OLD BUCKENHAM HALL

A leading co-educational preparatory school for children aged 2-13 years

Medical Care Policy

OBHP22

Policy owner: School Nurse
Date of issue: September 2022
Date last reviewed: August 2023
Next review due: August 2024

The Medical Policy (OBHP22) follows statutory and non-statutory guidance set out in *Keeping Children Safe in Education – Sept 2023, National Minimum Standards for Boarding Schools – Sept 2022, Healthy Child Programme from 5-19 years old – 2009, Supporting pupils at school with medical conditions - 2015*

Medical Care in School

Personnel responsible for Medical Provision: Emma Easdale – RGN, SCPHN

Introduction

This Medical Care Policy addresses the responsibilities of Old Buckenham Hall (OBH / The School) to provide adequate and appropriate medical care to pupils and staff and outlines the procedures and facilities in place to meet that. OBH recognises and values the importance of children's physical and mental health and emotional wellbeing as the foundation to everything else that happens in school. Pupils with disabilities are provided with appropriate care and assistance that promotes dignity and choice.

This is a whole school policy and informs practice in the Early Years Foundation Stage, Pre Prep, After School care in the Pre Prep and the Prep School.

The Policy includes care of those with chronic conditions and disabilities, dealing with medical emergencies and the use of nonprescription drugs. It should be read in conjunction with the First Aid Policy (OBHP11).

The School Nurse is registered with the NMC and is responsible for the medical needs of boarders and day pupils. She holds a daily surgery, dispenses regular medication, administers first aid, presides over sick bay and is available to provide health advice to pupils, staff and parents. She works closely with parents when their child has specific medical needs requiring long term medication and will ensure individual healthcare plans are in place. She is contactable by phone if off site. (07776 691665)

All boarding staff have completed recognised first aid and administering medicines courses. There is medical cover 24 hours a day. A matron or nurse can normally be found around the surgery, however, if they have been called away, pupils are taught to go to the front desk for help. Walkie talkies are available as necessary.

Boarders are supported and educated to understand their health needs, how to develop and maintain a healthy lifestyle and to make informed decisions about their own health.

Doctor - The school has a nominated doctor; Dr Mark Hainsworth, a local GP. He visits when required and can easily be accessed at other times. When a child becomes a boarder (weekly and full) we recommend that they sign up with the school doctor. Female doctors are available if requested and pupils may also speak to a doctor in private should they wish. During holidays, pupils can be seen as a Temporary Resident with their home GP if necessary.

Dentist - Taking children for routine dental appointments is not the responsibility of OBH School staff, and parents are encouraged to arrange these during the school holidays or at home weekends where possible. If a child needs to see a dentist in an emergency the school will arrange care and the parents will be informed. The school dentist is Mydentist, Risbygate Street, Bury St Edmunds, 01284 530101

Optician - As with dental appointments, parents are encouraged to arrange these in the holidays, but in emergency, we use Drage and Tozer in Sudbury. 01787 310090

The school nurse is responsible for making emergency and routine health care appointments for children, including where consultation between parents/carers and staff is necessary.

The school aims to be Nut Free and allergy aware.

Illness During School Time

There are separate sickbays with ensuite facilities, available for both boys and girls. The accommodation is staffed appropriately and provides boarders with appropriate privacy, taking into account sex, age and any special requirements. A child who develops a high temperature or has a contagious condition will be isolated in sickbay. Parents will be contacted by phone, and informed of their child's illness, on the same day or as soon as is reasonably practicable. All visits are recorded on iSams. In sickbay

- Cross infection is to be avoided; hence no pupils may visit those in sickbay, should an infectious disease be suspected.
- A nurse, matron or first aider will always be available in the building when sickbay is occupied.
- Pupils in sickbay are provided with a bell to call for help in case they need urgent attention.
- Fresh water is always provided. (unless fluids are restricted.)
- Disposable vomit bowls and tissues are to be provided.
- Frequent hand washing must be undertaken by patients and staff in sickbay.
- Pupils may watch TV for short periods of time. Reading, playing games and listening to story tapes are encouraged to avoid prolonged TV viewing.
- Food should be regularly offered, considering the pupil's medical condition.

- Parents must be informed where possible if their child is kept in sickbay overnight. Telephone contact between pupils and parents is possible using the surgery telephone, as long as precautions are taken to avoid cross infection.
- Accurate records are kept on iSams.

Pupils with a temperature over 38.0* are to be admitted to sickbay and given an age appropriate dose of Paracetamol or Ibuprofen which will reduce the body temperature as well as relieving aches and symptoms of fever. During the day time the temperature should then be checked 4 - 6 hourly. Fluids must be offered frequently.

In the case of an infectious outbreak (e.g.noravirus, coronavirus) and more beds are required, a dormitory will be converted into a further sickbay.

Parents / guardians are encouraged to take their child home if the illness becomes protracted.

If the number of patients is increasing and the disease is becoming a school epidemic, pupils are to be sent home where possible, to limit the spread of infection.

All bedding from sickbay is to be washed on a high heat i.e.: 60 degrees.

Accidents and minor injuries

In the event of an accident, health concern or minor injury prompt action is required. The nurse, matron or a designated first aider should be found immediately. If the injury warrants an ambulance e.g. a major bleed, a substantial head injury, a person is struggling to breath; this will be called immediately. (See Appendixes for chronic illness and emergency guidelines for sporting injuries and for specific guidance as to when to call an ambulance) A member of staff will always accompany a child to hospital. Parents will be contacted immediately or as soon as is reasonably practicable. All is recorded on iSams.

In EYFS and Pre-Prep - A child who has an accident or minor injury will be seen initially by a member of Pre-Prep staff, trained in Pediatric First Aid. If further advice or treatment is required, they will be seen by the school nurse or matron. They are always accompanied by a Pre-Prep member of staff. After treatment a decision is made as to whom will inform the parents. (i.e. the Pre-Prep member of staff or nurse/matron.) Parents/ guardians will be phoned on the same day or as soon as is reasonably practicable. All is recorded on iSams.

Any serious accident must be recorded on the accident log on EVOLVE. The entries are checked by the bursar and the requirements of RIDDOR completed. They are also investigated where necessary and monitored to identify trends. The School Nurse attends termly H&S meetings.

All visits to the surgery are recorded on iSams; including minor accidents i.e. a cut finger with a plaster applied, a blister, etc

An automatic external defibrillator (AED) is located in the inner hall (in the cupboard opposite the reception desk).

Confidentiality

A pupil's confidentiality, rights, privacy and dignity as patients is fundamental and is appropriately protected. All medical information about pupils is confidential, whatever their age. On occasions, it may be necessary for the school doctor and nurse to pass on information to parents, academic and boarding staff where the safety of a pupil or of other pupils might be compromised, or where there is a statutory duty to report. Wherever possible, information is passed on with the pupil's consent.

Both the school doctor and the nurse have professional obligations regarding confidentiality and in accordance with these, medical details about pupils, regardless of age, will, in general, remain confidential. However, we recognise that in providing care we do have to liaise with parents/guardians and staff and pass on information as necessary. Ideally this will be with the pupil's prior consent but there may be rare occasions when the school doctor or nurse considers that it is in the pupil's better interests, or necessary for the protection of the wider School community, to divulge relevant information. There is a statutory duty on professional staff to divulge information where there are child protection issues.

Parental Consent for Medical Care

On entry to the school parents are required to complete a Health Questionnaire.

The parent/guardian is also asked to sign a consent form that allows school staff to administer medication, and authorises the school to act in "loco parentis" and give emergency first aid, medical treatment, and obtain dental emergency treatment when required.

Pupils with a specific medical/ health need will have an individual health care plan. These are available on iSams and in the Surgery; copies are also kept in the individual child's medical records. These health

care plans will always accompany the child on trips. Any special arrangements or additional staff training for the care of that child will be arranged. (e.g.treating a diabetic hypo, the use of an EpiPen).

Obtaining consent prior to providing treatment is good practice and a legal requirement. While written parental consent is the ideal standard, it should be noted that the law states any child under the age of 16, if thought to be "competent" and "of sufficient understanding and maturity to enable him or her to understand fully what is proposed" may give or withhold consent. (Fraser Competency Guidelines 1986, Gillick Competency)

Pupil Health Records and Record Keeping

Adequate and contemporaneous medical and nursing records are kept in both written and computer form.

Any visit to the school surgery, appointment with a health professional or to hospital is recorded on iSAMS.

Prescribed treatments are dispensed, as per instruction, and recorded on the daily drug chart.

All dispensed medication is recorded on iSams. Day children's parents will be informed by a phone call, email or slip sent home.

A drug stocktake/audit is maintained on iSams.

All records are kept in the school archives until a child is 25, when they will be securely destroyed.

Mental Health and Emotional Wellbeing (See Mental Health, Resilience and Wellbeing Policy OBHP60)

The school recognises that emotional wellbeing and good mental health is fundamental to a pupil fulfilling their potential. The school promotes positive emotional wellbeing and resilience through its teaching and learning, assemblies, the PSHE programme, form time, school policies and a general school ethos of staff really knowing each individual pupil. Pastoral care is at the centre of how the school operates; Staff meetings, boarding meetings, observations, informal chats with children, colleagues and parents may all highlight a child struggling or whose behaviour is changing. Early intervention and support, welfare plans, sessions with the school counsellor, referral to the school doctor or to outside agencies (e.g. CAMHS) are all available as necessary. The School Nurse and Matrons have completed the Mental Health First Aid Course.

Provision for Special Dietary Requirements - The school makes provision for special requirements, whether for medical reasons, e.g. Coeliac disease, or religious reasons. See our Catering Policy for allergen information.

Provision for Disabilities - The school will endeavour to implement plans to meet the needs of a child with disabilities.

Immunisations - Immunisations are given in line with the schedule laid down by the Dept. of Health. Consent will be sought before each injection.

Off Games

The School Nurse, or a Senior Matron, will decide if a pupil should be "off games". Alternatively, at shorter notice, if she deems a pupil is unfit for a specific activity she will tell the relevant member of staff. The School Nurse will decide when a pupil is fit to resume some or any activities. Following concussion the GRTP guidelines will be followed. All will be recorded on iSams.

First Aid Cover for Matches - Cover is provided at all home matches by the School Nurse or trained first aiders. When a player is injured the First Aider will decide whether they are fit to continue and must inform the referee of the reason to keep the injured child out of play.

School has a duty of care to all visiting children. First Aid cover is provided at every home fixture or social function for all children on the premises. All details of treatment given to visiting pupils are recorded in the medical book / iSams and communicated to the staff from the schools concerned. Medication is only administered to visiting pupils after authorisation from the parent if they are present or a member of staff from the visiting school. If an accident form is necessary it will be completed, and a copy will be given to the accompanying member of staff.

Visits, Trips and Residential Outings

OBH School staff in charge of outings are accountable for all children taken out of school and must ensure that risk assessments are complete, and that they liaise with the School Nurse to ensure that all medical needs are considered, and an appropriate first aid kit is taken.

The School Nurse will inform relevant staff and other schools of any significant medical information. Health issues are recorded in iSams and can be used when completing the risk assessment.

The School Nurse or Matron will provide first aid kits for all school trips, and a copy of any relevant healthcare plans. Arrangements for taking and storing medicines will be made. Adequate medical

supplies will be provided, with clear written instructions for administration. Medical contact details will be provided for overnight trips.

It is the responsibility of the member of staff taking the trip to ensure they take any First Aid kit with them. This includes EpiPens, inhalers, etc.

Administration of Medicines

Policies for administration of medication reflect, where appropriate, guidance provided by the Royal Pharmaceutical Society and the Royal College of Nursing.

All medication must be licensed for Paediatric use.

If parents bring in medicine from home they are required to sign a consent form.

In cases where parents are unable to give written permission, and the First Aider and parent agree that to delay medication would be to the detriment of the health or comfort of the child, consent by email will be accepted. A record is made of the conversation and an email must be sent by the parent stating the time of last dose and giving permission to medicate the child.

Receiving, Control and Administration of Medicines

- All medicines must be delivered to the School Nurse or Matron in person by the parent/guardian. No child may bring medication into school. A parent/guardian of a day pupil must fill in a consent form for medicine required during the day. If a child requiring medication comes in by bus, their medicine should be handed to the bus driver, who will then bring it up to surgery on arrival. Consent forms can be found in the surgery, pre prep, school office, and they can also be downloaded from the school website.

- All medicines are kept in a locked cupboard or fridge and administered through the dispensary, except for asthma inhalers, and adrenaline autoinjectors. The fridge temperature is recorded daily

- All prescribed medication is to be handed over in its original packaging, clearly labelled with the child's name and dosage of the medicine and the frequency of administration. (i.e. in the original container dispensed by a pharmacist.)

- Parents of boarders in the Prep school are not usually informed of non-prescription medication administered to their child. For day children no analgesia will be given within four hours of the

child arriving in school, unless a phone call to the parent has ascertained they have not had any medication earlier in the day.

- A list of pupils' allergies is kept on the door of the dressings cupboard and is checked prior to administration of medication to check for allergies or any parental concerns
- No pupil is allowed to keep medication on their person or in their dormitories. The exception to this being Ventolin inhalers and only then, when a pupil has been assessed by the nurse as being capable and fit to self-administer.
- Designated persons (see list in dispensary) may administer medication, this includes prescribed and non-prescribed medicines. They will have completed a first aid course and received training to dispense.
- When administering prescribed medication, the dispenser will check for the child's name, the prescribed dose, the expiry date and any written instructions provided by the prescriber on the label or container. (A dispensing checklist is displayed on the drug cupboard).
- Prescribed medication is dispensed to children at the times indicated by the doctor and signed for on the drug chart.
- Medication prescribed for one child is never to be used for another.
- Over the counter (OTC) medicines are stored in a locked cupboard in the dispensary, and administered according to protocol, and recorded on iSAMS.
- A list of the stock OTC medicines is available.
- Any refusal to take medicines or reactions to medicines will be recorded.
- Medicines will be handed back to parents at the end of term.
- Sharp boxes will always be used to dispose of needles.
- Unfinished and out of date medicines are disposed of through the local pharmacy.
- Any medicine brought in by an overseas pupil must be reviewed by Dr Hainsworth before it can be given. Information must be gained from the parent/guardian as to its use, and if necessary an alternative UK medication can be prescribed.

- Controlled drugs are stored and administered in accordance with the 1973 Misuse of Drugs (Safe Custody) Regulation. (In a separate double locked cupboard, that only named staff have access to. Separate records of dispensing are kept).

SELF ADMINISTRATION

Whilst we recognise that children should begin to take responsibility for their own health, it is school policy that all medication is dispensed and supervised through the surgery. Exceptions are only made when it is necessary for a pupil to have access to their medication immediately. (e.g. a Ventolin inhaler)

An asthmatic may carry their inhaler and keep one in their bedside locker after their ability to self-medicate has been assessed by the school nurse. (see self-assessment form) This assessment will ensure the pupil has;

1. An adequate understanding of when to take the treatment.
2. Displayed competent inhaler technique.
3. An awareness of when to call for help if symptoms are not improving.
4. An awareness of the importance of keeping medicine safe from other pupils.

PROTOCOL FOR ADMINISTERING NON-PRESCRIPTION MEDICATION

Non- prescription medication may be given providing prior written permission from the parents/guardians exists.

Examples of these medicines include: (see appendix 1 and 2)

- Paracetamol for pain and fever
- Ibuprofen for pain and fever
- Simple linctus for coughs
- Lactulose for constipation
- Sudafed for nasal congestion
- Cinnarizine for travel sickness
- Piriton (chlorphenamine) for allergy
- Citirizine for allergy

When issuing medication, dispensers are to

1. Be aware of the reason for giving the medicine.

2. Check whether the pupil is allergic to any medication.

3. Check whether the pupil has taken any medication recently and, if so, what.

4. Check whether the pupil has taken that medication before and, if so, were there any problems?

5. Check the expiry date on the container.

6. Record the details – the name of the pupil, the reason for the medication, the name and dose of the medication and the date and time. These must be recorded immediately and signed.

7. If a pupil experiences an adverse reaction to a drug or it is given in error, the drug error procedure will be followed. (Appendix 3)

Monitoring and Review

This Policy will be reviewed annually or when there are changes in legislation.

Bibliography

Supporting pupils at school with medical conditions. Dept. of Ed. Dec 2015
Counselling for Schools: a blueprint for the future Dept. of Ed Feb 2016
Promoting and supporting mental health and wellbeing in schools and colleges. Dept of Ed. June 21
Reasonable Adjustments for Disabled Pupils - guidance from Dept. of Ed April 2015
Guidance on the use of emergency salbutamol inhalers in schools – Dept of Ed 2015
Automated external defibrillators (AEDs) A guide for schools - Dept of Ed Sept 2018
Guidance on the use of adrenaline auto-injectors in schools – Dept of Health 2017

Attachments:

Appendix 1 Non-Prescription Medication
Appendix 2 Analgesia Pain Relief
Appendix 3 Drug Error Procedure
Appendix 4 Dental Policy (MOSA Guidelines)
Appendix 5 Management of Needlestick and Sharps Injuries
Appendix 6 Medical emergencies – Allergy; Auto Adrenaline Injectors (Epipens, Jext)
Appendix 7 Diabetes
Appendix 8 Asthma
Appendix 9 Epilepsy
Appendix 10 Head Injuries
Appendix 11 First Aid: Sports injuries
Appendix 12 Protocol for Medical Coverage on School Trips

Appendix 1

NON-PRESCRIPTION MEDICATION

NAME OF DRUG	INDICATIONS	CONTRA INDICATIONS	SIDE EFFECTS	DOSAGE
PARACETAMOL	Fever Pain	Allergy Liver Impairment Alcohol Dependence	Rash Liver Damage	<u>Suspension 120mg/5mls</u> 2-4 years 180mg (7.5mls) 4-6 years 240mg (10mls) <u>Suspension 250mg/5mls</u> 6-8 years 250mg (5mls) 8-10 years 375mg (7.5mls) 10-12 years 500mg (10mls) 12-16 years 750mg (15mls) <u>Tablets 500mg</u> 6-12 years 250-500mg 12 -16 years 500mg (1g for acute pain) Adult 500mg-1g Can be given 4-6hrly. Max of 4 doses in 24 hours.
IBUPROFEN	Fever Pain (particularly period pains, and pain associated with inflammation and musculoskeletal disorders.)	Allergy Hx of gastric ulcer Use with care in asthmatics and people taking anti coagulation medication	Gastric upset Haemorrhage	<u>Suspension 100mg/5mls</u> 3-7 years 5mls 8-12 years 10mls <u>Tablets 200mg</u> 12 yrs-adult 200mg-400mg Leave 6 hours between doses up to 3 doses in 24 hrs
GLYCERINE, LEMON&HONEY	Dry, Irritating Cough	Diabetes		Under 12years 5mls Over 12 years 10mls Up to 4 doses in 24 hours
SUDAFED	Nasal Decongestant	Allergy	Rash Hallucinations (rarely)	2-5 years 2.5mls 6-12 years 5mls

				12+ 10mls Can be given 4-6hrly, up to 4 times a day.
PIRITON (chlorphenamine)	Antihistamine (relief of allergy symptoms) Urticaria (allergic rash) 1st line emergency treatment of anaphylaxis	Allergy Epilepsy If on MAOI anti-depressants Porphyria	Drowsiness Gastric disturbances Dry Mouth Tinnitus Headache	Syrup 2mg/5mls 2-6 years 2.5mls 7-12 years 5mls 12+ 10mls 4-6 hourly up to a max of 3 doses. Tablets 4mg 6-12 years ½ tab 4-6 hrly No more than 6 half tabs in 24 hrs. 12- adult 1 tab 4-6hrly No more than 6 tabs in 24 hrs.
STUGERON 15 (cinnarizine 15mg)	Motion Sickness	Allergy Epilepsy Porphyria Parkinson's Disease	Drowsiness Rash	5-12 years 1 tablet 12+ 2 tablets (ideally 2 hours prior to travelling)
CETIRIZINE (zirtek)	Hayfever Allergic Reactions Urticaria	Allergy Renal Impairment Pregnancy Breast Feeding	Headache Dry Mouth Dizziness	Syrup 1mg/ml 2-6 years 5mls once a day 6-adult 10mls once a day Tablets 10mg 6 years-adult 10mg once a day.
VASELINE	Dry skin/Lips			Topical
CETRABAN	Dry skin /Moisturiser	Broken skin		Topical
EURAX	Insect bites, stings	Broken skin		Topical
Hedrin 4% lotion	Head lice	Avoid eyes	For external use only	Follow instructions on bottle

For women of childbearing age remember to consider pregnancy and breast feeding

APPENDIX 2

Analgesia (pain relief)

No aspirin for any children

Paracetamol (Check the non-prescription medication protocol for contra indications and dosages.)

- Dulls pain receptors in the brain.
- Should be first choice for fever or pain.
- Best for headaches.
- Has no effect on inflammation.
- Don't give half doses.
- Be aware that other drugs may contain paracetamol. e.g. feminax, nightnurse. CHECK if they have already had paracetamol.

Ibuprofen (Check the non-prescription medication protocol for contra indications and dosages.)

- Reduces inflammation and pain.
- Should not be used for asthmatics.
- Do not give for chicken pox
- Can be inter spaced with paracetamol to reduce temperature. (e.g. if fever or pain persist after 1st dose of paracetamol, 2 hours later give ibuprofen, 2 hours later give paracetamol. DO NOT EXCEED MAXIMUM DAILY DOSE.)
- Best for back pain, period pains, sprains, earache, toothache and sunburn.

APPENDIX 3

DRUG ERROR PROCEDURE

If a drug error is made it is your responsibility to ensure the child is safe. Keep him/her under close observation.

- Phone/report it to the School Nurse; currently Emma Easdale 07776 691665
- If you are unable to contact her ring Bildeston Surgery 01449 740254 and speak to the on-call Doctor.
- Clearly and calmly explain the problem and follow his/her advice.
- **If at all worried that the child is in severe danger or there is any loss of consciousness, or severe anaphylaxis ring 999.**
- Inform the Headmaster/Deputy Head
- Record the error in the Accident Book and your subsequent action on iSams.

School Nurse's Responsibilities

- Ensure the child is safe and receiving the correct medical care.
- Consult the Doctor/A&E as necessary.
- Inform the parents.
- Liaise with the Headmaster.
- Keep accurate records.

APPENDIX 4

DENTAL POLICY in line with MOSA Guidelines

It is recommended that both day and boarding pupils should, so far as is possible, continue to receive dental care of a routine nature from their regular dentist during school holidays. This most particularly includes non-urgent orthodontic work.

OBH promotes a policy of good dental health, including advice concerning the reduction in sugary foods and drinks.

It is recommended that mouthguards should be worn in situations where dental trauma is a possibility. They are a requirement for Rugby, Hockey, and Lacrosse. Mouthguards should be professionally measured and fitted by an appropriately qualified dental practitioner. OPRO visit the school annually.

Standard treatment for broken teeth is to place the fragment piece between the lip and the gum, or if not suitable, in milk and consult a dentist immediately. Where this is not possible contact NHS Direct 111 to find the nearest Accident and Emergency department that has a dentist on call. On no account allow the broken tooth to dry out and do *not* use disinfectant.

If the tooth gets knocked out of mouth completely, the best chance for the tooth is early re-implantation.

- If the tooth is clean, hold it by the white part (the bit that is usually visible) and, making sure it's the right way around, gently push it back into its socket.
- If the tooth is dirty, rinse it in milk or cold water before gently pushing it back into place.
- Hold the tooth in place by biting on a handkerchief and go to the dentist immediately for advice.
- If you cannot re-implant the tooth, follow the instructions as above for broken tooth. Re-implantation is most successful if carried out within 30mins; the chances of success start to fall dramatically after 60mins.

Appendix 5

Management of Sharps and Needlestick Injuries

- Sharps must go in an approved container (BS7320, UN3291)
- Sharps bins are obtained from Command Domestic Services. (Contract cleaning services)
- They must be assembled correctly in accordance with the instructions on the bin.
- When the sharps bin is 2/3rds full it must be fully locked and disposed of through Command Domestic Services.

Procedure for Needlestick Injuries

- The injured area should be encouraged to bleed under a running tap and washed with soap and water.
- Seek immediate medical advice from Dr Hainsworth at Bildeston surgery. (01449 740254) or in his absence go to A&E.
- Fill in an accident form.
- Record details on iSams.
- Immunisation against Hepatitis B encouraged

APPENDIX 6

Medical Emergencies

Anaphylaxis (Severe Allergy)-USE OF AUTO ADRENALINE INJECTORS (AAIs)

ANAPHYLAXIS IS A SEVERE RECTION TO AN ALLERGEN

AAIs are kept in named pigeon holes in the Surgery. Whenever the pupils leave the school they MUST have their AAI with them. A pupil may carry his own AAI. If a child in the Pre Prep or EYFS has an AAI it is kept in the Pre-Prep staff room.

Pupils with known allergies

- It is the parents responsibility to supply information to the school via the medical history forms regarding allergies, and a history of anaphylaxsis.
- All pupils with a known severe allergy, for which adrenaline has been prescribed, are required to have two AAIs (e.g. Epipen, Jext) in school at all times.They must be clearly named and be replaced on expiry. Parents are responsible for ensuring any required medicines (AAIs, inhalers and antihistamines such as cetirizine, as supplied and in date.
- A list of all pupils who have been prescribed an AAI is displayed in the surgery, staff room and kitchens.
- All pupils prescribed an AAI will have a completed BSACI allergy action plan that will be kept with their epipen.
- Any Staff taking a trip/sports fixture must always collect individual pupils AAIs from the surgery and then return them on arrival back at school.
- Staff are updated regularly on the use of AAIs.

Symptoms of anaphylaxis are:

- Tightening of the throat/difficulty in breathing
- Collapse /loss of consciousness
- Skin redness
- Itchy hives
- Tingling and swelling of hands/feet/eyelids/mouth/lips
- Sense of impending doom

Action (see individual care plan)

- Keep calm and assess the situation
- If able administer anti histamine
- Administer AAI
- Dial 999 and say 'Anaphylaxis'
- Administer second EpiPen dose after 5 – 15 minutes if the patient does not respond.
- Maintain Airway, breathing and circulation. Do not leave unattended

OBH keeps emergency AAIs in an Allergy Kitt Box located outside the Dining Room at the bottom of the stairs. (spare keys are kept in the surgery and at the reception desk). They can be used on any pupil who has been prescribed an AAI whose device is unattainable, expired or misfired. Parents have signed consent forms allowing use of emergency AAIs.

APPENDIX 7

Diabetes Care.
OBH ensures children with diabetes have sufficient support to ensure optimal glycaemic control within the school environment enabling them to meet their full academic capacity.

Management and treatment involves
a) Monitoring of blood glucose levels.
b) Giving medications and supporting changing treatment regimes.
c) Treating emergency situations, such as hypoglycaemia, or illness that affects diabetic control.
d) Access to a healthy, balanced diet.
e) All diabetic children have an individualized healthcare plan formulated with the child, school nurse, diabetes specialist nurse, parents, school doctor. These plans of care should be updated regularly or whenever there is a change in care.

A Healthcare Plan includes

- Blood glucose monitoring.
- Guidance on interpretation of blood glucose results.
- Guidance on the adjustment of insulin.
- Emergency guidelines, Hypoglycaemic and Hyperglycaemia, illness management and treatment plan
- the provision of supplies.
- Sport and exercise management - including off site activities and sport.
- Support with administration of insulin to prevent exclusion.
- Food and dietary management.

Other Matters to consider

- The School Nurse with arrange the storage of insulin and supplies
- Needle stick injury and safe storage of sharps bins. (see appendix 5).
- Staff teaching – the Nurse is responsible for updating as necessary

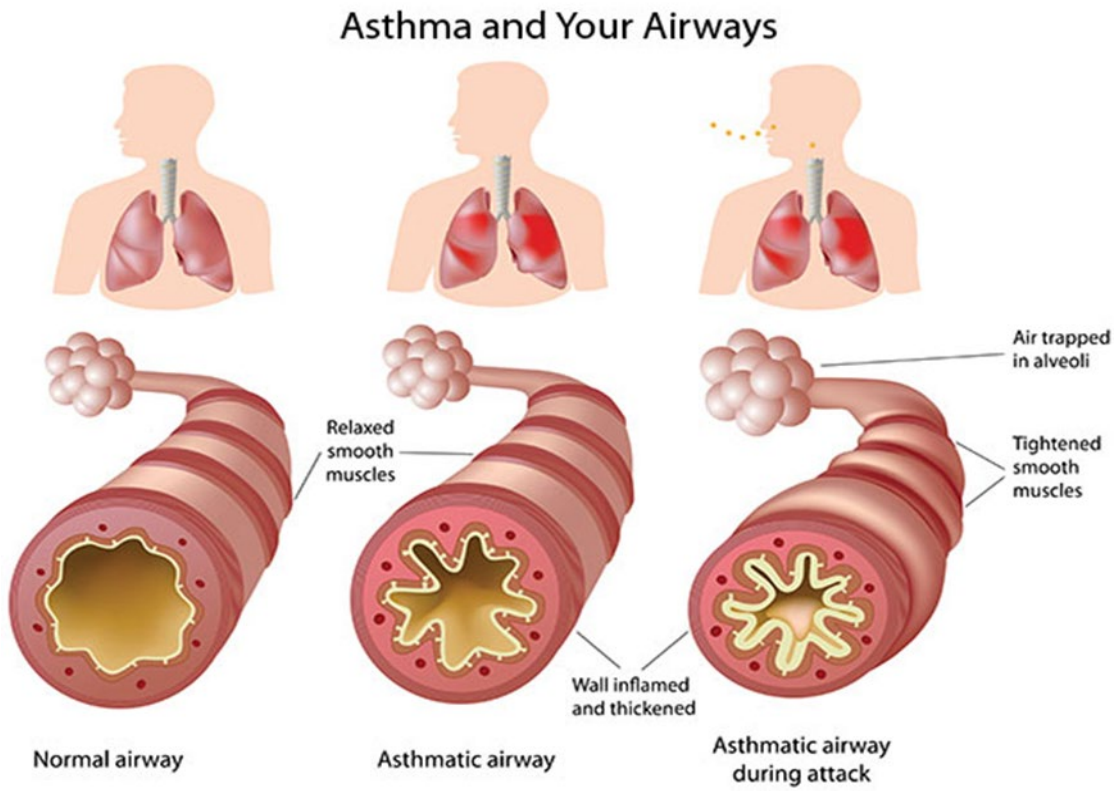
All staff should be aware of the symptoms of hypoglycaemia.
• Hunger • Sweating • Drowsiness • Pallor • Glazed eyes • Shaking or trembling
• Lack of concentration • Irritability • Headache • Mood changes, especially angry or aggressive

See Pupil's Individual Healthcare plans for treatment regimes.

Appendix 8

Asthma

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma is exposed to something, that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.



OBH recognise that asthma is a widespread, serious, but controllable condition. We welcome all pupils with asthma and aim to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- ✓ an asthma register
- ✓ an up-to-date asthma policy,
- ✓ an asthma lead, (currently Emma Easdale)
- ✓ all pupils always have immediate access to their reliever inhaler
- ✓ all pupils have an up-to-date asthma action plan,
- ✓ an emergency salbutamol inhaler
- ✓ ensure all staff have regular asthma training,
- ✓ promote asthma awareness pupils, parents and staff.

Medication and Inhalers All children with asthma have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe.

Some children will also have a preventer (brown or purple) inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit.

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by Year 3. We will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler. A spare reliever inhaler for each child is kept in the pigeonholes in the surgery.

Pre Prep children's reliever inhalers are kept in the staff, with copies of their individual healthcare plans.

School Environment

OBH does all that it can to ensure the school environment is favourable to pupils with asthma. OBH has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not encounter their triggers, where possible.
Common triggers can include:

- *Colds and infection*
- *Dust and house dust mite*
- *Pollen, spores and moulds*
- *Feathers*
- *Furry animals*
- *Exercise, laughing*
- *Stress*
- *Cold air, change in the weather*
- *Chemicals, glue, paint, aerosols*
- *Food allergies*
- *Fumes and cigarette smoke*

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson (Pre-Prep). If a pupil needs to use their inhaler during a lesson, they will be encouraged to use it.

Emergency Salbutamol Inhaler in school

OBH is aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015) which gives guidance on the use of emergency salbutamol inhalers in schools.

The emergency salbutamol inhaler will only be used by children who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler **AND** for whom written parental consent for use of the emergency inhaler has been given.

Common 'day to day' symptoms of asthma

OBH recognises that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise).

Asthma Attacks

OBH recognises that if all the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

Signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

If the child is showing these symptoms we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Appears exhausted
- is going blue
- Has a blue/white tinge around lips
- has collapsed

In the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Shake the inhaler and remove the cap
- Place the mouthpiece between the lips with a good deal, or place the mask securely over the nose and mouth
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time. (1 puff to 5 breaths)
- If there is no improvement, repeat these steps up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.

- If you have had to treat a child for an asthma attack in school, we will inform the parents/carers.
- If a child has had to use 6 puffs or more in 4 hours the parents should be made aware.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.

Appendix 9

Epilepsy Care

FIRST AID FOR SEIZURES IS QUITE SIMPLE AND CAN PREVENT A CHILD FROM BEING HARMED DURING A SEIZURE

- A known epileptic, a child will have an individualised care plan.
- There are different types of seizures which need different management.

Tonic – clonic seizure - The person loses consciousness; the body stiffens, then falls to the ground. This is followed by jerking movements. A blue tinge may appear around the mouth. Loss of bladder/bowel movement may occur. After a few minutes the jerking should stop, and consciousness slowly returns.

- Do
    - Call the Nurse for help
    - Protect the person from injury
    - Cushion their head
    - Aid breathing by placing in recovery position once the seizure has finished
    - Be calmly reassuring
    - Stay with the person
- Do not
    - Restrain
    - Put anything in the persons mouth
    - Attempt to move unless in danger
    - Give anything to eat or drink until fully recovered
    - Attempt to bring them round.

Medical Assistance

Call for an ambulance if one seizure follows another, the person is injured, or you feel urgent medical attention is required or if the seizure continues for more than 5 minutes.

Some children have medicine prescribed for this emergency and it can be administered by the nurse / matron according to protocols and the individual healthcare plan.

Absence seizure – presents as daydreaming or switching off in the event of a simple partial seizure which can be twitching, numbness, sweating, dizziness or nausea with visual disturbance, hearing loss, a strong smell or taste or a strong déjà vu.

- Reassure
- Guide from danger
- Be calmly reassuring
- Stay with them until recovered
- Call the Nurse

APPENDIX 10

Head injury

All children who suffer a head injury at school should initially be seen by the School Nurse or a First Aider for assessment and to plan ongoing care.

Always assume a casualty with a head injury may have a neck injury.

Guidance for Managing Head Injuries in Children

A minor head injury is a frequent occurrence in the school playground and on the sports field. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children do suffer from severe injury to the brain. Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain. How much damage is done depends on the force and speed of the blow.

Pupils are assessed by the nurse using the Glasgow Coma Scale, SCAT 5 (sports concussion assessment tool-3) and following NICE guidelines (2023).

Any injury involving the head that occurs during sporting activities requires the child to cease play immediately and sit out for the rest of that lesson or the duration of the match.

After any head injury, even when none of the worrying signs are present, it is important that the child's parents or carers are informed about the head injury and given written information about how to monitor their child. All those who have sustained a head injury but considered well enough to go home will be given a head injuries notification form outlining when urgent medical advice should be sought.

This guidance is to help staff to treat head injuries when they happen and recognise signs which mean that a child requires further medical assessment or hospital treatment following a head injury. In rare cases there may be a serious head injury and staff should look out for the following danger signs.

Signs That Mean an Ambulance Should Be Called (Dial 999)

- Unconsciousness or lack of consciousness (for example problems keeping eyes open)
- Problems with understanding, speaking, reading or writing
- Numbness or loss of feeling in part of body
- Problems with balance or walking, general weakness
- Any changes in eyesight
- Any clear fluid running from either or both ears or nose
- Bleeding from one or both ears
- New deafness in one or both ears
- A black eye with no associated damage around the eye
- Any evidence of scalp or skull damage, especially if the skull has been penetrated
- A forceful blow to the head at speed (for example a pedestrian struck by a car, a car or bicycle crash, a diving accident, a fall of less than 1 metre or a fall down any number of stairs)
- Any convulsions or having a fit

If the child does not have any of the problems listed above but has any of the problems in the following list, there is the possibility of complications, and the child should be taken by a responsible adult to the Accident and Emergency department straight away. It is ok to transport the child in a car or using a taxi but if in doubt or there is a delay then call an ambulance.

Signs That a Child Should Be Taken to A+E

- Any loss of consciousness (being 'knocked out') from which the child has now recovered
- Any problems with memory
- A headache that won't go away
- Any vomiting or sickness
- Previous brain surgery
- A history of bleeding problems or taking medicine that may cause bleeding problems (for example Warfarin)
- Irritability or altered behaviour such as being easily distracted, not themselves, no concentration or no interest in things around them, particularly in infants and young children (younger than 5 years
- Suspicion of NAI (non accidental injury)

Following a head injury further serious problems can arise over the first 48 hours. If a pupil feels unwell or unusual in the days following a head injury, concussion or a bleed should be considered and medical advice obtained.

Graduated Return to Play after Concussion

Concussion must be taken seriously to safeguard the short and long-term health and welfare of young players. Most concussions will resolve in 7-10 days although a longer period of time is recommended for children. During this recovery time the brain is vulnerable to further injury. If a player returns to play too early then they may develop prolonged concussion symptoms or long-term health consequences such as brain degenerative disorders.

During the recovery time a further episode of concussion can be fatal due to severe brain swelling (second impact syndrome). Graduated return to play should be undertaken on an individual basis and with the full cooperation of the player and their parents / guardians. If symptoms return then the child must stop play immediately and be seen by a doctor or attend A&E the same day. NB: Earliest return to play after concussion in a child under 19 years of age is 23 days.

Before they can return to graduated play the child MUST:

- Have had two weeks rest
- Be symptom free
- Have returned to normal academic performance
- Be cleared by a doctor (it is the parent's responsibility to obtain medical clearance)

If any symptoms occur while progressing through this protocol then the player must stop for a minimum period of 48 hours rest and during this time they must seek further medical advice. When they are symptom free they can return to the previous stage and attempt to progress again after 48 hours if they remain symptom free.

Reference:

Head injury: Triage, assessment and early management of head injury in infants, children and adults, National Institute for Health and Clinical Excellence (Nice Guidelines CG56, May 2023.

Management of Concussion, RFU https://keepyourbootson.co.uk/wp-content/uploads/2022/03/UK-Grassroots-Concussion-Guidelines-April-2023.pdf

https://keepyourbootson.co.uk/wp-content/uploads/2022/12/HEADCASE-EXTENDED-Nov-22.pdf

Appendix 11

Sports Injuries

Follow first aid principles (First Aid Manual: The revised 11th Edition)

General Rules of Treatment for soft tissue injuries (think RICE)

- Rest and Reassurance. (keep pupil warm)
- Use Ice packs and consider analgesia.
- Support (Compression) injuries and Elevate
- Move casualty to the surgery to assess.

Where a suspected broken bone or dislocation has occurred the school nurse should be called to assesses the pupil. If the nurse is absent, she can be contacted on her mobile or a doctor at Bildeston Practice can be called. If in any doubt take the child to A&E. In extreme cases it may be necessary to call for the assistance of ambulance. The parents must be contacted, and the child accompanied to hospital.

Do Not Move

- A fracture or possible fracture of Neck, spine or pelvis.
- A compound or open fracture of the leg (one where the skin is broken, and the bone may be visible.)
- A fracture of any part of the leg with severe deformity.

Call 999 and follow First Aid guidelines.

Procedure for an unconscious casualty

- Clear the airway, check the breathing.
- If not breathing attempt mouth to mouth resuscitation.
- Turn the casualty on to their side (the coma position).
- Follow First Aid guidelines
- Call the Emergency Services.

Procedure for suspected neck and spinal injuries

If injury is suspected: -

- Do not move unless the casualty is in immediate danger
- Call for assistance - help from other members of staff and 999
- Kneel behind the casualty's head and support it in a neutral position. (see first aid manual – 11th edition - for technique)
- Use rolled up clothing/ blankets either side of the head to support it. Hold this steady, neutral position until an ambulance arrives.
- Keep the casualty warm to prevent shock. Reassure constantly.
- Hand over all relevant details to the ambulance staff.

If a child needs to go to hospital by ambulance, whether from school, sports field or any external site, the School will hand the pupil into the care of the medical professionals that attend. Parents will be contacted. The school will provide a member of staff to accompany the pupil and remain in hospital until a parent / guardian arrives.

Appendix 12

Medical Coverage Protocol for Pupils on School Trips.

Responsibilities of Teaching Staff

- Staff will familiarise themselves with the First Aid and Medical Care Policy (available on the staff room medical board and electronically on the school website)
- The lead teacher will ensure that there are qualified first aiders on the trip.
- At least one week in advance of the outing staff:
    - Will familiarise themselves with the pupils' significant medical issues (SMI) and any individual health care plan(s). Information is available on iSams and from the School Nurse. The Healthcare Plans folder can be found in the surgery.
    - Will discuss needs of pupils with the School Nurse including pupils on medication, non-prescription medications & medical supplies that may be needed.
- Will collect the medications/supplies/First Aid kit/trip folder from the School Nurse.
- Will check medications brought in from home on the day of the trip, such as inhalers, are present.
- Will ensure medications are safely stored, administered and are appropriately documented in the trip folder/drug chart.
- Will ensure any accidents are reported to the nurse and recorded on the trip accident form.
- Will ensure they have access to a mobile phone and have the numbers for the direct surgery line 01449 744782 and Emma Easdale (School Nurse/ DSL) 07776 691665
- Will return the unused medication and medical supplies to Surgery

Responsibilities of the School Nurse

- Will ensure that Trip Folders, Healthcare Plans and the SMI list are kept up to date
- Will ensure medication and supplies are in date and are ready for collection by teaching staff prior to the trip
- Will ensure First Aid Kits are kept supplied
- Provide drug charts and written policies for all residential trips

Away Matches Responsibilities

Games Coaches

- Staff will familiarise themselves with the First Aid and Medical Care Policy (available on the staff room medical board and electronically on the school website)
- Will familiarise themselves with the pupils' significant medical issues (SMI) and any individual health care plan(s). Information available on iSams and from the School Nurse. Health Care Plans folder can be found in the surgery.
- Will contact the School Nurse if additional information is needed
- Will have a current qualification in First Aid and will be confident in the administration of emergency anaphylaxis and asthma medication

- Will collect a First Aid kit from the staff room
- Will ensure that pupils who have asthma or severe allergies have their medication with them before leaving the school.
- Will document any accidents on EVOLVE
- Will ensure they have access to a mobile phone and the numbers for the direct surgery line 01449 744782 and Emma Easdale (School Nurse/Safeguarding) 07776 691665

The School Nurse

- Will ensure that Health Care Plans and the SMI list are kept up to date
- Will ensure that SMI lists are published as hard copies in the staff room, first aid bags and the surgery for reference.
- Will be available to check and discuss team lists and any relevant SMIs
- Will ensure First Aid Kits are kept supplied
- Will ensure that staff have access to First Aid Training

Appendix 13

Procedure for cleaning up bodily fluids

Spillage of bodily fluids potentially poses a health risk so should be cleaned up immediately. "Spill kits" containing 'gelling powder,' disposable gloves, disposable yellow cloths and anti-bacterial cleaner are stored:

- Surgery - In the first cupboard on the right
- Sickbays
- Pre Prep

After putting on gloves and a disposable apron:

a) Place disposable paper towels on the spillage to mop up excess then dispose in a yellow clinical bag.
b) Use bleach solution (1:10) or sprinkle gelling powder over spillage. Leave for at least two minutes
c) Use dustpan and brush to remove gelled liquid and place into yellow plastic bag
d) Mop up with disposal head mop /clean up using anti-bacterial spray
e) Place mop head, cloth, waste gel, gloves etc. in the yellow plastic bag
f) Put tied yellow plastic bag in clinical waste bin
g) Wash hands with antibacterial hand wash

Appendix 14

GUIDELINES ON THE MANAGEMENT OF VIRAL OUTBREAKS OF DIARRHOEA AND VOMITING.

To minimise the spread of a gastro-intestinal infection in the nursery and school environment, if it is suspected a pupil or member of staff has an infectious disease (a vomiting or diaarrhoea bug for example) they should go home for at least 48 hours after the last sign of symptoms.Guidance from UKHSA is followed regarding infection control for various conditions.

Defining the start of an outbreak

"An outbreak is defined as having more linked cases, by time and place, with similar symptoms than would normally be expected." If many children/staff are becoming ill within 15-48 hours of being exposed, and in consultation with the school doctor; an outbreak will be declared and UKHSA (UK Health security agency) will be informed. The headmaster will be made aware of this decision before UKHSA is informed.

The end of an outbreak

An outbreak is considered over when there have been no new cases for 72 hours.

The four most important actions during an outbreak of diarrhoea and vomiting are;

- Effective hand washing with soap and water.
- Prompt isolation and/ or exclusion of affected children and staff, until 48 hours after the last episode of diarrhoea and/ or vomit.
- Enhanced cleaning of the environment and equipment.
- Control of the source. (if it is food/ water borne)
- If a child vomits or has diarrhoea in school, they must be isolated in the surgery and their parents informed. They must remain at home until 48 hours after the last episode. If a child is unable to go home, they will remain isolated and cared for in sick bay. If a member of staff is taken ill, they too must leave the school and remain at home until they have been clear of the symptoms for 48 hours.

Clinical treatment of diarrhoea and vomiting

- The main danger to observe for is dehydration. Ensure fluids are readily available, monitor for signs of dehydration and treat as needed.
- There is no evidence to support the use of antiemetics or antdiarrhoeal drugs.
- Keep the child comfortable and reassure.

School Nurse responsibilities

- To effectively manage an outbreak, ensure prompt use of infection control procedures, and to try to minimize the spread of infection.

- To liaise closely with the school doctor, the Headmaster, SMT and the UKHSA.
- To comply with guidance and advice from UKHSA and provide them with details and numbers as per their action checklist.
- To ensure all staff, children and parents are aware of the outbreak, and how the virus is transmitted.
- To ensure all children in isolation are well cared for.
- To provide verbal and written information for all members of the OBH community.
- To communicate effectively with the kitchen and housekeeping teams.
- To continuously monitor the outbreak and maintain contemporous records.
- To consider the implications of an outbreak on any immuno-compromised staff or children in the OBH community and seek medical advice.

Enhanced cleaning during an outbreak

- Cleaning is the single most important weapon in removing contamination and containing outbreaks.
- Key control measures should include increased frequency of cleaning, environmental disinfection and prompt clearance of soiling caused by vomit or faeces.
- Attention should be paid to shared care areas (dorms, toilets, bathrooms/showers, sickbays), shared equipment (toys, cutlery, water bottles) and frequently touched hard surfaces (door handles, light switches, taps, flush handles, stair rails).
- No linen should be placed on the floor.
- Warm water and disinfectant should be used to clean all surfaces. Disinfectant should be a 0.1% chlorine releasing agent/ hypochlorite solution able to kill viruses and bacteria. (e.g. bleach or Milton). All disinfectants must be used in accordance with the manufacturers' instructions.
- Staff should wear appropriate protective clothing.
- All staff must adhere to the policy for disposal of bodily fluids and wear aprons and gloves for dealing with any vomit or faeces.
- Clean from unaffected areas to affected areas, or if possible, keep separate staff for unaffected and affected areas.
- During an outbreak use disposable cleaning materials including mop heads and cloths. Thoroughly disinfect reusable equipment between uses e.g. mop handles and buckets.
- During an outbreak, enhanced cleaning cover at the weekend needs to be organised.
- Vacuum cleaning carpets and floor buffing have the potential to recirculate viruses during an outbreak and are not recommended.
- Carpets and soft furnishings should be steam cleaned.
- Deep cleaning after an outbreak should include all the above as well as steam cleaning carpets, soft furnishings, curtains and mattresses in all contaminated rooms and areas.
- Beds sides, mattress covers (if applicable) and bedside tables should be wiped down with 0.1% bleach/hypochlorite solution. All linen must be cleaned - including cotton mattress covers.

Matrons responsibilities

- To care for children in sickbay in the absence of the nurse.
- To adhere to all guidelines and procedures re infection control, diarrhoea and vomiting guidelines and disposal of bodily fluids.

Kitchen Responsibilities

- The kitchen will maintain scrupulously high hygiene standards.

- Follow any specific guidelines from UKHSA.
- Be aware that staff must stay off work at the first sign of any symptoms.
- No food served on communal sharing plates.

Laundry Responsibilities

- Soiled linen should never be placed on the floor.
- Manual soaking/sluicing/handwashing of contaminated items must **not** happen.
- All contaminated linen/clothing should be placed in red, soluble alginate bags and washed separately using the highest temperature possible. (preferably in a cycle that reaches 65*C for a least 10 mins or 71*C for at least 3 minutes.)
- Laundry staff should wear gloves and aprons when handling contaminated clothes and linen.

Pre Prep Responsibilities

- During an outbreak, limit the number of toys/equipment, and if possible stick to hard/plastic toys.
- Ensure regular cleaning of these toys with Milton or bleach.
- Cookery, sand play, playdough and water play should be suspended during an outbreak.

School Office Responsibilities

- During an outbreak the school office will provide the school nurse with the number of absences each morning.

Miscellaneous

- Children will be regularly reminded to wash their hands with soap and water. (assemblies, form time, etc.)
- Planned events should be discussed with the school medical team, SMT and UKHSA as to whether it is safe for them to go ahead, or if precautions are needed. (e.g. matches, trips, trial days)

Appendix 15

Head Lice Policy

- Full boarders are checked regularly (alternate Monday evenings) for headlice with wet combing.
- Parents of day pupils and non full boarders should check their children weekly at home.
- The best way to prevent headlice is to regularly check and comb through with conditioner and a fine-toothed comb. (e.g. nitty gritty comb).
- If an infestation of live lice or nits (the eggs of lice) is found we follow NHS guidelines are followed and wet comb for 17 days.
  https://www.nhs.uk/conditions/head-lice-and-nits/
- Parents and guardians will be informed