



HORRIS HILL  
SCHOOL

# Medical Policy

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## Table of Contents

|   |    |
|---|----|
| KEY CONTACT LIST .....  | 3  |
| HEALTH CENTRE AIMS .....  | 4  |
| PUPIL MEDICAL HISTORY .....   | 4  |
| NURSING AND MEDICAL PROVISION.....  | 4  |
| ADMINISTRATION OF MEDICINES .....   | 5  |
| STAFF TAKING MEDICATION/OTHER SUBSTANCES .....                              | 8  |
| FIRST AID POLICY .....  | 8  |
| EYE WASH STATIONS .....   | 10 |
| FIRST AID BOXES .....   | 10 |
| AUTOMATED EXTERNAL DEFIBRILLATOR (AED) .....                                | 12 |
| PRACTICAL ARRANGEMENTS AT THE POINT OF NEED .....                           | 12 |
| ASTHMA.....   | 12 |
| ANAPHYLAXIS .....   | 13 |
| DIABETES .....  | 14 |
| EPILEPSY/SEIZURES.....  | 14 |
| INFORMING PARENTS OR RELATIVES.....   | 14 |
| RECORDING OF ACCIDENTS.....   | 15 |
| HYGIENE PROCEDURES: SPILLAGE OF BODY FLUIDS .....                           | 15 |
| APPENDIX 1 - HEAD LICE POLICY .....   | 17 |
| APPENDIX 2 - ENURESIS POLICY (Bedwetting) .....                             | 19 |
| APPENDIX 3 - INFECTION CONTROL POLICY .....                                 | 20 |
| APPENDIX 4 - ASTHMA POLICY .....  | 22 |
| APPENDIX 5 - POLICY ON HEAD INJURY – FOCUSING MAINLY ON CONCUSSION .....    | 24 |
| APPENDIX 6 - ANAPHYLAXIS POLICY.....  | 27 |
| APPENDIX 7 - EPILEPSY POLICY.....   | 30 |
| APPENDIX 8 - HARRIS HILL – PUPIL MEDICAL QUESTIONNAIRE ON SCHOOL ENTRY..... | 33 |
| APPENDIX 9 – LIST OF STAFF WITH FIRST AID QUALIFICATIONS.....               | 38 |
| APPENDIX 10 – PANDEMIC RESPONSE .....                                       | 39 |
| APPENDIX 11 – SUN SAFE POLICY.....  | 41 |



## **HEALTH CENTRE AIMS**

The aim of the Health Centre is to monitor and maintain the physical, emotional, mental and psychological health of all pupils within the school as well as supporting staff and visitors with health issues as required.

## **PUPIL MEDICAL HISTORY**

A Medical Questionnaire outlining significant past and current medical issues, allergies and dates of immunisation should be completed by the parent or guardian of each pupil prior to entry to the school.

In addition, parents are asked to return a completed Medical Questionnaire regarding homely remedies, medical and first aid procedures and 'In Loco Parentis' Consent. Please refer to Appendix 8.

Parents are encouraged to keep the Health Centre informed of any medical issues particularly of any accidents/illnesses/operations and vaccinations that are carried out during school holidays.

## **NURSING AND MEDICAL PROVISION**

The Health Centre will provide medical care within the school. The Health Centre is managed by a Lead School Nurse at Horris Hill and is open for the administration of medicines, consultation and the provision of routine treatments during school hours, (07:15 to 15:00 Monday to Saturday)

The medical cover for the school is accessed from a local General Practice, Eastfield House Surgery, Newbury, with a nominated Doctor (currently Dr K Badham), visiting on a weekly basis. Emergency cover is available from Eastfield House Surgery during normal working hours (Telephone number 01635 41495).

All boarders will undergo a routine medical examination by the school doctor within their first term of boarding. Day pupils remain under the care of their own family practice.

The Lead School Nurse liaises closely with the boarding house team to assist with ensuring good levels of personal hygiene.

The local Primary Care Trust out of hours medical cover is provided by West call –Telephone 111 outside of normal school hours.

The services of a Physiotherapist, Dentist, Orthodontist, Chiropodist, Counsellor and Optician can be arranged in an emergency, or as needed and requested by Parents. Audiology screening is not carried out at school.

As detailed in the School's Health & Safety Policy and Procedures Part II the Lead School Nurse will:

- a) Fully familiarise themselves with the Health and Safety Policy and Statutory Instruments and Regulations as issued from time to time.

- b) Ensure that all personnel under their control have adequate training, have read and understood the Health and Safety Policy and have received induction training where appropriate.
- c) Be responsible for treating injuries and illness within the school in so far as it is within one's jurisdiction and training, using outside medical authorities as appropriate and necessary.
- d) Ensure that the Accident are reported on Every and adequate First Aid Records are maintained.
- e) Ensure that the welfare aspects of the boarders are adequately covered and the requirements for compliance with the National Minimum Standards for Boarding Schools and The Children Act 1989, where it applies to Boarding Schools, are satisfied.
- f) Ensure that all medicines within the Surgery are always kept in a locked cabinet.
- g) Ensure that stocks of medicines for general use are always adequate.
- h) Ensure that all First Aid Boxes are checked regularly.
- i) Keep a Daily Record Book detailing what has been given to whom and when and recorded on ISAMs.

## **ADMINISTRATION OF MEDICINES**

### **Prescribed medication, Controlled Drugs, Homely remedies, Vitamins and Supplements.**

All medication is to be stored in a locked cupboard and administered by the Lead Nurse or appropriately trained staff. Medicines requiring refrigeration are kept in a designated medicine fridge in the surgery. Medication can be administered in the dormitory by suitably trained staff overseen by the Lead Nurse.

### **Prescribed Medication**

All medication prescribed should be recorded in the pupils file on ISAMs a written log is also kept in the medicine cabinet which must be filled out and where possible a second signature is required (if there is only one member of staff on duty then one signature is required except in the case of a controlled medication.

- Medication must only be issued to the pupil for whom it has been prescribed.
- Prescription and expiry date of the medication must be recorded.
- Medication must remain in its original container, labelled for the individual pupil. The original dispensing label must not be altered.
- The identity of the pupil must be checked against prescription prior to administration
- Time, date, dose of medication administered should be recorded against pupil's name at time of administration.
- Medication must be stored in accordance with recommendations i.e. at correct temperature.
- Medication must be stored in a locked cupboard. The key to the medicine cupboards is held by the Lead Nurse. Medication is also kept in locked cupboard in the main school building.

For children in the Early Years Foundation Stage (EYFS) Nursery and Reception class medicine (both prescription and non-prescription) must only be administered to a child where written permission for that medicine has been obtained from the child's parent and/or carer. In the Nursery a trained member of staff will administer medicine. Prescribed medication will be brought into school in the original packaging and will be signed for by parents when handed over. A paper copy will be completed when the children take the medication. The medication will also be logged on ISAMS.

- For children in the EYFS (Nursery and Reception class) a written record is kept each time a medicine is administered to a child and the child's parents and/or carers are informed on the same day, or as soon as reasonably practicable.
- It is essential practice for 2 members of staff to witness and sign when administering controlled drugs to pupils. Drugs controlled under the Misuse of Drugs Act 1971 are those that have the potential to be misused and they are classified according to their assessed harmfulness: Misuse of Drugs Act 1971.
- For nursery children parents/guardians must complete the relevant medication administration form and a signature is required. When the school nurse is on duty parents should attend the Health Centre to arrange this.

### **Homely Remedies**

Parents give and sign consent to the administration of homely remedies on the *Horris Hill – Pupil Medical Questionnaire on School Entry*. Please refer to Appendix 8.

A homely remedy is a medication that can be bought over the counter (OTC) and does not require a prescription.

#### **Before giving check:**

- 1) Patient's name, date of birth (age) and weight (if required for dosage)
- 2) When last medication was administered
- 3) Allergies, contra-indications or potential interactions with other medications.
- 4) Patient information leaflet (P.I.L.S) or packaging for correct administration guidelines e.g. dose, frequency, route etc.
- 5) When medication was opened and expiry date.
- 6) For children in the Early Years Foundation Stage (EYFS) Reception class medicine (both prescription and non-prescription) must only be administered to a child where written permission for that specific medicine has been obtained from the child's parent and/or carer.

**This is the agreed list of homely remedies stocked and supplied by Horris Hill Health Centre for the Nurse on duty to administer to pupils, staff and visitors as required:**

|  |                                   |
|--|-----------------------------------|
| <i>Throat Lozenges</i>                 | <i>Deep Heat</i>                  |
| <i>Otex Olive Oil Ear drops</i>        | <i>Deep freeze</i>                |
| <i>Warm salt gargle</i>                | <i>Arnica cream</i>               |
|  | <i>Lip Balm</i>                   |
| <i>Paracetamol tablets</i>             | <i>Piriton syrup</i>              |
| <i>Paracetamol suspension</i>          | <i>Cetirizine</i>                 |
| <i>Ibuprofen tablets</i>               | <i>Anthisan</i>                   |
| <i>Ibuprofen suspension</i>            | <i>E45</i>                        |
| <i>Sudocrem</i>                        |                                   |
| <i>Sturgeon antiemetic medication.</i> | <i>Vaseline</i>                   |
| <i>Otex ear Drops</i>                  |                                   |
| <i>Olbas Oil</i>                       |                                   |
| <i>Zovirax cold sore cream</i>         | <i>Bonjela</i>                    |
| <i>Milk of Magnesia</i>                | <i>Full Marks Head Lice Spray</i> |

**After giving:**

- 1) Record on ISAM
- 2) Consider if / when parent and GP need to be contacted (homely remedies should not be administered for longer than 5 days before consulting GP).
- 3) For day pupils, inform parents the time the last dose of medication was given.
- 4) For children in the EYFS (Reception class) a written record is kept each time a medicine is administered to a child and the child's parents and/or carers are informed on the same day, or as soon as reasonably practicable.

**Vitamins and Supplements**

Vitamins and Supplements may be provided by parents for their children

- Administered under the supervision of the Nurse on duty or suitably trained staff
- Date and administration will be recorded on ISAMs
- Only vitamins in their original container can be administered

**Controlled Drugs**

Controlled Drugs (CDs), if required, will be stored in the medication cabinet in a designated locked CD box. The drugs are either brought in by parents or sent via the pharmacy as ordered by Eastfield House

Surgery. A strict record of the following must be kept in the CD record book, with a separate page for each pupil.

- Name
- Medication, dosage, expiry date
- Quantity received from pharmacy/parent
- Accurate dispensing record with a running balance of drugs
- CDs are checked in the presence of 2 Nurses once a week if required.

Expired or discontinued CDs are returned to pharmacy/parents and a record of the returns kept in the CD record book.

### **Disposal of Medicines**

Unused or expired medication will be returned to the Health Centre for safe disposal. A record is kept of date and name of medication returned.

Current medication may be taken home by pupil during holiday periods. A record of this is maintained on Isams and also on a paper form in the filing cabinet which contains the pupil's personal valuables

### **Overseas Medication**

Overseas pupils bringing medication to school should provide a covering letter, in English, from the prescribing Doctor. The school Doctor will be consulted prior to this medication being administered.

### **Arrangements for Taking Prescribed Medication Off-Site**

The Lead school nurse prepares any medication required for school trips.

### **STAFF TAKING MEDICATION/OTHER SUBSTANCES**

The ability of staff to care for children must not be significantly compromised while under the influence of alcohol or any other substance. If staff members are taking medication which may affect their working ability, they should seek medical advice to confirm that the medication is unlikely to impair their ability to look after children properly. Staff medication must be securely always stored and out of reach of children. In such cases staff should inform the Headteacher.

### **FIRST AID POLICY**

First Aid should be administered by the First Aider present and followed up by the Nurse on duty. The Lead Nurse can be contacted via the walkie talkie on frequency 3/1 during normal school hours 07:30 to 15:00 and on 07500 874627 at all other times for emergencies

In addition, First Aid courses are provided for staff every three years. A record of staff members holding First Aid certificates is held by the School Nurse and reviewed by the Bursar. Please also refer to Appendix 9.

In the EYFS (Reception class) there will be at least one person will hold a current paediatric first aid certificate on the premises and available at all times when children are present. At least one person on EYFS outings will hold a paediatric first aid certificate.

Permission to render First Aid to a pupil is granted by the parent/parents on completion of the "*Horris Hill Pupil Medical Questionnaire on School Entry*" form (Appendix 8) which is returned to the school prior to the pupils' admission. This form also grants the Headteacher or his representative to act in loco parentis for the pupil, authorising any tests, investigations or surgery deemed necessary by the Doctor in charge in case of Emergencies.

### **Lower School and Nursery**

If minor injuries occur in the playground normal medical action should be made by staff (i.e. cleaning or icepack) and details should be recorded on every and ISAMS in the lower school and on Blossom for the Nursery class teachers and nursery practitioners should be informed so that parents can be informed at the end of the day. Logs are reviewed termly along with the accident reports to ensure that there are no patterns to the accidents which are occurring, and the medical centre will be notified.

Bumps on the head can occasionally be more serious than they first appear. If any child has a bump to the head, no matter how insignificant it may appear the head bump should be logged, the Health Centre must be made aware, and the child should be given a 'bump on the head' sticker to alert adults and parents MUST be informed by phone before picking up.

Pupils should be up to date with all recommended routine immunizations in accordance with schedules issued by the Department of Health. Those who are not fully immunized should be identified.

We advise parents that all children undergo an eye test prior to entry into the school.

All staff are very aware of the importance of sun protection and will make appropriate decisions regarding the amount of outside play that children will have each day based on the weather conditions. The children will also use shaded areas when staff feel they could benefit from being out of direct sunshine.

Children always have access to drinking water and are encouraged to drink regularly.

As set out in the Lower School uniform requirements, parents are asked to provide a clearly labelled sun hat for their child. Parents also have sole responsibility for ensuring sun cream is administered before their child/ren leave home.

The Lower School have SPF 30/50 sun cream which staff will apply with parental permission. The parents are informed about the type of sun cream which will be applied and can send in a named bottle of their own sun cream if they prefer.

Parents are made aware that staff members cannot be held accountable for any child that suffers from any sunburn as a result of being outside while at school.

Children will be spoken to about 'sun safety' and will also be encouraged to take some responsibility for their own sun safety.

## **EYE WASH STATIONS**

The school nurse is responsible for checking and restocking the eye wash stations. The eye wash stations are located in the following areas.

- School main kitchen (the catering department has responsibility for this)
- Pot washroom
- Senior laboratory
- Junior laboratory
- Design and Technology room
- Swimming Pool Pump Room
- Maintenance Workshop

## **FIRST AID BOXES**

### FIRST AID BOX CHECK LIST

- A selection of Adhesive wound Dressings
- 2 x Eye Pad with Bandage
- 1 x Triangular Bandages
- X1 space blanket
- 10 x Non-Alcohol Wipes
- Assorted Plasters
- 3 x Pair of Medium Vinyl Gloves
- 1 x First Aid Guidance Leaflet
- Cotton Gauze
- 1 x Revive Aid Personal Resuscitator
- Selection of gauze swabs
- 1 x Pair of Scissors
- 1 x Micro porous Tape 2.5cm x 5m
- 2 x Ice Packs
- Various Bandages

The school nurse is responsible for the checking (once per term) and re-stocking (when necessary) of the First Aid Boxes. The first aid boxes are located in the following areas. Staff responsible for each area will support the School Nurse by regular check the first aid items and inform the health centre if any items have been used. All first aid situations must also be reported to the Lead Nurse so that it is recorded on Isam's.

| STATION | ASTHMA | FIRST AID | POSITION                                       | EYE WASH |  |
|---------|--------|-----------|--|----------|--|
| 1       | YES    | YES       | RECEPTION ON WALL IN THE MEETING ROOM          | NO       |  |
| 2       | YES    | YES       | STAFF ROOM ON WALL NEXT TO DEFIBRILATOR        | NO       |  |
| 3       | NO     | YES       | HOUSKEEPING STAFF ROOM IN MAIN SCHOOL          | YES      |  |
| 4       | NO     | YES       | THE HILL AT THE HUB ON THE WALL                | NO       |  |
| 5       | NO     | YES       | THE WOOD IN THE LOCKER ROOM                    | NO       |  |
| 6       | NO     | YES       | CAMBRIDGE LABORATORY                           | YES      |  |
| 7       | NO     | YES       | OXFORD LABORATORY                              | YES      |  |
| 8       | NO     | YES       | DT LAB ABOVE SINKS                             | YES      |  |
| 9       | YES    | YES       | SPORTS HALL IN MAIN CORIDOR NEXT TO ENTRANCE   | NO       |  |
| 10      | YES    | YES       | POOL SIDE IN THE WOODEN HUT LEFT OF MAIN GATES | NO       |  |
| 11      | NO     | YES       | MAINTENANCE CABIN AND PUMP ROOM                | YES      |  |
| 12      | YES    | YES       | GARDEN COTTAGE IN THE GAZEBO                   | NO       |  |
| 13      | NO     | YES       | LAUNDRY ROOM                                   | YES      |  |
| 14      | NO     | YES       | NURSERY  | NO       |  |
| 15      | NO     | YES       | NURSERY  | NO       |  |
| 16      | NO     | YES       | NURSERY  | NO       |  |
| 17      | NO     | YES       | LOWER SCHOOL                                   | NO       |  |
| 18      | NO     | YES       | LOWER SCHOOL                                   | NO       |  |
| 19      | NO     | YES       | GROUNDSMANS SHED                               | YES      |  |

Staff should request a First Aid box for trips/tours. These are prepared specifically for the trip if there are any special requirements by the health centre. For all other fixtures and regular trips, the Trip First Aid Bag is kept Mrs Van Zyl's office next to reception. Staff taking the trip is also responsible to check the contents and inform the health centre if any items are missing. The first aid bag is regularly checked by the School Nurse before each trip departure

### **AUTOMATED EXTERNAL DEFIBRILLATOR (AED)**

The Automated External defibrillator (AED) is stored in the Staff Common Room in a designated cupboard. It is the responsibility of the School Nurse to check and record that the AED is fully charged at all times. This is done weekly during the school term. If the AED is removed from the cupboard, a strict record of the following is required: Name of person removing the AED, time and where the AED is being taken to and time and signature of return of device, to the cupboard.

Training and updates on the use of the AED is given to staff as part of First Aid training.

### **PRACTICAL ARRANGEMENTS AT THE POINT OF NEED**

In the event of an injury to a pupil, member of staff or visitor assess the situation and take the following actions:

- *Initial first aid at the point of origin.*
- *If possible, the injured party should then be accompanied to the Health Centre. Use equipment from nearest first aid box as required e.g. to stem bleeding, cover wounds. If in doubt wait for Nurse on duty to attend.*
- *Pupils under 7 years of age should always be accompanied to the Health Centre; the on-call nurse should be radioed on 3/1 to ensure there is someone in the surgery at the time. In most cases the nurse should be able to go to the pupil requiring treatment and triage from there.*
- *Contact Health Centre Nurse radio 3/1. Give as much information as possible i.e. person's name, location, nature of accident, person's condition as seen by caller. Walkie Talkies are issued to staff.*
- *In the event of cardiac arrest send for the automated external defibrillator and call 999. Commence CPR, call Health Centre for further assistance while awaiting the arrival of the Ambulance*
- *Clear the surrounding area ensuring that you have adequate help available.*

### **ASTHMA**

**Please also refer to Asthma Policy - Appendix 4**

Inhalers prescribed for pupils are kept in the medication cupboard next to the dining hall. Asthma emergency kits are managed by the Health Centre Nurse and are located in:

- Staff Common Room

- Reception
- Pavilion
- The boarding houses
- Swimming Pool
- Kitchen Garden
- Sports Hall
- Changing Rooms
- Trip First Aid Bag

If a pupil should present with asthma symptoms, call the Nurse on duty immediately. Commence treating the pupil according to the policy on Asthma management (Appendix 4). Do not move the pupil, treat at the point of origin.

## **ANAPHYLAXIS**

**Please also refer to Anaphylaxis Policy - Appendix 6**

Pupils, who have allergic conditions which may lead to anaphylaxis, are identified on the Medical form in the Staff Common Room, on the Medical & Dietary Requirements Lists individually to each Boarding House; these lists are also circulated to all staff (including Chef and catering staff) at the beginning of each term.

Each pupil will be prescribed 2 adrenaline auto injectors (AAIs) both of which will be kept together in a named orange anaphylaxis kit located in the pupils' classroom, along with the pupil's individual care plan. An emergency AAI is also kept in the Health Centre. Instructions on the use of the AAI is noted in the pupil's individual care plan. The expiration dates of the AAIs are checked and recorded regularly by the School Nurse.

In the event of an anaphylactic reaction:

- Follow the pupil's individual care plan
- Dial 999 and tell them Emergency Anaphylaxis
- Call the Health Centre on radio 3/1 or 07500 874627
- Record the time of adrenalin administration, monitor the patient's vital signs and implement First Aid as required
- Keep the used adrenaline auto injector and give to the paramedics on their arrival

## **DIABETES**

If a pupil, visitor or staff member presents with signs of hypoglycaemia summon help from the Nurse, or a First aider.

- Look for Diabetes Identification i.e. card or jewellery
- Stay with the patient until recovered or help arrives.

## **EPILEPSY/SEIZURES**

**Please also refer to Epilepsy Policy - Appendix 7**

In the event of an epileptic seizure/seizure of unknown origin, summon help from the Nurse or First Aider.

- Protect the patient from injury. Clear the surrounding area.
- Cushion patient's head.
- Look for Epilepsy Identification i.e. card or jewellery
- Place patient in the recovery position when the convulsion has ended.
- Be calmly reassuring and monitor vital signs.
- Stay with the patient until medical help arrives.

## **CALLING AN AMBULANCE**

The decision to call the ambulance will be made by the School Nurse or senior staff member **unless** there is a life-threatening event.

- To call the ambulance dial 999.
- Give as much information as possible to the controller, including school address:  
Horris Hill School, Newtown, Newbury, RG20 9DJ
- Ensure people are available to direct the ambulance to where it is required.

## **INFORMING PARENTS OR RELATIVES**

In the event of a minor injury parents/relatives will be notified by the School Nurse. For children in the EYFS (Reception class) parents and/or carers will be informed of any accident or injury sustained by a child on the same day, or as soon as reasonably practicable and of any first aid treatment given.

In the event of serious injury, the Headteacher or their representative will inform Parents/Relatives in consultation with the School Nurse.

## **RECORDING OF ACCIDENTS**

If a member of staff, pupil or visitor to the school suffers an injury whilst on the school premises this must be recorded on Every including details of the person involved in the accident, details about the person filling in the form, and the description of the accident. The lead nurse fills out the accident form and this is reported to the Bursar, who may need to take further action. e.g. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

The Nurse will assess the injury, render appropriate first aid and refer the patient to Hospital (A&E or Minor Injuries unit) if necessary. If a pupil is injured, in addition to completing the accident book, a record of the pupil's name, time of injury, nature of injury, treatment given and further management must be recorded on ISAMs. Minor bumps and bruising sustained by pupils do not need to be recorded in the accident book but will be recorded on ISAMs.

## **RIDDOR**

Notification to the Health and Safety Executive of Injuries, Diseases or Dangerous Occurrences as required under RIDDOR will be made by the Bursar. (Health & Safety Executive telephone: 0845 300 9923)

## **ARRANGEMENTS FOR PUPILS WITH PARTICULAR MEDICAL CONDITIONS**

Relevant information relating to the special health needs of pupils is circulated to all staff, Chef and catering staff at the beginning of each term and whenever changes are made. The Nurse is responsible for ensuring that such information is current.

## **HYGIENE PROCEDURES: SPILLAGE OF BODY FLUIDS**

In the event of the spillage of body fluids, cleaning should be carried out using the Body Fluids Spillage Kits which should be stored in each area such as lower school, boarding houses and the staff common room. Staff responsible for each area should inform the Health Centre if re-stocking is required.

Please also refer to Appendix 3 – Infection Control Policy.

## LOCAL HOSPITALS

- **West Berkshire Community Hospital - Minor Injuries**

RG18 3AS, 5 miles - 15 minutes from Horris Hill School Open 08.00 – 22.00 hours

**Tel: 01635 273508.**

Accident and Emergency Units (open 24 hours) are available at:

- **Royal Berkshire Hospital Reading**

RG1 5AN, 25 miles – 40 mins from Horris Hill School, **Tel: 0118 322 7020**

- **Basingstoke & North Hampshire Hospital**

RG24 9NA, 15 miles – 30 mins from Horris Hill School **Tel: 01256 473 202**

## **APPENDIX 1 - HEAD LICE POLICY**

**Purpose of the Policy;** To promote knowledge, Identification and Treatment of Head Lice.

### **What are head lice?**

Head lice are tiny, wingless insects that live exclusively on the human scalp feeding on blood. Adult lice lay eggs, known as nits, that once hatched take 6-10 days to become fully grown. Once mature, they can crawl from head-to-head.

It is approximately the size of a pin head but can become the size of a match head. It is greyish brown in colour but both the louse and the eggs it lays can change colour to match hair colour. Each leg ends with a claw which grasps the hair which is how it moves around the hair close to the scalp.

A louse does not walk on the scalp and has difficulty walking on flat surfaces. The louse feeds only on human blood, approximately five times per day. The louse eggs have an incubation period of seven to eight days, within 7-14 days of hatching the louse becomes an adult, begins to mate, and the females start to lay eggs. Live eggs are skin coloured, whereas the cases of dead eggs (nits) are white and remain glued to the hair. Sometimes the appearance of a rash at the back of a neck is the first indication of infection.

Head lice cannot fly, jump or swim. They are spread by head-to-head contact and climb from the hair of an infected person to the hair of someone else. Children are often affected by head lice because they tend to have more head-to-head contact while at school or during play. Head lice are most common in children between 4 to 11 years old although anyone with hair can catch them.

Head lice will not be eradicated in the foreseeable future, but a sensible, informed approach, will help to limit the problem. Head lice infections are not primarily a problem of schools but of the wider community. At any one time most schools will have a few children who have active infection.

Bites from head lice can cause intense itching and irritation to the scalp, which may only appear 2 months after initial infestation.

**Like the common cold, anyone can catch head lice.**

### **Life cycle**

There are 3 forms of head lice: nits, nymphs, and adults.

Nits are head lice eggs. The oval, yellowy white eggs are hard to see and may be confused with dandruff. They attach themselves to the hair shaft and take about a week to hatch. The eggs remain after hatching, and many nits are empty egg cases.

Nymphs; hatch from the nits. The baby lice look like the adults but are smaller. They take about 7 days to mature to adults, and feed on blood to survive.

Adults; are about the size of a sesame seed, have 6 legs, and are tan to greyish white. The legs have hook-like claws to hold onto the hair with. Adults can live up to 30 days and feed on blood.

**Reassuringly, head lice cannot fly, jump or swim. They are spread by close contact which is why children are so susceptible.**

### **How to spot head lice**

Scratching will usually tip you off to their presence. It's not particularly easy to see head lice so 'detection combing' is the best way to find them. Using a special fine-toothed head lice comb (with tooth spacing of less than 0.3mm to trap the smallest lice) to comb through the hair. This works better on wet hair but can be used on dry hair, too.

- Wipe the comb after each stroke so you don't just move the nits about, the lice or the eggs will soon show up then if they're there.

### **Treatment:**

- Boarding House Parents or staff concerned or suspect nits on a pupil must treat as soon as possible and inform the Health Centre
- Pupils who are anxious they may have head lice to be referred to Health Centre
- Tea Tree Oil is one of the few natural ingredients that lab tests have shown to be effective. Tea tree shower gel/shampoo is used in boarding houses and Changing Room Showers as prevention
- Inform Boarding House and check all pupils in dormitories the pupil shares
- Treatment & following checks are noted in the Pupil's Record Card
- Inform Parents
- Pupil's combs in Boarding are washed in hot soapy water

## **APPENDIX 2 - ENURESIS POLICY (Bedwetting)**

*Purpose of Policy:* To identify Pupils who are affected by Enuresis and together with house staff manage the condition medically, socially and psychologically.

Nocturnal Enuresis Affects 1 – 2 out of every 100 teenagers.

Doctors do not know why but more than twice as many boys as girls have enuresis.

### Possible Causes

- Hormonal problems – insufficient antidiuretic hormone (ADH) allows the body to produce too much urine at night
- Bladder problems – small bladders that cannot hold enough urine, or bladder spasms
- Genetics – can be a familial tendency, a gene has been identified that causes enuresis
- Sleep problems – sleeping so deeply that they do not wake
- Messages between bladder and brain – the brain does not respond to the signal that a child's bladder is full
- Medical conditions – constipation, urinary tract infections, diabetes can trigger
- Psychological problems – stress e.g. divorce, death of a friend or family member, moving house or school or any family tension can feel overwhelming

### Management

- Encourage the pupil to go to the toilet just before bedtime
- Use a waterproof mattress cover and make sure that house staff are aware of the potential problem so that a wet bed can be reported discreetly
- If it is causing a problem contact parents (subject to the pupil's consent, depending on age) and encourage the pupil to see a doctor to rule out the possibility of a medical condition
- Use a bedwetting alarm- detects moisture, this can be discussed with the Doctor
- At all times, treat the matter with discretion, sensitivity and appropriate confidentiality
- Inform Health Centre, where a record will be kept of frequency of bed wetting occurrences
- Discussion with the Parents & referrals to the School Doctor will be arranged by the Health Centre should Enuresis be prolonged and or frequent or causing the pupil distress
- Health Centre will liaise and keep the Boarding House informed

### **APPENDIX 3 - INFECTION CONTROL POLICY**

Refer to the document published by Public Health England: "Guidance on Infection control in Schools and other childcare settings". (April 2017)

#### **Refuse disposal in Health Centre**

- Body fluids/waste e.g. blood – into yellow and black striped plastic bags
- Paper/tissue – into black bags
- Needles and sharps- into yellow plastic sharps container
- Soiled linen- is sent to laundry in a marked, sealed plastic bag which dissolves in the washing machine.

Yellow and black striped bags to be deposited in HARRIS HILL Bin site special CLINICAL WASTE CONTAINER. Sharps Containers are taken to Eastfield House surgery for disposal.

#### **Isolation of a pupil diagnosed with an infectious condition**

If a pupil is suspected of harbouring an infectious condition he/she must be admitted to the sick bay and barrier nursing techniques commenced. If the condition is infectious:

- Discharge the pupil to their parents/guardian's care, if possible
- If the pupil is to remain at school, continue nursing them in the Sick Bay
- Meals and tea as appropriate to the pupil's condition, to be supplied to the patient in the Sick Bay
- Receiving and distribution of school and reading matter to be regulated by the School Nurse on duty.
- Strictly no visitors allowed, unless permission is given by the Nurse. These visits are to be controlled by the School Nurse on duty.
- Bathroom facilities restricted to the patient in the Sick Bay only

The Health Centre has the facility to admit four pupils to the Sick Bay at any given time. If a pandemic should occur alternate arrangements would be made by the Headteacher and Lead Nurse. See Pandemic Response Policy – Appendix 10.

For children in the EYFS (Reception class) parents are made aware of the following guidelines for illness to ensure that infection does not spread:

| <b><u>Condition</u></b> | <b><u>Period to be kept away from school.</u></b>          |
|-------------------------|--|
| Temperature             | The child must be kept at home until well.                 |
| Conjunctivitis          | Child to be kept at home until eyes are no longer weeping. |
| Hand, foot and mouth    | the child must be kept at home until well.                 |
| Chickenpox              | 5 days from onset of rash                                  |

|                           |  |
|---------------------------|--|
| German Measles            | 6 days from onset of rash  |
| Impetigo                  | Until lesions are crusted and healed or 48 hours after commencing antibiotic treatment |
| Scarlet Fever             | Child can return 24 hours after commencing appropriate treatment.                      |
| Diarrhoea and/or vomiting | 48 hours from last episode of vomiting or diarrhoea.                                   |

For headlice, ringworm and threadworm, parents will be asked to treat their child before returning them to school.

## **APPENDIX 4 - ASTHMA POLICY**

### **Purpose of this Policy:**

To manage Asthma and support of the pupil with Asthma while boarding, managing the pupil's regular medication to prevent Asthma attacks.

Pupils with Asthma are welcome at Horris Hill and will be encouraged to take part in all school activities.

All parents are asked on the Medical Questionnaire if their child has Asthma and its treatment. The Health Centre keeps a record of all pupils with Asthma, details of Asthma treatment and Asthma medication is kept in the Health Centre. All Pupils with Asthma are reviewed annually by the School Doctor.

Asthma inhalers are taken on all school trips including sports fixtures.

The Sports Staff are aware of the practical management of asthma. The aim is for all but the most severely asthmatic pupils to take part in games and matches.

All staff have access to information on how to help a pupil who has an asthma attack and what to do in an emergency.

*It is essential for people who work with children and young people with Asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.*

### **What is Asthma?**

During an Asthma attack, the muscles of the air passages of the lungs go into spasm and the lining of the airways swell. This causes the airways to become narrowed and breathing becomes more difficult, especially exhalation, reducing the next intake of breath. This in turn causes a reduction of oxygen the person is able to inhale.

Asthma may be triggered by:

- Pollen
- Cigarette smoke
- Exercise
- Extremes of temperature

### **Common Signs of an Asthma attack**

- Coughing
- Shortness of breath
- Wheezing sound
- Tightness in chest
- Being unusually quiet
- Difficultly speaking full sentences
- Sometime younger children express feeling tight in chest as tummy ache
- Difficult breathing with prolonged outbreath
- Distress & anxiety
- Blue tinge around lips, earlobes and nailbeds (cyanosis)

### **What to do if a child has Asthma attack:**

- Keep calm
- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down
- Contact the Lead Nurse

- **Make sure the child or young person takes two puffs of reliever inhaler (usually blue) *immediately* – preferably through a spacer**
- Ensure tight clothing is loosened
- Reassure the child
- Do not move the child until the School Nurse is present. (during school hours)

**If there is no immediate improvement**

Continue to give 2 puffs of the blue reliever inhaler every 2 minutes, up to 10 puffs

**Call 999 urgently if:**

- The child or young person's symptoms do not improve in 5–10 minutes
- The child or young person is too breathless or exhausted to talk
- The child or young person's lips are blue
- You are in doubt
- If the pupil becomes unconscious and is **NOT** breathing, please give mouth to mouth resuscitation

**After a minor asthma attack:**

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. The School Nurse will advise
- Do not move the child from the point of origin
- When the pupil feels better, they can return to school activities
- The School Nurse will inform parents/carers when their child has had an asthma attack

**Important things to remember in an asthma attack:**

- *Never leave a pupil having an asthma attack – do not move the child from the point of origin*
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing
- Contact the School Nurse
- The Health Centre will contact the pupil's parents or carers after calling the ambulance

**Management of Pupils with Asthma:**

- All Asthma medication handed into the Health Centre at the beginning of term
- Ventolin (Blue inhaler) is taken to sports venues, sport away or school trips
- Regular asthma prevention medication (brown inhaler-Clenil) as per individual care plans
- Monitor inhalation technique & use of spacer
- Away Trips lists will identify those pupils with Asthma
- Asthma attacks are reported to the Health Centre
- Regular monitoring & review by the school Doctor is conducted annually

**Teaching Children about Asthma; Asthma UK believes all Pupils should be taught about Asthma. This may be included in the National Curriculum.**

- *Science KS 1 & 2; Life processes & living things – Personal Health, Asthma & effects on the function of the Lungs*

- *DT KS 1 & 2; Knowledge & Understanding, areas of products & applications – how different asthma inhalers work*
- *Geography KS1 & 2; Thematic studies Asthma & it's relationship to environmental & air quality*
- *History KS 1 & 2; Studies of Local History and the change in the local environment caused by changes in Industry & Transport*

## **APPENDIX 5 - POLICY ON HEAD INJURY – FOCUSING MAINLY ON CONCUSSION**

### The Purpose of this Policy:

- To identify the signs and symptoms of a head injury including concussion.
- To implement correct management of a head injury including concussion.
- To guide the pupil, staff and parents through a recovery period and return to normal activities programme.

### Introduction: what is concussion?

Concussion is a sudden, short lived loss of mental function that occurs after a blow or other injury to the head. It is the most common but least serious type of brain injury.

### The three main causes of concussion are:

- Involvement in a road accident
- An accidental trip or fall
- Taking part in sporting or other recreational activities e.g. cycling, football, rugby, hockey or judo

### Preventive measures implemented to reduce a risk of head injury:

- All pupils and staff travelling in a motor vehicle are to wear seat belts
- Staff on duty to monitor pupils' activities during organised and free play ensuring safe practice
- Wet or slippery areas in the school are marked by a "wet area" board. Grit/ salt is applied to walkways in the event of snow or ice
- Pupils are to wear cycling helmets when cycling or when using a rip stick or skateboard
- Correct and appropriate sports gear to be worn when practicing or playing matches
- Sports staff manage and guide the children during games ensuring correct technique and appropriate rules are followed
- Teacher / coach training on concussion including prevention, recognition, management and rehabilitation updates are delivered

### Symptoms of Concussion:

Symptoms of concussion may appear immediately, may become evident after a few hours, or evolve and worsen over a few days. Symptoms may include, but are not necessarily limited to:

- Loss of consciousness (even for a brief spell) after the head injury
- A period of confusion, a blank expression, or a delay in answering questions immediately after the head injury
- Periods of memory loss – amnesia
- Headache or head pressure
- Dizziness, loss of balance or clumsy movements
- Disturbances in vision, such as “seeing stars”, blurry or double vision
- Sensitivity to light and / or sound
- Nausea, vomiting or loss of appetite
- Slowed reaction times and /or concentration or focussing problems

#### Symptoms of concern following a head injury:

If any of the following symptoms are noted following a head injury, contact the nurse on duty immediately or dial 999.

- Headaches become worse
- Seizures occur
- Pupil looks drowsy and /or cannot be awakened from sleep
- Continuous or repeated vomiting
- Slurred speech and /or unable to identify and recognise people and places
- Dilated or pinpoint, or unequal change in pupil size
- Facial drooping
- Weakness or feeling of numbness in arms or legs

#### Management following a suspected concussion:

If a concussion is suspected:

- Implement relevant First Aid procedures
- Call the Health Centre **07500 874 627 or Ext. 220**
- Do not remove the pupil from the site of injury until advised to do by either the Nurse or Medical staff attending to the pupil
- The pupil will be assessed by the Nurse on duty and relevant management implemented including referral to a medical officer or the A&E department.
- Parents/guardians of the pupil will be notified of a confirmed concussion and updated on further management.

#### Further management of the pupil:

- Staff and House parents will be informed and asked to look out for symptoms as listed above
- Any change in symptoms must be reported to the nurse on duty immediately
- Staff will be notified and given an estimate as to how long the pupil is to be off sport
- The pupil will be monitored by the school nurse daily and more frequently if required

Regular monitoring by the school Doctor will be arranged at the weekly Doctors' clinic, or in case of a change in condition, immediately. The school Doctor will advise when the pupil may return to normal school and sporting activities - Graduated return to play guidelines.

Maddocks questions offer a quick practical tool which can be administered at the site of injury. An incorrect response may indicate concussion and requires immediate nurse/ medical intervention.

These questions can be adapted for all incidences. E.g. following a car accident: where are you travelling from and to? What time did you leave?

**Maddocks questions:**

- Which field are we at?
- Which team are we playing today?
- Who is your opponent at present?
- Which half /period is it?
- How far into the half is it?
- Which side scored the last try/goal/point?
- Which team did we play last?
- Did we win last week?

## **APPENDIX 6 - ANAPHYLAXIS POLICY**

### **Purpose of this Policy:**

To manage Anaphylaxis and the support of the pupils with severe allergies to prevent Anaphylactic shock.

All parents are asked on the Pupil Medical Questionnaire if their son has any allergies and their treatment for this.

The Health Centre keeps a record of all pupils with severe Allergies and details of Anaphylaxis treatment.

The pupil will be prescribed 2 adrenaline auto injectors (AAIs) both of which will be kept together in a named orange anaphylaxis kit located in the Staff Common Room. An emergency AAI is also kept in the s dormitory.

Additional Anaphylaxis Emergency treatment and information is communicated with all Staff, kept with the Pupil's Anaphylaxis Emergency Treatment and displayed in the Staff Common Room.

All pupils with Anaphylaxis are seen by the school Doctor on entry to the school and following an Anaphylactic episode. Staff receive Anaphylaxis training regularly.

The overall responsibility of Anaphylaxis treatment lies with the pupil's Consultant, while the school Doctor supports the pupil's treatment while at school.

### **What is Anaphylaxis:**

Anaphylaxis is an extreme and severe allergic reaction. The whole body is affected, often within minutes of exposure to the substance which causes the allergic reaction (allergen) but sometimes after hours.

Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.

The symptoms are caused by the sudden release of chemical substances, including histamine, from cells in the blood and tissues where they are stored. The release is triggered by the interaction between an allergic antibody called Immunoglobulin E (IgE) and the substance (allergen) causing the anaphylactic reaction. This mechanism is so sensitive that minute quantities of the allergen can cause a reaction. The released chemicals act on blood vessels to cause swelling. In people with asthma, the effect is mainly on the lungs. There may also be a fall in blood pressure.

### **Possible Causes**

|   |   |
|---|---|
| <p><u>Food:</u></p> <ul style="list-style-type: none"><li>• Peanuts</li><li>• Pulses (e.g. lentils)</li><li>• Tree nuts (e.g. almonds, brazil nuts, cashew nuts, hazelnuts, walnuts, pistachio nuts)</li><li>• Fish/shellfish</li><li>• Dairy products</li><li>• Eggs</li><li>• Fruit</li></ul> | <p><u>Non-Food:</u></p> <ul style="list-style-type: none"><li>• Wasp/bee stings</li><li>• Natural latex (rubber)</li><li>• Certain medicines or injections (e.g. Antibiotics, Aspirin, Ibuprofen)</li></ul> |
|---|---|

## **Symptoms.**

### **Allergic reaction:**

- Skin redness and /or itchy bumps
- Swelling of hands/feet/eyelids/mouth/lips/genitals
- Nausea, vomiting, stomach pain
- Heart palpitations
- Light headedness

### **Anaphylaxis:**

- Difficulty breathing (change in voice, dry cough, high- pitched breathing, chest tightness)
- Sense of impending doom
- Collapse/ loss of consciousness

Adrenaline occurs naturally in the body. Adrenaline injected into the muscle of the upper outer thigh is the first-choice drug for the emergency treatment of anaphylaxis because it works quickly to reverse the symptoms of an anaphylactic reaction.

Adrenaline acts to raise low blood pressure, which can cause dizziness and loss of consciousness in anaphylaxis. It also relaxes smooth muscle in the lungs to improve breathing and reduces swelling around the face and lips.

### **Quick treatment guide:**

- Call the Nurse on duty
- Follow individual care plans in orange anaphylaxis kits
- Dial 999 and report: Emergency Anaphylaxis, Including name, time, place, address
- Stay with patient until paramedics arrive and send used medication pen with ambulance staff
- Commence CPR as necessary
- To be accompanied by member of SMT in ambulance

### **EpiPen:**

- Grasp EpiPen in dominant hand
- Pull off the blue safety cap
- Hold Orange tip approximately 10cm from outer thigh and jab firmly into outer thigh, listen for click
- Hold firmly against thigh for 10 seconds
- Seek immediate medical help
- Be prepared to administer second EpiPen if necessary

### **Jext Pen:**

- Grasp the Jext auto injector in your dominant hand (the one you use to write with) with your thumb closest to the yellow cap.
- Pull off the yellow cap with your other hand.
- Place the black injector tip against your outer thigh, holding the injector at a right angle (approx. 90°) to the thigh.

- Push the black tip firmly into your outer thigh until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle
- Massage the injection area for 10 seconds
- Seek immediate medical help
- Be prepared to administer second Jext Pen if necessary

Following Anaphylaxis, the pupil needs to be seen by the school Doctor or Consultant.

It is important to reflect and debrief those involved and adjust pupil treatment plan as necessary.

## APPENDIX 7 - EPILEPSY POLICY

### **Purpose of this Policy:**

To support any pupils with Epilepsy in the Boarding School setting and to provide emergency care to visitors at the point of need.

Horris Hill School recognises that Epilepsy is a common condition affecting children and supports children with Epilepsy in all aspects of school life and encourages them to achieve their full potential.

It is the parents' or guardians' responsibility to notify the school if their child suffers from Epilepsy or another condition that involves seizures. Full details are required including the severity of the condition and the name and dosage of medication prescribed.

All pupils with a diagnosis of Epilepsy/seizures will have an Individual Health Care Plan. This plan will include specific details of the pupil's condition and daily care requirements, medication, first aid procedures and emergency contact details.

All staff will be trained and competent in managing an Epileptic Seizure.

### **What is Epilepsy:**

Epilepsy is a condition that affects the brain and causes repeated seizures, which used to be called "fits". Epilepsy is estimated to affect more than 500,000 people in the UK. This means that almost one in every 100 people has the condition. Epilepsy can start at any age, but it most often begins during childhood.

The specific cause is often not known; although in some cases – particularly those that occur later in life – are associated with damage to the brain. For example, Epilepsy can be caused by strokes, brain tumours and severe head injuries.

A seizure occurs when the nerve cells in the brain, which affect the way we think and behave, stops working in harmony. When this happens the brain's message become temporarily halted or mixed up.

### **Medication and Control:**

People with Epilepsy usually take daily medication to control their Epilepsy so they get fewer seizures. They may also have emergency rescue medication e.g. Midazolam.

### **Signs and symptoms:**

Each pupil with Epilepsy will experience the condition in a way that is unique to them. Seizures can happen at any time and generally last a matter of seconds or minutes, after which the brain returns to normal. Some pupils will get an aura or warning sign prior to a seizure. This can be a smell, taste or visual warning.

Some may feel annoyed or elated several hours prior to a seizure, and immediately before.

### **Absence:**

Here the person stops what they are doing and may **stare, blink or look vague** for a few seconds. They are often mistaken for **daydreaming or inattention**. These are the most common types of seizure in children and young people and can occur several times a day.

### **Tonic clonic seizures:**

This is the most widely recognized type of seizures. Here the pupil will **lose consciousness**, their **body will stiffen, and they will fall to the ground**. This is followed by **jerking movements** known as convulsions. Sometimes the pupil will become **incontinent**. After a few minutes the jerking will cease, the pupil will be confused and will probably need to sleep.

### **Atonic seizures:**

Here all muscle tone is lost, and the person drops to the floor. **The body will go limp**, and they will usually fall forward. They are therefore at risk of hitting their head. The pupil can usually get up straight away.

### **Causes/Triggers:**

In many pupils with epilepsy, seizures happen without warning, but in some people certain triggers can be identified.

- Epileptic not taking medication
- Stress, anxiety or excitement
- over the counter/prescription medicines
- hormonal changes
- late night
- illness
- unbalanced diet
- photosensitivity

### **What to do if a pupil with Epilepsy has a seizure:**

#### **Do...**

- Ask another pupil to call the Health Centre **07500 874 627**
- Time the seizure from start to finish
- Reassure and ask the remainder of the pupils to leave the room and wait in their common room.
- Stay with the pupil and protect the person from injury - (remove harmful objects from nearby), place a cushion under their head.
- Aid breathing by placing them in the recovery position once the seizure has finished.
- Stay with the person until recovery is complete

#### **Don't...**

- Restrain the person's movements
- Put anything in the person's mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

### **Call for an ambulance if...**

- This is the person's first seizure

- The seizure continues for more than five minutes
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures
- The person is injured during the seizure
- You believe the person needs urgent medical attention

**Awareness:**

When a pupil with Epilepsy joins Horris Hill School, Epilepsy will be addressed as a whole-school issue through assemblies and in the teaching of PSHE lessons. Children will be introduced to Epilepsy in a way that they will understand.

This will ensure the child's classmates are not frightened if the child has a seizure in class.

**Side-effects from epilepsy medicines:**

Some Epilepsy medication may have side-effects this may affect the pupil's behaviour. Possible side effects include hyperactivity, irritability, sleepiness, mood changes, aggression and confusion, problems concentrating and mood swings.

Further information can be found at [www.epilepsy.org.uk](http://www.epilepsy.org.uk) Or by calling the Epilepsy helpline Freephone: 0808 800 5050

**APPENDIX 8 - HARRIS HILL – PUPIL MEDICAL QUESTIONNAIRE ON SCHOOL ENTRY**

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE SCHOOL**

|                           |         |       |            |                   |                    |                  |  |
|---------------------------|---------|-------|------------|-------------------|--------------------|------------------|--|
| Pupil Name                |         |       |            |                   |                    |                  |  |
| Date of Birth             |         |       |            |                   |                    |                  |  |
| Place of Birth            |         |       |            |                   |                    |                  |  |
| Parents Names             |         |       |            |                   |                    |                  |  |
| Parents Address           |         |       |            |                   |                    |                  |  |
| Parents Home Tel          |         |       |            |                   |                    |                  |  |
| Parents Mobile Tel        |         |       |            |                   |                    |                  |  |
| Guardian Name             |         |       |            |                   |                    |                  |  |
| Guardian Address          |         |       |            |                   |                    |                  |  |
| Guardian Tel              |         |       |            |                   |                    |                  |  |
| Guardian Mobile tel       |         |       |            |                   |                    |                  |  |
| NHS number                |         |       |            |                   |                    |                  |  |
| Name<br>of previous Dr    |         |       |            |                   |                    |                  |  |
| Address<br>of Previous Dr |         |       |            |                   |                    |                  |  |
| Childhood Illness (tick)  | Measles | Mumps | Chickenpox | Whooping<br>cough | Rheumatic<br>Fever | Scarlet<br>Fever |  |
| Dates                     |         |       |            |                   |                    |                  |  |
| Immunisations             | DTaP    | MMR   | Men C      | BCG               | Hib B              |                  |  |
| Dates                     |         |       |            |                   |                    |                  |  |
| Other immunisations       |         |       |            |                   |                    |                  |  |

|                              |  |
|------------------------------|--|
| Has your child lived abroad? |  |
| Details of Tropical diseases |  |
| Malaria & Treatment          |  |
| Hospital admissions          |  |
| Medical diagnosis            |  |
| Taking medication            |  |
| Vitamins & Supplements       |  |
| Allergies                    |  |
| Medication for Allergies     |  |
| Operations                   |  |
| Dietary requirements         |  |
| Food Allergies               |  |
| Wearing glasses              |  |
| Last Eye test                |  |
| Hearing                      |  |
| Ear infections               |  |
| Last Hearing test            |  |
| Dental Problems              |  |
| Last dental appt             |  |
| Any throat problems          |  |
| Asthma                       |  |
| Asthma medication            |  |
| Eczema                       |  |
| Eczema creams                |  |
| Hayfever                     |  |
| Hayfever medication          |  |

|                           |  |
|---------------------------|--|
| Bedwetting                |  |
| Constipation/Soiling      |  |
| Sleep                     |  |
| Relevant Family History   |  |
| Fit to play all sport     |  |
| Private Medical Insurance |  |

PLEASE ATTACH SEPARATE SHEET FOR ANSWERS WHERE NECESSARY.

Please bring any current Medication your son is taking sufficient only until your child is registered with the school Doctor.

Registration with the school Doctor will be within the first few weeks of admission to Horris Hill School

The Health Centre Nurses can give medication **under the guidance of the School Doctor** and also stock some over the counter (OTC) products (homely remedies) such as paracetamol, Ibuprofen, throat lozenges, olbas oil and antiseptic creams to name but a few.

**Therefore, there is no need to bring in any over the counter medication**

It is considered good practice to have signed consent from parents for these arrangements.

*Please sign below*

I agree to the arrangements of dispensing non-prescription medicines to my child by the School Nurse or suitably trained staff as needed.

PUPIL'S FULL  
NAME.....

PARENT'S NAME.....

PARENT'S SIGNATURE.....

DATE.....

If there are any unusual features concerning your child's health, which may affect normal school activities, please discuss with your own Doctor who can then write directly to the school Doctor if necessary.

When your child starts school, you will have the opportunity to discuss your child's health with the School Nurse.

On admission to the school as a boarder, your child will be registered with the School Doctor,

**Dr Badham, Eastfield House Surgery, 6 St John's Road, Newbury, RG14 7LW. Tel: 01635 41495**

Overseas children bringing medication to Horris Hill School are asked to provide a letter, written in English, from the prescribing Doctor stating the name of the medication, dosage and frequency. The school Doctor will be consulted prior to this medication being administered to your child.

Pupils are **not** permitted to keep **medication or supplements** in the Boarding Houses. All medication and /or supplements are to be handed to the **School Nurse on arrival at Horris Hill School**.

**EMERGENCY/HOSPITAL TREATMENT**

**Naturally in the event of a serious Emergency every effort will be made to contact Parents or Guardians for attendance and consent. However, should it not be possible to contact a parent without unduly delaying Emergency Treatment, as advised by the attending Doctor in charge, we ask that you agree to the Tests/Investigations/Operations below by putting a tick to give your consent or a cross to withhold your consent and signing at the bottom of this page.**

**Admission of a pupil to HORRIS HILL SCHOOL implies that parents accept the Head Teacher (or his/her representative's) right to act in loco parentis in such a situation.**

| Procedure   | To Give Consent Please Tick<br>To Withhold Consent Please Cross |
|---|---|
| Antibiotics   |   |
| Blood Tests   |   |
| General Anaesthetic   |   |
| Operations  |   |
| Blood Transfusion   |   |
| First Aid Procedures  |   |
| Dental  |   |
| Optical   |   |
| X Ray   |   |
| Use of Emergency Asthma Inhaler (only if your child has Asthma. The emergency Asthma Inhaler is a spare and not a replacement for a pupil's own inhaler).         |   |
| Use of Emergency Adrenaline Auto Injector (only if your son is at risk of anaphylaxis. The emergency AAI is a spare and not a replacement for a pupil's own AAI). |   |

I agree to the Head Teacher Mrs Helen Wilkinson (or her representative) from Horris Hill School to acting in loco parentis on my behalf.

Pupils' Name .....DOB.....

Parent

Name.....

Signature.....

Date.....

**APPENDIX 9 – LIST OF STAFF WITH FIRST AID QUALIFICATIONS**

| <b>Name</b>       | <b>Date of Training</b> | <b>Date of Expiry</b> | <b>Training type</b>            |
|-------------------|-------------------------|-----------------------|---------------------------------|
| Sophie Adnitt     | Sep-23                  | Sep-25                | First Aid Essentials TES        |
| Jack Davis        | Dec-24                  | Dec-27                | Paediatric First Aid QA level 3 |
| Mark Hale         | Sep-22                  | Sep-25                | Paediatric First Aid QA level 3 |
| Sophie Milligan   | Jan-23                  | Jan-26                | Paediatric First Aid QA level 3 |
| Ben Powell        | Sep-22                  | Sep-25                | Paediatric First Aid QA level 3 |
| Amy Rutherford    | Aug-22                  | Aug-25                | Paediatric First Aid QA level 3 |
| Howard Thomson    | Dec-24                  | Dec-27                | Paediatric First Aid QA level 3 |
| Michelle Trigwell | Dec-24                  | Dec-27                | Paediatric First Aid QA level 3 |
| Jade Vidler       | Dec-24                  | Dec-27                | Paediatric First Aid QA level 3 |
| Laura Wowk        | Dec-24                  | Dec-27                | Paediatric First Aid QA level 3 |
| Carina Bone       | Aug-23                  | Aug-26                | Basic First Aid Level 2         |
| Joely Van Zyl     | Dec-24                  | Dec-27                | Paediatric First Aid QA level 3 |
| Abigail Comer     | Dec-24                  | Dec-27                | Paediatric First Aid QA level 3 |
| Marina Dobson     | Dec-24                  | Dec-27                | Paediatric First Aid QA level 3 |

## **APPENDIX 10 – PANDEMIC RESPONSE**

### **Introduction**

This document provides guidance for the school's response to any pandemic. The World Health Organisation (WHO) raises an alert to Level 5 if they feel a global pandemic is imminent.

If this occurs this guidance must be read in conjunction with regular information updates being issued by local, government and health authorities. It can be expected that the Health Protection Agency will liaise closely with schools, should the threat be significant.

### **Responsibilities**

The Head Teacher and Senior Management Team will coordinate the school's response to the threat, in consultation with the Lead School Nurse and Governors.

The Bursar and Deputy Head Teacher will monitor the regular information updates issued by the appropriate authorities and direct and monitor preventative measures and responses within the school. The Bursar is to maintain regular communication with the school's medical advisors.

### **Preventative measures**

The best protection is a high level of personal hygiene, and this must be constantly emphasised with all staff and students. All will be reminded of hygiene and hand washing.

Hand-wash and alcohol gel will be available throughout the school.

Any staff or student displaying relevant symptoms should report to the School Nurse, who will decide whether that person needs to be referred to the School Doctor.

The Health Centre has the facility to admit four children to Sick Bay at any given time.

If a Pandemic should occur alternate arrangements would be made by the Head Teacher and Senior Management regarding converting a dormitory/s to accommodate infected children. Appropriate staff cover would be arranged at the discretion of the School Nurse on duty.

A high degree of cleaning, particularly hard surfaces, door handles etc., will be undertaken.

The Health Centre, boarding Houses and staff work areas will be provided with alcoholic gel and other medicines as necessary.

Existing policies on illness and staff sickness apply.

### **School Closure**

Should a Pandemic occur, it is possible that the school might be directed to close.

However, whilst it is preferable that the school is closed only on the advice of the local authority, the Governors might decide to close the school as a protective measure.

Should the school need to close, the provision of education will continue by electronic means.

### **Parent Contract and Insurances**

Parents are obliged to comply with the school's request to quarantine students, should it be necessary.

The Parents' Contract provides for Force Majeure, which includes Pandemic. In these circumstances, the school will communicate with all families about the extent of the threat.

The school has no liability in respect of the performance of its obligations during the Force Majeure but is committed to endeavouring to ensure the continuance of educational services.

In these circumstances, the school has no liability to refund any fees.

The Bursar is responsible for liaison with the school's insurers. The relevant cover will be.

- Business Interruption – includes an element of cover for loss of revenue resulting from closure of the school by a competent local authority as a consequence of an occurrence of a Notifiable Disease outbreak occurring within a 25-mile radius of the school.
- Public Liability – the school is expected to take all reasonable precautions which means following advice from relevant bodies such as local authorities, including trips to/from affected areas. Also, students, parents and staff returning from any affected area be immediately cleared by the School Nurse (as much as possible, given the flu incubation period) that they have returned in good health.

There will be no refund or waiver of fees in the event that a term is shortened, the student is released home early or quarantined at home for health (including precautionary) reasons, except at the discretion of the school and then only in exceptional circumstances.

## **APPENDIX 11 – SUN SAFE POLICY**

### Purpose of policy

- Avoidance of sunburn, heat exhaustion and heat stroke.
- To recognise risk factors and identify actions and responsibilities to reduce these risks.

### Suncream

The school nurse is responsible for the ordering and supply of suncream. We use cream that is factor 50 with a high UV protection.

If your child has highly sensitive skin, you are welcome to provide cream from home. Please provide two named bottles.

On days when suncream is required it will be applied in the boarding houses and then reapplied after lunch and during games.

Suncream will be given to staff members leading trips for them to oversee application.

### Heat exhaustion and heat stroke

The school will follow advice from Public Health England when hot weather alerts are raised.

The school has a summer timetable that avoids extended periods of exposure during the hottest part of the day.

Water is available throughout the day and during matches.

Hats are to be worn in hot weather

If anyone experiences adverse effects of sun / heat exposure they are to be referred to the school nurse for assessment and treatment.

## **APPENDIX 12 THE SAFE ADMINISTRATION OF MEDICATIONS**

### **INTRODUCTION**

If a boarding pupil requires medication boarding staff will be informed, either by the Medical Centre or the Parents. The relevant parties will liaise in planning to facilitate administration. This applies whether the medication is being taken either long or short term and will consider the individual's needs. The Pupils' right to confidentiality should always be considered, and this may determine how much information is released regarding a condition and the treatment.

### **NOTIFICATION, ASSESSMENT, RECORDING AND STORAGE OF MEDICINES**

It is the responsibility of the parent to inform the medical Centre and/or boarding staff if they require medication. It remains the responsibility of the Boarding Staff/Matron to ensure that medicine kept in the house is being taken correctly, stored safely and any unused or expired items are returned home, or to the Medical Centre, for safe disposal. Any medication brought to school must be in the original container bearing the pharmacy label/manufacturer's instructions. This will state clearly the name of the recipient for whom it has been prescribed, plus the name, dose, duration and instructions for the administration of the medicine. Information regarding side effects and contraindications for taking the medicines must also be available. The same process applies for ALL medications (prescription and over the counter medication). Medication which does not comply with the above will be taken from the pupil's possession and taken to the Medical Centre for review and safekeeping. Pupils are not permitted to have their own medication containing paracetamol or ibuprofen at school. This is to ensure that a pupil cannot accidentally receive and "overdose" as the administration of these medications are strictly controlled by Matrons and the Medical Centre. Undeclared medication can pose a serious threat to the pupils, and other pupils' health (if shared). A written log of all the medicines supplied by the Medical Centre for the boarding houses is kept and from there a written record of all the medication administered is kept in each house. The boarding staff are also responsible for entering the administration of the pupil's dosage etc. on ISAMS

### **Administration of Controlled Drugs**

It is mandatory for all Controlled Drugs to be signed for and witnessed on receipt and at every administration, and a detailed stock count maintained in an appropriate bound record book. Clear standardized instructions for entry recording is available on the front of ALL Controlled Drug Record Books

### **PROCEDURE FOR ADMINISTERING MEDICINES**

The law states that anyone may administer prescribed medicine to another, in accordance with the prescriber's instructions (except for injections). School staff must have completed The Administration of Medications in Schools if they are to administer medication to pupils. Medicines must not be shared, or dosage altered at any time. The correctly labelled medication will always be stored in a locked cupboard, the keys to which are kept in a Combination Safe. The exception to this are inhaler devices and adrenaline auto-injector pens, which should always be easily accessible. • The required timings of the medication will

be noted and administered accordingly. • Correct hygiene will be observed i.e. hand washing, prior to the procedure • A drink will be readily available • The name of the pupil will be verified against that on the clearly labelled container. • The name of the medication, route, dose and expiry date of the medication will be checked. • The correct dose of the medication will be administered according to the instructions on the label. • A record of the date and time of the administration of the medicine will be made. Details of any refusal to take the medicine will be documented and the parent/medical Centre /GP will be notified. In the event of any adverse reaction, the Medical Centre will be alerted. The pupils' medical records will be documented accordingly. In the event of an error being made, immediate advice from the Medical Centre will be sought and an incident form completed. Parents may also be informed. The pupils' records will be documented accordingly.

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## **APPENDIX 12 ADMINISTRATION OF MEDICATION FOR OF SITE VISITS**

### **Medicines for Off Site Visits/Trips**

For every trip registered on EVOLVE, the Medical Centre will ensure that all Medical Information taken from ISAMs is correct and will provide any additional information which may be necessary for the organiser to be aware of. For example, a pupil has a broken thumb or is on ADHD medication which may be required and need to be administered by the Organiser (controlled drug protocol). The Medical Centre will also inform the Organiser which pupils (if any) do not have parental consent for over-the-counter medications (paracetamol, ibuprofen and Cetirizine). In the event of the group organiser being asked to oversee the administration of medication, the pupil's name, symptoms, date and time of administration, the name and dosage of the preparation given should be documented and a stock balance maintained using the Medication Administration Log available from the appropriate Boarding House. Any unused items are returned to the Health Centre on their return. ALL pupils requiring Inhalers or Adrenaline Pens (x2), staff must ensure that they are always close to the pupil – support will be provided as needed from the Organiser who would have been informed by The Health Centre of their need and Care Plan will also be uploaded to the Evolve form.