



King's College

DOHA

First Aid and Sickness Policy

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1. Nursing and Health Guidelines

- 1.1 At King's College Doha, the health and safety of our pupils and staff are of utmost importance. These guidelines and the appendices have been developed to ensure that health needs are met with up to date, evidence and research-based guidelines, information and advice.
- 1.2 This document should be read in conjunction with the School's Health & Safety Policy, Safeguarding (Child Protection) Policy and Pupil Supervision Policy.

2. Statement of Intent

At King's College Doha, we:

- 2.1 ensure pupils and staff have access to a health care professional throughout the hours of the school day;
- 2.2 ensure first aid guidelines and information sheets are up to date and evidence based;
- 2.3 provide basic care to injured and unwell children and staff;
- 2.4 offer health advice and health promotion information as appropriate;
- 2.5 adhere to guidelines and policies of the Ministry of Health.

3. Aims

- 3.1 This policy outlines the school's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. We aim to ensure that first aid provision is available at all times while people are on school premises and also off the premises whilst on school trips.
- 3.2 The care extends to first aid provision, the administration of medicines, dealing with asthma and head-lice. Policies to deal with pandemics and control of infections are included at the end.

4. Objectives

- To give clear structures and guidelines to all staff regarding all areas of first aid and medicines
- To ensure an appropriate number of staff are suitably trained and the designated First Aider in the school is known by all
- To enable staff to know where their responsibilities lie
- To ensure the safe use and storage of medicines in the school
- To ensure the safe administration of medicines in the school
- To ensure good first aid cover is available in the school and on visits

5. Confidentiality Policy

- 5.1 In accordance with the school nurse's professional obligations, medical information about pupils, First Aid and Sickness Policy

regardless of their age, will remain confidential. However, in providing medical care for a pupil, it is recognised that, on occasions, a doctor and nurse may liaise with parents or guardians, the Principal or other academic staff and that information, ideally with the pupil's prior consent, will be passed on as appropriate. With all medical matters, the nurse will respect a pupil's confidence except on the very rare occasion when, having failed to persuade that pupil, or his or her authorised representative, to give consent to divulgence, the nurse considers that it is in the pupil's best interests or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

6. Health and Safety

6.1 We provide a healthy and safe environment for staff and children under the guidelines included in the school's Health and Safety Policy. Premises and equipment, both inside and outside, will be checked regularly to ensure safety of use. Personal hygiene is encouraged as part of the daily routine and forms part of the Personal, Social, Health and Emotional development programme (PSHE). Working in partnership with parents, children's religious, dietary, language and cultural needs will be met. At all times, staff will cooperate fully in implementing health and safety initiatives.

6.2 Trained First Aiders

Please refer to list in the health centre and on the staff board in the staffroom.

7. Responsibilities

7.1 All staff have the following responsibilities:

7.1.1 To report any accident, irrespective of how minor, or any incident that might have resulted in an accident.

7.1.2 To co-operate with any member of qualified first aid staff in fulfilling their duties, and when completing an accident report form.

7.1.3 To consider strongly following any advice given to them by a member of the medical staff or a First Aider, such as visiting a hospital, checking with a doctor, or resting in the school clinic or at home.

7.2 Teachers and other staff in charge of pupils are expected to always use their best endeavours, particularly in emergencies, to secure the welfare of the pupils in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

8. Reporting Procedure

8.1 All care provided by the school nurse is documented in the iSAMS database.

8.2 Any serious accident/ incident will be recorded on the school's system and the Deputy Head (Wellbeing and Community) will be informed.

8.3 In the case of an emergency, an ambulance will be called, and parents will be contacted immediately.

9. School Clinic

- 9.1 There are two school clinics at the Mesaimmer campus which are located on the ground floor in room 301 and 303 and have clear signage. The nurse is on duty between 7.00am and 3.40pm from Sunday to Thursday during term time. If the school nurse is absent, every effort will be made to find a supply registered nurse or trained first aider to cover. This decision will be made by a member of the Senior Leadership Team (Principal or Deputy Head Wellbeing and Community).
- 9.2 The clinic at Al Thumma is in the Atrium building with clear signage. The nurse is on duty between 7.00am and 3.40pm from Sunday to Thursday during term time. If the school nurse is absent, every effort will be made to find a supply registered nurse or trained first aider to cover. This decision will be made by a member of the Senior Leadership Team (Principal or Deputy Wellbeing and Community).
- 9.2 Should the nurse not be in the clinic, it will be clearly marked on the door where the nurse is. The receptionist can contact the nurse on their mobile phone. After school hours the clinic doors will be unlocked.
- 9.3 In all cases of a child needing attention, pupils are brought into the clinic accompanied by a teacher or assistant. Initial assessments are done, and the school nurse will provide treatment accordingly. Pupils will be under the direct care of the school nurse. After this time, pupils will either be sent back to class or sent home. If the nurse believes that it is best for the child to be sent home to rest or to be seen by a doctor, a parent/guardian will be contacted for their child to be sent home or be picked up.

10. Defibrillator

- 10.1 Each campus has an automatic external defibrillator (AED) which is kept in the clinic.
- 10.2 Instructions are kept with the device. The school nurse and all staff who have received First Aid training have been trained to use it.

11. First Aid Kits

First Aid kits are provided and kept stocked by the school nurses. They are available for sports staff to take to the games field for 'home' matches. A first aid kit will be taken on all off-site visits or outings and this is the responsibility of the trip leader or designated First Aider. Each kit is checked and replenished on a regular basis by the school nurse. Staff may request extra items when they need them. Replacement items can also be obtained from the school clinic.

First Aid Kits Map

12. Record Keeping and Monitoring

- 12.1 The school maintains a record of all accidents and injuries and reviews these regularly in order, where possible, to minimize the likelihood or recurrence. Records are kept of all visits to the school clinic.
- 12.2 The Health and Safety Committee will organise a regular review of the School Accident Book and records in order to review the school's systems and management of medical welfare, and any trends in accidents, injuries and illnesses at the school, so as to identify whether a review or change in welfare practice is needed.

This will also form part of the First Aid risk assessment process.

- 12.3 In addition, the Deputy Head (Wellbeing and Character) or a senior member of staff will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.

13. Reporting

13.1 Reporting to Parents:

In the event of serious accident or injury, parents or guardian(s) must be informed as soon as practicable. The school will contact the parents or guardians if a pupil suffers anything more than a trivial injury, if he or she becomes unwell or if there are any concerns about his or her health. Parents should contact the school nurse at the at any time if they wish to discuss any concerns relating to their child's health.

14. Accidents Involving Staff

- Work related accidents resulting in death or 'specified' injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or
- Work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days; or
- Cases of work-related diseases that a doctor notifies the school of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer), or
- Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health)

15. Outings

When planning an outing, staff should include the following equipment on the trip:

- First Aid Kit - checked by the staff in the office
- Vomit bags, wet wipes, tissues, gloves
- Pupil's own medication
- Over the counter medications including Paracetamol, Antihistamine, Antihistamine gel, pain relief gel and Ibuprofen.
- Mobile phone - in case of an emergency
- (See Educational Visits Policy)

16. Residential Trips

On residential trips the safety of the children is paramount. The guidelines in this policy are followed. All pupil medications are kept with the adult supervising the child along with any other essential information.

Staff on the trips always make the staff at the destination aware of any issues such as those with food allergies and inform their staff about children with inhalers, Adrenaline Autoinjectors or any other important medical issue.

Before all residential trips parents fill out a medical form containing information containing:

- the names and contact numbers to contact if needed in case of emergency
- the details of the child's doctor
- any allergies the child suffers from
- any medication the child is taking
- latest vaccination dates
- any other information which may be useful to staff on the trip such as things the child is frightened of, bedwetting, sleepwalking etc.
- food allergies

All parents are invited to an information meeting for parents a few weeks in advance of the trip. They are made aware who the designated first aider is for the trip and are welcome to speak to them then or are encouraged to make a separate appointment to see them if medication needs to be given.

If a child needs medication on the trip parents, are asked to:

- provide the medicine which must be in date and in the original packaging
- provide accurate information about the dosage and how to administer the medicine

If the dosage is different from the instructions, a medical letter will be asked for.

The staff member will in charge of first aid will:

- Ensure that medication is with the member of staff looking after the child who needs it
- Ensure that children receive their medication
- Administer any medication in accordance with the instructions provided on the box at the appropriate times
- Keep a record of the times and dates of medicine administered
- Keep a record of any accidents and action taken. They may not have dealt with the incident first-hand should the child have been in another group but the other staff should report it for the record
- Give the record to the school nurse on return should it be required for future
- Fill in an accident report form if any accident is sufficiently serious
- Keep the school (Principal if out of school hours) informed should a child need to be taken to hospital for further treatment.
- Ensure that the information from the parents is taken with the child should they need to go to hospital
- If a child needs to be taken to hospital, the activities of the children remaining will be monitored to ensure that ratios are suitable and the children are safe.

17. Parental Permission

Medicines must not be administered unless we have a completed Prescribed Medication Consent Form from the parents. The signed forms are kept in the pupil record file once medication has been administered. In the event of a child in school with medicines and without written parental permission, we will attempt to gain consent for the administration by email. If we are unable to contact parents, the medicine will not be administered.

18. Storage and Administration of Medicine

No medicines should be kept in the class or the child's possession. All medicines are kept in the fridge or in the locked cupboard in the clinic, under the responsibility of the school nurses. All medicines must be clearly named. Administration of medicine takes place in the clinic. When medicine is administered, a dated entry must be recorded in the first aid log and isams. Before administering medicines, staff should read the entry section of the log to check the medicine has not already been administered. Parents are informed of the date and time of the administration of any medicines via a first aid slip being sent home, with the child, on the same day.

19. Accident or Injury in School

Any significant accidents and injuries must be reported to the school nurse. An accident form is completed if any child or member of staff sustains an injury whilst on the premises. This form is to help teachers and staff keep an accurate and detailed record of the accident, and their discretion will be used in determining if an accident is worth documenting. The school nurse may also fill out accident forms when necessary.

20. Allergies & Sensitivities

It is the responsibility of parents/guardians to inform the school of any allergies or sensitivities of their child (especially allergies to specific food and medications, etc.) in the Pupil Medical Form. A list of pupils with allergies will be shared with all teachers.

This procedure is a must in order to prevent medical emergencies such as anaphylactic shock. It is important for the teachers to be aware of their pupils' allergies in situations such as class snack time/parties and field trips. Parents/Guardians with pupils taking antihistamines or who are prescribed an Adrenaline Autoinjector must also indicate all medications taken by the child on the Pupil Medical form. If parents/guardians would like the school to keep any personal over-the-counter medicines, prescribed medicines and/or an emergency backup Adrenaline Autoinjector in the clinic, they must notify the school nurse directly.

21. Anaphylaxis Protocol

Anaphylaxis is an excessive reaction of the immune system to the presence of a food or substance which it wrongly perceives as a threat, such as peanuts, pollens, wasp stings. It is potentially life-threatening. It involves at least one of the following two severe features:

Difficulty breathing – due to swelling of the throat or severe asthma

Shock – this may present as collapse or loss of consciousness

Other symptoms include: itching in the mouth; swelling of the face, throat or tongue; difficulty swallowing; hives; anywhere on the body; generalised flushing of the skin; abdominal cramps and nausea; sudden feeling of weakness; drop in blood pressure; collapse and unconsciousness.

Symptoms may occur within seconds or minutes but can manifest after some hours. Not all the above symptoms may be present, though more than one may be present.

Immediate Treatment

In a timely and competent manner get help – contact a trained member of staff (stay calm). **Dial 999 immediately** stating ‘***anaphylaxis***’.

An Adrenaline Autoinjector should be administered as soon as the child experiences any **severe** symptoms. This will be done by the school nurse. The Adrenaline Autoinjector is to be administered into the upper outer thigh. Hold in place for ten seconds. Massage injection site for ten seconds. A second Adrenaline Autoinjector may need to be administered if symptoms are not relieved, or if symptoms return. In all cases parents should be informed immediately.

Staff must be aware of at-risk children and should be familiar with anaphylaxis procedure. Individual anaphylactic pupil policy guidelines are displayed on the children’s notice board in the staff common room. Pupils’ own Adrenaline Autoinjectors are stored in the clinic in labelled packs. The administration of this medication is safe for the anaphylactic pupil and, even if it is given through a misdiagnosis, it will do no harm.

Named Adrenaline Autoinjectors and antihistamines must accompany the pupil at risk of anaphylaxis on any school trip. It is the responsibility of all staff members to keep familiar with the Adrenaline Autoinjector administration technique.

22. Asthma Attack Protocol

Asthma is a condition which involves narrowing of the airways, which we use to pass oxygen in and out of the body. Asthmatics can suffer intermittent attacks of wheezing and shortness of breath that can vary in severity. Asthma can develop at any age but is more likely to develop in childhood and can progress into adulthood.

Some of the main triggers and causes for asthma are listed below:

- Allergies usually to pets/dust/pollen
- Colds and infections
- Exercise
- Laughing and excitement, especially in children
- Emotional stress, crying for long periods of time
- Family history of disease, especially parents and siblings
- Eczema or allergies in siblings
- Smokey environments, e.g. if a parent smokes in the house
- Environmental factors.

What happens in a mild attack of asthma?

- Wheezing
- Coughing
- Tight feeling in the chest
- Shortness of breath and gasping.

What happens in a severe asthma attack?

- All the above symptoms
- Difficulty in talking

- Blue/grey fingernails (not enough oxygen to the cells)
- Stomach seems to be moving erratically (this is known as using your accessory muscles as an attempt to draw in air)
- Very wide nostrils
- Racing pulse

Immediate Assessment

Is there a history of asthma? If not, consider a different cause:

- Foreign body
- Croup
- Whooping cough
- Pneumonia
- Bronchitis
- Hyperventilation

A pupil with asthma symptoms should be placed in an area where he/she can be closely observed. Never send a pupil up to the school clinic alone. Limit moving a pupil who is in severe distress, call for the nurse to come down instead. The pupil should be in a cool, calm atmosphere.

Is pupil at risk of severe acute attack?

Signs of a particularly severe asthma attack can include:

- Wheezing
- Coughing and chest tightness becoming severe and constant (younger children may describe this as a tummy ache)
- Being too breathless to eat, speak or sleep
- Breathing faster
- A rapid heartbeat.

Call 999 to seek immediate help if pupil appears exhausted, has blue/white tinge around lips or has collapsed.

Severe Asthma

- Sit up straight - don't lie down. Try to keep calm.
- Administer one puff of pupil's reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- If pupil feels worse at any point whilst using the inhaler or doesn't feel better after 10 puffs
- or you're worried at any time, **call 999** for an ambulance.
- Contact parents/guardian
- If the ambulance is taking longer than 15 minutes you can repeat step 2.

If the symptoms improve and you don't need to **call 999** - an urgent same-day appointment must be made for the pupil to see their doctor.

Prognosis

Asthma is a manageable condition and children can grow out of it into their teenage years, although some have asthma into adulthood. Children should be able to participate in physical activity and sport as normal. It is important to understand that an asthma attack can be life-threatening, and the child should be taken to hospital immediately if they do not respond to their inhalers. It is advised that you be cautious and try not to expose your child to any of their trigger factors, such as pollen and animal hair.

23. Contagious Disease, Outbreaks and Exclusion Period

Parent/Guardian Responsibilities:

- Parents/guardians are required to inform abence@kingscollegedoha.com as soon as possible if your child has been suspected or has been diagnosed with any infectious disease.
- If the parent/guardian of a child believes that a child has an infectious disease, has been in contact with an infected person or has been diagnosed with an infectious disease, the parent/guardian must follow the measures for that specific disease by the physician and inform the school nurse as soon as possible
- Parents/guardians must comply with any advice given by your physician, the school and/or the Ministry of Health in the event of an outbreak of an infectious disease.

School Responsibilities:

- The school will consult with the Ministry of Public Health and the Centre for Communicable Disease Centre (CDC) as required, to get advice on how to take appropriate and safe measures for health outbreaks
- If the Principal considers that a pupil enrolled at King's College Doha has an infectious disease, he/she will notify and consult with the CDC and the Ministry of Public Health and provide details regarding the outbreak. In reporting about an infectious disease, the school must provide all necessary information as requested by the CDC and the Ministry of Public Health to permit appropriate public health action to control the spread of the disease
- If the Principal, and nurse have any reasonable grounds for believing a pupil has or has been in contact with a person who has an infectious disease, they will follow protocols set out for that specific disease by the CDC and the Ministry of Public Health.
- Should the CDC and the Ministry of Public Health recommend the school to close, the Principal will notify parents/guardians of an outbreak at King's College Doha and of their responsibilities in line with the communication policy.

24. Emergency Incidents

When an emergency medical treatment is needed but either the parents/guardians cannot be contacted or there is no time to contact parents/guardians to do the treatment, the school will automatically call an ambulance (dial 999). Parents will then be contacted as soon as possible either by the school nurse or a member of the Senior Leadership Team. Parents are requested to provide 3 Emergency contact numbers.

25. Head Injuries Protocol

Please refer to the Head Injury Policy for guidance on this.

Head Injury Protocol

Please refer to the schools “Head Injury Policy”.

26. Hand Washing and The Use of Hand Sanitizers

Hand washing with water and soap is very important measure for staying healthy and preventing the spread of diseases. Pupils should wash hands especially before and after snack time, after playtime and whenever hands are soiled and dirty. Hand sanitizer stations can be found in classrooms and public areas. The hand sanitizer is assured to be safe to use in a hospital and school setting as well.

27. Head Lice Policy

Head lice (pediculosis capitis) are tiny insects that most often affect children and usually result from the direct transfer of lice from the hair of one person to the hair of another. They are unable to jump or fly and do not carry bacterial or viral infection. A head lice infestation is not a sign of poor personal hygiene or an unclean living environment. It typically only occurs after having long exposure to someone who has head lice, infested clothing, or belongings. Nits (egg casings) are not a diagnosis of an active infection and often stay attached to the hair until the nit grows out and is cut away. Lice that fall from the hair are lice that are likely dead or dying which extremely low risk of infestation of another person. Symptoms include a tickling feeling of something moving in the hair, itching caused by a reaction to the bites, irritability, and sores on the head caused by scratching. Although lice are very small, they can be seen on the scalp when they move. The eggs (nits) are easily seen on hair shafts. Treatment involves a combination of a nonprescription shampoo and manual removal of all nits on a damp hair with a lice comb or the fingers. Both medication and complete nit removal are necessary to prevent re-infestation. All clothing, bedding, and furniture surfaces must also be washed and disinfected.

Procedure for Head lice

If a pupil is suspected of having lice, or if a parent reports that a child has lice, the school nurse should be notified by the teacher. Confidentiality must be maintained so the pupil will not be embarrassed. The nurse will then request the parent of the pupil to do a louse check on the pupil at home as well as on all household members. The pupil may remain in class and should be prevented from prolonged head-to-head contact with other pupils. The nurse will also do a louse check on the rest of the class. The nurse should follow up with parents to ensure the infestation has indeed been resolved.

28. Healthy Eating Policy

Please read this in conjunction with the School Healthy Eating Policy.

King’s College Doha is a school that promotes healthy eating. The school canteen will offer and promote healthy snacks and eating habits. There will be times where the children may have a ‘treat’, however a balanced healthy diet for each child will be monitored by teachers.

29. Hygiene Procedure for Spillage of Body Fluids

Detailed Advice is contained in Appendix 2 of this policy.

In the school clinic, there is a supply of gloves, disposable wipes, antiseptic hand wash, absorbent granules, yellow bags for the disposal of infected waste, and a foot pedal bin.

Spills of body fluid including blood, urine, faeces, vomit, saliva, nasal and eye discharge must be cleared up immediately. Disposable gloves should be worn and discarded into a specialist yellow bag when used. Mops should be washed in the cleaning equipment sink (not the Clinic sink), rinsed in disinfecting solution and dried.

30. Records

A record must be kept of all treatment given and of every accident reported to have taken place on school premises, or in connection with school activities, which require medical attention. Accidents treated by school nurses must be reported on the appropriate form by staff to the Director of Operations within one day of the occurrence. The date, time and place of event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded.

The Head of Operations and Facilities will investigate each such report to determine whether its cause was avoidable or accidental – if avoidable, a rectification plan of action will be drawn up. Accident and illness statistics are reported.

Records are to be stored for at least three years or, if the person injured is a minor (under 18), until they are 21.

In the event of accident or injury, parents must be informed as soon as practicable, for minor issues or where parents cannot be contacted a note will be sent home.

31. Immunisation Requirements

All mandatory immunisation records must be completed or up-to-date with medical vaccination schedules before the school starts. The Immunisation Schedule is available at the Ministry of Health. Parents are required to submit a health status update as they register their child for each school year and must notify the school of any updates.

32. Informing the school of absence

Parents need to inform absence@kingscollegedoha.com in the morning before 7.15am to report a child's absence, to enable the school to maintain accurate attendance records and to protect its safeguarding procedures. This should be done by phone or email. Should a child initially come to school but then become seriously ill or be suspected to be contagious to other children and staff, a parent/guardian will be contacted to come and pick up the child from school. A child who is sick will not be able to participate in school as they are likely to spread the illness to other children, teachers, and staff.

33. Medical Arrangements

Dental and Ophthalmic Treatment

Routine checks and treatment should be carried out during the holidays if possible. All children should have their eyes tested before they join King's College Doha.

Infectious Diseases

If during the holidays a pupil is exposed to an infectious disease (e.g. chickenpox/mumps), parents are required to inform the school nurse if he/she has not previously had the disease.

Medical consultation while at home

To maintain the standard of medical care which it is felt parents will wish their children to receive while at school, parents should ensure that the school nurse receives details of any important medical consultations which take place at home, together with details of any continuing treatment.

Medical Certificate to Resume School

Once a pupil recovers from the infectious disease, that pupil must bring a Certificate to Resume School provided by his/her physician. Common diseases that require pupils to bring back a Certificate to Resume School are as follows:

- Pertussis (Whooping cough)
- Measles
- Mumps
- Rubella Chicken Pox
- Impetigo
- Conjunctivitis
- Tuberculosis

The only exception to this policy is if pupils have recovered from influenza, when parents/guardians must keep their children at home for at least 48 hours without a fever (without any fever reducing medication effect), or, for diseases that do not require a Certificate to Resume School. Instead of bringing in the Certificate to Resume School, parents/guardians must call the school main office to inform that the pupil will be returning and has not had a fever in the last 48 hours.

34. Nut Policy

Please read this in conjunction with the School Nut Safety and Allergy Awareness Policy.

Kings College Doha is a Nut Aware School. Whilst we aim for a Nut Free Environment we cannot guarantee that nuts will not be brought into school. This is a prevention plan to decrease the risk of anaphylactic reactions in pupils with serious allergies to peanuts/nuts. All staff will have access to a list of pupils' allergies. Additional restrictions will be placed on classrooms at the discretion of the nursing and administration staff depending on the kind of allergy the pupil has (dairy, eggs, medicine, etc.) Pupils will be instructed not to share food items. Information will be reinforced by class teachers, or through the newsletter.

If the parents report that their child has a nut/legume allergy, they will be required to provide at minimum a prescribed antihistamine and/or an Adrenaline Auto-injector. The injector will be kept in the nurse's clinic.

35. Periods of Exclusion from School for Children with Infectious Diseases

Personal hygiene measures such as hand washing, covering the mouth and nose when coughing or sneezing, covering open wounds, not sharing food or drinks and not attending school when ill or suffering from vomiting and diarrhea are important means of preventing the transmission of a number of common infectious diseases. King's College Doha strongly requires pupils diagnosed with an infectious disease, or pupils who have been in contact with any individual with the infectious disease, to be excluded from school for the periods specified by a physician and/or the Ministry of Public Health.

36. Protocol for Administration of Medication

Medications will only be given where parents have provided consent. Parents will be contacted and if consent is given then medication will be given. Where the school nurse is unable to contact parents and the nurse deems that medication is necessary medications will be given if written consent has been provided on the pupil medical form. The only medications available in school are over-the-counter medications. The following over-the-counter medications are available:

- Paracetamol (fever/pain relief)
- Ibuprofen (Pain relief)
- Pain relief gel (topical pain relief)
- Antihistamine (allergy)
- Antihistamine Gel/Cream (insect bites/ itch)

Parents must inform the school nurse of any prescribed medications their child is scheduled to take during school hours. Details such as the name of the medication, time of administration, dose and route of administering the medication must also be provided. All administration of medication will be under the direct supervision of the school nurse.

All prescribed medications must have the pupil's name and year and will be stored in the clinic. Also, please note that it is the pupil's responsibility to come to the school clinic at the scheduled time for the school nurse will not administer medication in the classroom.

All medication is to be kept in locked cupboards which are situated in the School Clinic.

Procedure

When issuing medication, these procedures should be followed:

- The reason for giving the medication should be established
- Check whether the child has taken any medication recently and, if so, what. Some over the counter remedies contain paracetamol, and care should be taken that maximum doses are not exceeded.
- Check whether the child has taken this medication before and, if not, whether he/she is allergic to any medication (check isams medical file)
- Ensure there is a medication consent form signed by a parent or guardian
- Check the medication is in date
- The child should be seen to take the medication by the person issuing it
- The child's name, reason for medication, the medication issued, dosage, date and time should be noted in the relevant medical record book and initialed

- Medication administered slip should be given to pupil.

37. Sports Outdoor Pursuits and Field Trips

Arrangements for first aid for sports, outdoor pursuits and field trips are the responsibility of the supervising staff, after consultation with the school nurse.

38. Pupil Medical Form

The Pupil Medical Form must be completed by a parent/guardian before school starts. It is important to keep a record of the pupils, especially regarding their allergies and medical conditions. Parents/guardians will be contacted by the school a minimum of once a year or multiple times, as necessary throughout the school year, to ensure it has the most up-to-date medical information for each child. Parents/guardians are strongly encouraged to inform the school nurse as and when pupils' medical records are updated.

39. When to Send a Pupil Home from School

Fever, Vomiting, Diarrhea, Severe Headache, Serious Bump on the Head and Injuries

In the case of pupils running a fever of 37.8°C or above, vomiting or suffering from diarrhea, suffering from severe headache or a serious bump on the head, parents will be contacted so their child can be collected. All cases will be assessed carefully and the school nurse will make the decision whether a pupil is fit to stay in school, even if a pupil is not showing extreme signs and symptoms of sickness. If the school nurse deems it in the best interest of the pupil, the pupil may possibly be sent home or asked to be picked up by a parent/guardian. Full decisions are based on the nurse's professional judgment. If parents are unavailable to collect their child, they will be kept at school until they can be picked up.

When not to Send the Child to School

Parents are recommended **not** to send their child to school if he/she has:

- A fever (37.8°C and above in the past 24 hours)
- Vomiting (in the past 24 hours)
- Diarrhoea (in the past 24 hours)
- Chills
- A severe headache
- A sore throat
- Strep throat (must have been taking an antibiotic for at least 24 hours before returning to school)
- A bad cold, with a very runny nose or bad cough, especially if it has kept the child awake at night
- Allergic reaction or severe skin rashes

40. Policy History

Date of adoption of this policy	September 2022
Date of last review of this policy	September 2025
Date for next review of this policy	September 2026
Policy owner (SLT)	Deputy Head (Wellbeing and Community)

Policy owner (the Board)	Principal
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Appendix 1: Specific Illness / Conditions Information

[Athlete's Foot](#)

[Chickenpox \(Varicella\)](#)

[Croup](#)

[Diarrhoea and Vomiting](#)

[Flu](#)

[Head Lice](#)

[Impetigo](#)

[Measles](#)

[Ringworm](#)

[Scarlet Fever](#)

[Threadworms](#)

[Warts and Verrucas](#)

Appendix 2: Hygiene Procedure for Spillage of Body Fluids

The First Aider should take the following precautions to avoid the risk of infection:

- Cover any cuts and grazes on their own skin with a waterproof dressing
- Wear suitable disposable gloves when dealing with blood or other bodily fluids

- Use suitable eye protection where splashing may occur
- Use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation
- Wash hands after every procedure

If the First Aider suspects that they or any other person may have become contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- Wash splashes off skin with soap and running water
- Wash splashes out of eyes with tap water or an eye wash bottle
- Wash splashes out of nose or mouth with tap water, taking care not to swallow water
- Record the details of the contamination
- Report the incident to the School Nurse and take medical advice, if appropriate.

Appendix 3: Emergency Action and Standard Precautions in the Event of Needlestick or Contaminated Sharp Injury

- Immediately stop what you are doing and attend the injury
- Encourage bleeding of the wound by applying gentle pressure – do not suck
- Wash well under running water
- Dry and apply a waterproof dressing as necessary
- If blood and body fluids splash into eyes, irrigate (flush) with cold water
- If blood and body fluids splash into your mouth, do not swallow. Rinse out several times with cold water
- Report to the School Nurse for treatment
- Clinic Staff may refer you to the nearest Accident & Emergency department or your doctor. (You must

also inform your line manager)

- Complete accident/incident form and give to your manager/supervisor for their completion of relevant sections
- Support and assist in the investigation process which will seek to find the cause of the incident and if appropriate review relevant risk assessments
- Further advice or in absence of medical staff, or, if ambulance obviously required, dial 999.