



ST RICHARD'S

MEDICAL AND WELFARE POLICY

*All documentation ratified by Dr Kevin Ilsley, Nunwell Surgery, Bromyard,
Herefordshire on 5th April 2007 and updated in September 2009*

Reviewed and updated May 2010

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WELFARE PLAN/POLICY

St Richard's School recognises the primary legislation (1989 Children's Act) to safeguard and promote every individual child's welfare at all times. The school aspires to model its standards on those recommended by the BSA, of which it is a member. Residential members of the boarding team attend courses run by the BSA on a regular basis in order to keep abreast of current recommendations, guidelines and legislations. We strive to ensure that equality and diversity are promoted and incorporated into what we do, bearing in mind race, gender, disability, sexuality, age, religion and belief. It is also our aim to ensure that the views of the boarders are promoted and incorporated into what we do.

Whilst it is the policy of St Richard's School to meet its statutory welfare duty under the Children Act by adequately safeguarding and promoting its boarders' welfare, it is acknowledged that there may be times when meeting the standards are not enough and it is therefore also the policy of the school to create an individual welfare plan for any child who is considered to have any deviation to the norm, be it mental, physical, behavioural or emotional in attitude or behaviour.

In full consultation with the parents or guardians, the boarding team, together with the child's Form Tutor and the Headmaster, will meet to decide a common plan of action. These meetings will be fully documented, dated and such documentation signed by those present. If it is considered necessary at the initial meeting that outside support is necessary, e.g. Doctor, Dietician, Remedial staff, Clinical Psychologist, Counsellor, these people shall be asked to attend the next meeting and/or to conduct an interview with the child, subject to the consent of the parents/guardians. The school already has an established relationship with these people who are available when necessary.

The idea is to construct a workable plan of action which shall be to the benefit of the child and with the full knowledge and support of the parents/guardians. A separate 'Care Plan' file shall be kept for each child.

December 2004

As an addition to every child's welfare, it is now current practice to allocate each senior child and all overseas and full boarding pupils a personal tutor (Sept 2006). This personal tutor is a full-time member of staff, well known to the child who will speak to the child at least on a weekly basis with a view to dealing with any potential problems.

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BOARDERS HEALTH AND PERSONAL RECORDS

There are individual records for boarders, containing relevant health and welfare information provided by the parents (see Medical Report on Entry *Appendix 1*). Using the Health Certificates (*Appendix 1A*) which are sent out prior to each new term, records are updated three times during each academic year.

On entry to the school, every boarder is examined by the School Doctor. This includes sight and hearing. Previous medical records are transferred to the local surgery and the pupil becomes a registered patient of Dr Scott in Bromyard. Medical cards are kept at the school for reference and returned to the parents/guardian when the pupil leaves.

Occasionally, if there is ongoing significant treatment with their own GP exception may be made to leave the child registered elsewhere. In this case, they are still seen by the School Doctor, records kept, and if necessary during the school term, may be seen as a temporary resident by the School Doctor.

Records include identification of the persons with parental/guardian responsibility, contact details for parents/guardians and any emergency contact numbers. Any court orders affecting parental/guardian rights or care of the boarder are also recorded on the Medical Report on Entry form.

Any administration of medicine or any nursing procedure performed, is recorded on the individual boarder's record.

Any boarder with significant problems, eg allergies, food reaction, drug reaction, or notable medical conditions, are made known to any staff who have contact with them (see Medical Conditions Policy). Any child with a particular welfare need is made known to those staff who need to know.

All records are kept in the surgery and are subject to the same strict confidentiality rules that apply to all patients (see Confidentiality).

Reviewed and Updated Sept 2009

BOARDERS WHO ARE ILL

Accommodation is available for the separate care of boarders who are ill. There is also a designated bathroom and toilet. The sick bay is located next to Mrs Coghlan's room so that she is within calling distance at night. Where possible, a boarder, who is ill, is sent home.

Any child who is admitted to the sick bay is seen by the School Doctor if they are in bed for more than 24 hours. Thereafter, they will be seen as necessary. The school has a nominated Medical Officer, Dr Scott, who is a local general practitioner. Nursing records are kept for any child who is in the sick bay and parents are informed on a daily basis.

All boarders are registered with the Bromyard practice when they join the school. Boarders have access to a doctor of the same gender if they wish. Mrs Coghlan is a Registered Nurse whose name is on the register of the Nursing and Midwifery Council. She has access to Dr Scott at the Bromyard practice.

There is a written protocol for the administration of non-prescription medication and for the administration of prescription medication.

The school acknowledges a pupil's right to consent to or refuse medical or nursing treatment based on competency (Gillick competent) rather than age. Parental consent for any treatment of a child not deemed competent is required.

Whilst it is recognised that 'blanket consent' obtained from the parent before a child enters the school has no standing in law, it is still considered standard procedure at St Richard's and good practice.

DAY PUPILS

It is probable that day pupils living within the locality will already be registered with a general practitioner. Although emergency treatment will always be provided by the school during school hours, it is expected that for routine medical matters, the usual GP will be consulted.

Whilst it is normal practice for boarders to register with the School Doctor, any pupil has the right to register with any doctor of choice for the provision of general medical services.

Whilst at school, day pupils follow the same care path as the boarders for the administration of medication although the school reserves the right to refuse to administer medication to day children. This applies to non-prescription and prescription medicines.

MEDICAL CONDITIONS POLICY

St Richard's is an inclusive community that aims to support and welcome pupils with medical conditions. The Medical Conditions Policy is supported by a clear health plan for staff, parents/guardians and other key stakeholders to ensure its full implementation with each knowing and understanding their role and responsibilities in maintaining and implementing the policy effectively. Parents/guardians are required to complete the Pupils with Medical Conditions/Special Needs form (*Appendix 7*) prior to the pupil's entry to St Richard's or, if at a later date, as and when appropriate. Relevant members of staff understand and are trained in what to do in an emergency for the most common serious medical conditions at the school and in the school's general emergency procedures. The school has clear guidance on the administration, storage and record keeping of administration of medicines for pupils with medical conditions and understands the importance of medicines being taken as prescribed.

St Richard's aims to include all pupils with medical conditions in all school activities and to ensure that the parents/guardians of pupils with medical conditions feel secure in the care their children receive at the school.

The Medical Conditions Policy is regularly reviewed, evaluated and updated with the views of all relevant parties (pupils, parents/guardians, staff and external medical professionals) sought and taken into account.

ADMINISTRATION AND CONTROL OF NON-PRESCRIPTION MEDICINES

St. Richard's School will not undertake to give any child medication without his or her parent's/guardian's written consent (Medical Report on Entry *Appendix 1*). The school keeps a small range of non-prescription medicines, which may only be administered by the two designated staff: Mrs.Coghlan and Mrs.Geoghegan. Sample signatures are kept of these two people to aid recognition at a later date.

A list of the medicines used is documented in the Minor Ailments Policy which is sent to all parents/guardians of boarding pupils. The school reserves the right to refuse to give day pupils any medication without a Doctor's written instruction (see also notes on consent).

Medicines for external application are kept separately from those taken by mouth. Medicines or tablets for oral administration are stored within a locked cupboard. Thermometers are cleaned with an alcohol wipe, rinsed with water and stored dry.

Directions and contra-indications for administration of all medications are printed on each packet or container, as well as in the Minor Ailments Policy, a copy of which is kept on top of the medicine cupboard. Dose ranges, number of doses and frequency for different ages are checked at each time of administration. All times and doses are recorded in the surgery book.

From January 2009, as recommended by Ofsted and as standard good practice, all administration of medication to boarders is recorded on individual boarder's records. Any boarder who needs a specific cream/ointment/gel of a non-prescription nature will be issued and charged for their own individual use.

All stock is checked at the beginning and end of each term and discarded or replaced accordingly. Records of purchase and disposal (audit trail) are kept in the surgery.

July 2004
Reviewed and Updated Sept 2009

ADMINISTRATION OF MEDICINES (PROCEDURE)

When issuing medication, the following procedure is followed:

1. Establish the reason for giving the medication.
2. Check whether the pupil is allergic to any medication.
3. Check whether the pupil has taken any medication recently.
4. Check whether the pupil has taken that medicine before and if so, were there any problems.
5. Check the expiry date on the medicine.
6. The pupil should take the medication under the supervision of the person issuing it.
7. Record the details – the name of the pupil, reason for giving, nature of medication, dose, date and time and signature of the person administering the medicine (Medical Administration Record *Appendix 3*).

September 2007
Reviewed and Updated May 2010

MANAGEMENT OF MEDICINES (PRESCRIPTION AND NON-PRESCRIPTION)

There are two designated people who are competent to administer medicines at the school. They are Mrs B Coghlan (SRN/SCM) and Mrs S Geoghegan, both whom are resident in the school. The School Doctor, Dr Scott and the Senior Dispenser at Nunwell Surgery are both known to, and by, the above staff. In addition to the two designated staff there are various First Aiders amongst the school staff who are deemed competent to administer First Aid. Training updates are in place for the two designated administrators as well as the staff.

All prescription and non-prescription medication is kept securely within a locked cabinet.

OBTAINING AND STORING MEDICINES

When a prescription has been ordered by the Doctor, one of the above designated staff collects it directly from the pharmacy and signs for it. It is then stored appropriately in the school surgery, either in the locked cupboard or in the fridge. The fridge temperature is recorded daily if it is being used for the storage of medicine. Non-prescription medicines are obtained from the local chemist in Bromyard. These are then stored in the locked cupboard in the surgery.

All parents are required to sign a form (Medical Report on Entry *Appendix 1*/plus, for boarders, the Minor Ailments Policy Consent Form *Appendix 2A*) stating that they give permission for their child to receive non-prescription medicine such as Calpol, and to receive appropriate First Aid. There have been occasional cases where parents do not wish their child to receive any medication and these wishes are respected until the Doctor contacts them directly.

RECORDING MEDICINES (MAR)

A written record (Medical Administration Record *Appendix 3*) is made when ANY medication is given to a child.

1. Non-Prescription Medicines

These may be given at the discretion of either of the two designated people and subject to parental/guardian consent as above. It is considered safe policy to check dosage and administration with the other designated person (see Procedure for Administering Medication). This is recorded in the surgery book giving name, date, medication/treatment, reason for administration and is signed by the person giving the medication. Mrs Coghlan checks the book each evening.

As good practice, all parents/guardians of boarders are now sent a letter (*Appendix 2*) and full details of the Minor Ailments Policy and are required to sign and return the Minor Ailments Policy Consent Form (*Appendix 2A*) prior to the pupil's arrival at school.

Non-prescription medicines which are brought to school from home must be handed direct to Mrs Coghlan or Mrs Geoghegan and a Request for School to Administer Non-Prescription Medicine Brought to School (*Appendix 4*) must be completed, signed and dated. Non-prescription medicines brought from home will not be administered without a completed request form and the school reserves the right to refuse to administer such medicines.

2. Prescription Medicines

These are either collected directly from the pharmacy and signed for, or brought in by parents. On receipt of these medicines, a record is made of the date, name, strength and dosage of medicine, quantity received, patient's name, and signature of the person receiving the medicine. Separate record sheets are kept for each pupil who is receiving prescription medicine with date, time and frequency of administration. These are signed each time by the designated administrator.

Parents are required to sign a form requesting that the school administers the medicine and authorising them to do so (see Letter of Authority – Prescription Medication *Appendix 5*).

Prescribed medicines are only issued to the pupil for whom they have been prescribed. The school holds no stock of prescribed medicines.

Day children generally are not given any medication unless contact has first been made with the parents/guardians.

Records of Boarders receiving medication are kept in their personal files.

DISPOSAL OF MEDICINES

Prescription medicines which are not finished (eg after a course of antibiotics) are returned to the pharmacy. Prescription medicines which are returned, are recorded with date of disposal, name and strength of medicine and quantity.

Any non-prescription medicines which become out of date are similarly returned.

SHARPS DISPOSAL

There is a yellow sharps container for the correct disposal of any needles or syringes that may be used during the administration of injections. This is disposed of when necessary by the surgery in Bromyard with the surgery's sharps waste.

Reviewed and Updated Sept 2009

MINOR AILMENTS POLICY NON-PRESCRIPTION MEDICINES

The following non-prescription medicines, remedies or dressings may be used by the medical staff at St Richard's to treat a boarding pupil, if he or she requires treatment for a minor ailment/injury. All parents/Guardians will be sent a letter (*Appendix 2*) enclosing a copy of the Minor Ailments Policy prior to the arrival of a pupil at St Richard's together with a Consent Form (*Appendix 2A*) giving the school permission to administer non-prescription medicines as outlined below.

Paracetamol 500 mg/Soluble tablets

- For mild to moderate pain, fever and symptomatic treatment of colds and flu
- Dose: (over 12 years) one or two tablets every four hours if necessary. (Maximum 4 doses in 24 hours)
- Not to be taken for more than three days without consulting a Doctor
- For Doctor's referral before this time if symptoms worsen
- Not to be used by those with known allergy to Paracetamol

Paracetamol Suspension 250 mg/5ml (Calpol)

- For mild to moderate pain and feverishness associated with headache, colds and flu
- Dose: (6 to 12 years) one or two 5ml spoons every 4-6 hours as required (maximum 4 doses in 24 hours)
- For Doctor's referral if symptoms worsen
- Not to be taken for more than three days without consulting a Doctor
- Not to be taken by those with known allergy to paracetamol

Ibuprofen 200 mg tablets (Nurofen)

- For mild to moderate pain or inflammation in joints and muscles
- Not to be used by asthmatics
- Not to be used by pupils with allergies to Ibuprofen or aspirin
- Dose: (over 12 years) One or two tablets every 6 hours if required (Maximum 400 mg x 3 in 24 hours)
- Take with or after food, do not give if the patient is not eating
- A Doctor's referral is required if symptoms do not improve within three days or if symptoms worsen

Piriton 4 mg tablets

- For acute allergy
- This will cause drowsiness
- Dose: (over 12 years) 1 tablet every 4 to 6 hours (maximum 6 tablets in 24 hours)
- For urgent Doctor's referral if allergic reaction increases or does not improve

Piriton Syrup 2 mg in 5 ml

- For relief from skin allergies and hay fever
- This will cause drowsiness
- Dose: (age 6 to 12 years) 1x5ml spoonful every 4 to 6 hours (maximum 6 doses in 24 hours)
- For urgent Doctor's referral if symptoms persist.

Simple Linctus

- For cough relief
- Dose: (over 12 years) One 5 ml spoonful every 4 hours (maximum 4 doses in 24 hours)
- For Doctor's referral if symptoms persist for one week or worsen
- Diabetics should be referred to the Doctor due to high sugar content

Olbas Oil

- Inhalant decongestant for relief of blocked nose or sinuses
- Dose: 2-3 drops on a tissue or in hot water

Arnica Cream

- For bruising from injuries, knocks or falls
- For use as a first aid application
- Do not apply to broken skin

WOUND DRESSINGS AND TREATMENTS

Sodium Chloride Topical Irrigation Solution 0.9%

- Sterile solution for irrigation of wounds and eyes
- For individual use only

Inadine Dressings

- Sterile fabric dressing for abrasions
- Contains Povidone-iodine. Do not use on anyone with known sensitivity to iodine

Plasters and other Non-impregnated Dressings

- Do not use plasters or dressings if there is a known allergy to latex or Adhesives

Coolaburn Burn Wraps/Coolaburn Burn Dressings

- For treatment of minor burns on unbroken skin after 10 minutes of cold water therapy

Calamine Lotion

- For local application for sunburn or insect bites

Nitty Gritty Nit Solution

- For local application to treat head lice

(Written in consultation with, and dosages checked by, the Pharmacist at Rowlands Pharmacy, Bromyard, Herefordshire, 5th March, 2007)

Reviewed and Updated May 2010

PUPILS HOLDING, ADMINISTERING AND STORING THEIR OWN MEDICATION

It is considered good practice at St. Richard's School to allow pupils who can be trusted to do so, to manage their own medication. A request form for pupils to carry their own medication (Medical Report Request for Pupil to Carry/Administer his/her own Medication *Appendix 6*) must be completed by the parent for each specific type of medication(eg Ventolin inhaler). A risk assessment is carried out by Mrs. Coghlan on the reverse of the form. A written record is kept in the surgery, sewing room and gun room of each pupil currently holding their own medication. It is the responsibility of each member of staff to ensure that the children take their own medication with them on off-site visits and that the details of each pupil taking their own medication with them is recorded on the off-site risk assessment which is counter-signed by the Headmaster and lodged in the School Office.

RISK ASSESSMENT FOR PUPIL CARRYING/ADMINISTERING OWN MEDICATION

This risk assessment must be completed and signed by one of the school Matrons before any pupil is permitted to be in possession of, or administer their own medication.

Mrs Coghlan must countersign each assessment if she is not the Matron concerned. A separate assessment is to be used for each separate item.

1. Is the pupil considered capable of self administration by:
 - a) The parent/Guardian parent
 - b) Matron
2. Is the pupil considered responsible and able to keep the item reasonably secure at all times?
3. Is the substance sufficiently dangerous to cause any harm to the pupil or another pupil if inappropriately used?

All completed forms are kept in the surgery for reference.

A list of all children carrying their own medication is displayed in the Gun Room and in the School Office.

Reviewed and Updated May 2010

ADMINISTRATION OF MEDICATION BY SPECIALIST TECHNIQUES

Where possible, the school policy will be for two adults, one of the same gender as the pupil, to be present for the administration of intimate or invasive treatment. There is a registered nurse in residence at the school, who, by nature of her training, is qualified to administer medication by specialist techniques, (eg rectal valium.)

A Consent to Treatment by Specialist Technique (*Appendix 8*) for each boarder requiring treatment is signed by the parent/guardian concerned and the form kept in the surgery. The School Doctor is asked to sign the form stating that he is happy for the procedure to be performed by the designated person.

July 2004
Reviewed and Updated Sept 2009

OVERSEAS PUPIL'S MEDICATION

When children come to St. Richard's from abroad, they are required to fill in the standard Medical Report on Entry (*Appendix 1*) and the Minor Ailments Policy Consent Form (*Appendix 2A*), which gives parental/guardian consent for the use of listed non-prescription medicines. If they are taking any current medication, they require a Doctor's letter and a copy of the prescription written in English. This is then checked with the School Doctor and countersigned with his consent for the continuation of treatment. All consent forms and letters are kept with the individual pupil's records.

Reviewed and Updated Sept 2009

MEDICAL PROTOCOL FOR OFF-SITE TRIPS

When any child or group of children leaves the grounds of St. Richard's School, the adult in charge has a responsibility to record names and ages of individual children with any relevant medical needs, records of current medication and any special dietary requirements. The adult in charge must be First Aid competent and able to supervise the child administering their own medication. This information forms part of the Off-Site Risk Assessment, which should be completed in conjunction with the medical department. A copy of the assessment is kept in the School Office whilst the adult in charge also carries a copy with him/her on the trip. A mobile phone is carried and any child who is considered a risk must have recorded parental/guardian permission before being taken off-site. Parents'/guardian's contact numbers must be established before departure.

Reviewed and Updated Sept 2009

FIRST AID POLICY

First aid provision is available at all times whilst children and staff are on school premises, and also off the premises whilst on school visits. First aid provision means that appropriate first aid and minor illness treatment are available to children and staff at all times, with access to medical, dental and optical services as required through the services of the School Doctor.

The designated school nurse is registered with the United Kingdom Central Council for Nursing and Midwifery. She has access to Dr Scott, the School Doctor, for professional guidance and consultation.

Prescription medication is only given to the person for whom it is prescribed and the school follows a written protocol on the provision of non-prescription medicines. Both prescription and non-prescription medicines are held securely within locked cupboards (see individual policies).

Boarders keeping and administering their own medication are assessed by appropriate staff and able to keep their medication safely and appropriately (see individual policy).

Written records are kept of all medication, treatment and first aid given, by the responsible member of staff and monitored daily by the school nurse. Written records are kept of all significant illnesses, accidents or injuries. When an injured person is sent directly to hospital from the scene of the accident, Form F2508 is filled in and sent to the local HSE office in compliance with RIDDOR 1995..

An Accident/Incident Report Form (*Appendix 9*), together with a Head Injury Form (*Appendix 10*) if appropriate, is completed for all accidents and near miss incidents to provide information necessary for dealing with any claim of negligence and with a view to establishing their cause and avoiding a recurrence.

Written parental permission has been obtained in advance for the administration of first aid and appropriate non-prescription medication to children and to seek medical, dental or optical treatment when required. Children are consulted before any treatment is given.

For their own protection and the protection of the patient, members of staff who administer first aid should take the following precautions:

- If the patient is fully mobile and would not suffer as a result of being moved, transfer to the Matron's department in the main building for treatment is recommended.
- If in doubt, check the leaflet provided in every first aid box before starting first aid.
- Exposed cuts and abrasions should be covered with a waterproof dressing. Hands should be washed before and after administering first aid. Disposable

gloves should be worn when there is a risk of contact with blood or other body fluids.

- The patient's blood or other body fluids should be washed off with soap and water if the first aider comes into contact with them. Clean cold tap water should be used to wash mouths, eyes or broken skin. A suitable biocide should be used after washing.
- All waste materials, used dressings, swabs etc should be disposed of in the yellow biological waste bags specified for this purpose.
- Any needles or other 'sharps' will be disposed of immediately after use in the specified 'sharps' container.
- Any contaminated surfaces, including floors should be wiped down with a suitable biocide. The school currently uses Cutlass E026 diluted 1 part to 80 parts of hot water.

The appointed person who takes charge of first-aid arrangements and is responsible for the re-stocking of boxes is Mrs Coghlan, who is the registered school nurse. All incidents must be recorded centrally in the book in the surgery.

FIRST AID RISK ASSESSMENT

There are different areas of the school which fall into different risk categories. First-aid provision has been assessed accordingly. Higher risk areas such as the Science Lab, CDT workshop, Swimming Pool, Games fields, have their own specific area risk assessments and first-aid provision. It has been deemed sensible to have more than the minimum recommended numbers of staff as first aiders and with this in mind, ALL duty staff who supervise children at break and meal times have completed the necessary training. All games staff are also trained.

September 2005
Reviewed and Updated Sept 2009

FIRST AID EQUIPMENT

First aid equipment is located in the following areas: Gun Room, CDT Workshop, Kitchen, Science Lab, Pre-Prep Department, Nursery Department, Swimming Pool, Sports Pavilion, Andrew Wood's shed, school minibuses (x 2), school cars (x 3)

REGISTERED FIRST AIDERS

Mr Andrew Wood, Mrs Dicky Coghlan, Mrs Di Morgan, Mr Greg Harwood, Mr Hugh Farey, Mr Patrick barrett, Miss Pippa Jones, Mrs Rosie Nenadich, Mrs Sally Pearson, Mrs Stevie Geoghegan, Miss Sue Davies, Mrs Trevanna Phillips.

Reviewed April 2010

FIRST AID BOX CONTENTS

There is no mandatory list for a first-aid container but the minimum provision as recommended by HSE is:

- Leaflet guide to First Aid at work
- Safety pins (assorted)
- Adhesive plasters (20 assorted, individually wrapped)
- Triangular bandage (individually wrapped) x 2
- Sterile eye pads x 2
- Medium (approx 12cms x 12 cms) wound dressings x 4
- Large (approx 18 cms x 18 cms) wound dressing x 2
- Disposable gloves x 2 pairs

Contents must be checked and replenished after each use. Staff members advise Mrs Coghlan if any items have been used. Mrs Coghlan checks all first aid containers regularly during the term.

The Science Lab and CDT Workshop have specific items relevant to their location, eg eye irrigation set in the Science Lab.

January 2005
Reviewed and Updated May 2010

HEAD LICE POLICY

Every effort is made to keep the pupils' heads clear from head lice and their eggs.

The whole school, from the Nursery to Year 8, is checked on the first day of each school term. Any child found to have evidence of head lice and/or their eggs will be isolated immediately and their parents/guardian informed.

Day children and weekly boarders will be sent home for treatment and full boarders will be treated at school. If parents/guardians do not wish to take their child/children home for treatment, the school will be obliged to take responsibility and treatment will be carried out as detailed below, for which a charge will be levied.

Regular checks are also carried out throughout the term. No charge is made for these routine checks.

TREATMENT OF HEAD LICE AT SCHOOL

From initial identification of a head lice problem, a further five sessions are necessary before a pupil is completely free of infestation.

Treatment consists of hair washing, conditioning, combing through with a nit comb to remove live lice and their eggs, rinsing and finally drying. Sometimes, Nitty Gritty Nit Solution may be used. No other products are used by the school.

A charge will be made of £25 for each session which will be added to the bill at the end of each term.

Full boarders who return to school clear from this problem are considered to be the responsibility of the Matrons and accordingly, will be treated at no extra cost.

We recommend that all the girls keep their hair a reasonable length and tied back off their faces, in pony tails or plaits where necessary. Boys' hair should be kept short.

Parents/guardians are required to sign a 'Consent to Treatment for Head Lice' form (*Appendix 11*) for each pupil at the school indicating their permission for the school to treat a pupil found to have head lice/eggs or indicating that they will remove the pupil and treat him/her at home. St Richard's reserves the right to refuse to treat a pupil in the absence of a signed form and to request removal of the pupil from school.

Reviewed and Updated May 2010

INFECTION CONTROL, CLINICAL WASTE AND LAUNDRY POLICY

INFECTION CONTROL

All guidelines from Herefordshire and Worcestershire Health and Protection Agency are adhered to. St Richard's School strives to prevent the spread of infections by ensuring high standards and practice of personal hygiene amongst staff and children, particularly hand washing, and maintaining a clean environment. Contact is maintained with the Agency and advice and current policies are regularly updated. The Senior Practice Nurse (Daryl) is available on 01905 760024 and has proved helpful and professional.

Letters of advice, as recommended by the HPA, are forwarded to all parents and the children are regularly spoken to with good hygiene practice in mind.

Any child who displays symptoms of an infectious or contagious disease is immediately isolated in the school sick bay for as long as necessary where independent washing and toilet facilities are available.

Cleaning of blood and body fluid spillages is done as recommended by the HPA using personal protective clothing (plastic aprons, disposable gloves and face masks).

In case of an outbreak of Norovirus or a similar virus, chlorine based cleaning fluid is used.

CLINICAL WASTE

Clinical waste, including gloves and aprons, is sealed in a clinical waste bag and collected by Herefordshire Council who collect on Tuesday, Wednesday, Thursday and Friday every week. (01432 260169) (ethelpline@herefordshire.gov.uk).

LAUNDRY

Any soiled linen is dealt with in a separate, dedicated washing machine. It is washed separately at the hottest wash which the fabric will stand. PPC is worn when dealing with soiled linen. The sick bay has separate linen which is kept for use in that area alone.

September 2008
Reviewed Sept 2009

HEALTH EDUCATION AND COUNTERING MAJOR RISKS TO HEALTH (SMOKING/ALCOHOL/DRUGS/ILLEGAL SUBSTANCES)

A formal programme of Personal, Social and Health Education, (PHSE) is currently taught to Years Three, Four and Five. PHSE in the curriculum for Years Six, Seven, and Eight is on a variable programme, see current timetable. Each class has a period of twenty minutes at the beginning of each working day with their Form Teacher where such issues may also be discussed, if appropriate. The Boarders have informal meetings with Mrs Coghlan on day to day PSHE topics as they arise, and relevant outside speakers are brought in to lecture the whole school. Topics covered have included a talk by the Police and a Drugs, Alcohol and Solvent Abuse lecture.

As prescribed by current Government guidelines, a non-smoking policy is observed within the school by all staff.

In case of a major outbreak of illness, immediate advice would be taken from the School Doctor and controlled evacuation/isolation procedures would be instigated as instructed. With the advent of regular students from overseas, as precautionary safe practice, a direct contact with the Institute of Tropical Medicine in London has been established.

BSA 'Residential Courses for School Nurses' are attended regularly by the school nurse for up to date national strategies.

For fires, serious allegations or complaints, see general school policies in the staff handbook.

Prior to the end of the Summer term in which they leave, all boarders are given three evening sessions by Mrs Coghlan/Mr Cheesman, to discuss and debate possible future encounters with smoking, alcohol, drugs and illegal substances, their potential dangers, peer pressure and methods of dealing with these situations. The school has a Health and Safety Manual which includes an extensive range of Risk Assessments covering each department and area of the school. Departmental Risk Assessments are updated termly by each Head of Department.

The school has a clear Sex Education Programme (see Science Dept). Parents'/guardian's opinions and input are valued and noted. Parents are informed at the beginning of the term when their children will be watching any Sex Education videos and invited to come and see the video themselves prior to its showing. Such viewing has previously been conducted on a mixed group basis. This is no longer the case and single gender viewing is now observed.

Sept 2005
Reviewed and Updated Sept 2009

COUNSELLORS

The school has developed the following procedure for working with counsellors.

1. External Counsellors are only brought in with the full knowledge and consent of the pupil's Parent with care or legal Guardian.
2. Any Counsellor will be subject to the necessary police and DCSF checks in line with Standard 38.2, with a satisfactory outcome recorded in writing before appointment and before any access is given.
3. Prior to the start of any Counselling, it will be decided as to whether the Counsellor will take notes at each session, whether these notes shall be available to relevant school staff and to what degree confidentiality is a priority. An agreed approach will be used by the counsellor as it is important to be absolutely clear from the beginning what is expected on both sides. This will be documented in a clear written agreement between the school, the parent/guardian and the Counsellor.
4. Supervision by a third party is discussed at the outset and is an option sometimes used at the request of the Counsellor or by recommendation by the school. Again, each case is judged on its individual merits.
5. Counsellors shall hold an appropriate and recognised qualification, evidence of which will have been seen and recorded by the school.
6. Counsellors will follow the school procedure regarding Child protection Policy.
7. The pupil must be deemed to have an understanding of why the counselling sessions are taking place and be in agreement with the procedure.

March 2005
Reviewed Sept 2009

CONFIDENTIALITY

In accordance with the School Doctor's and nurse's professional obligations, medical information about pupils, regardless of their age, will remain confidential. However, as St Richard's is a preparatory school with only children up to thirteen years old, confidentiality from parents is not an issue and parents are kept fully informed of their child's health at all times, particularly if the child is seen by a Doctor or prescribed medication.

In providing medical and nursing care for a pupil, it is recognised that on occasions the doctor or nurse may liaise with the Headmaster and other academic staff, boarding staff, parents or guardians, and that information, ideally with the pupil's prior consent, will be passed on as necessary.

With all medical and nursing matters, the doctor and nurse will respect a pupil's confidence except on the very rare occasions when, having failed to persuade the pupil to give consent to divulgence, the doctor or nurse considers that it is in the pupil's better interests or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

CONSENT TO TREATMENT

Consent is a patient's agreement for a healthcare professional to provide treatment or care and may be indicated non-verbally, orally or in a written format. This is only a record and not proof that genuine consent has been given. For consent to be valid, the child must be competent to make that particular decision about treatment, have received sufficient information to take that decision and not be acting under duress. We recognise that this is both a fundamental part of good practice and a legal requirement.

There is no specific age when a child becomes competent to consent to treatment, although it is still good practice to involve the family unless the child specifically asks not to involve them.

January 2009
Reviewed Sept 2009

BSA PROFESSIONAL DEVELOPMENT LONDON REGIONAL COURSE (23rd APRIL 2010)

LEGAL ISSUES: CHRIS COX, DIRECTOR OF LEGAL SERVICES, RCN

- Any child of any age who has the relevant mental competence to consent to a nursing procedure or administration of medicine has the right to receive this, regardless of the parents'/guardian's wishes to the contrary. So a child CAN say YES.
- Any child up to the age of eighteen who declines treatment or medication can be overruled by their parents. So a child CANNOT say NO.
- Once a child has reached the age of eighteen, the parents/guardian have/has no further rights. This also applies to all foreign students who come under English law whilst staying in this country.
- Children also have the same legal rights of confidentiality as adults. The exception to this is if they pose a serious threat to other children, eg contagious disease, or a serious threat to themselves, eg self harming, anorexia. People may then be informed on a 'need to know' basis and the child MUST be told in advance that the adult concerned is going to have to break the confidentiality, why, and to whom. Therefore, NO medical information can be passed on to another school without the child's consent.
- All Heads, teachers and parents should be aware of the legal rights of young people, the aspects of consent and their right to confidentiality. The school should have a confidentiality policy.

DUTY OF CARE

Everyone who works in a school has a duty of care.

The Contract of Employment defines the scope of anyone's duty of care. For litigation purposes, there is Primary (systemic), personal (individual) and vicarious liability (HM, school, suffers for the individual)

- For clinical negligence, there are three pre-emptive requirements:
 1. there should have been a duty of care owed in the first place
 2. there was a breach of the duty of care
 3. there was damage as a result of the breach.

Standard of care is defined as that which is *normal* in common practice, ie an ordinarily competent practitioner in that particular field. If you depart from protocol, say why. Knowledge, skill and experience are the criteria for competence.

The Independent Sector is still governed by employment law. *‘Employees have a specific right to receive, and employers an obligation to provide, a written statement of particulars, which must include the date employment commenced, the scale or rate of pay, hours worked, job title or brief job description, terms and conditions of holidays and sickness entitlement.’*

ADMINISTRATION OF MEDICINES AND TREATMENT IN BOARDING SCHOOLS: DIANE HEATH, CHIEF PHARMACIST, PCC

PGDs (PATIENT GROUP DIRECTIVES)

This gives authority to administer prescription only medication. These are NOT authorised by law in independent schools and should not be practised.

Independent Schools have no legislation concerning Homeopathic, Herbal or Chinese medicines. These should NOT be administered by staff. SAY NO TO COMPLIMENTARY MEDICINE.

Reviewed May 2010