# Westbourne House School
# First Aid & Medical Policies

This is the policy of Westbourne House School, which incorporates the Prep School, Pre-Prep, Early Years Foundation Stage as well as provision for boarding.

**Policy Statement**
The policy of the School under Health and Safety legislation to ensure there are adequate and appropriate equipment and facilities for First Aid at Westbourne House.

**Aims**

- To administer appropriate first aid to all pupils (day and boarding) and adults at Westbourne House.
- To provide suitable bed rest (in gender specific sick bays) for pupils who are unwell and require appropriate medical care.
- To identify those members of staff who are qualified to administer first aid by way of a list. This must be updated regularly and displayed in the Surgery Area and the Staff Room in both Main School and Pre-Prep.
- To ensure all first aiders attend the appropriate courses and that these are kept up to date and renewed every three years.
- To identify the designated person (Senior School Nurse) to take charge of first aid arrangements as determined in the health and safety policy.
- To provide guidance on when to call an ambulance.
- To record the location and contents of first aid boxes.
- To ensure that there are an adequate number of first aid boxes in relation to the size of the school.
- To ensure that all first aid kits are easily accessible and well stocked.
- To provide training to employees on basic first aid and paediatric first aid where appropriate.
- To have at least one first aid qualified person on each school site when pupils are present, including a paediatric first aid trained member of staff in EYFS.
- To ensure accidents are correctly recorded and documented.
- To ensure appropriate reference is given to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which schools are required to report to the HSE (Health and Safety Executive) online. A telephone service is provided for reporting fatal and major injuries only (0845 3009932).
- To ensure that next of kin are always contacted in the event of an accident and kept informed.
- To ensure that there are health care plans available for those pupils with particular medical conditions for example, epilepsy and diabetes to which staff can refer.
- To ensure hygiene procedures for dealing with the spillage of body fluids are in place as recommended by the Health and Safety Executive (see Appendix 1 below).
- To ensure that clinical waste is collected and safely disposed of by the Rentokil Initial Company (see Appendix 2 below).

**Practice and Procedure for First Aid & Illness**

**Illness**
Should a pupil in the Prep School feel unwell then they should be referred to the School Nurse to be assessed and the appropriate treatment will be provided. In the event of a pupil remaining in the Sick Bay, the School Office will be notified and, where possible, the class teacher.

It is good practice for the School Nurse to keep parents/boarding staff updated if a child has had to spend time during the day in the Sick Bay.

Pupils should not be sent home as a matter of course; if the pupil is sent home, the School Office and/or boarding staff (if applicable) must be informed. It is Public Health England's (PHE) guidance that pupils and staff are not to be in school for 48hours following the last episode of any diarrhoea and/or vomiting. Unless discussed with the School Nurse specifically, it is the parents' responsibility to inform the school if their child is diagnosed with an infectious illness or disease in order for us to notify the appropriate agencies, under the strictest confidence.

**Administration of First Aid**
A person who is considered a first aider must have completed a training course approved by the health and safety executive (HSE).
In school the duties of the first aider are to:

- Give first aid as required.
- When necessary call School Nurse, and/or phone for an ambulance if required.
    - An ambulance should be called immediately if injuries/incident is thought to be life threatening and requiring urgent professional assistance (as per guidance received during whole school INSET First Aid Training).
- Ensure that next of kin are contacted in the event of a serious injury or where deemed necessary. Head to be informed.
- Ensure that the incident and any treatment administered is recorded in the appropriate place.

**Appointed Person**
At Westbourne House all Appointed Persons are qualified first aiders (see Appendix 19). The duties of an appointed person are as follows:

- Take charge when someone is injured or ill
- Ensure that someone qualified to do so administers first aid.
- Ensure that an ambulance or other professional help is called when appropriate
- Ensure that next of kin are contacted in the event of a serious injury or where deemed necessary.
- Ensure the Head is informed.
- Ensure that the incident and any treatment administered is recorded in the appropriate place.
- Ensure an up to date list of the contents and where first aid kits are kept around the school (see Appendix 20).

**Accident Report Forms**
Under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) 2013 there are some accidents that must be reported to the HSE (Health and Safety Executive). For definition please see guidance on RIDDOR 2013 and HSE reference sheet "Incident reporting in schools (accidents, diseases and dangerous occurrences)".

The HSE state that an accident be reported if it relates to:

- A school activity both on and off the premises.
- The way in which a school activity has been organised and managed (e.g. supervision of a trip)
- Equipment, machinery or substances.
- Design or condition of the premises.

These records must be kept for a minimum of 3 years. They may be used for reference in future first aid needs assessments and may be helpful for insurance and investigative purposes.
The school must keep a record of any reportable injury, disease or dangerous occurrence. An Accident Report Book is kept in the School Surgery for this purpose. This record can be combined with other accident records and must include:

- Date, time and place of the event.
- Personal details of the person involved and of the person reporting the incident if this is different.
- Brief description of the nature of the event or disease.
- Details of any action taken/recommendations.
- Signature of person completing the report.
- Entry should be shown to the Bursar.

**Recording of First Aid administered to Pupils and Staff**

Details of any first aid/medication administered in the Prep School are recorded in the pupil/staff's individual folder, which is kept in a locked cupboard in the school surgery. For Pre-Prep, individual folders are locked in the Pre-Prep Office.

These recordings are made by the School Nurse/Matron and should include:

- Name of the injured or ill person.
- Date, time and place of incident.
- Details of the injury / illness and what first aid/medication was given.
- Any follow up care administered e.g. an assessment in A&E, resumption of normal duties, sent home etc.
- Name and signature of the designated person dealing with the incident.

**With due regard to boarding in an Outhouse:**

- Boarders, if required, will have access to local medical, dental, optometric and any other specialist services or provision if necessary.
- Details of any medical care/first aid/medication administered whilst the pupil is boarding in an outhouse must be recorded in the pupil's boarding folder which is kept by the house parents for each child in their boarding house. This information must be emailed to the School Nurse by 8am the following day. In addition, if medication has been given, it is essential that this is recorded in the Purple Medicine Book.
- If a child is unwell during the school day and will require significant care through the night, parents/next of kin will be contacted to discuss their appropriate care and whether it would be better for the child to go home.
- It is not appropriate for a child who is unwell and requires care and/or monitoring to remain in their boarding house overnight and so they will be accompanied by their houseparent to the sick bay in Main House to be cared for by the duty matron. Parents/Next of Kin will only be contacted if it is deemed necessary. If the houseparents or residential matrons are uncertain about transferring a child to sick bay or whether or not to contact the parents, they are to contact the Head of Boarding who will either make a decision or contact the on call nurse for further advice if needed.
- Suitable accommodation, including toilet and washing facilities, is provided in order to cater for the needs of boarding pupils who are sick or injured. The accommodation is adequately staffed by appropriate qualified personnel and is adequately separated from other boarders.
- If both a female and male boarder require the use of Sick Bay during the day and/or night the Matron on duty will ensure that one of the pupils is accommodated in an alternative room with appropriate supervision and care.
- In all emergency cases, when a pupil requires hospital treatment, parents/next of kin will be contacted immediately. Pupils are always accompanied to hospital by an appropriate member of staff who will remain with the pupil as required and until parent/next of kin arrive.

**Staffing and Resources**

At Westbourne House there is a registered nurse on duty during the week in school hours to take charge of all medical needs. Members of staff who are qualified in first aid do this when the School Nurse is not on duty. A small surgery area is provided for first aid, and there are first aid boxes around the school for use by staff for minor incidents. All staff should be aware of the location of first aid boxes; there is however a list of the locations kept in the staff room of both the Prep School and the Pre-Prep. All first aid boxes are checked and replenished on a regular basis.

The School Nurse oversees the health and medical needs of the school. There are additional first aid trained staff who support the Nurse and provide first aid cover.

**First Aid administered by staff whilst off site**

Staff accompanying pupils off site are encouraged to take a first aid kit with them which will be checked by the School Nurse prior to collection and replenished on return if necessary. Staff must inform the School Nurse if items in the first aid kit have been used.

It is the responsibility of the lead teacher to inform parents and the School Nurse if first aid has been administered to a pupil/staff whilst off site, on return to school. This must include details of any accident/incident and any treatment administered. If the trip is a residential one, these details should be recorded in the "Trip Out" Folder provided by the School Nurse for the trip.

**Appendix 1 – Disposal of Body Fluids Protocol**

The following procedure must be followed as recommended by the HSE (Health and Safety Executive).

**On site:**

- In most cases, it should the Matrons Department team who deals with bodily fluid spillages and they should be informed of any sort of spillage – urine, faeces or vomit.
- A “Biohazard Kit” is provided for cleaning up spillages – instructions to be followed as per pack.
- Personal Protecting Equipment (PPE) must be worn and universal precautions must be used.
- Once the area is clean, spray with a disinfectant spray and leave area to dry.
- Place a ‘Wet floor hazard’ sign if appropriate over the area.
- Ventilate the area well.
- Clean any reusable equipment by soaking in disinfectant solution or wiping it with disinfectant, before removing gloves.
- Place gloves, apron and mask into the yellow clinical waste bag.
- Tie yellow bag and place in the clinical waste bin in the Surgery or the disabled toilet in Pre-Prep.
- Deep clean must be considered.
- Clinical waste is collected monthly by Rentokil Initial Company (see Appendix 2).

**Off site:**

A Biohazard kit, as described above, is included in the “sick bag” which staff are encouraged to collect from the School Nurse to take with them on a school trip to be used for travel sickness. Disposal of a used yellow clinical waste bag must be in an appropriate bin. This may require it to be kept until the pupils return to school where it can be disposed of safely in the clinical waste bin situated in the surgery/matrons department. Biohazard kits are also included in the first aid bags taken for residential trips.

**Appendix 2 – Clinical Waste Disposal**

Clinical waste is any waste that consists wholly or partly of human or animal tissue, blood, other body fluids such as urine, excretion, drugs or other pharmaceutical products, swabs, dressings or plasters, syringes, needles or other sharp instruments, which unless rendered safe may prove hazardous to any person coming into contact with it. Needles are disposed of in yellow sharps boxes and not yellow bags.

Yellow bags must be used for the disposal of clinical waste as described above and these must be placed in the large clinical waste bins located in the surgery area and the disabled lavatory in the Pre-Prep. The School Nurse arranges for the contents of these bins to be collected monthly by the Rentokil Initial Company. Sharps bins are also collected and replaced at this time if necessary.

The Rentokil Initial Company – 017920 708157

Clinical waste must NEVER be disposed of with general rubbish as it is a potential health hazard to the refuse collectors. We can be fined if yellow clinical waste bags are found amongst our general waste.

**Appendix 3 – Supporting pupils with medical needs in school**

It is important that responsibility for pupils' safety is clearly defined and that everyone involved with a pupil with medical needs is aware of what is expected of them. Close co-operation between schools, parents, health professionals and other agencies is crucial in order to help provide a suitably supportive environment for pupils with medical needs to enable them to participate fully in school activities.

It is essential that any medical information regarding pupils in the School received by staff is relayed to the School Nurse immediately either in person or via email.

**Parents and Guardians:**

- Must provide current contact details.
- Are responsible for making sure their child attends school when well enough to do so.
- Should provide the school with sufficient information about their child's health care needs, special dietary requirements and treatment.
- Should collaborate with the school to enable an individual health care plan to be drawn up by the School Nurse when necessary.
- Must ensure that any required medication is brought into school in its original container with its original pharmacy label attached.
- Must ensure that any medication (including creams/ointments, medicated throat sweets etc) that they bring into school for use by their child is given to the School Nurse/matron on duty. Pupils are not allowed to keep their own medication and self medicate, without the permission of the School Nurse and the relevant documentation having been completed.
- Must ensure that the School Nurse is informed if medication has been given prior to the school day – by either email or telephone.
- Must complete the green medical questionnaire form when their child becomes a pupil at Westbourne House. On this form they must provide the school with information regarding their child's health problems. By signing the form the parents provide written consent for over the counter medicines listed on it, to be administered if necessary to their child whilst at school.
- When the pupil moves from Pre-Prep to the Prep School a further form is supplied to parents to complete so as to ensure that all medical details are correct.
- Are responsible for updating the School with any medical/dietary conditions/requirements.
- Must complete and sign the "Consent to Administer Prescribed or Non Prescribed Medication" form prior to their child being administered a prescribed or non prescribed medication (not listed on the Green Medical Questionnaire) whilst in school.
- Must sign medication in/out daily. It is the parent's responsibility to collect the medication if needed daily unless discussed with the School Nurse.
- Must supply the School Nurse with an up to date Immunisation Record as requested on the Green Medical Questionnaire.

**The School Nurse will:**

- Provide advice, guidance and support re medical/health issues to pupils, parents and school staff.
- Create a pupil's individual health care plan where necessary.

- Provide appropriate training to members of staff who care for a pupil with medical needs, including administration of medication if necessary.
- Ensure staff obtain the support they may need when caring for a pupil with medical needs.
- Provide general health promotion advice via classroom delivery, and other methods as required.
- Be involved with the day-to-day decisions about health care needs and administering medication.
- Ensure that changes in a pupil's condition or care are highlighted at the weekly staff meetings.
- Ensure that all parents are aware of the school's policy and procedures for dealing with health care needs.
- Consult with the relevant health professionals regarding decisions relating to the attendance of pupils with communicable diseases or follow the guidelines obtainable from the Public Health England.
- Ensure appropriate safe storage is available for medication.
- Ensure that emergency medication such as asthma inhalers or auto-injectors are immediately accessible and that members of staff are aware of where these are.
- Ensure that medication administered to a pupil is only given by a member of staff whose name is on the "Administration of Medication Protocol" list displayed in the surgery.
- Ensure that parents/house parents are informed of any medication that may have been given during the school day.
- Be responsible for developing and implementing the school medical policy and for creating detailed administrative procedures for meeting the health care needs of pupils. This must include thorough documentation of any medication that is administered to a pupil.
- Agree with the parents exactly what support the school can provide for a child with health care needs.
- Consult with the School Kitchen Staff regarding any special dietary requirement resulting from a medical condition as identified in the Individual Health Care Plan and ensure that they are supplied with an up to date dietary requirement list which lists the pupils who have food allergies.
- Ensure that out of date medication is disposed of safely.
- Ensure that over the counter medication as listed on the Green Medical Questionnaire is in stock and in date.
- Provide a trip folder for a residential trip, which will highlight the medical conditions of these pupils and the required care.
- Ensure that staff accompanying a school trip have received training in the care of any pupils with specific medical needs and are familiar with their health care plans. The School Nurse will supply a trip folder, which will highlight the medical conditions of these pupils and the required care.

**School Pupils:**

- Should not be responsible for the transportation of their medication unless previously agreed between the parent and School Nurse.
- Should, if responsible for transporting medication, hand it directly to the School Nurse for safe storage.
- Are responsible for going to the school surgery at the specified time to receive their medication.

- Must inform a member of staff or go to the School Nurse if feeling unwell whilst in school rather than phoning their parents/guardians requesting to be collected.
- Are not permitted to self medicate or store their own medication apart from auto-injectors and inhalers unless consent to do so has been agreed by the School Nurse and parents/guardians and the required documentation signed by all parties.
- Are not allowed to be excused from games without parental/guardian or School Nurse/ Matron’s consent.

**Appendix 4 – Administering Medication in school**

- Medication can only be given by the School Nurses and those members of staff listed on the Administration of Medicines Protocol as displayed in the surgery.
- Pupils must NOT be given over the counter medication without their parent/guardian's written consent obtained either via the green medical questionnaire which they complete when their child first enters the school or for those not listed on this form via the "Consent to Administer Prescribed and Non Prescribed Medication" form signed by the parents/guardians.
- Pupils must NOT be given prescribed medication without their parental/guardian's written consent via the "Consent to Administer Prescribed Medication" form. The School Nurse must provide a copy of this form to the Houseparents if the medicine is to be administered in an outhouse.
- Prescribed medication can only be given if it is in its original container/packaging and the pharmacy label states the correct name and dosage.
- School Nurse must check with the pupil and/or his parents before administering medication within the first four hours of the school day, as to whether he has had a dose. This is to prevent overdose or possible drug interaction.
- Houseparents must email the School Nurse if they have administered medication in the boarding house for the above reasons.
- Prior to administering medication, it must be ensured that there are not any adverse reactions/allergies to the medication, noted on the pupil's green medical questionnaire.
- Administration of all medication must be documented in the pupils' notes held in the Surgery and this must include time, date, name of medication, dosage, reason for administration and signature of designated person administering. If medication is administered in an outhouse it must be documented in the pupil's folder held in the surgery. It must include time, date, name of medication, dosage, reason for administration and signature or person administering.
- If a pupil refuses to take a prescribed medication it must be documented in their records, and the parents informed that day.
- Before administering the medication, check that it is in date and that dosage to be administered is age appropriate and when it was last given.
- If medication is given during the school day the "Medication Given at School" form must be completed and given to the pupil to take home for the parent's information. If the pupil is a boarder the houseparents should be emailed with the details of the medication, time given, dose and reason for giving.

**Storing medication:**

- It is essential that all medication is kept in a locked cupboard both in the Surgery and the Boarding Houses. School Nurses and Matrons have a set of keys for the former whilst Houseparents have keys for the latter.
- A few medicines, such as asthma inhalers and auto-injectors must be readily available at all times to pupils to whom they are prescribed and must NOT be locked away. These are kept on the shelf in the Surgery Area and thus are easily accessible to the pupils.
- Houseparents must ensure that asthma inhalers and auto-injectors are kept in a place that is easily accessible to the children to whom they are prescribed in an outhouse.
- Medicines that require refrigeration must be kept in a locked drug fridge in the Surgery Area and in the houseparent's refrigerator in the outhouse if necessary.

- Medicines must always be kept in their original container.
- Medication supplied from home must have the pupil's name on it.

**Guidelines for children carrying and self administering their own medication**

In some instances it is more appropriate for a pupil to self-administer medication.

- **Inhalers** – Over the age of 7 it is appropriate that a pupil keeps his/her inhaler with him/her for immediate use if required.
- The inhaler must have the pupil's name written clearly on the side. A spare one should be kept on the shelf in the surgery and in the pupil's sports locker to take out to games.
- **Auto-Injector** – This can be kept by the pupil for use in an emergency situation. However, at Westbourne auto-injectors are normally kept in a named box on the shelf in the Surgery. An instruction card and health care plan is found within the box. For those pupils in Pre-Prep, an auto-injector is also kept in the Pre-Prep Staff Room.
- **Diabetic Dextrose** – Diabetic pupils may carry a packet of dextrose to classes with them. If a diabetic pupil has a hypoglycaemic attack they may take 3 dextrose tablets, but must see the School Nurse immediately for assessment.
- **Diabetic rescue bag (named)** – must be taken out to games with the diabetic pupil. This must contain dextrose tablets and a carbohydrate snack. The bag must have a card with the pupil's details attached at all times.

**Guidelines for managing medication on school trips**

- All trip information must be given to the School Nurse at least one week in advance by staff and/or parents.
- The School Nurse will give any medication required on a school trip by a pupil to the member of staff in charge, with instructions on its administration.
- Residential trips will have a dedicated trip bag containing both non-prescription and prescription medication that may be required during the trip.
- The staff member responsible for medication during the trip must be deemed competent and given any training that may be necessary to administer medication, by the School Nurse.
- A "Trip Out" folder will be given to the staff member responsible for medication during a residential trip, which will contain: medical information for specific pupils and information for administering medication (both prescribed and non-prescribed) for the year group concerned. Any medication administered during the trip must be recorded in this folder together with the pupil's name, date, time and reason for administration.

**Guidelines for disposal of medicines**

- The School Nurse will dispose of expired medication at the local pharmacy apart from auto-injectors which must be returned to the parents/guardians for disposal.
- Parents must collect medicines held at school at the end of each term.
- Medication prescribed for a pupil must not be kept for use by anyone else.
- Sharps boxes must always be available for the disposal of needles. Collection and disposal of the boxes should be arranged by the School Nurse with the Rentokil Initial Company (see Appendix 2).

**Appendix 5 – Pre-Prep Accident and Health Procedures**

Medical histories and dietary needs are kept in school and updated termly or when new information is received. It is the responsibility of the School Nurses to maintain and update these records and of each member of staff to acquaint themselves with this information.

All staff receive basic First Aid training and deal with the normal bumps, cuts and bruises as they arise. Staff who hold a Paediatric First Aid qualification update their training every three years.

As a minimum, at least one Paediatric First Aid qualified person is on site and on outings, when EYFS children are present.

There are First Aid boxes in the Staffroom and Nursery kitchen. The Main First Aid box is kept on the high shelf by the front door and taken outside at playtimes; each Pre-prep Classroom also has a First Aid bag. A First Aid box is kept in the Sports Hall and there is also one at the Swimming Pool.

An "Accident Book" is kept with the Senior School Nurse for the recording of injuries and incidents that staff consider to be more serious than the normal day to day bumps and bruises.

*Minor Injuries*
Laura Boden and Sara Walker are in charge of First Aid and any incident where there is any doubt, should be referred to them or to the Head of Pre-Prep. A decision will then be made on the next course of action which may be:

- To do nothing.
- To inform parents.
- To refer to Prep School nursing staff.

It is the responsibility of the class teacher to inform parents (or person collecting the child) at the end of the school day, of any minor accident. The person dealing with the accident should record it in the 'Duplicate Book' (kept in the outdoor first aid box) and ensure the top copy is put in the child's home reader bag.

In the cases of minor bumps to the head, children are issued with a sticker/wristband indicating the injury (stickers and wristbands are kept in the First Aid box). All procedures as detailed in Appendix 11 must be adhered to. A minor head/facial injury notification will be sent home with head injury advice to monitor at home; a photocopy will be kept in school. A Concussion Signs and Symptoms Checklist (see Appendix 11) must be completed and retained in the pupil's file; a copy of this is also sent home with the Parent/Guardian Head Injury Information Letter (see Appendix 11).

If a child sustains an accident more serious than the usual bump, bruise or minor cut, but not one that in our opinion requires medical attention, a Concussion Signs & Symptoms Checklist will be completed by the School Nurse, a phone call to parents is made to advise them of the accident and the procedures taken. Parents are then in a position to come into school to reassure themselves and their child, and to take them home if they so wish. A record of these phone calls is kept in the "Accidents/Incidents Phone Calls to Parents" book that is kept in the Office. The medical information referring to the call is documented in the child's individual record.

When a child incurs an accident requiring medical attention, the School Nurse will be called and parents contacted as soon as possible. Parents of children who are seen by the School Nurse or matron will also be contacted via email/or telephone. For any injuries to the face, however minor, parents must be contacted.

Please also refer to Appendix 11 that gives further details of our head injury procedure along with the Concussion Signs and Symptoms Checklist and the Parent/Guardian Head Injury Information Letter.

*Major Accidents*
In the event of a major accident, staff who are first on the scene will make an assessment of the situation:

- Call 999 for an ambulance.
  **(NB: The child's medical notes and personal details should be readily available upon the ambulance crew's arrival).**
- Sought assistance from the Prep School Nurse.
- Contact parents as soon as possible but **the emergency itself must take priority**.

Note: Under Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 2013 (RIDDOR), some accidents must be reported to HSE. For definition of these, please see guidance on RIDDOR and consult the School Nurse.

*Illness*
Children feeling unwell should be referred to Laura Boden, Sara Walker or the Head of Pre-Prep who will make a decision about the course of action. In cases of doubt, staff should always be on the side of caution, refer to the School Nurse and call parents. Children should not however, be sent home as a matter of course and in most cases it should be Laura Boden, Sara Walker or the Head of Pre-Prep who makes the decision. The member of staff who sees the child off the premises is responsible for entering the child's name in the "Home Early" book.

It is Public Health England's (PHE) guidance that pupils and staff are not to be in school for 48hours following the last episode of any diarrhoea and/or vomiting. Unless discussed with the School Nurse specifically, it is the parents' responsibility to inform the school if their child is diagnosed with an infectious illness or disease in order for us to notify the appropriate agencies, under the strictest confidence.

*Administration Of Medication*
Medicines etc brought into school to be taken during the day MUST be accompanied by a completed consent form for the medicine to be administered by a member of staff who has completed Medication Awareness Training. The Senior School Nurse is responsible for training staff members in the administering of medicines. Medicines must be kept in the staffroom, either locked in the medicine cabinet or in the fridge. It is the responsibility of the staff who have been trained in Medical Awareness to administer such medication. It is advisable for the person giving the medicine to have a witness if at all possible and essential to record time and dosage given. (See Pre-Prep Staff Handbook for procedure). Medication must be signed in and out daily by the parent using the correct form.

NO MEDICATION MAY BE ADMINISTERED UNLESS A CONSENT FORM HAS BEEN COMPLETED. Medication must come to school in its original container/packaging with the necessary instructions and be signed in/out by the parent as appropriate.

Staff should also bear in mind the safety of the children when bringing their own medication into school. A designated locked cabinet is available in the staffroom for staff use.

It is best practice to contact parents to obtain verbal consent prior to administering any 'over the counter' medicine even though written consent has already been sought. If parents are not contactable, they must be notified at the soonest possible point that day.

*Asthma*

All staff should make themselves aware of the children in their class who suffer from asthma. Inhalers should be clearly marked with the child's name, directions and frequency of use. Inhalers should be kept in the 'Inhaler Box' that is kept in the cupboard in the staff room. In cases of severe asthma, an inhaler may be kept in the child's classroom and be taken with them as they move around the school.

Any child causing concern should be referred to Laura Boden or Sara Walker in the first instance, then Prep School medical staff.

Staff should communicate any relevant information to parents at the end of the day.

Emergency Salbutamol is held in the Pre-Prep Inhaler Box and parental consent is obtained which enables staff to administer emergency salbutamol if required. Please refer to Appendix 7 that gives further details of our Asthma procedures.

*Head Lice*

If staff suspect a child of having head lice they should have a discrete word with parents at the end of the day. On no account should a child's hair be brushed with anything other than his or her own hairbrush.

Please also refer to Appendix 6 that gives further details of our head lice procedure.

*"AUTO-INJECTOR" Procedure*

All staff must be aware of a child in their care who are known to suffer severe allergies and must be aware of their individual care plan.

If a child is known to have a severe allergy that could cause anaphylaxis and that child goes into an anaphylactic shock then the following procedure should be adhered to:

1. Two members of staff stay with the child whilst the AUTO-INJECTOR is administered (NOTE TIME).
2. A third member of staff
   a) dials 999 to call for an ambulance
   b) telephones the Prep School requesting immediate medical assistance
   c) informs the child's parents
3. On arrival of ambulance, one member of staff should accompany the child to hospital, taking AUTO-INJECTOR Box. A second member of staff should follow by car. Staff should then remain with the child until his or her parents arrive.

**NB: Auto-injectors must always be easily accessible and they must only be administered if the child has an anaphylactic shock and NOT just because he/she has been exposed to his/her particular allergen. He/she may not suffer from anaphylactic shock following this exposure.**

*School Visits*

- The member of staff in charge of visit must be trained in administering the auto-injector and will carry this along with a mobile telephone.
- If at all possible a parent of the allergic child should be used as a helper on the visit.
- All staff and helpers should be advised of the potential problem before leaving school and be aware of the individual care plan.
- An appropriate care procedure, in line with the general school policy, must be agreed upon prior to departure.
- The member of staff in charge of visit must have readily available the school's contact telephone number as well as the parent's.

GENERAL PROCEDURES TO MINIMISE ACCIDENTS

- First Aid kits should always be out of children's reach or in the possession of a member of staff.
- Children should always be supervised when using scissors, compasses and other sharp tools. Teachers' scissors must always be kept out of the children's reach. Scissors should not be used as part of wet playtime activities.
- With the exception of some pupils where a prior agreement has been made with parents (i.e. children going to the Music School for individual lessons) children should never walk around the campus alone and only in exceptional cases should any children leave the Pre-Prep without an accompanying adult.
- The dismissal procedure as outlined in the Staff Handbook should always be adhered to.
- Hot drinks should never be taken into classrooms when the children are present and under no circumstances should children be asked to carry hot drinks.
- Children should never be asked to plug in or unplug electrical appliances.
- Matches must be locked in the first aid cupboards.
- All staff to keep personal medication in the locked staff medicine cupboard in the staffroom.
- All staff should be alert to potential risks and hazards and report defects and faults to the caretaker, Head of Pre-Prep or Bursar immediately.

**Assessment and Record Keeping**

- All the children have an individual medical record which is kept in the Pre-Prep Office.
- All incidents are documented and copies are filed.

**Staffing and Resources**

All staff receive basic first aid training and all assistants hold a current paediatric first aid certificate.

School Nurses and all appointed First Aiders ensure that the first aid boxes and bags are kept well supplied and the boxes are checked termly by the matrons.

**Appendix 6 – Head Lice Policy**

This procedure has been created using Public Health England (PHE) guidelines.

**Statement of Intent**

- Westbourne House School recognises the problem of Head Lice.
- We recognise that it is a whole community problem, not just a school problem, and that anyone can catch them.
- We aim to keep the problem of head lice to a minimum.
- The PHE state that routine head inspections done at school are without value as a screening measure and should not be done.
- Parents are responsible for doing a weekly check of their children's heads for the presence of head lice which, if found, should be treated immediately with a Parasiticidal lotion/shampoo before returning to school.

**Action to be taken if head lice are found in a child's head whilst at school**

- If a member of the school staff at Westbourne House suspects that a child has head lice or the child complains of an itchy head whilst at school, the School Nurse or Matron on duty will be asked to assess the child as soon as is practicable to confirm (or deny) the diagnosis; she will check the child's head with a specialist nit comb using the method known as detection combing described below in the section headed "diagnosis".
- All confirmed infections require treatment.
- Permission to treat boarders will be sought from parents/guardians by the School Nurse or matron before the child is treated with an appropriate parasiticidal lotion/shampoo.
- Parents of day children will also be contacted and informed by the School Nurse or matron and advised to purchase a suitable treatment to use on their child's head that same day at home, after school.
- The DfEE/DoH and the PHE advise against the sending out of letters by schools notifying parents of cases of head lice. Such letters have not been found to curtail spread but often provoke itching and anxiety as a psychological response. It is considered to be an illogical and unnecessary reaction. However we may occasionally send a reminder to parents asking them to check their child's hair over the holidays/leave out weekends.

**What are Head Lice?**

- Head Lice are parasitic insects called Pediculus Humanus Capitis.
- They are not a serious health problem and only live on human heads.
- There are 4 forms: -
    - **Eggs** are oval and yellow/white. They are difficult to see and may be confused with dandruff. They attach themselves to the hair shaft, and take about 1 week to hatch.
    - **Nits** are empty head lice egg cases.
    - **Nymphs** hatch from the nits. These immature lice take about 1 week to mature.
    - **Adults** are about the size of a sesame seed. They have 6 legs and are tan to greyish white. These mature lice can live up to 30 days and feed on blood to survive.

**Prevalence/Transmission**

- Lice will live on hair that is dirty or clean, short or long, adult or child.
- Short hair may make it easier for them to get from one head to another.
- High standards of personal hygiene do not necessarily prevent head lice infection.
- The method of transmission (person to person spread) is walking from head to head.
- Head lice infection is not highly contagious, taking time to spread through a population. It is much less infectious than some other common infections in children, such as chickenpox and impetigo.
- Lice cannot hop, jump, fly, swim or be drowned. Should a louse be found on a hat, collar, pillow, chair back etc it will either be a dead louse or a damaged louse that is too weak to hang on to the hair. The lifespan of a louse is very short once detached from the hair; therefore it is rare for infection to be caught in this way.
- The true prevalence of head lice is not known. It is assumed that the rate of transmission is low.

**Responsibilities of parents/guardians – PHE guidelines**

- PHE guidelines state as with any other health-related problem identification, treatment and prevention of head lice is the responsibility of parents/guardians.
- In the case of boarders this should be done at the weekend, as Westbourne House is a school with weekly boarders. Indeed, the majority of our boarders spend more nights at home than at school. Given the part-time nature of our boarding, the routine inspection of all boarders' hair would be unfeasible.
- Please refer to the above section headed "Action to be taken if head lice are found in a child's hair whilst at school".
- Please note that all reports from parents of any infestations will be kept strictly confidential.

The PHE advises that the inspection of a child's head should be as follows:

- Inspect and comb the child's hair weekly with a specialist nit comb to help identify a head lice infection at the earliest possible stage especially if head to head contact with an infected person has occurred, or when members of the household have been named as contacts.
- Treatment should be administered promptly when living lice are detected on the child or on any other members of the family who live with the child.
- Parasiticidal lotion/shampoo should only be used as a treatment when an infection is present - and NEVER as a preventive measure/prophylaxis. Refer to PHE guidelines below in bold print under "Diagnosis" regarding when treatment is required.

**Prevention**

- PHE guidelines state that routine screening followed by exclusion of those affected is a "waste of time" and ineffective in preventing spread. Research has shown routine head inspections conducted at schools did little to reduce the head lice problem. The reasons are:
- Lice are taken into school from the community and not the other way round. An effective head inspection requires damp hair and takes approximately 10 – 20 minutes to do – it is not practical to undertake this level of inspection in a school environment.
- Lice move rapidly when disturbed and can go unnoticed during routine school inspections.
- Early light infection will usually not be easily visible to the naked eye and will easily be missed by routine school inspections.
- A child who is louse free at the time of inspection can pick up infection later in the day.

- Routine inspections often provide a false sense of security.
- The DfEE/DoH guidelines for infection control in schools and nurseries state that there is no need for a child who has head lice to stay away from school. One reason for this is that if a child does have lice, he or she will have had them at school for several weeks before diagnosis.
- The School Nurses are responsible for providing professional advice and support to staff, parents and pupils as required. They will provide accurate, up to date information.
- Good grooming and hygiene should be encouraged by all members of staff, and by parents/guardians. Good hair care will not prevent head lice infection but it may help to identify head lice at an early stage and so help control the spread of the infection.
- Hair should be kept clean, neat, tidy and brushed. Long hair should be tied back.

**Symptoms**

- Most head louse infections are asymptomatic, but about one third of cases experience itching especially in the nape of the neck and behind the ears. The itching is due to sensitisation.
- For a first infection, it can take up to 8 weeks for itching to start; with subsequent infections itching will occur sooner.
- Sometimes the appearance of a rash at the back of the neck is the first indication of infection
- Lice do not keep still and move very rapidly when disturbed e.g. when undertaking detection combing.

**Diagnosis and method used to detect head lice**

Wet/Detection combing is the best method of diagnosis: -

- Wash hair. Towel dry. Comb through with a wide toothed comb. (This is easiest done if conditioner is applied.)
- Then use a fine-toothed specialist nit comb, touching the scalp, slowly draw the comb towards the end of the hair.
- Check comb for lice at the end of each stroke and continue for the entire head.

**PHE guidelines state that:**

- Diagnosis of Head Lice can only be made if a living, moving louse is found.
- No treatment should be used unless a living, moving louse is found by detection combing.

**Treatment**

- Parasiticidal lotion or liquid formulations are recommended for the treatment of head lice infection. They should **never** be used for prophylaxis.
- Apply the lotion carefully following the manufacture's instruction on the information sheet in the pack.
- No treated person should go swimming until after the first recommended application time is completed. Following the treatment, swimming and normal shampooing routines will not affect the efficiency of the insecticides.
- A transient itch reaction may occasionally occur when the lotion is first applied, but this will soon disappear.
- Continuing infection is more likely to be due to faulty treatment technique and failure to trace and treat infected carriers than resistance to the treatment.
- Unnecessary and inappropriate treatment with insecticides is not encouraged.

**Appendix 7 – Asthma Procedure and Asthma Attack Policy**

This procedure has been written with advice from the National Asthma Campaign and the local school health service.

Westbourne House School recognises that asthma is an important condition and positively welcomes all children with asthma. They are encouraged to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils. Supply teachers and new staff are also made aware of the policy. All staff have access to information on how to help a pupil who has an asthma attack, and what to do in an emergency. This can be found in the folders marked Health Care Plans on the shelf in the Surgery, Staff Room and Sports Office. Information can also be found on the Staff Room notice board, Science Office, Art Room, Swimming Pool, Food Technology Room and Sports Office.

**Medication**

Immediate access to reliever inhalers is vital. Parents must label all inhalers with the pupil's name. Pupils should also keep a reliever inhaler in their sports locker to take out to games lessons. Parents are also asked to ensure that the school is provided with a spare labelled reliever inhaler to be kept on the shelf in the surgery/matrons department. School staff, other than the School Nurse, are not required to administer an inhaler to pupils except in an emergency.

If prescribed medication changes, parents are asked to inform the school as soon as possible.

**Record Keeping**

All parents will be asked by means of the green medical questionnaire, which they have to complete prior to their child becoming a pupil at the school, whether their son/daughter has asthma and if their child requires a reliever inhaler to be kept in school.

The school keeps an asthma register, which is maintained by the School Nurses. This list is available for all staff to read and can be found on the medicine cupboard in the surgery, Staff Room notice board and PE Office. Details of treatment, when provided by the parents, are kept by the School Nurses and written on the relevant Health Care Plans.

**PE/Sport**

Taking part in sport is an essential part of school life and children with asthma are encouraged to participate fully. The School Nurse, at the start of every school year provides the PE staff with an up to date list of children who suffer from asthma and require an inhaler in school. They must refer to this list at the start of every games session and encourage these pupils to take their reliever inhaler with them. PE staff are all aware of practical asthma management and will remind pupils with asthma triggered by exercise to take their reliever inhaler before the lesson and during it if necessary.

**School Environment**

The school does all it can to ensure that the school environment is favourable to children with asthma. The school has a non-smoking policy. As far as possible chemicals in art and science are used that do not act as triggers to children with asthma.

**When a child is falling behind in lessons**
If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed nights sleep and falling behind in class, the teacher will talk to the parents.

If appropriate the teacher will talk to the School Nurse and special educational needs co-coordinator about the situation. The school recognizes that it is possible for children to have special educational needs because of asthma.

**Asthma Attacks**
All staff that come in to contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure:

- Call School Nurse
- Ensure the reliever inhaler is taken immediately. If this is not available in school the School Nurse will provide the emergency reliever inhaler.
- Stay calm and reassure the child
- Help the child to breathe by ensuring tight clothing is loosened

**After the attack**
Minor attacks should not interrupt a child's involvement in the school. When they feel better they can return to school activities.

**Emergency Procedure**
Call the School Nurse immediately

**ASTHMA ATTACK PROTOCOL**

All staff that are in contact with children with Asthma should know what to do in the event of an attack. An interactive inhaler demo is available to view on www.asthma.org.uk

**EMERGENCY CARE OF AN ASTHMA ATTACK**

- Keep calm – do not panic
- Do not leave the child alone
- Inform the School Nurse and she can bring the spare reliever inhaler form the shelf in the surgery/matrons department or the emergency reliever inhaler
- Encourage child to sit up and forward – do not lie them down
- Make sure child takes 2 puffs of their reliever inhaler – usually blue
- Loosen tight clothing
- Reassure the child

If there is no immediate improvement:

- Continue to make sure they take one puff of reliever every minute for 5 minutes, or until their symptoms improve

**CALL 999 if:**

- The child's condition deteriorates
- The child does not improve in 5-10 minutes
- The child is too breathless to talk
- The child has blue lips
- If you are in any doubt about their condition
- The child should continue to take 1 puff of the reliever inhaler every minute until help arrives.

- A minor asthma attack should not interrupt a child's involvement in school. Therefore, the child can return to school activities as soon as he/she feels better.
- The child's parents MUST always be told if their child has had an asthma attack

**ASTHMA – SIGNS AND SYMPTOMS**

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty in speaking in full sentences
- Sometimes younger children will express feeling tight in the chest as a tummy ache
- If peak flow drops below their norm – be aware that condition may be worsening

**ASTHMA – TRIGGERS**

- Viral infections (colds and flu)
- Chalk dust
- House dust mire
- Cigarette smoke
- Mould and damp
- Pollen and grass cuttings
- Furry and feathery animals
- Stress and emotion
- Scented deodorants and perfumes
- Latex gloves
- Dust from flour and grain
- Chemical and fumes (science lessons/gardening products/theatrical effects)
- Wood dust
- Weather air quality
- Exercise – this is one to MANAGE rather than avoid

**ASTHMA – PREVENTER MEDICATION**

- Not everyone will be prescribed a preventer inhaler, they are for children who use their reliever inhaler 2 or 3 times a week
- Inhaler is usually brown, beige, orange or white in colour
- Usually steroid based
- They protect the lining of the airways, helping to calm swelling and stop them from being so sensitive
- Usually taken twice a day

**ASTHMA – RELIEVER MEDICATION**

- Everyone with asthma should have a reliever inhaler
- These quickly relax the muscles around the airways allowing the airway to open wider making it easier to breathe again. However they do not reduce swelling in the airways
- Inhaler is usually blue in colour

**Emergency Salbutamol**

A survey carried out by Asthma UK found that 86% of children with asthma, or those prescribed a salbutamol inhaler, have at some time been without it at school having forgotten, lost or broken it, or the inhaler having run out.

In response to this survey, and following advice from the Commission of Human Medicines 2013, the Medicines and Healthcare Products Regulatory Agency (MHRA) recommended changes to the legislation to enable schools to purchase and hold emergency salbutamol inhalers, without a prescription.

The new legislation has been put in place and schools are now permitted to hold emergency salbutamol inhalers. Westbourne House has consequently purchased emergency inhalers, for both the Pre-Prep and the Prep School.

As part of the new protocol, parental consent is obtained for the use of an emergency inhaler by them signing a consent form that is kept either in the Matron's Department in the Prep School or the Pre-Prep. It is essential that parents keep the school updated; we would encourage all children who hold medication for the treatment of asthma to regularly see the Asthma Nurse at their GP Surgery.

**Appendix 8 – Diabetic Policy**

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 Diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 Diabetes). About one in 550 school-age children have diabetes, and 2 million people suffer in the UK. The majority have Type 1 diabetes and they normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. People with Type 2 diabetes are usually treated by diet and exercise alone.

Pupils with diabetes are welcome at Westbourne House School, both as day and boarding pupils. They will be encouraged to take a full part in all activities in the School, including sport and school trips

.

Staff with diabetes should make their condition known and their treatment plan available. Pupils and staff should be made aware of what to do if the member of staff is unwell.

The School Nurse will work closely with the pupils and their parents when compiling the health care plan as each child may experience different symptoms and which need to be taken into consideration when doing this.

With the pupil's permission, their peer group will be advised of signs and symptoms to watch for. The relevant staff will automatically be given this information.

Staff will receive regular updates on how to manage pupils with diabetes.

Spare insulin, glucogon injection and hypo stop will be kept for day pupils in the surgery if supplied by the parents. Hypo stop prescribed to the pupil will be kept on the shelf in the surgery next to the medicine cupboard, in a named box. A tube of dextrose tablets will also be available in the box. Insulin will be kept in the medicine fridge.

All staff will have access to a protocol of information on how to help a pupil who has a hypoglycaemic episode. The medical policy folder is kept on the bookshelf in the surgery.

An updated list of pupils with important medical needs is on the notice board in the staff room and the sports office. The dining room is also notified of any known diabetic pupils by way of the dietary needs list. They are also supplied with photographs of these pupils.

Staff will be notified at the Wednesday staff meeting of any newly diagnosed or new pupils with diabetes. The School Nurse should be informed immediately.

**DIABETIC PROTOCOL**

The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school supervision maybe required by the School Nurse or matron in the surgery.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before games or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need to come up to the surgery to do so. However younger children may need the School Nurse or matron to carry out the test and/or interpret test results.

When staff e.g. the matrons, if the School Nurse is not available, agree to administer blood glucose tests or insulin injections, they must be trained by an appropriate health professional. Administering injections is a matter for personal preference and no member of staff will be expected to carry out this task without full training and their consent.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Special arrangements for pupils with diabetes may need to be made as regards the timings of the meals. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycemic episode (a hypo) during which blood glucose level falls too low.

Staff in charge of games or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

**Hypoglycaemia**
The danger for a diabetic is a low blood sugar level. This is caused either by too much insulin, not enough carbohydrate (missed or delayed meal) or too much exercise. Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar:

**Symptoms**

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed Eyes
- Shaking or trembling
- Mood changes, especially angry or aggressive behaviour
- Lack of concentration
- Irritability
- Headache

See the pupil’s individual health care plan for details of their specific symptoms.

**Management**

- Inform School Nurse immediately.
- If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered.
- If the symptoms occur while conscious, give a fast acting sugar immediately. Examples include – Lucozade, sugary drink e.g. Coke, Tango, Fanta – not diet; mini chocolate bars e.g. Mars, Milky Way; fruit juice; glucose tablets; honey or jam. Glucose tablets are available in the pupil's named box on the shelf next to the medicine cupboard in the surgery.
- Recovery should be in 10-15 minutes. The pupil may feel nauseous, tired or have a headache.
- When the pupil has recovered, follow up the fast acting sugar with some slower acting starchy food such as two biscuits and a glass of milk or sandwich.

**If the child becomes unconscious**

- Place the child in the recovery position and call an ambulance.
- Do not try to give anything to swallow. Rub some jam, honey or hypo stop (if supplied by the parent, this will be available in the pupil's named box on the shelf next to the medicine cupboard in the surgery) inside the cheek or on the gums where it can be absorbed
- If in school call the School Nurse who may be able to give a glucose injection.

**Hyperglycemia**

Some children may experience **hyperglycemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can also lead to dehydration.
If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the School Nurse should be informed immediately.
A specimen of the child's urine should be tested for the presence of ketones.
The child should be encouraged to drink plenty of water.

Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. The School Nurse must inform the parents of these symptoms and advise them to discuss this with the diabetic nurse at their GP (General Practitioner) surgery.

**Appendix 9 – Epilepsy Policy**

Pupils with epilepsy are welcome at Westbourne House School. They will be encouraged to take a full part in all activities in the School.

The School will work closely with the pupils and parents and individual Health Care Plans will be kept for each pupil with epilepsy.

Depending on the pupil's age and with the pupil's permission the peer group will be given an explanation of epilepsy and how to help should a seizure occur. The relevant staff will automatically be given this information.

Staff will receive regular updates on how to manage pupils with epilepsy.

Medication will be kept in the locked medicine cupboard in the surgery.

All staff have access to information on how to help a pupil who has a seizure or absence .
and what to do in an emergency. This can be found in the folders marked Health Care Plans on the shelf in the Staff Room, Food Technology Room and Sports Office.

An updated list of pupils with important medical needs is on the Staff Room notice board.

**EPILEPSY PROTOCOL**

**There are three main types of epilepsy:**

1. **Absence seizures** (petit mal) where the pupil will have very short periods of absence.
2. **Temporal Lobe seizure** (complex partial seizure) where the pupil has an altered consciousness and may do inappropriate things. They are not unconscious.
3. **Tonic-Clonic seizure** (grand mal) where the pupil has a seizure which normally has three phases. They are unconscious during the seizure.

**Management**

**Absence seizures**

- A general understanding of what has happened is sufficient.
- In a classroom setting the pupil will have missed information.

**Temporal Lobe seizure**

- Do not try to stop the seizure.
- The pupil may do inappropriate things.
- Talk reassuringly.
- If they put themselves in danger, guide them round obstacles to safety.
- Only stop them moving when they are in immediate danger.

**Tonic-Clonic seizure**

- Let the seizure run its course.
- Do not restrict movement in any way.
- Only move the pupil if they are in danger.
- Inform the School Nurse.
- Cushion the head – but do not restrict movement.
- Do not force any thing between the teeth.

- After convulsions have finished turn the pupil onto their side – recovery position, to maintain the airway.
- Reassure the pupil during the confused period after the convulsion.
- There is no need for an ambulance unless this is the first seizure, or it becomes a medical emergency.
- Reassure any pupils who may be disturbed by what they have seen.

**Medical Emergency**
Very rarely a seizure becomes a medical emergency.

- When the seizure shows no sign of stopping after five minutes.
- A second seizure occurs before the pupil has regained consciousness.
- The pupil injures themselves during the seizure.

- **An ambulance should be called if any of the above occurs.**

- **Parents should be informed as soon as possible.**

**Appendix 10 – Anaphylaxis/Auto-injector Policy**

Anaphylaxis is a severe allergic reaction that may occur in a child or young adult who is allergic to specific foods, drugs or insect stings. The reaction causes substances to be released into the blood that dilate blood vessels and constrict air passages. Blood pressure falls dramatically and breathing becomes difficult. Swelling of the tongue, face and neck increases the risk of suffocation. The amount of oxygen reaching the vital organs becomes severely reduced.

Pupils with anaphylaxis are welcome at Westbourne House School, both as day and boarding pupils. They will be encouraged to take a full part in all activities in the School, including school trips. The School Nurse from the medical questionnaire that new parents are asked to complete when their child joins Westbourne House School, will identify these children. As a School we take all reasonable precautions to ensure that a child at risk avoids all contact with the allergen. Our internal catering is entirely nut free and parents are aware of the importance of nut free birthday cakes, picnics etc. Appropriate measures are also taken during cooking activities and Food Technology lessons throughout the School.

The School will work closely with the pupils and parents and individual health care plans will be created by the School Nurse for each pupil with anaphylaxis and then circulated amongst staff as necessary. Parents of those pupils prescribed an Auto-injector will be expected to provide this medication. It will be kept in a named box on the shelf next to the medicine cupboard in the Surgery. The School Nurse and parents are responsible for checking the expiry date of this Auto-injector and then contacting parents to request a replacement, as required. Spare medication for boarders will be kept in the boarding house where the child boards – this must include an Auto-injector where prescribed.

All staff will have access to a protocol of information on how to help a pupil who has an anaphylactic episode. They are all encouraged to read the pupil's individual HCP (Health Care Plan). The folders containing the HCPs are on the shelf in the Surgery/Matrons Department, Staff Room, Sports Office and Food Technology Room. The outhouses also have copies of the pupil's HCP, which are kept in the pupil's boarding folder.

The School Nurse compiles a list of pupils with important medical needs at the start of each new school year, which she updates as and when necessary during the year. This is displayed for all staff to read on the Staff Room notice board. The Dining Room and the Food Technology Room are also notified of any known anaphylactic pupils and given a list of all those children in the school who suffer from food allergies. In addition to this list, the School Nurse also provides the catering staff, with individual photographs to help them identify these children.

In the event of an off site school trip, all staff involved are notified by the School Nurse of any pupils within the group who suffer from severe allergies which may result in anaphylaxis, especially those prescribed an Auto-injector. Staff will also be reminded to collect the Auto-injector from the surgery. If the trip is residential, in addition to the Auto-injector staff must also take the pupil's individual health care plan which they must familiarise themselves with prior to departure. The School Nurse will inform any school hosting an away match of children visiting them from Westbourne House with severe allergies.

**Anaphylactic Shock Protocol**
An anaphylactic episode is a medical emergency. In its most severe form it is life threatening. Each diagnosed pupil with anaphylaxis has a care plan with individual signs and symptoms

and management. All staff are made aware of who these children are by the Medical Conditions list on the Staff Room notice board, which the School Nurse updates as necessary.

Children who are prescribed an Auto-injector **MUST** take it with them whenever they go off the school site whether it is for a school trip or an away match. However, staff should be aware that it is possible that a severe allergic reaction could occur in an undiagnosed pupil. Auto-injectors are prescription only and should only be administered to the individual it is prescribed for.

**General signs and symptoms of an allergic reaction:**
Any of the following may occur within seconds or minutes after exposure

- Tingling or numbness around the mouth
- Difficulty swallowing
- Sneezing
- Itching
- Generalised flushing of the skin
- Widespread red, blotchy skin eruption
- Swelling of the tongue, face and neck
- Difficulty breathing ranging from a tight chest to severe difficulty. The casualty may wheeze or gasp for air.
- Pounding heart – pulse rapid but weak
- May feel sick or vomit
- Sudden feeling of weakness or floppiness
- May loose consciousness

**Management:**

- **DO NOT LEAVE THE CASUALTY**
- Be aware of the individual health care plan
- Inform School Nurse immediately if on school site
- Observe signs and symptoms continually
- Give antihistamine (Piriton syrup or tablets) medication in an age related dose if a mild reaction is apparent. If on site the School Nurse/matron/houseparent will administer Piriton. If off site Piriton will be found in the first aid bag carried by staff accompanying the child on the trip.
- Sit pupil up to aid breathing, or lie pupil down with legs raised if feeling faint
- If there are no signs of recovery and symptoms become worse e.g. blotchy skin becoming raised and red, pale, drowsiness, difficulty swallowing and or breathing, losing consciousness **dial 999 for an ambulance and inform emergency services of anaphylactic shock**
- **Administer the child's prescribed Auto-injector and make a note of the time administered**
- If no improvement after 5-10 minutes or if the condition worsens then a second auto-injector can be administered
- The patient must go to hospital even if they recover. The Auto-injector(s) must stay with the patient.
- Be prepared to commence Cardiopulmonary resuscitation (CPR) whilst awaiting the arrival of an ambulance.
- Contact parents as soon as possible.
- This episode MUST be documented in the child's school medical notes.

## Appendix 11 – Head Injury and Concussion Policy

**Aims:**
To provide education and to outline procedures for all staff to follow in managing head injuries. Westbourne House School seeks to provide a safe return to all activities for pupils after injury, particularly after concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid in insuring that pupils with head injuries are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day and are fully recovered prior to returning to school activities.

**Head Injury Causes:**
Falls are a common cause of minor head injury in children and adolescents, other causes can be motor vehicle crashes, pedestrian and bicycle accidents, child abuse and sports related trauma such as rugby, hockey and cricket all of which are played at Westbourne. These injuries can be categorised into two headings:

- **Low Force Injuries – low risk of brain injury:**
  - Short falls
  - hit by low speed or soft object such as a toy or soft ball

- **High Force Injuries – higher risk of brain injury:**
  - High speed motor vehicle accidents
  - Falls from great heights
  - Being hit by a high speed, heavy or sharp object e.g. cricket bat/ball, golf club/ball, rugby tackle.
  - Inflicted injury, such as vigorous shaking.

**Practice and Procedure:**
- A pupil who sustains a head injury must be escorted to the surgery/matrons immediately if conscious.
- If the accident has occurred whilst participating in a sporting activity, they must **NOT** be allowed to "play on" without being assessed by the School Nurse, even if they feel fine.
- In cases of very minor head bumps, pupils will be monitored and issued with a Minor Head & Facial Injury Form to bring home (see below):
- In cases of more serious head injuries, a Concussions Signs & Symptoms Form must be started.
- Any injuries to the face, however minor, parents must be contacted and informed.
- If the injured pupil cannot be escorted, then the School Nurse should be informed to assess the pupil at the site of the accident. She will perform neurological observations and decide whether the pupil requires hospitalization. If there is not a member of staff in attendance, witnessing pupils must take on the responsibility themselves to escort the injured pupil, or seek immediate adult assistance.
- **Staff can take the decision to telephone for an ambulance by dialing 999 if they realise the injury is serious, prior to the School Nurse arriving. If the pupil is concussed or appears to be concussed (see signs and symptoms listed below), has lost consciousness or a neck or spine injury is suspected, the pupil should be sent immediately to Accident and Emergency by ambulance with an adult escort. If the latter is suspected then the pupil should not be moved and the game stopped.**

- The parents or guardian of the pupil should be informed as soon as possible of the injury and a subsequent need for a visit to A&E.
- If a player does not show immediate signs of concussion but the force of the injury is such that a concussion is a possibility, he should be observed for at least 30 minutes before being allowed to rejoin the match/game/activity/lesson. "When in doubt, sit them out". Taking a time out is not a sign of weakness: playing with a concussion is dangerous.

**Minor Face and Head Injury Information Sheet**

………………………………………………….……. (Name) **has had a minor head/face injury**

**today:** ………………………………………….. (Date and Time)

**What happened and injury:** ………………………………………………………………………………….…..

…………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………

**Treatment Given:** ……………………………………………………………………………………………………

…………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………

**First aid given by:** ……………………………………………………………………………………………….

**Please watch out for signs of concussion, if ……………………………… presents with any of the below or you have any concerns, please refer to Accident & Emergency:**

- Persisting headache, not relieved by Paracetamol.
- Vomiting
- Difficulty in seeing or breathing
- Increasing drowsiness or confusion
- Weakness of one or more limbs
- Continuous discharge or bleeding from ear, nose or mouth
- Fits

**Common signs and symptoms of Concussion (observed by others):**

- Casualty appears dazed or stunned
- Confusion
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to injury
- Forgets events after the injury
- Loss of consciousness (for any duration)

**Symptoms (reported by casualty):**

- Headache
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feels sluggish
- Feels "foggy"
- Problems concentrating
- Problems remembering

**Care of the unconscious casualty:**

- **Dial 999 immediately** and then contact School Nurse.
- Remain with the casualty.
- Place casualty in the recovery position but NOT if a spinal injury is suspected.
- **Monitor the casualty's condition for signs of improvement or deterioration whilst waiting for the ambulance to arrive.**
- Maintain an open airway and be prepared to commence CPR (Cardio Pulmonary Resuscitation) if necessary.
- Contact the pupil's parents as soon as possible.

**Record Keeping:**

An accident form should be completed for school records. Under Reporting of Injuries, Diseases, and dangerous Occurrences Regulation 2013 (**RIDDOR**) there are some accidents that must be reported to the HSE. For definition of these please see guidance on RIDDOR 2013.

**Concussion Signs and Symptoms Checklist** must be completed and retained in the pupil's medical folder.

**Head Injury Information Letter** must be given to the parent/guardian collecting the child.

**When a pupil who has had concussion returns to school:**

The pupil's medical practitioner will advise on the return to school and sports. This should be a conservative, graduated process with careful supervision to note any return of concussion. All staff should be aware therefore, of the possible modifications and support listed below that maybe necessary:

- Time off school
- Shortened day
- Shortened classes (i.e. rest breaks during classes)
- Rest breaks during the day
- Allowances for extended time to complete coursework/assignments and tests
- Reduced prep/class work load
- No significant classroom or standardized testing at this time

**Return to sport**

A pupil should never return to competitive sporting or recreational activities while experiencing any lingering or persisting concussion symptoms. This includes PE, sport, bike riding, skateboarding, climbing trees, jumping heights, playful wrestling, etc. He/she must be completely symptom free at rest and with physical exertion (e.g. sprints, non-contact aerobic activity) and cognitive exertion (e.g. studying, schoolwork) before returning to sports or recreational activities.

**School staff should monitor the pupil for the following signs:**

- Increased problems paying attention/concentrating
- Increased problems remembering /learning new information
- Longer time required to complete tasks
- Increased symptoms (e.g. headache, fatigue) during schoolwork
- Greater irritability, less tolerance for stressors

**Reference and Information:**

http://www.patient.co.uk/health/Head-Injury-Instructions.htm;
http://www.nhs.uk/Conditions/Concussion/Pages/Introduction.aspx
http://www.mayoclinic.com/health/concussion/DS00320;
http://www.nlm.nih.gov/medlineplus/ency/article/000799.htm
http://www.cdc.gov/concussion/index.html

**Concussion Signs and Symptoms Checklist**
***NB: Copy to be passed to Parent/Guardian along with Head Injury Information Letter***

**Pupil's Name:**

**Date and Time of Injury:**

**Where and How Injury Occurred (include cause and force of blow/hit):**

**Description of Injury (include if any loss of consciousness, memory loss or seizures immediately following injury: any previous concussion):**

| **Observed signs** | **0min** | **15min** | **30min** | **min** | **min** |
|---|---|---|---|---|---|
| Appears dazed or stunned | | | | | |
| Is confused about events | | | | | |
| Repeats questions | | | | | |
| Answers questions slowly | | | | | |
| Can't recall events prior to injury | | | | | |
| Can't recall events after injury | | | | | |
| Loses consciousness (even briefly) | | | | | |
| Shows behaviour or personality changes | | | | | |
| **Physical changes** | | | | | |
| Generalised headache | | | | | |
| "Pressure" in head | | | | | |
| Nausea or vomiting | | | | | |
| Balance problems or dizziness | | | | | |
| Feeling tired | | | | | |
| Blurry or double vision | | | | | |
| Sensitivity to light or noise | | | | | |
| Numbness or tingling | | | | | |
| Does not "feel right" | | | | | |
| **Cognitive Symptoms** | | | | | |
| Difficulty thinking clearly | | | | | |
| Difficulty concentrating | | | | | |
| Difficulty remembering | | | | | |
| Feeling more slowed down | | | | | |
| Feeling sluggish, hazy, foggy | | | | | |
| **Emotional Symptoms** | | | | | |
| Irritable/nervous | | | | | |
| Sad | | | | | |
| More emotional than usual | | | | | |

Pupils with one or more of the signs or symptoms of concussion after a bump, blow or jolt to the head must be assessed by their GP, Minor Injury Clinic or A&E depending on the pupil's condition, within a day or two of the injury even if he was examined by an on-site healthcare professional at the time. Parents/Guardians must be informed immediately and if they are unable to accompany the child to be assessed by the above, the School Nurse will arrange for someone in the school to do so. The adult accompanying the pupil should take a copy of this checklist for the healthcare professional to review. The original should be retained in the pupil's medical file.

**Pupils should be seen in A&E immediately if the following occurs:**

- Loss of consciousness
- One pupil is larger than the other
- Drowsiness or cannot be awakened
- Severe or worsening headache
- Repeated vomiting
- Slurred speech
- Seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness or agitation
- Unusual behaviour
- Blood or clear fluid leaking from the nose or ear
- Unusual breathing patterns

**Resolution of injury (please tick as appropriate):**

**_______ pupil returned to class**

**_______ pupil sent home**

**_______ pupil taken to A&E, GP, Minor Injury Clinic**

Signature of member of staff completing this form:

______________________________________________

**Parent/Guardian Head Injury Information Letter:**

WESTBOURNE HOUSE

Date:

Dear Parent

Today your child had an injury that made it necessary for us to observe him/her for the possible development of signs or symptoms of a concussion and/or bleeding in the brain.

See the attached copy of the Concussion Signs & Symptoms Checklist for details of the injury & treatment received.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Sometimes even what seems to be a mild bump or blow to the head can be serious. Signs and symptoms of concussion can show up right after the injury or **may not appear or be noticed until days or weeks after the injury**.

Most concussions occur **without** loss of consciousness. Young children and teens are more likely to get a concussion and take longer to recover than adults. If a person has had a concussion they are at increased risk for another concussion.

Therefore if your child develops any of the signs or symptoms on the "Concussion Signs & Symptoms Checklist", s/he needs to be seen by a health care provider who is experienced in evaluating and treating children for concussions.

In rare cases, a dangerous **blood clot** may form on the brain in a person with a concussion and crowd the brain against the skull. Be alert for the following for 24-48 hours after the injury:

**The following are emergency symptoms and you should seek immediate medical care or call 999 if:**

- Loss of consciousness, however brief
- One pupil larger than the other or unusual eye movements
- Drowsiness or cannot be awaken *
- Severe or worsening headache **
- Weakness, numbness or decreased coordination
- Repeated vomiting
- Slurred speech
- Seizures
- Difficulty recognising people or places
- Increasing confusion, restlessness or agitation

- Unusual behaviour
- Blood or clear fluid leaking from the nose or ear
- Unusual breathing patterns

**Even if emergency care is not needed, it is suggested that all children who have had more than a minor bump should be seen by their GP within 1-2 days for advice.**

***Drowsiness**
It is OK to let a child go to sleep at his/her normal nap or bedtime. Experts vary in their advice about waking the child. Most do suggest observing the child every 2 hours through the night. If the child is sleeping in a normal position, breathing normally and has a good colour, you may decide to let the child sleep. Any unusual appearance/breathing pattern/colour, or if you are concerned, wake the child for a complete evaluation.

****Headache**
Although "headache" is listed on the "Concussion Signs & Symptoms Checklist", your health care provider may not consider a mild headache of short duration a sign of a concussion. However, a severe headache that becomes worse is extremely concerning. Many health care providers and /or websites suggest paracetamol or ibuprofen for a mild headache, **BUT** the NHS Choices article on Concussion says NOT to use ibuprofen because of the possible increased risk of bleeding.

**If your child is diagnosed with a concussion, you will need to follow the medical advice given to you about restricting participation in school and sport, and written permission from a physician is required before the pupil can return to full activity.**

**Call NHS Direct on 111 for further advice and support if at all concerned**.

***References & Information***

http://www.patient.co.uk/health/Head-Injury-Instructions.htm;
http://www.nhs.uk/Conditions/Concussion/Pages/Introduction.aspx
http://www.mayoclinic.com/health/concussion/DS00320;
http://www.nlm.nih.gov/medlineplus/ency/article/000799.htm
http://www.cdc.gov/concussion/index.html

Yours sincerely

**Appendix 12 – Mental Health Policy**

**Introduction**
A mental health problem is defined as 'a disturbance of function in one area of relationships, mood, behaviour or development of sufficient severity to require professional intervention' (Dept of Health 1995).

Mentally healthy pupils have the ability to develop emotionally within the normal range. Some pupils develop behavioural problems that are outside this normal range and these pupils could be described as experiencing mental health problems or disorders. These disorders can seriously impair academic performance.

Schools are uniquely placed to influence the mental health of children and young people. As well as being in a position to recognize the symptoms of mental health difficulties at an early stage, they can enhance the social and emotional development of children and foster their mental well being through their daily responses to pupils.

**Factors influencing the mental health of children:**
There is no easy way of telling whether children will develop mental health problems or not. Some children maintain good mental health despite traumatic experiences, whilst others develop mental health problems even though they live in a safe, secure and caring environment.

There are, however, some common risk factors that increase the probability that children will develop mental health problems. These include individual factors, such as:
- a difficult temperament,
- physical illness or learning disability,
- family factors, such as parental conflict and inconsistent discipline,
- environmental factors, such as socio-economic disadvantages or homelessness (Mental Health Foundation, 1999).

**Childhood and adolescent mental health disorders:**
These may include:
- Conduct disorder (e.g. aggression, destroying or losing of property, deceitfulness or theft, truanting or running away etc)
- ADHD (inattention, hyperactivity and impulsivity)
- Deliberate self-harm (suicidal behavior – suicide is very unusual)
- Eating disorders (e.g. anorexia, bulimia and obesity)
- Obsessive-compulsive disorder (obsessions, compulsions and personality characteristics verging on the panic threshold all the time)
- Anxiety disorders (e.g. anxiety, phobias, panic, and school-phobia)
- Soiling and wetting
- Autism (social deficits, communication difficulties, restrictive and repetitive interests and behaviors)
- Substance abuse (abuse and dependence)
- Depression and bi-polar disorder
- Schizophrenia (abnormal perceptions, delusional thinking, thought
- disorders)

**Psychological reactions to adverse situations:**

- Parental separation and divorce
- Bullying (bullies, victims and bully-victims)
- Child abuse and neglect (physical abuse, neglect, sexual abuse, emotional abuse)
- Bereavement (grief, aggression, regression and adjustment difficulties)
- Post traumatic stress (caused by an event involving intense fear, helplessness or horror).

**Prevention:**

Westbourne House has the following in place to help pupils to cope with school life and not develop problems. These systems also enable staff to recognize and help pupils with mental health problems.

- **Whole-school Organisation:**
  Policies, curriculum, tutorial system, pastoral care, management of behaviour, bullying and SEN.
- **Pastoral provision:**
  Organisation of PHSE, pastoral care system, ability for early intervention, support and training for staff, support for vulnerable pupils and liaison with School Nurses and external agencies.
- **Classroom practice:**
  Facilitative teaching, guidance, and PHSE.

**Procedures for Identification of Disorders:**

Recognising when a child is suffering from mental health problems is not always easy but staff are often the 'front line' of identification.

As an integral part of their pastoral role, staff should be alert to the signs of possible mental health difficulties and bring to the attention of the School Nurses or deputy head any cases that they feel may be a cause for concern.

Many children exhibit occasional episodes of disruptive or withdrawn behaviour or occasional bouts of 'naughtiness'. These are not necessarily however cause for mental health concern.

**Intervention Protocal**

It is recognized that it is important to give support to young people with mental health problems as soon as the problems are seen to affect the child. The longer the young person struggles, the more complex the problem will become.

Supporting a distressed pupil can be extremely time consuming and stressful to the member of staff:

- Think carefully what you can and cannot do to help.
- Ask yourself whether you have the time and skills to support them.
- Consider whether there might be a conflict with any of your other responsibilities e.g. disciplinary.
- Explain clearly to the pupil the limits of your role.
- Be prepared to take a firm line about the extent of your involvement.
- DON'T DEAL WITH THE SITUATION ON YOUR OWN.

If you have concerns for a pupil:

- Don't avoid the situation, be proactive not reactive and don't allow the situation to get worse.
- Gather more information from colleagues to see if your concern is shared.
- Express your concerns in private to the pupil and be prepared to listen.
- Explain to the pupil that it may not be possible to keep any information given confidential, but that you would discuss with them if you felt that you needed to share any of the information. (see later paragraph on confidentiality).
- If you have a suspicion at all that the problem goes deeper than you have the skills to deal with e.g. a sympathetic ear or some extra help with work, or if there is no improvement in the pupil despite your basic intervention speak again to the School Nurses and/or deputy head. (It is important that you err on the side of caution and not get drawn into situations which you may not be able to manage. If in doubt always refer the pupil on).

**How do you know there is a problem?**

- The pupil told you?
- Other pupils or staff have voiced their concerns?
- You've noticed significant changes in a pupil's appearance eg weight loss/gain or a decline in personal hygiene?
- You've noticed changes in the mood of the pupil eg withdrawn, miserable, hyperactive, sad?
- You've noticed recent changes in the pupil's behaviour?
- The pupil's academic performance has changed dramatically?
- The pupil has been experiencing these problems for a significant amount of time?

**Confidentiality:**

Whilst we wish to respect pupil's wishes to keep issues confidential we also recognize that mental health problems may mean that the pupil involved does not have the ability to recognize the need for help.

Pupils will be encouraged to tell their parents about their problems or to give permission for a member of staff to do so. If it is felt that they are at risk to themselves confidence will be broken and the parents informed.

In the case of refusal they will be treated on an individual basis with the final decision being taken by the team as to whether the parents should be involved.

The School Nurses have a code of conduct, which they are obliged to follow, it ensures medical confidentiality to all their patients. However, they too will encourage pupils to involve their parents and can break confidentiality if they feel that the pupil is at risk to themselves or others.

**The 'Team':**

The team may be made up the following members of staff:

- Deputy Head
- School Nurses
- Head of Boarding
- Relevant teaching staff
- Relevant day staff such as the pupil's tutor
- Relevant boarding staff

- Designated Safeguarding Lead (DSL)
- Head of Pastoral Care

The School Nurses or Deputy Head will probably call a team meeting with the appropriate members of staff to discuss whether:

- there are any child protection issues,
- who the information needs to be fed onto
- the next steps to be taken.

Each case has to be very carefully evaluated and thus following this meeting a plan/course of action should be set in place to ensure that appropriate support is given to the pupil.

**Additional Policies in regard to Mental Health:**
There are separate policies in place for the following mental health issues and should be followed as required:

- Eating Disorders (see Appendix 13)
- Self-Harm (see Appendix 14)

**Appendix 13 – Eating Disorders Policy**

**Introduction:**
Eating disorders develop as outward signs of inner emotional or psychological problems. They become coping mechanisms for dealing with life's difficulties. Eating, or not eating, is used to help block out painful feelings. Anyone can develop an eating disorder, regardless of sex, age, race or background. However, young women are most vulnerable, particularly between the ages of 15 and 25 years (Simone Black BSA Bulletin Issue 22).

**Risk Factors:**
- Stress
- Exam pressure
- Problems at home or school
- A period of illness which is accompanied by a period of not eating
- Low self-esteem
- Family relationships
- Problems with friends
- The death of someone special
- Sexual or emotional abuse

It is unlikely that an eating disorder will result from a single cause. It is much more likely to be a combination of factors, events, feelings or pressures which may lead a student feeling unable to cope. Research has shown that a genetic makeup may have a small impact upon whether or not a student will develop an eating disorder. Attitudes of other family members towards food can have an impact.

**Types of eating disorder:**
- Anorexia
- Anorexia with vomiting
- Bulimia
- Binge Eating Disorder (BED)
- Multi Impulsive Behaviour (ED and alcohol/drug abuse, self-mutilation or anti-social behaviour)
- Chaotic Eating (binge/starve)
- Rapid weight loss

**Warning Signs:**
- You never see anorexics eat
- Dressing in baggy clothes
- A significant change in apparent appetite
- An unnatural preoccupation with food and calories
- An obsession with clothing sizes, mirrors and scales
- Routine secrecy, e.g. leaving the table immediately after eating
- Avoiding family meals or events where food is present
- Excessive exercise
- Social withdrawal, moodiness

**Early treatment is vital**:
It is imperative that all members of staff inform the School Nurses, if they have concerns about a pupil who appears to be losing weight, eating very little, dieting excessively or vomiting.
A member of staff who is concerned about a pupil must tell the School Nurses even when it is 'known' that that pupil is attending the surgery.

The School Nurse will inform the parents and possibly advise them to seek help from their GP.

Pupils with eating disorders or suspected eating disorders should not be weighed by any member of staff (house parents, academic or sporting) they should only be weighed by the School Nurse when deemed necessary.

Pupils with eating disorders or suspected eating disorders should not be advised on any aspect of their eating disorder, including diet and exercise, by any member of staff (house parents, academic or sporting).

**Nursing Protocol:**
Pupils need assessment on medical grounds, social behaviour, and psychological / emotional state and academic performance.

- Encourage the pupil to discuss any concerns or issues that they may have that might be the cause of the eating disorder.
- Height and weight should be done to establish a base BMI
- Advise the pupil that you cannot promise confidentiality.
- Discuss counselling or listening options such as talking to the school counsellor.
- Encourage the pupil to talk to their parents and advise them that you will also be speaking to them.
- Dietary advice should be given
- The pupil should keep an eating diary for 2 weeks
- A follow up appointment should be made.
- Deputy Head, School Counsellor and the DSL should be informed.
- If a boarding pupil the Houseparents should be made aware
- All conversations with a pupil with an ED or other staff about a pupil with an ED should be carefully recorded.
- Pupils with or suspected of having an ED should be kept informed about all decisions and actions made regarding them.

**Supporting pupils with Eating Disorders:**
- If considered necessary the School Nurse, parents and school counsellor will need to discuss an action plan that will be relevant. Once this has happened, regular updates will need to take place between these parties to monitor the pupil's progress and ensure that the correct treatment is being administered and having good affect.
- Pupils with or suspected of having an ED should **ONLY** be advised on their disorder, diet or exercise by the School Nurses and school counsellor.
- Do not tell the pupil they look too thin.
- Do not engage in conversations, which revolve around food, calories, exercise etc.
- Do not criticise, praise or judge, their weight, just encourage them.
- Set realistic goals and objectives.
- Empower the pupil by providing them with qualitative time to talk, however short.

- If a disclosure has come from friends, reassure them that they are taken seriously and that something will be done. It may help to refer them to the beat eating disorders website www.b-eat.co.uk which offers support to friends and sufferers

**GUIDELINES FOR HEALTHY EATING AT WESTBOURNE HOUSE SCHOOL**

At Westbourne House we recognise the importance of a good diet and a healthy attitude to food and therefore ensures that the following guidelines are adhered to:

- Ensure all pupils have access to a balanced mid day meal, and suitable snacks at break times.
- Ensure that pupils who are boarding have food supplied with sufficient nutritional and calorific value to keep them fit and healthy.
- Ensure that all pupils choose a healthy selection of food to eat when in the dining room. Those members of the dining room staff who serve the food should do this by advising the pupils on what should be on their plates e.g. vegetables as well as protein and carbohydrates.
- Ensure that the School Nurse is informed if there is any concern regarding a pupil's eating habits.
- Ensure that those pupils with a known medical condition have the correct food prepared for them.
- Ensure that pupils who have a diet specific to their religion have access to the correct food for their needs.
- Ensure that staff who help pupils with food issues/an eating disorder have sufficient training and knowledge to do so
- Ensure that healthy eating is taught in PSHE.
- Ensure that pupils have access to fresh fruit and that boarders do so in the evenings.

**Appendix 14 – Self Harm Policy**

Recent research indicates that up to one in ten young people (both boys and girls) in the UK engage in self-harming behaviours and that the average age of onset for this behaviour is 12. Pupils also identify this as an area which causes significant concern in terms of anxiety about friends and a feeling of powerlessness to help. School staff can play an important role in preventing self-harm and also in supporting pupils, their peers and parents of students currently engaging in self-harm.

Pupils who are involved in any self-harming behaviour are indulging in dangerous behaviour that it is essential to address. Self-harm is a coping mechanism. An individual harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing sensation. Self Harm is any deliberate, non-suicidal behaviour that inflicts physical harm on someone's own body and is aimed at relieving emotional distress. It can include cutting, burning, banging and bruising, overdosing (without suicidal intent) and deliberate bone-breaking.

This document describes the school's approach to self-harm. This policy is intended as guidance for all staff and for the awareness of parents and pupils.

**Aims**

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with pupils who self-harm
- To provide support to pupils who self-harm and their peers and parents/carers.

**Definition of Self-Harm**

Self-harm (self-injury) is a coping behaviour for young people who are attempting to cope with high levels of distress and emotional pain. It is any deliberate non-suicidal behaviour which causes physical pain or injury and is aimed at reducing the emotional pain and distress of the individual concerned, for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Disordered eating may also be considered within the realm of self-harm.

Young people who self-injure will generally attempt to hide scarring/ injuries and will find it difficult to discuss their behaviours and the emotions behind them with others. This behaviour may be used by both girls and boys who are experiencing emotional distress.

Whilst self-injury is not suicidal behaviour, the emotional distress that causes these behaviours can lead to suicidal thinking/ action and thus all incidents of self-injury must be taken seriously and the most appropriate support provided.

We aim to:

- Recognise and respond to any warning signs
- Understand the risk factors associated with such behaviours
- Be pro-active in discussing this topic with pupils about whom we have particular concerns
- Work in partnership with parents in caring for their children
- Produce individual welfare plans (with short and long-term scope) for such pupils, in conjunction with external agencies as necessary
- Provide the appropriate level of practical and emotional support for staff dealing with pupils who self-harm and ensure appropriate training and education is available to all staff regarding this issue
- Provide appropriate awareness for pupils, both within the PSHE programme and through discussions at a House or tutorial level.

**Risk Factors**

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

**Individual Factors:**

- Depression
- anxiety – e.g. to do with academic progress
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

**Family Factors**

- Unreasonable expectations (or the perception of the same)
- Neglect or physical, sexual or emotional abuse
- Strained parental relationships and arguments
- Depression, self-harm or suicide in the family

**Social Factors**

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers

**Warning Signs**

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from the Matrons (Hayley Kewell); and pass on these concerns to the Designated Safeguarding Lead (Roger Allingham) or deputies.

*Possible warning signs include*:

- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Significant changes in friendships
- Talking or joking about self-harm or suicide
- Risk-taking behaviour – e.g. in relations to drug/ alcohol use
- Expressing feelings of failure, uselessness or loss of hope

*Other signs may include:*

- Injury – e.g. cuts, bruises, scratches or burns, that don't look like accidents.
- Attempts to conceal injury – e.g. wearing long sleeves in hot weather/ thick bangles
- A reluctance to participate in PE or change clothes
- Secretive behaviour
- Frequent accidents that cause physical injuries

**Protocol and Guidelines for staff supporting pupils who are self-harming:**
It is important to consider the self-esteem and unhappiness of any person who is self-harming.

***Matrons***
Immediate injury will be cared for by the Matrons staff; the Health Centre can also provide a space for 'time out'; for assessment of injuries; for on-going care and for referral to external agencies. The Matrons will contribute to any Individual Plan.

- Concerns over any pupil regarding possible self-harming must be reported to the School Nurses, the Designated Safeguarding Lead and the Head.
- If a pupil seeks independent help from a member of staff then the pupil will be encouraged to allow the School Nurse to liaise with their parents and appropriate school staff. Parents must be informed if it was felt that the pupil is a danger to himself or herself; if their behaviour is seriously affecting others or the pupil is uncooperative regarding any prescribed treatment.
- Staff must not make promises assuring confidentiality but should reassure pupils that in order to seek health and happiness people need to know about their problems so that they can help. Staff should immediately inform the Deputy Head and the DSL after a disclosure – details of the conversation should be written down.
- Remove the pupil to a quiet area with another adult present as appropriate.
- Request to see the injuries or tablets taken etc, so long as this does not compromise a pupil's privacy. Ask when the injuries occurred or when the tablets were taken and how many.
- If an injury has occurred and the wound is fresh, the pupil should be seen by the School Nurse immediately who will examine the pupil and assess the action to be taken. The child may need to be sent to A&E.
- If an overdose was taken, the pupil must be seen by the School Nurse immediately and referred to A & E.
- **Always write this information down and any other action that was taken or not taken and why.**

***The Designated Safeguarding Lead*** (or Deputies) should as part of their safeguarding brief be notified of all incidents of self-harm.

- They are responsible for disseminating the policy and (with the Senior Nurse) ensuring appropriate staff training, providing regular feedback to the Head Master and Governing Body.
- They liaise with external agencies to provide the most appropriate support and report on any significant safeguarding concerns.
- In discussion with the Head and the Senior School Nurse, they ensure appropriate communication with parents in order to ensure the safety and well-being of all pupils.
- In consultation with House Parents they will give consideration to what information, if any, needs to be shared among other staff members and how this is to be disseminated

***Housemasters/ Housemistresses*** will often be the first member of staff to be made aware of this – perhaps via a matron or their own observation or by disclosure from the pupil or a concerned friend of from concerns raised by a parent. In the most closely *in loco parentis* role, their calm and understanding and close working with their Matron to provide day-to-day support and care is invaluable.

In consultation with the DSL they should:

- Draw up an Individual Welfare Plan - liaising with parents, the Health Centre and Counsellor, as appropriate
- Maintain a watching brief and monitor the pupil
- Be alert and responsive to other pupil distress and anxiety within the friendship group
- Alert other HMMs as appropriate for their better care of their charges

***All Staff***

- Listen calmly and non-judgementally to pupil distress.
- Know the available support options (e.g. Health Centre, Counsellor, GPs) and refer pupil to these as appropriate
- Ensure that pupils know that they cannot make promises to keep things confidential if they believe that the pupils is at risk of harm
- Focus on feelings not on the action of self-harm

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should notify the DSL.
Following the report, the DSL, in conjunction with the pupil's Housemaster/ Housemistress will decide on the appropriate course of action. This may include:

- Contacting parents
- Arranging professional assistance e.g. via the Matrons and/or Children's Social Care
- Arranging an appointment with their GP.
- Consideration of adjustments to be made in terms of lesson attendance/ sleeping arrangements if they are in distress/ causing distress to others
- **In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount and an adult should remain with the student at all times (e.g. Matrons)**
- **If a student has self-harmed in school they should be referred to the Matrons for medical assessment/ help.**

***Parents/ Guardians***

- Ensure that Housemaster/ Housemistress is kept informed of any changes or incidents that occur outside the school that may impact on the well-being of your child
- If you become aware that your child is engaging in these behaviours, work with designated staff to help us develop the best ways of supporting them

***Pupils***

- If they are self-harming, they will take care of wounds appropriately and not display them in a school context
- Seek assistance – and particularly guidance in terms of safer coping mechanisms – from the Health Centre or the College Counsellor
- Ensure that they know who they can talk to both in the immediate and in the longer term should they feel at risk or distressed
- Never encourage others to participate in self-harm
- Use the pastoral routes available (e.g. Peer Supporters, Matrons, Housemaster/Housemistress, Tutor, School Counsellor, HRD, Fr Richard, DSC, Health Centre etc.) if concerned about themselves or if they are at all concerned about a friend of fellow-pupil.
- Ensure that a pupil who is injured or in distress is taken to and looked after by an adult
- Ensure that if you have been distressed by another's actions (e.g. self-harming behaviours) or their mood, you seek support for yourself as well as for them
- Friends / Peer Group support

**The best general advice is:**

- Staff should listen to pupils in emotional distress calmly and in a non-judgmental way.
- Do not show that you are shocked or surprised in any way, try to be calmly authoritative.
- Stay calm and constructive, however upset you personally feel about self-harm.
- Quietly and unobtrusively communicate kindness and care. Offer sympathy and understanding.
- Do not get angry.
- Share with another staff member any actions taken/information gathered.

The School Nurse should instigate a care plan, which must be available for all staff concerned to read.

Pupils may be required to leave the school for a period of time for the following reasons:

- Their condition is not improving.
- They are refusing to acknowledge they have a problem
- They or their parents are refusing to co-operate with the management of their condition.

If, in the judgement of medical, academic or pastoral staff, the pupil's behaviour is having a detrimental impact on other pupils in the School.

The school will give parents full support in trying to find appropriate medical help and will continue to liaise closely with the family during this period.

As a general rule, it is worth remembering that young people who self- harming will try to avoid detection and will harm themselves covertly. For every one person you find self-harming, there are probably another two that you have not detected.

The more serious the “abuse”(please don’t assume that everyone who self harms has been sexually/physically abused) or emotional pain that they are suffering, the more they will hide their injuries, harming themselves in places unlikely to be seen.

## Appendix 15 – Neck Injury Policy

There is a risk of neck injury at Westbourne House School, mainly through sports activities and the administration of the correct first aid can significantly prevent an individual from suffering further damage.

**Causes:**
Any severe blow, fall or other accident may result in injury to the neck.

If the injury is not considered to be life threatening the School Nurse should be informed to assess the pupil at the site of the accident. The pupil must be told to remain still until the nurse has assessed them. If it is obvious that the injury is serious, then follow the guidelines below for Emergency Treatment of a severe neck injury.

Neck pain is an injury common to those participating in sporting activities and is not usually a serious cause for concern, with symptoms disappearing over the course of a few days with correct rest and treatment. Parents/Guardians should be advised to seek medical advice/assessment from their GP or local A&E if they have any concerns regarding the pupil's neck injury.

**Symptoms of a severe neck injury:**
Unconsciousness, breathing difficulty, pain, swelling, loss of sensation, headache, loss of sensation or paralysis.

**Emergency Treatment for a severe neck injury:**

- **Dial 999 immediately** and then contact School Nurse.
- Remain with the pupil.
- DO NOT move pupil unless absolutely necessary to save life.
- DO NOT bend or twist victim's neck or body. Careful handling is extremely important
- **Monitor the pupil's condition for signs of deterioration whilst waiting for the ambulance to arrive.**
- **Check pupil's breathing. If breathing stops, open airway and commence CPR (Cardio Pulmonary Resuscitation)**
- Maintain position in which the pupil was found, even if neck or back is bent, and immobilize head, neck, shoulders and torso.
- Roll up towels, blankets, or clothing and place around head, neck, shoulders and torso.
- The parents or guardian of the pupil should be informed as soon as possible of the injury and of the subsequent need for a visit to A&E.

An accident form should be completed for school records. Under Reporting of Injuries, Diseases, and dangerous Occurrences Regulation 2013 (**RIDDOR**) there are some accidents that must be reported to the HSE. For definition of these please see guidance on RIDDOR 2013.

**Appendix 16 – Policy on Infection Control and Communicable Disease and Infection**

**Aim:**
To provide advice on communicable diseases and control of infection for all staff and pupils at Westbourne House School.

- **The most important aspect of the prevention and control of infection and communicable diseases is basic hygiene, especially hand washing.**
- If an unusually high incidence of illness is observed within the school the PHE should be contacted for advice.
- Success in dealing with outbreaks of infectious disease depends upon early recognition and prompt action.
- A list of children and staff at the school should be maintained and regularly updated.
- The list should record names, addresses, telephone numbers and general
- practitioners. The Bursar holds staff information. Pupil information is held on School Manager.
- Parents are required to provide health information about their child and the name and address of the family GP (General Practitioner) when they complete the green medical questionnaire. This should be done prior to their child entering the school.
- The vaccination status of pupils should also be recorded. This is stored in the pupil's medical file and on School Manager by the School Nurse.
- Pupils or members of staff may unknowingly attend school whilst they have an infectious illness or are incubating an infection. In some cases the individual may not even appear to be unwell. For this reason it is essential that the following good hygiene practices are adopted at all times.

**Standard Precautions:**
The principle of Universal Infection Control Precautions represents a standard of good hygiene that should be applied as normal practice. These measures are the most important means of protecting children and staff from infection.

**Precautions include:**
- Staff and children should remain at home for 48 hours following the last episode of diarrhoea/vomit – as per the PHE guidance.
- Good hand washing and care of hands. Outbreaks of viral illness including diarrhoea and childhood diseases can spread rapidly through school especially as children may not wash their hands correctly.
- Use of protective clothing (disposable gloves and plastic aprons) when in contact with blood, body fluids or broken skin. Face protection such as mask should be available if a splash to the face is anticipated.
- Staff should cover existing breaks, cuts or skin lesions with a waterproof dressing whilst at work.
- Personal hygiene items such as boarders' toothbrushes must be kept separate for each pupil and never shared.
- Spillages of blood or body fluids should be cleared up promptly and correctly. See the relevant protocol.
- Safe procedures for the disposal of contaminated waste (clinical waste) must be followed. See the relevant protocol. The Rentokil Initial Company collects this waste when necessary.

- Particular care in handling and disposal of sharps into the correct yellow plastic sharps boxes must be exercised e.g. needles used by a diabetic pupil. The Rentokil Initial Company collects these boxes when full.

**Hand Washing:**
Hand washing is the single most effective way to control and prevent the spread of infection within the school. Good hand washing practices for staff and children, should be encouraged at all times, but especially:

- After visiting the toilet
- After any cleaning procedure
- After handling soiled clothes and linen
- After dealing with waste
- Before preparing, serving or eating food
- After removing gloves
- After handling, petting or caring for animals
- When visibly soiled or dirty (e.g. after playing an outside sport such as rugby)

**The correct procedure for hand washing is:**

- Hands should be washed under warm running water.
- Wet the hands before applying soap. Liquid soap in wall-mounted dispenser, or pump operated container should be used. The use of a bar soap should be avoided..
- Rub hands vigorously, ensuring all surfaces of the hands are cleansed. Pay particular attention to the fingertips, between the fingers, thumbs and wrists and the front and back of the palms. Rinse off soap thoroughly.
- Hands should be dried thoroughly, preferably using disposable paper hand towels from wall mounted dispensers. Communal domestic towels or roller towels should be avoided as this increases the risk of cross infection.
- The importance of good routine hand washing should be stressed with all children.
- Staff should also care for their hands to prevent dry, cracked skin developing. Such conditions are often caused by a failure to rinse and dry the hands properly. Regular use of hand cream is recommended to help protect the skin. Hand cream should be presented in tubes or a pump dispenser. The use of communal pots or containers should be avoided as bacteria may be introduced and may grow within the pot as many hands are dipped into them. Such communal posts or tubs could be a source of cross infection.
- Nails must be kept short and clean.

**Protective Clothing:**
Protective clothing is required when dealing with incidents where there is a contact with body fluid.

**Gloves:**
Gloves provide a barrier and help protect staff and children from cross infection but they are not an alternative to good hand washing practices
Gloves should be single use and disposable. Hands must be washed after gloves are removed.
Gloves must be worn for direct contact with blood, faeces, urine and other body fluids. Gloves must also be worn when dressing wounds or when touching broken areas of skin or wounds.

**Aprons:**
Disposable plastic aprons provide an effective barrier and should be used as follows:
- Whenever there is likely to be a splash
- When cleaning contaminated equipment
- When handling soiled linen

**Masks and overshoes:**
The wearing of masks and overshoes is not necessary in the school although staff may do so if they wish.

**Broken Skin:**
Cuts and abrasions on the hands of staff should be covered with a waterproof plaster whilst at work to provide protection for themselves and others.

**Personal Hygiene Items:**
It is important that personal hygiene items that can become contaminated with body fluids should not be shared i.e. boarders' towels, face flannels and toothbrushes.
It is important that universal precautions are applied when in contact with blood and body fluids, including urine and faeces. See the relevant protocol.

**Waste Management:**
Waste is classified as either hazardous or non-hazardous waste.

Hazardous waste is essentially waste, which may pose a hazard to handlers. This includes waste, which may pose a known or potential risk of infection e.g. waste containing bodily fluids, such as urine, vomit, blood, dressings which must be disposed of in yellow plastic bags which are then placed in the clinical waste bin situated in the surgery or the Pre-Prep disabled toilet. This is collected monthly by The Rentokil Initial Company – 017920 708157. Please also refer to Appendix 2 – Clinical Waste Disposal.

**General Cleaning and Disinfection:**
- If a child with diarrhoea has used a toilet, all surfaces in the toilet that may have been touched by the child should be disinfected.
- Any area that has been contaminated with blood or body fluids should be disinfected.
- Clothing or linen contaminated with blood or body fluids must be handled with care and placed in a large yellow bag for transportation to the school laundry.

**Female Hygiene:**
Appropriate bins are provided for female staff and pupils to dispose of sanitary pads. Girls should be given privacy and adequate facilities to wash their hands after changing sanitary protection. The bins are emptied regularly by "Initial".

**Clearing up Spillages of Blood and other Body Fluids:**
Many carriers of blood borne infections will be unaware of their condition and so precautions to minimise cross infection risks should always be taken.

To avoid any possibility of infection being spread to others (including HIV, hepatitis B and C) spillages of vomit, urine and excreta should be cleaned away immediately. Please see relevant protocol.

**Sharps Boxes:**

- All sharps, including syringes, needles, auto-injectors and other sharp objects contaminated with blood or other body fluids must be disposed of into a yellow sharps container/box, which conforms to British Standard 7320.
- Sharps should be disposed of at the point of use, directly into the container.
- Needles should never be re-sheathed, bent or broken.
- To avoid the risks associated from overfilling, sharps containers need to be replaced when three-quarters full, sealed and labelled with point of source. The Rentokil Initial Company (017920 708157) collects and disposes of these boxes.
- Sharps boxes in use should be kept out of reach of children and visitors. Ideally they should be stored at shoulder height. They must not be stored on the floor.

**Action to be taken in the event of bites, needlestick injuries or splashes of blood/body fluids:**

All bites, needlestick injuries or splashes with blood or body fluids must be taken seriously and immediate action to be taken:

- Encourage bleeding by gentle squeezing.
- Wash the site of the injury thoroughly with soap and water.
- Cover with a waterproof plaster.
- For mucous membranes, irrigate the contaminated area thoroughly with water.
- Inform the School Nurse immediately, who should determine the following:
- Is the source of the sharp (needle) or splash known?
- If known, is the person (donor) known to be a carrier of a blood borne virus?
- Is the donor known to be in a high-risk group (e.g. Hepatitis B carrier)
- The injured person should go to A&E for advice and possible vaccination. A risk assessment will be undertaken.
- The incident must be recorded in the Accident Book kept in the surgery.

**The risk of infection when administering First Aid:**

The risk of infection from undertaking first aid care is extremely small and can be eliminated by taking proper precautions, there should be no hesitation in taking immediate first aid action even if there is a considerable loss of blood or the person requires resuscitation.

- First aid boxes should be kept in a readily accessible position and should be regularly checked and restocked.
- Disposable gloves must be worn in all cases.
- Disposable tissues or wipes should be used to clean wounds.
- Before allowing blood or other body fluids to come into contact with the skin, care should be taken to ensure that any open cuts or abrasions are covered with a waterproof plaster.
- The gloves and materials used to clean wounds and mop up spillages should be disposed of by placing them in a yellow plastic bag, which should be sealed and placed in the clinical waste bin situated in the surgery or disabled toilet in the Pre-Prep Department. The Rentokil Initial Company collects the clinical waste.
- In an emergency, resuscitation should not be withheld. Delays in commencing resuscitation could lead to death or irreversible damage through lack of oxygen. It should be stressed that there are no known instances where HIV or hepatitis B infection have been spread in this way.
- After giving first aid involving body fluids, the first aider should always wash their hands.

**Reporting an Outbreak or Suspected Outbreak of Infection:**
An outbreak is defined as having two or more children or staff with infections, caused by the same bacteria or virus at the same time. The PHE must be informed of any "notifiable disease" being diagnosed at the school and they will advise on exclusion and control measures to be taken, as well as provide the school with the information needed in such situations.

A list of these diseases can be found on the PHE poster on the wall in the Surgery or on their website.

**Appendix 17 – Medical Retention Policy**

The medical records of the children at Westbourne House School are a valuable resource because of the information they contain. High-quality information underpins the delivery of high-quality evidence-based healthcare. Information has most value when it is accurate, up to date and accessible when it is needed, as set out in the NHS Code of Practice on Records Management;

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747

Information may be needed:

- to support patient care and continuity of care;
- to support day-to-day business which underpins the delivery of care;
- to support evidence-based clinical practice;
- to support sound administrative and managerial decision making, as part of the knowledge base for NHS or private medical services;
- to meet legal requirements, including requests from patients under
  - subject access provisions of the Data Protection Act or the Freedom
  - of Information Act;
- to assist clinical and other types of audits;
- to support improvements in clinical effectiveness through research also
- to support archival functions by taking account of the historical importance of material and the needs of future research; or
- to support patient choice and control over treatment and services designed around patients.

The need to retain medical information for the reasons above must always be balanced against the data protection principles shown below. (Information Commissioner Office 2010);

http://www.ico.gov.uk/fororganisations/dataprotectionguide/listofthedataprotectionprinciples.aspx

- Personal data shall be processed fairly and lawfully and, in particular, shall not be processed unless
  - at least one of the conditions in Schedule 2 is met, and
  - in the case of sensitive personal data, at least one of the conditions in Schedule 3 is also met.
- Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
- Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
- Personal data shall be accurate and, where necessary, kept up to date.
- **Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.** This applies to the retention of the medical records of children and young people.
- Personal data shall be processed in accordance with the rights of data subjects under this Act.

- Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.
- Personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

**How long should we keep records?**

The NHS code of practice (2009) lists in Annex D1 a schedule of the times for which different medical records should be kept.

http://www.dh.gov.uk/prodconsumdh/groups/dhdigitalassets/documents/digitalasset/dh093027.pdf

For "*Children and young people (all types of records relating to children and young people)"* the Code says;

*"Retain until the patient's 25th birthday or 26th if young person was 17 at conclusion of treatment,* ***or*** *8 years after death. If the illness or death could have potential relevance to adult conditions or have genetic implications, the advice of clinicians should be sought as to whether to retain the records for a longer period"*

Westbourne House School will adhere to the advice given in the Code of Practice and retain all medical records for the time given in the paragraph above. These records will be stored securely as required by the Code of Practice.

At the end of the Summer term in the year in which the records fall due for destruction each will be examined by the School Nurse to ascertain whether there are implications for adult health which warrant further retention as set out in the guidance above.

Records which are not to be retained will be destroyed confidentially in compliance with the Code of Practice and a certificate of destruction retained for 30 years in line with HNS and National Archive guidelines:

http://www.dh.gov.uk/prodconsumdh/groups/dhdigitalassets/@dh/@en/documents/digitalasset/dh4133199.pdf )

**Appendix 18 – Confidentiality Policy**

The Matrons Department provides a safe environment where the School Nurses and matrons can have private consultations with pupils and staff. On occasion a pupil may ask for a friend to be allowed to remain with them during a consultation. The School Nurse will ask the friend to step outside if they feel the pupil's privacy may be compromised.

All information given to the School Nurses and matrons is to be treated as confidential. All records both written and electronic must be kept secure and accessed only by the School Nurses and matrons. However, academic staff may have access to some medical information in order to prepare relevant documents and lists for school visits. This information will be relevant for school trips only and therefore limited.

There are occasions when other members of staff need to be aware of a pupil's medical condition, for example in cases of severe allergies, asthma, diabetes or after a head injury/concussion. In particular this will apply to Head of Boarding and house parents who are privy to relevant medical and pastoral information as Loco Parentis. They are expected to understand and uphold the need to keep sensitive information discreet and confidential.

Parents of pupils going out on residential school trips must complete consent forms detailing any medical issues which are given directly to the teachers involved, and so preventing the need for any possible breaches of confidentiality from the nursing staff. The teaching staff may discuss information divulged on a consent form with the School Nurse for clarification and risk assessment purposes.

If a pupil or member of staff is sent home by the nursing staff, for safety reasons they must inform the Deputy Head in the case of a member of staff, the office and any other relevant staff, but without divulging any confidential medical details. If the pupil is a boarder the Head of Boarding and house parents will be informed.

If requested, names and times of people having consultations with the nurse may be given to staff, but without any confidential medical information including the reason for the consultation.

The nurses will meet with teachers and boarding staff to discuss pastoral concerns of any pupils where it is felt to be necessary. It is recognised that although it is desirable for teaching/pastoral staff to be aware of any social issues, nurses are still bound by their code of confidentiality, and must be mindful of this when sharing information.

If the nurse feels that the pupil has raised an issue where they would benefit from support from their teachers, they will strongly encourage them to give consent for the nurse to discuss it with the relevant staff and also for the pupils themselves to seek support from other staff where appropriate.

If the nurse feels it is in the child's best interest to breach their confidentiality, for example in cases of child abuse or serious bullying, then they must inform the pupil prior to disclosing any confidential information to other staff or parents. The nurse must be aware that she may need to justify these actions at a later date to the NMC and/or a court of law.

This policy is written with guidance on confidentiality from the RCN and NMC (as shown below).

**Confidentiality – Guidance from the Royal College of Nursing (RCN).**

As part of their Professional Code of Conduct, nurses are obliged to uphold medical confidentiality. A breach of confidence by a nurse may render them liable to disciplinary proceedings by the Nursing and Midwifery Council (NMC). Nurses also have a legal (common law and statutory) duty of confidentiality to pupils.

The pupil has legal rights to confidentiality, which depend on their level of development, intelligence and ability to understand. The nurse will always seek the child's consent to disclose confidential health information to parents and, in appropriate circumstances, the school head teacher. If consent is withheld, there is a prima facie legal duty of confidentiality that forbids disclosure.

Within a school this can cause a conflict of interest and call for certain amount of understanding on both sides. Although employed by the school, the nurse's (and also the school doctor's) obligation is ultimately to the patient. It is necessary to establish what is reasonable information to divulge to a third party on a 'need to know' basis.

It is reasonable to expect that parents/guardians may be informed of cases of illness and accident. But there are some sensitive health matters, about which the pupil may not wish their parents or the school to know. Legally the nurse has to respect this, while at the same time trying to persuade the pupil that it will be better for them to discuss the matter with their parents/guardians. These situations often arise about contraception issues, other sexual health matters, and alcohol and drug misuse.

Rarely, if the nurse considers that it is in the pupil's best interests to disclose information to the school or parents, then they must inform the pupil before doing so, and be fully prepared to justify their actions at a later date if necessary. For example, if child abuse is suspected the nurse has a duty to share concerns with the relevant authorities as per Area Child Protection Committee (ACPC) procedures.

Every school should have a policy, of which parents and teaching staff are aware, that covers the nurse's professional and ethical obligations, including confidentiality. It is important to remember that the duty of confidentiality to the patient is greater than that owed to the school which employs the nurse. The only times when this confidentiality may be breached are if:

- The child consents to disclosure in writing
- A Court of Law requires disclosure
- Disclosure is justified in the public interest or in the child's best interests, as in the case of child protection issues.

**Confidentiality – Guidance from the Nursing and Midwifery Council (NMC).**

Nurses and Midwives have a duty to protect confidential information. The Code is explicit in summarising what is expected. It states:

- You must respect people's right to confidentiality
- You must ensure people are informed how and why information is shared by those who will be providing their care

- You must disclose information if you believe someone may be at risk of harm, in line with the law of the country in which you are practising.

To trust another person with private and personal information is a significant matter. The person who is in the care of the nurse or midwife has a right to believe that the information given to them in confidence is only used for the purpose for which it was given and will not be disclosed to others without permission.

Records of information belong to the organisation and not the professional staff who make the records. No-one in that organisation has the legal right to access to the information in those records, which remain confidential.

The terms and conditions of employment for all employees not directly involved with people in the care of nurses and midwives, but have access to or handle confidential records, should contain clauses that emphasise the principles of confidentiality. These terms and conditions should clearly show that disciplinary action could result if these principles are not met.

**Appendix 19 – Staff Trained in First Aid & Lifesaving**

**FIRST AID AT WORK – 3 DAYS**
Hayley Kewell – Senior School Nurse **(Expires 30/03/2020)**
Liz Hanan – School Nurse **(Expires 18/05/20)**
Rick Knight – Groundsman/Kayak Instructor **(Expires 15/06/19)**
Clare Smith – Houseparent **(Expires 10/09/18)**
Fiona Moore – School Nurse **(Expires 12/10/20)**
Matt Geffen – Groundsman/PE Teacher **(Expires 06/06/20)**
Charlotte Hawkins – School Secretary **(Expires 23/11/20)**
Nick Hazeel – Groundsman **(Expires 18/05/20)**
Pippa Sutcliffe – Houseparent/Head of English **(Expires 07/09/20)**
Melanie Buckley – Residential Matron **(Expires 22/01/21)**
Rachel Goldsmith – School Nurse **(Expires 05/12/20)**

**EMERGENCY FIRST AID AT WORK – 1 DAY**
Edward Cousens – Houseparent **(Expires Jan 2018)**
Charlotte Cousens – Houseparent **(Emergency Paediatric First Aid - Expires Jan 2018)**
Louise Lewis – Matron **(Expires 05/07/19)**
Emily Maindonald – Music Department & Girls' Boarding Landing **(Expires 21/10/19)**
Ruth Tilling – Matron **(Expires 05/07/19)**
Amy Waller – Matron **(Expires 25/04/20)**

**PAEDIATRIC FIRST AID/EYFS – 2 DAYS (Expires January 2020)**

| **Pre-Prep** | | **Matrons Dept** |
|---|---|---|
| Jenny Allum | Sarah Lovejoy | Hayley Kewell |
| Dominic Bailey | Jenny Lyne | Liz Hanan |
| Sue Biddulph | Sarah McLaughlin | Ruth Aitchison |
| Laura Boden | Kelly Nelson | Ruth Tilling |
| Julie Burnand | Caroline Oglethorpe | Laura Thornton |
| Sian Elliman | Carolina Phillips | Louise Lewis |
| Jackie Grout | Jo Rich | Amy Waller |
| Victoria Homewood | Ellie Smee | Clare Smith |
| Gill Hunt | Emma Temple | |
| Pamela Jackson | Sara Walker | |
| Katrina Jarvis | | |

**FIRST AID – 6 HOURS (Expires September 2020)**

| | | |
|---|---|---|
| Michael Delve | Jakki Hunking | Glenn Mepham |
| David Lawson | Keith Hunking | Lloyd White |
| Kevin Friend | Stephen Grubb | |
| Claire Cobden | Cliff Ackhurst | |

**BASIC FIRST AID – 3 HOURS (Expires August 2020)**

| | | |
|---|---|---|
| Simon Arnold | Rose Turner | Sam Pollock |
| Richard Allum | Shirley Whincop | Kerry Poat |
| Julie Bonn | Jamie Whitehouse | Tim Pitman |
| Lorna Bateman | Delma Wilson | Sophie Pitman |
| Charlotte Cousens | Cressida Williams | Lyn Richardson |
| Matthew Cooke | Jonathon Anderson | James Stewart |
| Claire Cobden | Hester Anderson | Robin Turner |
| Emma Dixon | Roger Allingham | Iain Thomas |
| Alex Dichmont | Martin Barker | Alice Tree |
| Sally Fullagar | Helen Barker | Katie Tilling |
| Ann Frith | Dan Brown | Richard Tallis |
| Stuart Friend | Fabienne Bennison | Alison Windle |
| Jill Howarth | Edward Cousens | Alice Wilson |
| Natalie Hathaway | Jude Swailes | Buntha Hanley |
| Brandon Hanley | Kevin Smith | Tom Halliday |
| Laura Kameen | Richard Tyrrell | Tim James |
| Jonathan Llewelyn | Paul Donald | Lucy Low |
| Emma Millard | Charlie Edworthy | Barbara Langford |
| Teresa Manage | Victoria Eismark | Barry Pretorius |
| Carolina Phillips | Lainey Franks | |
| Karen Swann | Mark Forsyth | |

**NATIONAL RESCUE TEST COURSE FOR SWIMMING TEACHERS AND COACHES**

| **Expires July 2018** | **Expires July 2019** | **Expires Jan 2020** |
|---|---|---|
| Jill Howarth | Emma Dixon | Pippa Sutcliffe |
| Fabienne Bennison | Brandon Hanley | Rick Knight |
| Emma Dixon | Gideon Sutcliffe | Jamie Whitehouse |
| Jude Swailes | Sue Howley | Emma Chambers |
| Kerry Poat | | Sara Walker |
| Matt Geffen | | Alison Lodge |

**Appendix 20 – Staff trained to Administer Medication in the Surgery, Outhouses and Pre-Prep**

| | |
|---|---|
| Hayley Kewell | Tim Pitman |
| Liz Hanan | Sophie Pitman |
| Clare Smith | Martin Barker |
| Laura Thornton | Helen Barker |
| Louise Lewis | Kevin Smith |
| Ruth Tilling | Mark Forsyth |
| Amy Waller | Felicity Forsyth |
| Fiona Moore | Gill Hunt |
| Sam Pollock | Sara Walker |
| Edward Cousens | Laura Boden |
| Charlotte Cousens | Jackie Grout |
| Pippa Sutcliffe | Emily Maindonald |
| Gideon Sutcliffe | Roger Allingham |
| Rachel Goldsmith | |

**Appendix 21 – Location of First Aid Kits**

| Kit | Location | Specific directions | Extras |
|---|---|---|---|
| 1 | Girls' Landing | By fire extinguisher/exit | |
| 2 | School Office | On stationary shelves | |
| 3 | Kitchen | Metal cupboard back of kitchen | |
| 4 | Basement/Laundry | Shelf in basement laundry room | |
| 5 | Millennium Hall | Cupboard where organ is stored | |
| 5b | Dance Studio | | |
| 6 | Swimming Pool | In swimming pool office – need key | |
| 6b | Poolside | On shelf | |
| 7 | Swimming Pool Plant Room | | |
| 8 | Gym/Sports Hall | In equipment cupboard | |
| 9 | Astro Pitch | Kept in shed on pitch side | |
| 10 | Shack | On hook at far end of shack | |
| 11 | Science Lab | In science office on shelf | Info sheets in science office<br>Water bottle / eye wash |
| 12 | Food Tech Lab | On window sill | Dietary list Allergy list |
| 13 | Ceramics Studio | In cupboard (left of door) top shelf | |
| 14 | DT Room | On shelf right of door | |
| 15 | Art Room | On hook next to door | |
| 16 | Lakeside | Kept in canoe shed | |
| 17 | Yard/Workshop | In tea room | |
| 18 | School Shop | Window sill in shop | |
| 19 | Pre-Prep | Entrance hall to school | |
| 19a | Pre-Prep Staff Room | Medical cupboards | |
| 20 | Pre-Prep Bum Bag | Trip out bag (in staff room) | |
| 21 | Nursery | Nursery Kitchen | |
| *22 | Nursery Bum Bag | Nursery Kitchen (taken outside at break time) | |
| 23 | Minibus – BX67 BWP | Under driver's seat | |
| 24 | White Minibus | Under driver's seat | |
| 25 | Minibus – HY58 PFG | Centre of cab | |
| 25a | Minibus – HX65 ETL | Under driver's seat | Spillage kit and sick bags |
| 25b | Minibus – BX67 BYK | Under driver's seat | |
| 26 | Grey VW Touran | | |
| 27 | Shopwyke | | |
| 28 | Middle Lodge | | |
| 29 | Beeswing | | |
| 30 | Dower House | | |
| 31 | Pear Tree Lodge | | |
| 32 | Orchard Lodge | | |
| 33 | Trip Rucksack | Kept in Matrons cupboard | |

| | | | |
|---|---|---|---|
| 34 | Medication for Rucksack | Kept in Medicine cupboard | |
| 35 | Trip Bag A | Kept in Matrons cupboard | |
| 36 | Medication for Trip Bag A | Kept in Medicine cupboard | |
| 37 | Trip bag B | Kept in Matrons cupboard | |
| 38 | Medication for Trip Bag B | Kept in Medicine Cupboard | |
| 39 | Team bag E | Kept in matrons cupboard | |
| 40 | Dark Green First Aid Bag | Shelf in Matrons | |
| 41 | Green Sports Bag 1 | Shelf in Matrons | |
| 42 | Green Sports Bag 2 | Shelf in Matrons | |
| 43 | Green Sports Bag 3 | Shelf in Matrons | |
| 44 | Climbing Wall First Aid Bag | | |
| 45 | Bum Bag A | Shelf in Matrons | |
| 45b | Bum Bag B | Shelf in Matrons | |
| 46a | Pre-Prep Bum Bag 1 | | |
| 46b | Pre-Prep Bum Bag 2 | | |
| 47a | Pre-Prep Bum Bag 3 | | |
| 47b | Pre-Prep Bum Bag 4 | | |
| 48a | Pre-Prep Bum Bag 5 | | |
| 48b | Pre-Prep Bum Bag 6 | | |
| 49a | Pre-Prep Bum Bag 7 | | |
| 49b | Pre-Prep Bum Bag 8 | | |
| 50a | Pre-Prep Bum Bag 9 | | |
| 50b | Pre-Prep Bum Bag 10 | | |
| 51 | Pre-Prep Bum Bag 11 | | |
| 52 | First Aid Bag C | Shelf in Matrons | |

**** NB: New Nursery Bum Bag – Check List to be compiled (it is one of the Pre-Prep Bum Bags)***

**Monitoring and review**

The School will review and monitor the effectiveness and compliance of this policy (and appendices – if appropriate). This policy will be kept up-to-date and amended to take account of legislative and regulatory changes.

| Last Review Date | Next Review Date | Reviewer(s) |
|---|---|---|
| February 2018 | August 2018 | Senior School Nurse<br>Head of Pre-Prep *(Appendix 5)* |