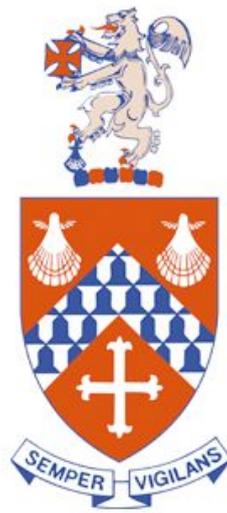


HILL HOUSE

INTERNATIONAL JUNIOR SCHOOL



MEDICAL POLICY

1 Introduction

- 1.1 This is the Medical Policy of Hill House International Junior School (the **School**).

2 Contact Medical Staff

To request urgent assistance from a nurse call:

| | | |
|--------------|-------------------|-----------------------|
| Alex Stewart | (Main School) | 020 7584 1331 ext.208 |
| Jo Novelli | (Cadogan Gardens) | 020 7730 9571 |
| Pam Jarvis | (Small School) | 020 7351 7863 |

3 Liaison with parents

- 3.1 The School promotes ongoing communication with parents in order to ensure that the specific medical needs of all pupils in our care are known and met.
- 3.2 Parents must inform the School if their child has or develops a medical condition and, where appropriate, provide the School with appropriate medical evidence and / or advice relating to their child's medical condition.
- 3.3 Where appropriate, parents will be invited to consult with the School and relevant healthcare professionals in order to produce a healthcare plan for their child.
- 3.4 Parents should also inform the School where their child will require either prescription or non-prescription medication to be taken at School and of any changes to the medication required.
- 3.5 The School requests that medication is only taken at School if it is essential, that it is where it would be detrimental to the pupil's health not to administer the medication during the school day. Where possible, medicines should be taken at home, before and after attending School.
- 3.6 Staff at the School will not administer any medication to a pupil without obtaining prior permission from his or her parents. This requirement will not prevent a child pupil of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.

4 Medication

- 4.1 Medicines that are to be administered during the school day should be taken on arrival at school to the Nurse in the relevant building.
- 4.2 Unless as otherwise set out in this policy, the School will not normally administer medication unless it has been prescribed by a doctor, dentist, nurse or pharmacist.
- 4.3 If a pupil requires medication the following should be noted:
- 4.3.1 Parents should bring in the medication in the original container clearly labeled with the pupil's name, dosage and time due.

- 4.3.2 The Nurse will give the medication in accordance with instructions given by parents.
 - 4.3.3 The Nurse will generally seek parental permission before administering any other medication, however, if in the Nurse's professional judgement she believes that medication is required in an emergency for the well-being of a pupil (as in the case of a high temperature or severe pain), and they cannot contact parents, they may administer it and inform the parents as soon as practicable.
 - 4.3.4 Staff will ensure that parents of all EYFS pupils are informed on the same day or as soon as reasonably practicable of any medication that is administered. A written record will be kept of each time a medicine is administered.
 - 4.3.5 If for any reason, medication has not been administered parents will be informed and will be given an explanation.
- 4.4 Asthma / Allergy medication
- 4.4.1 Where a pupil has a severe allergy and has been prescribed an Epipen/Anapen, this may be administered by staff in accordance with their training and the pupil's individual policy. (In the case of the Epipen/Anapen being used, staff should ask for a Nurse to attend urgently and an ambulance should be called.)
 - 4.4.2 Pupil's suffering from asthma may use their inhaler supervised by a member of staff, as required and advised by parents.
 - 4.4.3 All pupils who suffer from asthma should have their own inhalers. Spares are kept in the medical cupboard.
- 4.5 Anaphylaxis
- 4.5.1 Any pupils with severe allergies to eg. nuts, sesame seeds should have his/her own Epipen/Anapen. Pens are to be carried with them at all times.
 - 4.5.2 Check the at risk folder for protocols.
 - 4.5.3 An emergency spare pen must be kept in the medical room at Flood Street, Cadogan Gardens and Main School.
- 5 Location and guidelines on who can administer medication**
- 5.1 The following medicines are held in the drug cupboard in the First Aid Room in each building:

Analgesics, medication for coughs and colds, asthma inhalers, antihistamines, own medication brought from home and various creams, lotions and solutions.
 - 5.2 Before giving medication to any pupil, the Nurse will check that the appropriate consent has been given, check for allergies and check that the pupil has not recently taken his/her own medication. Record in iSAMS Medical Centre module the dose, time and reason for medication.

6 Training

- 6.1 Training in anaphylaxis and any relevant medical conditions will be given by the nursing staff as requested. Games Staff will receive First Aid training. If any member of staff requires an update on any aspect of First Aid, the nursing staff will provide this on request.
- 6.2 Non-specialist staff should receive guidance from specialist staff with regard to dealing with hazardous situations (e.g. the handling of restricted chemicals).

7 Safe Practice in Physical Education

- 7.1 Rules and Regulations regarding the changing rooms must be clearly explained.
- 7.2 The class must be systematically prepared for activities being undertaken, and attention should be paid to footwear.
- 7.3 First Aid bags to be taken to all games lessons (unless already at the premises). Staff to ensure they have a mobile phone with them. Teachers must err on the side of safety.
- 7.4 No pupils are allowed in any store rooms for equipment unless given specific permission by a teacher
- 7.5 No pupil is allowed in the swimming pool area without the presence, permission and supervision of the teacher in charge or a qualified lifeguard.
- 7.6 Parental notes and advice regarding their child's participation or otherwise are given due consideration.
- 7.7 Foreseeable risk is assessed and shared with the pupils and properly managed. (This may mean rejection of an activity on some occasions).
- 7.8 All teachers must make sure that:
 - 7.8.1 All reasonable steps are taken to ensure the safety of premises and equipment
 - 7.8.2 The class is taught about the need for safety and warned against foolhardiness in a manner appropriate to the pupils' age and experience.

8 General Medical

- 8.1 If a child is unwell at school, we will make every effort to contact parents/guardians. It is very important that we have up-to-date home/work telephone numbers or other contact numbers. Until we have contacted the child's parents we will take any action required in the interest of the child. The child must, under no circumstances, be allowed to travel home without being collected by a trusted adult.
- 8.2 Many of the school staff are trained Emergency First Aiders. With regards to the EYFS setting there will be a paediatric first aider on site at all times when children are present.

9 Prevention of the spread of infectious illnesses

- 9.1 Staff will follow the current guidance in case of infectious diseases. Where a pupil is ill or infectious, the School will discuss the arrangements with parents regarding keeping that pupil away from School in order to protect the spread of infection.
- 9.2 If a member of staff is in doubt they should refer the pupil to the Nurse for assessment.

10 Accidents

- 10.1 In the event of an accident injuring one or more people, the first priority is to ensure, within the limits of personnel and facilities, the safety of other pupils and adults in the vicinity. In attending to the injured person(s), help may be called from colleagues holding the appropriate First Aid certificate, if they are in the immediate vicinity. Any injured pupil must be taken, if possible, to the Nurse or immediately, or the Nurse must be sent for if the pupil cannot be moved. In this case, we will contact the parents as soon as possible.

11 Dealing with bodily fluids and blood

- 11.1 Proper precautions should always be taken when dealing with exposure to bodily fluids and/or blood, especially the wearing of latex/rubber gloves.

12 Unacceptable practice

- 12.1 Staff should use their discretion and training with regards to each individual pupil's medical needs.
- 12.2 However, staff should be aware that the following practices are generally unacceptable:
- 12.2.1 preventing access to medication and relevant devices (such as inhalers), where this is reasonably required;
 - 12.2.2 assuming that all pupils with the same conditions require the same treatment;
 - 12.2.3 frequently sending pupils with medical conditions home or preventing them from taking part in normal School activities, unless this is provided for in their healthcare plan or by their medical advisors;
 - 12.2.4 sending unwell pupils unaccompanied to the School office or medical room;
 - 12.2.5 penalising pupils for their attendance record, if their absences are related to their medical condition (e.g. hospital appointments);
 - 12.2.6 preventing pupils from drinking, eating or taking toilet or other breaks when required to enable them to manage their medical condition effectively;
 - 12.2.7 requiring parents, or otherwise making them feel obliged, to attend the School to administer medication or otherwise provide medical support to a relevant pupil during the School day;
 - 12.2.8 preventing pupils from participating in, or creating unnecessary barriers to children participating in all aspects of School life.

13 Arrangements for dealing with specific injuries or medical conditions

13.1 Head injuries

13.1.1 The child has sustained a head injury and following thorough examination we are satisfied that the injury does not appear to be serious. It is expected that the recovery will be rapid and complete.

- (a) DO expect the child to feel generally miserable and “off colour”. Do not force them to eat, but make sure he/she has had enough to drink.
- (b) DO expect the child to be more tired than usual. Allow them to sleep if they want to. Just pop in to see them every couple of hours. Do not be confused between normal sleep and unconsciousness - someone who is unconscious cannot be woken up - you need to be satisfied they are reacting normally to you.
- (c) DO expect the child to have a slight headache
- (d) DO keep the child quiet and resting as much as possible. Keep them away from school; discourage active games, watching TV and reading until symptoms subside.

13.1.2 These symptoms should improve steadily and the child should be back to normal within a few days.

13.1.3 If the symptoms worsen, or if you notice the following signs:

- (a) Difficulty in waking from sleep
- (b) Appears to be confused or not understanding what is said to them
- (c) Vomiting
- (d) Complaining of severe headache, or trouble with their eyesight
- (e) Becomes irritable
- (f) Has any kind of attack which you think is a fit

Then you are advised to:

**Contact your doctor
or contact the Accident & Emergency Department
Without delay!**

13.2 Anaphylactic shock

- 13.2.1 The symptoms of anaphylaxis can vary. In some people, the reaction begins very slowly. But in most the symptoms appear rapidly and abruptly.
- 13.2.2 The most severe and life-threatening symptoms are difficulty breathing and loss of consciousness.
- 13.2.3 Difficulty breathing is due to swelling and/or spasms in the airways. In very rare cases, breathing can stop all together.
- 13.2.4 Loss of consciousness is due to dangerously low blood pressure, which is called "Shock"
- 13.2.5 In the most serious cases, the heart can stop pumping altogether
- 13.2.6 These are the leading cases of death from anaphylaxis
- 13.2.7 While some symptoms are life threatening, others are merely uncomfortable. Generally, a reaction must involve at least 2 different body systems, such as skin and heart, to be considered anaphylaxis.
 - (a) Skin
 - (i) Most anaphylactic reactions involve skin
 - (ii) Hives, welts or wheals (raised bumps). Hives can cause severe itching.
 - (iii) General erythema (redness)
 - (iv) Swelling in the face, eyelids, lips, tongue, throat, hands and feet.
 - (b) Breathing
 - (i) Swelling narrows the airways
 - (ii) Difficulty breathing, wheezing, chest tightness
 - (iii) Coughing, hoarseness
 - (iv) Nasal Congestion/Sneezing
 - (v) Cardiovascular: Blood pressure may drop dangerously low.
 - (c) Rapid or irregular heart beat
 - (i) Dizziness, faintness
 - (ii) Loss of consciousness, collapse
 - (d) General
 - (i) Tingling or sensation of warmth - often the first symptom
 - (ii) Difficulty swallowing

- (iii) Nausea, vomiting
- (iv) Diarrhoea, abdominal cramping, bloating
- (v) Anxiety, fear, feeling that you are going to die
- (vi) Weakness
- (vii) Confusion

13.3 When to seek medical care

13.3.1 Act quickly. True anaphylaxis is a medical emergency and requires immediate treatment in an emergency department of a hospital, where the person can be watched closely and life-saving treatment can be given.

13.3.2 It is impossible to predict how severe the allergic reaction will be. Any person who shows symptoms of anaphylaxis must be transported to a hospital emergency department.

13.3.3 If swelling develops rapidly, particularly involving the mouth or throat, and the person has trouble breathing, feels dizzy, light headed or faint, call 999 for ambulance transport to the hospital.

13.3.4 While awaiting the ambulance, administer Epipen (adrenaline) into middle/upper thigh. If the person is wearing awkward lower clothing - do not remove- the needle will penetrate clothing.

14 Damaged teeth

14.1 If a tooth is damaged in any way:

14.1.1 The Nurse must be informed as soon as possible so that they can make the decision to contact the pupil's parents and dentist

14.1.2 Parts of tooth should be saved

14.1.3 An accident form must be handed to the Nurse immediately.

| | |
|--|-------------------------------|
| Authorised by | Resolution of the Proprietors |
| Signed on behalf of the Proprietors | William Townend |
| Date | 12/02/2021 |

| | |
|-------------------------------------|------------|
| Effective date of the policy | 12/02/2021 |
| Review date of the policy | 11/02/2022 |