

MORE HOUSE SCHOOL

POLICY

MEDICAL POLICY incl. First Aid

Introduction

The aim of this policy is to ensure that all children with medical conditions are properly supported in school so they can play a full and active role in school life, remain healthy and achieve their academic potential. It is written with reference to Section 100 of the Children and Families Act 2014 and the Statutory Guidance for Supporting Pupils at School with Medical Conditions December 2015.

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1. Care of pupils who are unwell

- a) The school employs two nurses who are located in the surgery which is adjacent to the Main House. The school nurses are registered with the Nursing and Midwifery Council and will always act within their scope of professional practice and always adhere to the NMC's code of conduct.
- b) The school surgery is open between 08.00hrs and 17.30hrs Monday to Thursday and 08.00hrs and 16.30hrs Friday, during term time only. It is used for the assessment and treatment of sick and injured boys and for the dispensing and administration of medication.
- c) Pupils and staff can self-refer to the school nurses during surgery opening times. Pupils should be discouraged from leaving lessons with minor complaints. However, if a pupil becomes unwell during a lesson, the class teacher should send the boy up to the surgery to seek assistance from the school nurse. Ideally, the boy should be accompanied by another pupil or member of staff.

2. Admission of Pupils to Sick Bay

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- a) The surgery has a small sick bay with one bed, a toilet, and a wash basin. During surgery opening hours, sick bay is used for unwell pupils waiting for a parent or guardian to take them home. It can also be used for periods of rest at the discretion of the nurses. Teaching staff and the school office should be notified by email as soon as possible if a pupil is admitted to the sick bay or is being sent home unwell.
- b) The senior boarding house has accommodation for sick boarders, which is only used outside of surgery opening hours. It is a single bedroom with en-suite facilities, so that boys with infectious illnesses can be isolated from other pupils. The main house also has one single bedroom with a toilet next door.

3. Medical Appointments

- a) Boarders are not required to register with a local doctor's surgery because they can be seen as a temporary patient if they are unwell at school. However, the doctors will not see pupils regarding any chronic medical conditions unless they are a registered patient.
- b) Boarders can access local optometric, dental, and orthodontic services for emergency appointments, but regular check-ups should be carried out at home by the pupil's own optician/dentist/orthodontist.
- c) Where possible, non-urgent medical appointments should be arranged during the school holidays. However, if it is necessary to take a boy out of school, their own transport arrangements should be made

4 Accidents or medical emergencies

- a) As well as the school nurses, several school staff, including all the boarding and PE staff, are trained First Aiders. Their training enables them to give emergency first aid to someone who is injured or becomes ill at school or whilst on trips away from the school premises. The first aiders are co-ordinated by the lead nurse, who is responsible for ensuring first aid qualifications are up to date. The list of designated First Aiders is held on the staff home page and a printed copy in the surgery.
- b) There are several First Aid boxes strategically located around the school site. The list of first aid box locations is held on the staff home page. The boxes are checked annually for stock levels and expiry dates by the school nurses and first aiders are encouraged to check them more regularly.
- c) The school has three emergency asthma and anaphylaxis kits which are kept in safe and suitably located sites around the school site. The kits contain a salbutamol inhaler and an adrenaline auto-injector (AAI) for use in emergencies when a pupil's own inhaler and/or AAI is unavailable.

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- d) The school has four Automated External defibrillators (AED) to ensure that pupils, staff, and visitors receive prompt electrical defibrillation in the event of a cardiac arrest. One in the surgery's waiting room, which is always unlocked and accessible to all, one in a locked cabinet at the back of the technology building (Code C2143Y) and two portable - one for PE fixtures and one for boarding
- e) If a pupil sustains a minor injury during a lesson or activity, they can be sent to the school surgery to seek assistance. They should be accompanied by another person. Alternatively, the class teacher can use one of the first aid boxes and email the surgery with a report of the incident, so that it can be recorded.
- f) If a pupil is involved in a serious accident or medical emergency, assistance from the school nurses should be summoned immediately. The nurse who attends will take charge and decide on and, if appropriate, administer first aid treatment. They are also responsible for ensuring that parents are notified of significant incidents verbally or in writing.
- g) Outside of surgery opening hours, the boarding staff should be contacted. They can be contacted via their duty mobile telephone (07900 698783).
- h) Any person who believes that a situation requires emergency medical services may CALL 999 FOR AN AMBULANCE, advising which entrance the ambulance is to use and to contact reception explaining the situation, at this point the parents / guardian will be contacted. A member of staff should await the arrival of the emergency services and direct them appropriately. The estates team will be on hand to direct the ambulance. A familiar member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or guardian arrives. An accident form should be completed giving full details of the incident and injuries sustained, A RIDDOR report should be completed if necessary.
- i) Where there is an accident or medical emergency and first aid assistance has been provided, the person who has given the first aid must record the incident on an accident form and it can then be recorded on Engage In line with the NHS code of Practice (2021), medical records are retained by the school until the pupil's 26th birthday.
- j) In the event of an accident or medical emergency, a child's cultural or religious beliefs will be respected. Pupil's medical files should be marked clearly and hold a copy of their Advance Medical Directive. The pupil's parents should be contacted immediately, and the emergency medical services should be informed of the child's religious convictions.

5. Pupils with chronic medical conditions

- a) A care plan/risk assessment will be written for all pupils with a chronic medical condition, and these can be found on the staff home page under 'policies and documents'
- b) A hard copy will be sent with pupils who are leaving the site for trips or outings and the responsible adult will be made aware of the condition and advised to read through the plan.

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- c) The only exception to this is pupils with asthma – the school have generic care plans for this as treatment is always the same. A hard copy of this and a spare Ventolin inhaler will always be sent on trips and copies can be found with the school's generic inhaler kits along with a list of pupils with asthma who have consent to use the generic inhalers.

6. Emergency Anaphylaxis/asthma kits

The school keeps three spare adrenaline auto-injectors and inhalers for use in an emergency when a pupil's own AAI or Ventolin inhaler is unavailable or has expired. The kits are located in:

- a) The Surgery waiting room
- b) The Discovery Centre
- c) The Simkin's office

The emergency AAI can only be used by children:

Known to be at risk of anaphylaxis and have medical authorisation

- a) Who have been prescribed an AAI
- b) For whom written parental consent for use of the emergency AAI has been given

The emergency Anaphylaxis/asthma kit includes:

- a. The school's anaphylaxis register and a list of pupils with asthma
- b. Instructions for using the AAI, including information on 'Recognising and the management of an allergic reaction/anaphylaxis'.
- c. One 0.3mmg AAI
- d. A Ventolin inhaler and a generic care plan
- e. Manufacturer's information

The school Nurses will have the responsibility for ensuring that:

- a) The emergency anaphylaxis kits are complete, and the AAIs and inhalers are within their expiry.
- b) The school's anaphylaxis register and asthma lists kept in the kit are up-to-date. The register will include:
 - 1. Known allergens.
 - 2. Whether a student has been prescribed an AAI (and if so what type and dose).
 - 3. Whether parental consent has been given for use of the spare AAI and which may be different to the personal AAI prescribed for the student

7. Head injuries

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- a) All head injuries that occur at school should be dealt with by the school nurse or a trained first aider so that signs and symptoms of concussion can be observed.
- b) All head injuries will be logged on Engage and parents informed.
- c) We are now trialing the Return2Play system (September 2025). All head injuries that occur at school (and head injuries outside of school if we are informed about them) should be recorded on the system by either the school nurses, PE staff or boarding staff. Parents are then sent a notification and able to access online appointments with concussion specialists who will determine when the pupil is safe to return to sports.

8. Intimate care

- a) Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene. Examples include care associated with illness or injury, continence management as well as more ordinary tasks such as help with washing or bathing.
- b) Anyone involved with a pupil's intimate care, needs to be sensitive to the child's feelings. Having to depend on someone else to provide intimate care may feel embarrassing or humiliating. Every effort will be made to preserve pupil's dignity and a high level of privacy, choice and control will be provided to them.
- c) As a basic principle, pupils will be supported to achieve the highest-level autonomy that is possible given their age and abilities. Staff will encourage each pupil to do as much for themselves as they can.
- d) There will be careful communication with each pupil who needs help with intimate care to discuss the pupil's needs and preferences. Careful consideration will be given to determine which members of staff need to be present when a student needs help with intimate care. As a rule, only one adult should be required to help with intimate care tasks, but ideally with another staff member in the vicinity as some care tasks could be open to possible misinterpretation. Staff that provide intimate care to pupils need to have a high awareness of child protection issues and be DBS checked, and all care must be thoroughly documented on Engage
- e) The pupil should understand the reasons for any intimate care and give their verbal consent. In addition, parents must be contacted at the earliest opportunity to gain their consent. Preferably, this should be written consent in the form of an email to the school surgery.

9. Care of staff

If a member of staff becomes ill at work, or if they sustain an injury, they should attend the surgery in order that the school nurse can ensure appropriate action is taken. A record of treatment given is kept in the surgery staff book and in the event of an accident, an accident form must be completed.

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If a member of staff is sent home before the end of the day, the school office and cover supervisor should be notified

10. Confidentiality

- 1) As part of their Professional Code of Conduct, the school nurses are obliged to uphold medical confidentiality. A breach of confidence by a nurse may render them liable to disciplinary proceedings by the Nursing and Midwifery Council (NMC). Within a school environment this can cause a conflict of interest. Therefore, it is necessary to determine what medical information can be divulged to a third party on a 'need to know' basis. The safety, well-being and protection of our pupils are the paramount consideration in all decisions regarding confidentiality.
- 2) To ensure that all pupils, staff, and parents are aware of the school nurses professional and ethical obligations regarding pupil confidentiality, in accordance with the General Data Protection Act 2018, to outline the circumstances under which medical information about pupils can be shared with a third party.
- 3) A pupil has legal rights to confidentiality, which depend on their level of development, intelligence, and ability to understand. The school nurses will always seek a pupil's consent to disclose confidential health information to parents and, in appropriate circumstances, their teachers. If consent is withheld, there is a prima facie legal duty of confidentiality that forbids disclosure.
- 4) It is reasonable to expect that parents/guardians may be informed of cases of illness and accident. But there are some sensitive health matters, about which the pupil may not wish their parents or the school to know. Legally the nurses must respect this, while at the same time trying to persuade the pupil that it will be better for them to discuss the matter with their parents/guardians. These situations often arise about sexual health matters, and alcohol and drug misuse.
- 5) The only time when confidentiality may be breached is if disclosure is justified in the public interest or in the pupil's best interests, as in the case of child protection issues. However, the school nurse must inform the pupil before doing so and be fully prepared to give a rationale for their actions at a later date if necessary.
- 6) The sharing of information regarding a pupil's health is an essential element in ensuring our pupil's well-being and safety. Medical information should be shared with teaching and support staff on a need-to-know basis, only when it is:
 - a) essential to ensure the early detection and appropriate treatment of medical emergencies whilst pupils are in school and on trips away from the school premises.
 - b) educationally relevant for a pupil's academic progress.
 - c) essential to ensure the protection of other pupils and staff.
- 7) In these circumstances, the school nurses must ensure that the pupil and their parents/guardians are informed about how and why medical information is shared and not without their permission.

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8) Conclusion

The School Surgery provides a safe environment where pupils and staff can trust the school nurses with private and personal information. The nurses will respect people's right to confidentiality. Although employed by the school the nurse's obligation is ultimately to their patient. The only time when this confidentiality may be breached is when the nurses feel that it is in the public interest or in the child's best interests.

11. Immunisations

- a) A medical questionnaire detailing all immunisations, should be completed by parent or guardian for every new pupil prior to entry to the school. It is the parent/guardian's responsibility to notify the school in writing about any updates regarding health issues or vaccines given during the school holidays.
- b) Ideally, the school requires all boarders to be vaccinated to the UK schedule. The school nurses will keep records of which pupils are not vaccinated and are at risk.
- c) The vaccination sessions are carried out by the West Surrey Immunisation Team and the full NHS vaccine schedule is offered to all pupils. The school nurses do not carry out the immunisations but will be responsible for facilitating the sessions.
- d) Seasonal flu vaccinations are offered to staff during the autumn term

12. Infection control

- 1) Standard precautions underpin safe practice, offering protection to both staff, pupils and visitors from healthcare related infections and injuries. These guidelines must be used routinely regardless of position held within the school.
- 2) Standard Infection Control procedures include:
 - a) Effective hand hygiene practices, maintenance of skin integrity.
 - b) Protection of open wounds/lesions.
 - c) Use of appropriate personal protective clothing.
 - d) Avoidance of sharps injury through safe use and disposal of sharps.
 - e) Appropriate safe management of blood and other body fluids.
 - f) Maintaining a clean environment.
 - g) Safe disposal of waste.
 - h) Safe handling and laundering of used linen.

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- i) Safe food preparation.

Hand Hygiene Guidelines

- 1) Hands are the principal route by which cross infection occurs. Hand hygiene is therefore the single most important means of reducing the spread of infection. All staff, pupils and visitors are required to comply with these guidelines.
- 2) The Management will:
 - a) Ensure easy access to appropriate hand hygiene products.
 - b) Encourage awareness of the importance of hand hygiene, using a variety of strategies, posters, and positive role modelling.
 - c) Wear uniforms and other protective clothing suitable for the working environment.
- 3) Hand hygiene must be observed:
 - a) After any contact that may result in the hands becoming visibly dirty.
 - b) After handling potentially contaminated equipment.
 - c) After carrying out any first aid or treatment
 - d) After going to the toilet.
 - e) Prior to preparing/eating food.
- 4) Bar soap is not permitted within the school setting. Wet hands thoroughly under running water, apply liquid soap and wash for 10-15 seconds, paying particular attention to fingertips. Rinse thoroughly under running water. Dry thoroughly with paper towels or hand dryers.
- 5) Protective clothing and equipment are provided by the school and must be worn. The articles and colours depend on the task and area of work, see individual department guidelines.
- 6) Cleaning of Blood and Body Fluid Spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately. Personal protective equipment (such as plastic apron, gloves etc.) should be worn. When cleaning spillages use the body fluid disposal pack or a product which combines both a detergent as well as a disinfectant. Always ensure that the manufacturer's guidelines are followed and that the most appropriate and suitable cleaner is used. Disposable paper towels should be used when cleaning any blood or body fluid spillage. **Never use a mop.** Ensure all ensuing rubbish is discarded in the clinical waste bin. All staff must be aware of the school

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cleaning policy and use colour coded cloths for cleaning individual areas. Pupils and staff with open wounds must wear a protective dressing.

7) Disposal of Clinical Waste

Domestic and clinical waste should be separated and disposed of in accordance with local policy. All clinical waste is removed by the school's appointed registered waste contractor.

8) Medical Related Sharps

All medicinal sharps must be disposed of safely in a sharps disposal box that carries the British Standards Institute kite mark and the United Nations symbol. Boxes must only be filled to the manufacturers fill line. The sharps boxes will be disposed of by the school's appointed registered waste contractor.

9) Management of Soiled/Infected Linen

All soiled linen must be sent to the laundry in a separate bag clearly labelled and handled wearing the designated protective clothing. This will be laundered using the OTEX system which disinfects and sterilises.

10) Medical Staff

- a. Medical staff must be aware of and follow the guidelines set out in the individual policies and risk assessments
- b. Short sleeved uniforms must be worn during working hours. Masks and latex free gloves are provided and will be discarded after single use.
- c. All cleaning chemicals must be used as set out in the specific policies used by the Domestic Services Department.
- d. Domestic and clinical waste must be separated and must be disposed of as set out by the local authority, and the school's appointed clinical waste contractor, adhering to the school's waste disposal policy.
- e. The nurse is responsible for the safe disposal of clinical sharps
- f. The nurse will ensure that any sick pupil is assessed and treated, sent home and isolated in accordance with the specific guidelines held by the nurses.

11) Infection control management during epidemic/pandemic

The school will follow all the procedures and government guidelines. These will depend upon the alert level set by WHO. A separate room will be allocated and equipped with materials to prevent the spread of infection. The school will be aware of the need to provide additional measures, higher staffing levels, suitable equipment, and materials to prevent the spread of infection. Children whose parents live abroad will go to their designated guardian.

13. Managing the transmission of blood-borne infections

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The transmission of blood borne infections is a significant risk to a school. To prevent the transmission of blood borne infections via, blood, body fluids or tissue contamination More House School have the following guidelines that the school nurse will implement, and staff should follow.

Key points for staff to note are:

- a) The universal first aid procedures and standard hygiene control measures that should effectively prevent the possibility of transmission of HIV or other blood borne infections.
- b) The importance of establishing a well-informed, non-judgemental approach to the inclusion and support of pupils and staff who may be infected or affected by HIV or other blood borne infection.
- c) To respect confidentiality, provide pastoral care and prevent discrimination through health education in staff training and PSHE.
- d) To implement infection control measures for accidents involving external bleeding /body fluids will be established
- e) Providing a supportive, inclusive, and confidential environment for anyone affected by a blood borne infection.

If a family discloses any information about illness affecting the child or member of his family any sharing of that information will be done on a need-to-know basis and only with the consent of the pupil and/or parent unless there is a child protection issue. In the event a disclosure of information regarding a child's health an individual medical care plan will be made. This will reflect both the specific medical needs and the covers aspects which will promote a climate that counters stigma and discrimination and social isolation.

Hepatitis A and B vaccinations will be offered to staff who must encounter first aid care and cleaning of possibly contaminated environments

14. Medicines management

- a) All children and young people have a right to an education; those with medical needs requiring medicine either for a short period or as a part of a managed long-term support programme, must not be denied access to schools and education
- b) Our aim is to implement and maintain an effective management system for the administration of medicines to all pupils in our care to ensure that the school provides support to individual pupils with medical needs. This policy has been written following guidance from the DfE, the RCN and the Royal Pharmaceutical Society
- c) The school promotes ongoing communication with parents to ensure that the specific medical needs of all pupils in our care are known and met. Parents must inform the school nurses if their child develops a medical condition which will require either prescription or

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non-prescription medication to be taken at school and of any changes to the medication required.

The school requests that medication is only taken at school if it is essential, that it is where it would be detrimental to the pupil's health not to administer the medication during the school day. Where possible, medicines should be taken at home, before and after attending school.

- d) If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide written consent, giving staff permission to administer medication on a regular/daily basis. If a pupil's medication changes or is discontinued, or the dose changes, parents should notify the school immediately. No verbal orders will be accepted for a change in dose or frequency of an already prescribed drug unless an accompanying email or written instruction is received.
- e) Due to the volume of morning medications, the school nurses will assist boarding staff with this where possible. If a school nurse is unavailable, the administration of these medications will be overseen by boarding staff, who have all completed the Opus Medication Awareness course. Lunchtime medications (and any meds required during the school day) will be administered by the school nurse. Teatime and bedtime medications will be dispensed by boarding staff. All medications that are administered will be recorded on a daily drug chart.

Administration – emergency medication

- a) All pupils are encouraged to carry and administer their own emergency medication, when their parents and the school nurses determine, they can start taking responsibility for their condition. All pupils always carry their emergency medication with them, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.
- b) Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it.
- c) Pupils who do not carry and administer their own emergency medication understand the arrangements for a member of staff to assist in helping them take their medication safely.

Administration – general

- a) All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of named members of staff at this school.
- b) All school staff who administer medication are provided with online training (OPUS) The surgery keeps a register of staff who have had the relevant training.
- c) If a pupil at this school refuses their medication, staff record this, and their parents are informed as soon as possible.
- d) All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- e) If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.
- f) If a medication error occurs, parents should be notified immediately, and advice taken from 111

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or a pharmacist if necessary. A medication error form must be completed, and a follow-up conversation recorded about how and why the error occurred to see if any further improvements can be made

Safe storage – emergency medication

- a) Emergency medication is readily available to pupils who could require it during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- b) Pupils at this school always carry their emergency medication on them.

Safe storage – non-emergency medication

- a) All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place.
- b) Staff ensure that medication is only accessible to those for whom it is prescribed.

Safe storage – general

- a) The school nurse and the head of boarding ensures the correct storage of medication at school.
- b) All controlled drugs are kept in a double-locked cupboard
- c) All medication is supplied and stored in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- d) Medication is stored in accordance with instructions, paying note to temperature. This includes the refrigeration of temperature sensitive medicines.
- e) The medicines fridge is in a secure area, inaccessible to unsupervised pupils and has an integral lock. It also has an internal digital temperature controller that maintains the inside of the chamber at a constant point – usually around 5C.

Safe disposal

- a) Parents at this school are asked to collect out-of-date medication.
- b) If parents do not pick up out-of-date medication, it is taken to a local pharmacy for safe disposal.
- c) The nurses are responsible for checking the dates of medication and arranging for the disposal of any that have expired.
- d) Sharps boxes are used for the disposal of needles and other sharp medical implements. They are kept off the floor and in a secure area, inaccessible to unsupervised pupils. Collection and disposal of sharps boxes is arranged with an independent service provider
- e) If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to school or the pupil's parent.

Record Keeping

This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. A drug chart is completed for all regular medications and any household medications administered are recorded on the pupils file on Engage

Residential visits

- a) Parents are sent a residential visit medical form to be completed and returned to school

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shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. It also requests information about medication not normally taken during school hours and asks parents for consent, giving staff permission to administer medication on the trip

- b) All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan. However, all information will be on an encrypted 'tablet' to address the new GDPR (2018) more completely.

Household Medications

- a) The school approves a list of medicines whereby the registered nurses, and staff who have been assessed as competent to administer medicines, are authorised to administer some medicines at their own discretion.
- b) Staff may only administer the household medications if the parents have already provided their written consent for this to happen and only if there is a health reason to do so.
- c) Household medications will never be administered without first checking maximum dosages and when the previous dose was taken.
- d) No pupil shall be given medicine containing aspirin unless prescribed for that pupil by a doctor.

Self-Administration of Medicines

- a) Any pupil over the age of 16 is legally entitled to self-medicate, but they must have been assessed as sufficiently responsible to do so by the lead school nurse.
- b) Self-administration should not be implemented without agreement from the pupil, their parents, the head of boarding and the lead school nurse.
- c) Staff responsible for the administration of medicines should electronically log administration on OneNote to show that they have checked that the medicine has been taken at the prescribed times.
- d) Boarders able to self-medicate must be provided with a lockable drawer or cupboard within their bedroom.

15. First Aid

- a) First-aid can save lives and prevent minor injuries becoming major ones. This policy is designed to promote the health, safety and welfare of pupils, staff, and visitors to this school through the provision of first-aid equipment and trained personnel in accordance with the requirements of The Health and Safety (First Aid) Regulations 1981.;
- b) To ensure that there is always adequate provision of appropriate first aid. More House School will achieve this by having in place a suitably qualified person who is given the authority to take charge of the first aid arrangements at the school and communicate these arrangements. The school seeks to ensure that there is an effective application of first aid to its students,

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staff, and visitors. The nurses or first aiders will give immediate help to those with injuries or illnesses and those arising from specific hazards, and where necessary ensure that an ambulance or other professional medical help is summoned.

- c) Information set out in this policy serves towards ensuring that all members of the school community are aware of the guidelines to follow in the event of an accident or medical emergency, the support available and the role that they play.

First Aid Provision

- a) The school employs Registered Nurses who are in the Surgery, which is adjacent to the Main House. The surgery is open between 0800hrs and 1730hrs Monday to Thursday and 0800hrs and 1630hrs on Fridays, during term time only. In addition to the nurses, there are many staff, including all boarding and PE staff, who are trained first aiders.
- b) The Nurses employed by the school are required to be registered with the Nursing and Midwifery Council (NMC) and act within their scope of professional practice and always adhere to the NMC's code of conduct. The Lead Nurse is the qualified person with delegated responsibilities for the first aid arrangements at the school and the implementation of this policy in conjunction with the COO. The implementation of this policy involves the following guidelines:

First Aid Training:

In addition to the team of nurses, the school will appoint and train other persons to act as first-aiders who will apply appropriate first aid whilst awaiting a member of the nursing team to arrive or, in their absence, awaiting other professional help. All school first-aiders will complete a certified first-aid training course which is renewed in accordance with the requirements of its validation. All boarding and PE staff will be first aid trained. Where possible trained first aiders will accompany pupils on educational visits out of school. The Lead Nurse/COO will be responsible for ensuring nursing staff remain up to date with their registration and ensure first-aiders undergo regular refresher training. An up-to-date record of the school's first aiders is available on the staff homepage

Defibrillator Training: Automatic External Defibrillator (AED) training is part of the first aid training. An AED is in the surgery's waiting room which is kept unlocked and accessible at all hours. There is also one on the back of the engineering block, facing the field and the code is C2143Y. The school also has two portable AEDs – one to be taken on sporting fixtures and the other for any off-site trips

First-Aid Boxes: Several first-aid boxes, emergency asthma and EpiPen kits are strategically located around the school site. The first-aid boxes will be marked with a white cross on a green background, located near hand-washing facilities, and stocked in accordance with HSE recommendations. All school minibuses and other school vehicles will have a first-aid box on board. First-aid boxes will be made available for all school trips and for sporting and other activities that take place over 200 metres from school buildings. First-aid boxes are checked termly and must be given into the surgery for restocking when any item is used. A record of the termly checking is kept by the surgery

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RIDDOR Reporting: The nurse has the responsibility to ensure that all accidents and injuries, diseases, or dangerous occurrences/near misses, that they are made aware of, are recorded and an accident form completed if necessary

Serious or significant incidents will be reported to parents by direct contact with the parent or carer and reported to RIDDOR if appropriate

School trips:

It is the policy of the school that first-aid will be always available while people are on the school premises and off the premises on school trips. Therefore, a trained member of staff should be available on all off-site activities.