headlice

Dear Parent / Guardian

Head lice among school children are a common frustration. They are considered a health hazard as they do not spread illness or disease. They do however multiply quickly and can spread from person to person during head-to-head contact. Having head lice can occur in all ages and is not associated with sex, race, social class or hygiene.

In order to control and limit the spread of head lice we are ask all parents/guardians to check their child's hair regularly and treat for head lice if necessary. Matrons will attend to all full and weekly boarders who are unable to go home.

The following link will take you to NHS guidance regarding the detection and treatment of head lice.

<https://www.nhs.uk/conditions/head-lice-and-nits/>

There is also information on head lice available in the parent section of the VLE under information downloads.

xxx xxx

Date: _____

24. Appendix 4 – Headlice Resource

TRUTH & LICE

WHAT ARE HEAD LICE?

They are grey/brown insects, about the size of a match head that live close to the scalp on humans. Unhatched eggs are hard to spot because they are see-through.

WHAT ARE NITS?

Nits are the egg cases left behind when the lice hatch out. They are usually pearly white and very difficult to remove from the hair because they are glued on.

HOW DO LICE SPREAD?

When two heads are touching they can walk along the hair shafts from one head to another. They don't jump or fly and can't get back onto a head from a hat or a comb. If they get cold they can't move very well.

BUT I'VE SEEN THEM JUMP ON THE COMB

This is probably due to static electricity making them fly off the comb.



WHO CAN GET THEM?

Anyone with hair. They aren't fussy about clean or dirty hair. Children tend to get them more than adults probably because they tend to get closer to each other in social situations than adults do.

WHERE DO YOU GET THEM?

Anywhere. Parents often assume children get them at school, especially if they detect them soon after a holiday but they are just as likely to have been caught outside of school.

HOW DO I KNOW IF MY CHILD HAS HEAD LICE?

The main symptom is itching but you can have head lice for up to six weeks before you notice any itching. The best way to find them early is to check your child's hair regularly.

HOW DO I DO THAT?

The best way is to do it after hair has been washed. When it is still wet put on some conditioner and comb it through with an ordinary comb. Then, using a detection comb (the tooth comb) slit the teeth into the hair at the roots and draw the comb down to the ends of the hair. Check the comb for lice every time you do this. Continue until you have checked the whole head paying particular attention to the back of the neck, behind the ears and under the fringe.

HOW OFTEN SHOULD I DO THIS?

It is a good idea to get into a routine and do it about once a week. This means you will be able to treat early if you find them which helps cut down on the number of people who will get head lice.

WHAT DO I DO IF I FIND LICE?

If you find live i.e. MOVING lice you should check everyone else in the family and treat only those who have them. Also let them know so they can check as well.



WHAT IF I FIND NITS AFTER TREATMENT?

If you find nits but don't find lice, don't treat. Nits will be left behind on the hair after you have treated but this doesn't mean the treatment has failed.

WHAT DO I USE TO TREAT THE LICE?

The best way to treat is with a lotion, crème rinse or mousse. These are available on prescription from your GP or over the counter at the pharmacist. Your GP or pharmacist will advise you on which to use.

HOW DO I USE THE LOTION/CRÈME RINSE/MOUSSE?

Treat everyone with lice at the same time so that untreated people don't reinfect the treated ones. There will be instructions on how to apply the preparation, and how long to leave it on for, in the box - each of the preparations is slightly different. The advice in the box is often a bit vague about whether you should use the preparation again but it is advised that the same product is used again 7 days later.

TRUTH & LICE

The reason for this is that sometimes the treatment doesn't kill the unhatched eggs. The eggs that aren't killed will hatch out within 7 days. So it is a good idea to check everyone's heads after 3-4 days and remove any lice by hand. Then, to be sure to get rid of them, use the treatment again 7 days after the first application. Continue with your weekly checking routine after that.

WHAT IF I KEEP FINDING LICE?

There could be 2 reasons for this. It could be because your child has been re-infected with lice. Check the whole family again and treat all those with lice again. Remember to spread the word to family and friends. Don't use more than three treatments with the same product in three weeks. If you still find lice after that ask your GP or pharmacist for advice. The other reason is that the lice were not killed. If you followed the instructions correctly then this might be because the lice are resistant to the particular treatment you used. Ask your GP or pharmacist what you should use for the next treatment.

WHAT IF I STILL HAVE NITS?

Nits (empty egg cases) on their own do not need to be treated. You can remove them by hand or fine tooth combing if you don't like the look of them.

BUT MY CHILD IS STILL SCRATCHING.

People can scratch after treatment but it doesn't mean they still have lice. Check your child's head to be sure but only treat if you find live lice. The treatments can make the scalp flaky and itchy. Also some people scratch just thinking or talking about lice.

SHOULD I TREAT 'JUST IN CASE'?

No. The treatments are safe but they shouldn't be over used. They can also make the itching worse.

WHAT IS BUG BUSTING?

Bug Busting is a chemical-free method of treating headlice. It depends on checking hair four times, spaced over two weeks, and combing out lice and nits until they are gone. It is time-consuming and probably not as effective as chemical treatments but it can be useful for some families especially if children are reinfected soon after a chemical treatment.

More information and Bug Busting kits (£8.45 incl. P&P) are obtainable from:

Community Hygiene Concern, Manor Gardens Centre, 6-9, Manor Gardens, London N7 6LA or www.chc.org/bugbusting, or email bugbusteni7k@yahoo.co.uk.

They also run a helpline (0207-6864321). The kits are now available on prescription.

I'VE HEARD TEA TREE OIL IS GOOD FOR KILLING LICE

There is no evidence that it works and it can irritate your scalp. Nor is there evidence for vodka, electric combs, products sold to prevent reinfection or any other folk remedy.

SHOULDN'T SCHOOL NURSES CHECK CHILDREN'S HEADS?

No. School nurses checking heads has not been shown to stop head lice spreading. They won't be able to identify all children with head lice. It is much better for parents to check their children's heads regularly (about once a week) as described in this leaflet. However, school nurses are available to give help and advice about head lice to parents.



WHAT ABOUT THE SCHOOL - CAN THEY DO ANYTHING?

In the past, schools have sent out 'alen' letters but these tend to cause stress to children and parents and sometimes outbreaks of imaginary lice. It is much better to check your child's head regularly.

SHOULD I KEEP MY CHILD OFF SCHOOL?

NO! Lice are unpleasant and people sometimes feel embarrassed if they get them but they are not a health hazard. There is no reason for your child to miss out on their education just because of head lice. Keep alert and spread the word to stop the spread of lice.

Produced by:
Department of Health, Social Services and Public Safety (DHSSPS),
Castle Buildings, Stormont,
Belfast BT4 3SU
on behalf of the Health and Social Services Boards.

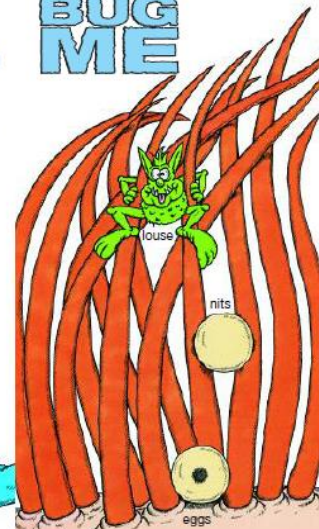
Telephone: (028) 9052 0083
email: health.protection@dhsspsni.gov.uk
Textphone: (028) 9052 7668
www.dhsspsni.gov.uk

February 2003
Ref 161/2003



HEAD LICE Your Questions Answered

Don't BUG ME



25. Appendix 5: Medicines risk assessment

All medication administration documents can be found on SharePoint: Lord Wandsworth College\Health Centre - Documents\Public Documents\Medical Information - Matrons and all staff docs



Name_____ Form_____ Age:_____

MEDICATION IN House 2022-2023

This form is valid for your entire time at Lord Wandsworth College

*NPM = Non-Prescription Medication e.g. Paracetamol, Ibuprofen (buy without prescription)

All year groups	Tick
All medicines given to matron must be in their original box with my name on. If they are prescribed, then a visible pharmacy label with the dose, date and my name printed on it must be present.	
I will tell matron if I am taking any prescribed medications	
If I take the contraceptive pill I have the right to keep that private, however, these pills must be kept in my lockable space and taken according to my Doctors instructions and the LWC Health Centre policy.	
I understand that if any staff find medicines left out in and around my room they will be taken and put in the lockable medicine cabinet and I will have access to them via matron/house staff.	
I should never give another person medications meant for me.	
I will not give any homeopathic remedies to other students.	
I must read the instructions and follow the advice about how to take any medications.	
I should never take more than the recommended dose.	
If I have an *Epipen or other Adrenaline auto-injector, asthma inhaler, insulin, emergency medication etc. I will always ensure I have what I need on me at all times and on school trips.	
I will let Matron, house staff or the Health Centre know if I have taken any medications before they give me further medicines.	
It is my responsibility to ensure I ask for my medicines especially prescribed ones.	
Medicines must be recognisable to staff. Medications from other countries must be checked by the Health Centre before they can be used. The school doctor may replace these medicines with UK prescribed ones.	
I know that matron, house staff and the Health Centre staff are there to help me and give me any medication I might need 24/7 while at school.	

Under 16s Agreement

I will not bring in or have medicines, other than the contraceptive pill, to school. I know that it is my responsibility to keep myself and those around me safe. I understand that these rules are there to enable that to happen in a school/boarding environment and the staff are here to provide any medicines I might need.


Signed_____

16 and Over Agreement

Should I bring my own medications to school I will do so safely and responsibly bearing in mind the rules above. If I choose to self-medicate I know that matron or the Health Centre Nursing staff will ask me some important questions to check I understand how to take my medicines, what they are for, how to store them safely and any side effects or risks that I may have from them:

Signed_____

26. Appendix 6: Prescription medication consent form for parents



L · W · C
· HAMPSHIRE ·

PARENT/GUARDIAN CONSENT TO ADMINISTER PRESCRIBED MEDICATIONS

All medications must be in the original packaging. The child's name, name of medication, frequency and expiry date must all be clearly legible with original pharmacy labelling.

Name of pupil:	
Date of birth:	
Name of medication:	
Reason for medication:	
Dose to be given:	
Times to be given:	
Any other instructions: (length of course)	
Parent/Guardian Name: (please print)	
Parent/Guardian Signature:	
Date:	

The nurse / staff member reserves the right to refuse to give medication if the above is not adhered to. All efforts will be made to contact you to resolve any issue.

Lindsey Scott - Senior Nurse

28. Appendix 8: Non-Prescription Medications

Name of Drug	Reason to give	Dosage	Comment	Important
Paracetamol 500mg	Pain relief & reduce a temperature	11-12 years = 1 tablet (500mg) 12-15 years = x 1.5 tablets (750mg) 16+ = x 2 tablets (1g)	tablet cutters supplied to all houses	NO MORE THAN 4 DOSES IN 24 hours
Paracetamol 500mg Schübe	Pain relief & reduce a temperature	11-12 years = 1 tablet (500mg) 12-15 years = x 1.5 tablets (750mg) 16+ = x 2 tablets (1g)	Useful when someone doesn't swallow tablets or very sore throat	NO MORE THAN 4 DOSES IN 24 hours
Liquid Paracetamol 250mg/5mls – Juniors only	Pain relief & reduce a temperature	10-12 years = 10mls 12-15 years = 10 or 15mls		NO MORE THAN x 4 doses in 24 hours
Ibuprofen **** 400mg	Anti-inflammatory & pain reliever	12+ years = 1 tablet – with food	Only give with Nurse's permission. NEVER give to Asthmatic or Stomach problems, or after head injury/bleeding problem.	NO MORE THAN x 3 in 24 hours
Ibuprofen **** 200mg	Anti-inflammatory & pain reliever	Under 12 years old or e.g. mild headache	Only give with Nurse's permission. (NEVER give to Asthmatic or Stomach problems)	NO MORE THAN x 3 in 24 hours
Cetizine	Antihistamine – for itchy eyes & hay fever symptoms	10mg tablets Liquid 5mg in 5mls	Once a day, tablet (can be given in half dose morning and evening)	
Chlorpheniramine 4mg (tablet)	Antihistamine – allergic reaction e.g. Food/hay fever/itch from insect bite	12+ years = 1 tablet	ONLY TO BE GIVEN IF PROVIDED FROM HOME OR PRESCRIBED Can be used as emergency treatment for a severe allergic reaction	NO MORE THAN x 4 in 24 hours
Chlorpheniramine Syrup 2mg/5mls – Juniors only	Antihistamine – e.g. Food/hay fever/itch from insect bite	6-12 years old = 2mg = 5mls	ONLY TO BE GIVEN IF PROVIDED FROM HOME OR PRESCRIBED Can be used as emergency treatment for a severe allergic reaction	MAXIMUM 12mg in 24 hours
Cough Linctus dispensed after 2 months from opening.	Dry cough (without phlegm)	Under 12 years = 5mls 12+ years = 10mls	Please refer persistent coughs to the Medical Centre	NO MORE THAN x 4 doses in 24 hours
E 415 cream	For dry or scaly skin conditions	No age restriction	Do not use if allergic to Lanolin	

Ibuprofen **** When the Health Centre is closed, please take advice from parents or the 111 service
 Further information about the individual medications can be found in the medicines information leaflet and on its box.
IN ALL INSTANCES PLEASE ASK PUPIL & CHECK ON 3SYS FOR ANY ALLERGIES AND ANY OTHER MEDICATION TAKEN

31. Appendix 10: Medication and First Aid order form

MEDICATION and FIRST AID ORDER FORM

Please email completed form to the [Health Centre \(healthcentre@lordwandsworth.org\)](mailto:healthcentre@lordwandsworth.org)

HOUSE/LOCATION:		ORDERED BY:		date	
-----------------	--	-------------	--	------	--

		Current Stock	Required (Qty)	Dispensed (Qty)
ANALGESIA				
Paracetamol	500mg			
Paracetamol (liquid)	100mls (Junior only)			
NON-STEROIDAL ANTIINFLAMMATORY				
ONLY GIVEN WITH NURSE'S PERMISSION				
Ibuprofen	200mg			
Ibuprofen	400mg			
Ibuprofen (liquid)	100mg/5ml (Junior only)			
ANTIHISTAMINE				
Cetirizine	10mg			
Cetirizine liquid	200ml (Junior only)			
Pirfen				
FOR ASTHMATICS ONLY				
Ventolin Inhaler				
REHYDRATION REMEDY				
Dioralyte sachets	blackcurrant (6 sachets)			
COLD RELIEF				
Lemsip	Honey and Lemon (10 Sachets)			
Throat Lozenges	Lemon and Honey (Yellow)			
Oilbas Oil	28mls			
CREAMS				
E45				
Sudocrem	60g			

ISSUED BY:		TOTAL ITEMS DISPENSED:		DATE:	
------------	--	------------------------	--	-------	--

MEDICATION and FIRST AID ORDER FORM

Please email completed form to the [Health Centre \(healthcentre@lordwandsworth.org\)](mailto:healthcentre@lordwandsworth.org)

		Current Stock	Required (Qty)	Dispensed (Qty)
DRESSINGS				
Plasters	Assorted Box			
	Strip			
Steropax wound dressing	Large			
	Medium			
Meopax Dressing				
Jelonet dressing	5cm x 5cm			
Gauze				
Tape				
Sterowipe				
SPRAIN PREPARATIONS				
Freeze Spray				
Ice packs				
CLINICAL WASTE				
Yellow Bags				
Gloves				
Biohazard Kit				
MISCELLANEOUS				
Vomit Bowls				
Thermometer covers				
Face Masks				
Room sanitation bombs				
LFT test kits	7 day			
	In house (x20)			

ISSUED BY:		TOTAL ITEMS DISPENSED:		DATE:	
------------	--	------------------------	--	-------	--

32. Appendix 11: Self-medicating consent form



**CONSENT TO SELF ADMINISTER MEDICATIONS
(prescribed and non-prescribed)**

Pupils over 16 can manage their own medication if done so safely, securely and are deemed competent to do so, by completing this risk assessment fully explaining each tick box to the member of staff.

All medications must be in the original packaging. The pupil's name, name of medication, frequency and expiry date must all be clearly legible with original pharmacy labelling, if applicable.

Name of pupil:	
-----------------------	--

Date of birth:	
-----------------------	--

Name of medication:	
----------------------------	--

I fully understand the reason for this medication:	
---	--

I understand the Dose and Frequency, and how to take this medication: Dose: Times: How to take:	
---	--

I confirm that the I understand I must not stop taking the medication without consulting the <u>Health</u> Centre first:	
---	--

I understand that this medication is for my personal use only, and is not to be shared with anyone else:	
---	--

I understand that any unused medication should be returned to the Health Centre:	
---	--

I understand that if I do not comply with these points that I will no longer be allowed to self-medicate, and all medication will be given out by matron/house staff.	
--	--

Pupil Signature		Date:
Staff Signature		Date:

The nurse / staff member reserves the right to refuse to give medication if the above is not adhered to. All efforts will be made to contact you to resolve any issue.

Lindsey Scott - Senior Nurse - 2022

33. Appendix 12 – General Guidance on Pandemic Flu

General Guidance on Pandemic Flu

Background

1. Influenza (flu) is a familiar infection in the UK, especially in the winter months. The illness caused by the flu virus can be mild or severe and can at times lead to death. Some groups of people – older people, young children, and people with certain health conditions – are generally more susceptible to flu, and each year people in those groups are encouraged to have a flu vaccination.
2. Pandemic flu is different from ordinary flu as it occurs when a new flu virus emerges into the human population and spreads readily and rapidly from person to person worldwide. As it would be a new virus, no-one would have any immunity to it, and there is unlikely to be a suitable vaccine available. Everyone would be susceptible, healthy adults and children as well as those most susceptible to normal ‘seasonal’ flu. In comparison with seasonal flu, many more people could become severely ill, and many more could die.
3. The circumstances now exist for new viruses to emerge and spread worldwide. This *could* arise from an avian flu (‘bird flu’) virus mixing with an ordinary human flu virus and becoming able to infect people. Experts advise that a virus with pandemic potential could emerge again, though this is not certain. People should however start planning.

In such circumstances, the prevailing government guidance will be followed.

Symptoms and spreading the virus

4. The symptoms of influenza are:

Most significant	Other
<ul style="list-style-type: none">• Sudden fever• Sudden cough and/or shortness of breath• Sudden onset of symptoms	<ul style="list-style-type: none">• Aching muscles• Sore throat• Runny nose, sneezing• Loss of appetite• Headache• Malaise (lethargy, listlessness)• Chills

Children aged 6 months or less can also have tummy aches, diarrhoea, and vomiting. In very young children, tiredness, poor feeding, and difficulty in breathing can also be early signs of flu.

5. The symptoms of pandemic flu would probably be similar to those of seasonal flu, but they could be more severe and cause more serious complications. A key message during a pandemic should however be that, in case of doubt, one should assume that an infection is pandemic flu, and act accordingly. It is better that someone stays at home for a couple of days with what might turn out to be a normal cold than that they go into work or school with the early symptoms of pandemic flu and pass the flu virus on to other people.
6. The **incubation period** (the time from being exposed to the virus to showing symptoms

of infection) is from one to four days: for most people, it will be 2-3 days.

7. In terms of the **infectious period** (how long you are infectious to others), people are most infectious soon after they develop symptoms, and remain infectious to some extent until the symptoms disappear. In general, adults can continue to excrete viruses for up to five days, and children for up to seven days, but occasionally longer. Over this period, the amount of virus, and therefore the infection risk to others, will decline as symptoms improve, but does not disappear until the symptoms themselves also disappear.
8. Flu, including pandemic flu, is **spread from person to person** by close contact. Some examples of how it may be spread are shown below:
 - o Infected people can pass the virus to others through large droplets when coughing, sneezing, or even talking within a close distance (one metre or less).
 - o You can catch the virus by direct contact with an infected person: for example, if you shake or hold their hand, and then touch your own mouth, eyes or nose without first washing your hands.
 - o You can catch the virus by touching objects (eg door handles, light switches) that have previously been touched by an infected person, then touching your own mouth, eyes or nose without first washing your hands. The virus can survive longer on hard surfaces than on soft or absorbent surfaces.

What you can do as an individual

9. Everyone can play their part in helping to reduce the spread of pandemic flu. There are two key things to remember:
 - a. Good hygiene practice – wash your hands regularly, particularly after coughing, sneezing or blowing your nose;
 - b. If you have flu symptoms (see para 4 above), do not go into work; call your manager. If you become ill at work, inform your manager and go home. If your children show flu symptoms, keep them at home.

What to do in a pandemic

10. It is possible that the Government will, through local authorities, advise schools and early years and childcare settings to close to children during a pandemic. While your school or setting remains open, you should however follow the advice below.
 - a. You can reduce, but not eliminate, the risk of catching or spreading flu by:
 - i) Regular hand-washing;
 - ii) Minimising contact between your hands and mouth/nose, unless you have just washed your hands;
 - b. Covering your nose and mouth when coughing or sneezing; use a tissue when possible, then dispose of the tissue promptly and carefully (bag it and bin it);
 - c. Encouraging your pupils, or the children in your early years and childcare setting to follow points a-c above.
11. Staff should remain at home if they display any relevant symptoms, or inform their manager and go home if they first display symptoms while at work.
12. The school will ensure that hard surfaces (door handles, light switches, taps, kitchen worktops) are cleaned more regularly than usual, using normal cleaning products.

34. Appendix 13 – Coronavirus (COVID-19)

COVID-19 is a new illness that can affect the lungs and airways. It's caused by a virus called coronavirus.

Main Symptoms

Common signs of the infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties.

LWC approach

Encouraging hand washing more often than usual, for 20 seconds using soap and hot water, particularly after coughing, sneezing or after being in public areas. The use of hand sanitiser is encouraged if there is no access to soap and hot water.

Classroom and boarding house cleaning to follow government guidance.

We ask that if students and/or faculty and staff have either a high temperature and/or a new, continuous cough they take appropriate action to minimise risk of spreading a virus, and to test via LFT if they have them. The government guidelines have changed throughout the pandemic, so we would advise the most current guidelines be followed. The health centre team will happily assist with advice when required.

This advice may change as the situation continues to develop.

- NHS information - www.nhs.uk/conditions/coronavirus-covid-19/
- Use the NHS 119 online coronavirus service <https://111.nhs.uk/covid-19/> if:
 - you feel you cannot cope with your symptoms at home
 - your condition gets worse
 - your symptoms do not get better after 7 days
- Only call 119 if you cannot get help online
- For further information on the UK government response go to www.gov.uk/coronavirus

Students or Staff should only return to school after this time and only if they are feeling well. (48 hours after their last symptom has resolved).

In preparation for returning to school after a pandemic such as Coronavirus 19 - the school community may be asked to check their temperatures each morning before travelling to school to ensure that it is within normal range depending on the current guidelines. The threshold for sending a child home if unwell will be firm, using a cautious approach until levels of concern as stated by the DOH/Government had been lowered.

The nurses will maintain a high standard of infection control measures within the Health Centre until the threat of Covid19 has diminished sufficiently, these measures may include, depending on the current government guidelines:

- wearing face masks and gloves, for all hands-on contact with students and staff. If anyone is showing signs of Coronavirus 19 the nurses will isolate and add aprons and visor PPE to ensure their safety and that of others.
- Isolation of that person until able to leave the school as quickly as possible.
- Limits will be placed on the number of people allowed access to the HC to ensure the necessary social distancing rule of 2m. The nurses will be operating a locked door policy,

where pupils have to ring the doorbell and have their temperature checked and symptoms questioned before entering the building.

- Markings and chairs will be distanced in the waiting room and clinical rooms to help support social distancing.

Regular lateral flow home tests will be carried out twice weekly as per government guidelines for all staff and pupils.

Masks will be worn at all times within buildings until further guidance is given.

All correspondence to parents/carers will be made by the Senior Deputy Head with involvement from the Covid staff group ensuring all staff and parents/carers are kept fully up to date with the LWC Covid management plan.

Infection Control Measures.

Children: how you should cough or sneeze, to avoid spreading lots of germs

Cover your cough:

when you cough or sneeze, cover your nose and mouth with a tissue.

throw away your tissue, into a proper bag or bin as soon as you've used it.

wash your hands

Wash your hands frequently:

On days when you are coughing, sneezing, or blowing your nose, frequently wash your hands with soap and water; or, if you can't use soap and water, use wipes or gels.

See more advice below at: "How to wash and dry your hands".

Remember:

Washing your hands is the single best way that you can help stop spreading germs that cause illness with coughs and sneezes.

How to wash and dry your hands with soap and water

Wet your hands with warm water, then add soap.

2 Rub in the soap, while you count to fifteen. Make sure you rub the soap into:
the backs of your hands.
the backs of your fingers.
your fingernails.
your fingertips.
the skin between your fingers.

3 Rinse your hands under warm running water.

4 Dry your hands with a disposable paper towel or a hot-air blower.

[If you are wearing any rings or bracelets, remove them before washing your hands. If you have any cuts or scratches, cover them with a clean dressing]

<https://www.gov.uk/guidance/pandemic-flu>