



Rugby School

Medical Care Policy

September 2019

Responsibility for updating this policy: Deputy Head Pastoral

This Policy sets out the School's arrangements for medical care.

Nursing and Midwifery Council (**NMC**) Code of professional Conduct
The National Institute for Health and Care Excellence (**NICE**)
Royal College of Nursing (**RCN**)
General Medical Council (**GMC**)
Boarding School Association (**BSA**)
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (**RIDDOR**)
Public Health England
NHS.co.uk
Medical Officer of Schools Association (**MOSA**)
British National Formulary (**BNF**) for Children

In addition to arrangements to cover medical emergencies and the provision of first aid for students, members of staff and visitors the School also makes arrangements for routine healthcare and minor illness treatment for boarders at all times (to include medical, counselling, physio and podiatry and the administration of medicine and travel vaccines) which are set out below.

This Policy can be made available in large print or other accessible format, if required.

Terminology

San: refers to the School Medical Centre

Medical emergencies

In the event of illness or accident involving a student, member of staff or visitor, the appropriate steps to be taken will depend on the level of severity of the person's condition, the availability of help and the skills of those on hand.

FOR IMMEDIATE OR EMERGENCY MEDICAL ATTENTION, STAFF SHOULD RING 999 FOR AN AMBULANCE.

Serious accidents or sudden onset of illness causing significant concern

- Dial 999 immediately without contacting the San for advice
- In the case of an accident the casualty should not be moved unless they are in danger
- The casualty should be kept warm, comfortable and reassured
- Students should always be accompanied to hospital and any member of staff may be called upon to do this as a matter of urgency
- One of the Deputy Heads, will arrange to support the member of staff accompanying the student if necessary
- The San should be informed

- The Head Master or Deputy Head Pastoral, in his absence, should be informed of any serious accident or sudden onset of illness if the injury involves a student or member of academic staff; or the Chief Operating Officer in the case of support staff or visitors
- The Hm should be contacted in the event of injury or illness to a student and will contact the student's parent/guardian
- In the case of a Road Traffic Accident the Police should be called

Other accidents or illnesses of a serious nature

- Consider calling an ambulance if you are at all concerned.
- Contact the San for advice. It may be possible for a School Doctor to visit if the patient is a student, in line with normal NHS GP provision.
- The patient should be accompanied to the San where possible or to the nearest Boarding House.
- Outside San hours contact NHS Warwickshire Out-of-Hours Service telephone: 111, or consider accompanying the patient with severe illness and injury directly to UHCW – Coventry or patients with less severe illness and injury to the nurse lead Urgent Care Centre at St Cross Hospital, Rugby.
- The Hm/Matron should be informed in the event of injury or illness to a student and will then contact the student's parent/guardian.

Minor illnesses or accidents

Minor illnesses or accidents involving students

If the incident occurs in a day or boarding House, students should in the first instance, see Matron or the Deputy Matron who will treat the condition or, if necessary, will arrange for the student to be accompanied to the San.

If the incident occurs on the School campus, the student should be accompanied to see their House Matron or taken directly to the San. Where minor incidents occur in School buildings other than day or boarding Houses, first aid may be given in accordance with the School's First Aid Policy, but only as far as knowledge, training and skills permit.

The Hm/Matron should be informed in the event of injury or illness to a student and will then contact the student's parent/guardian.

Minor accidents involving staff or visitors

The person concerned should be accompanied to the San.

If outside San opening hours first aid may be given in accordance with the School's First Aid Policy, but only as far as knowledge, training and skills permit. If first aid is rendered, treatment given should be documented and shared with the Health and Safety Officer.

First aid

The School's First Aid Policy outlines the responsibility of the School to provide adequate and appropriate first aid to students, staff, parents and visitors; and the procedures in place to meet that responsibility, both on and off site. The School's Educational Visits Policy also provides information about off site first aid cover and emergency procedures.

All first aid and minor illness treatment is given at the School by competent designated staff as set out in this Policy and the School's separate First Aid Policy.

First aid boxes are provided in every building of the School as well as on School minibuses. In addition medical bags are provided to sports staff for use in games practices and matches. San staff are responsible for replenishing sports staff stock upon request. Boarding Houses and departments are responsible for replenishing their first aid supplies.

Healthcare

All boarding students must be registered on the list of the Revel Surgery and day students may opt to register too (see Standard Terms and Conditions 7.2).

The provision of medical care at the School is co-ordinated via the Medical Centre, known as the San.

The School arranges for routine medical care, medical treatment, counselling, physiotherapy and podiatry, administration of medicines and travel vaccines for students registered with the revel surgery. There may be a cost incurred for specialist private treatment and travel vaccines not covered by the NHS. Day students can access counselling, private physiotherapy and podiatry and emergency medical care.

Boarders can choose whether or not they are accompanied by staff when being seen for medical treatment and wherever possible the School will enable students to see either a male or a female doctor as they choose.

The School will also ensure that boarders who are ill are regularly checked and adequately looked after in house and able to summon assistance when required.

All new students will have a School Medical and Health Interview. This is performed by the School Nurses.

Routine childhood immunisations are provided the South Warwickshire Immunisation team as per the Department of Health routine immunisation schedule following communication with parents. The san team will liaise with parents and administer any vaccinations required to students with an uncertain or incomplete immunisation status who are registered with the revel surgery.

The San (Medical Centre)

The San is located at 2 Hillmorton Road, beside Dean House.

The GP services are provided by The Revel Surgery.

Dr Steve Brown is the lead GP. He is supported by Dr David Pearce, Dr Hannah Collier and Sister Gail Plester (Nurse Practitioner).

There is a GP on-site for appointments Monday and Friday morning, as well as, Tuesday, Wednesday and Thursday afternoon. There is a registered nurse on duty whenever the San is open. The nurses have access to the School doctors for guidance and consultation.

Students who are not registered will be seen for urgent care and first aid requirements only.

The San opening hours are:

Monday – Friday: 08:00 – 19.00

Saturday: 08:00 – 19.00

Sunday: By appointment only

Contact details: Sannurses@rugbyschool.net

Senior School Nurse

Tel: 01788 556199

Sarah Harris

Deputy Lead Nurse

Karen Miles

School Nurses

Sam Hazelgrove

Sarah Reynolds

Kath Gladston

School Doctors

Dr Steve Brown

Dr David Pearce

Dr Hannah Collier

Nurse Practitioner

Gail Plester

Revel Surgery

Tel: 01788 832994

The san medical centre can state whether a student attended the San for an appointment but no further information will be shared without explicit student consent unless there is a safeguarding concern

Boarding House Arrangements

The School ensures that boarders are able to summon staff assistance readily and rapidly when ill, day and night. Boarding Houses have call buttons located in all bedrooms to enable students to summon emergency assistance. These are linked to resident staff in the House and all students are encouraged to use them should they require assistance, if necessary, during the night.

All boarding Houses have a resident Matron who is a student's first point of contact if they are ill overnight.

Matron will assess the student and look after them accordingly. The Matron will contact 999 or 111 as necessary. Matron must inform the Hm if an ambulance is called and will judge whether to inform the Hm of other illness occurring during the night.

If the San is closed and a student presents with illness requiring medical assessment or treatment, the out-of-hours services should be contacted by 111 or dial 999 in an emergency.

An unwell student will be monitored by Matron throughout the night and reassessed accordingly. The sick bay will be used to house unwell boarders.

If Matron has to leave the House for any reason then she will leave a notice giving contact details in the case of an emergency on her office door.

On the night that Matron is off duty, the Hm or Ahm should be the first point of contact if illness occurs. They will follow the same procedure as for Matron described above, unless a Bank Matron has been called in to monitor an ill student overnight. A list of Bank Matrons who can provide support and cover in House can be found on Firefly in the Matrons' Handbook (Staff, Operations, Matrons, Matrons' Handbook).

The Bank Matrons have received training in all the procedures which are relevant to covering the full time Matron or Deputy Matron. A Bank Matron is always on call to provide cover in the boarding Houses on a Saturday night if necessary. A list of those available is published to Houses on a weekly basis and telephone numbers provided. Hms can request a bank Matron should they feel that this is necessary.

Sports Cover

Tuesday, Thursday and Saturday afternoon cover on the sports field will be covered by either by Medievent paramedics or the School's Casualty Officers (who are members of staff with responsibility for providing cover).

The Casualty Officers are visible and known to all staff who are taking games on Tuesday, Thursday and Saturday afternoons.

Concussion

The RFU brought in strict guidelines to be followed after having a head injury, which is adhered to by Rugby School.

All students are assessed on Day 0 & Day 1. If they have symptoms they are seen by the school doctor and rested for a minimum of 2 weeks. On day 14 they are seen by the school nurse and school doctor again and if they are fit they are then referred for graduated return to play with the school physiotherapist or conditioning coach. After this, they are seen by the school doctor again to be assessed and signed back onto games if well. The earliest the student is returned to games is 23 days after injury.

Counselling

In addition to the medical care services offered by the San, the School also has a Counselling Service.

Contact details: timetotalk@rugbyschool.net

Senior Counsellor Tel: 01788 556299
Mikala Torrance Mobile:07584 481068

Counsellors
David Woodall
Frances Viggers
Les Noble
Elaine Wright

Students can be referred to the School Counsellors through various routes:

- Self-referral via email to: timetotalk@rugbyschool.net
- Via School Doctors
- Via House staff eg. Matrons, Hms or Tutors
- Via Senior Management Team, in the case of behavioural discipline situations
- Via other students.
- Via parents.
- Via the San Staff.
- The Counsellor may request F Blockers to check in with her if anything arises through the F Block programme.

There can be many reasons for a student referral for example: home sickness, stress, bereavement, bullying, workload, relationship and family concerns. More information on when a referral may be appropriate is posted on the Health and Wellbeing page on Firefly.

Information about the counselling service is posted in the Houses on notice boards stating times and contact details. All staff are also made aware of the service offered during their Child Protection training.

When meeting all new students, as part of the F block programme, the Counsellor explains her role and the reasons that a student may want to see her, together with information about how to access this confidential service.

The Counsellor meets the students again in the Lent term of the E block. This provides an opportunity for a re-introduction to the counselling service.

Dental Care

Routine dental treatment should be arranged at home. The NHS rarely covers emergency dental treatment but the School has arranged for private emergency dental or orthodontic treatment to be accessed locally. There is usually a cost for emergency dental care.

Eye Care

Routine appointments with an optician should be arranged at home on an annual basis. In an emergency, to repair spectacles etc. the School has a connection with a local optician.

All students who wear spectacles whilst playing games should be provided with a pair of glasses with plastic lenses for this purpose. No boy may play rugby football wearing spectacles.

The Squash Rackets Association recommends eye protection, particularly for beginners, and it is mandatory for all doubles players. Open eye protectors, without lenses, are cheap and available at sports shops. They should be to British Standard 7930-1. Closed eye protectors are more expensive, but can have prescription lenses fitted into frames and are available from opticians.

Physiotherapy

All students can be referred to the NHS physiotherapy service if needed. This service is free but there is often a long waiting list. Matron or parents accompany students to appointments.

The sports department employs a physiotherapist for the Sports scholars to access as part of their scholarship.

Rugby Physio Service provides private physiotherapy appointments at school with appointments to compliment the school day. The service is covered by most medical insurance companies or can be self-funded. Referrals are accepted from the school doctor, consultants and self-referrals, although most insurance companies require a referral from a doctor to meet their requirements.

Health Education

The School provides health education in matters such as smoking, alcohol, drug misuse, balls and boobs and sex education as part of its PSHE programme. The School also has a separate policy on Smoking, Alcohol and Drugs. The San provides a confidential Smoking Cessation Service.

Consent for treatment

Parental consent is sought for specialist treatment (NHS and private), for emergency treatment, first aid, routine and travel immunisations and any non-prescription medication deemed necessary from the approved House list.

However, students may consent to his or her own medical treatment and/or to the administration of medication where medical staff consider they are sufficiently responsible and have sufficient understanding and intelligence to do so.

Administration of Medication

See The Administration of Medicines Policy at the end of this policy.

Infection control

In order to avoid the risk of infection, those providing medical care or first aid should cover any cuts and grazes and use gloves from medical kits when there is a risk of contact with blood or other bodily fluids. Dispose of blood stained items in yellow clinical waste bags. Clinical waste should be disposed of using the clinical waste facilities operated by the San.

Wherever splashing is possible, they should also use eye protection and a disposable apron.

Use devices such as face shields when giving mouth to mouth resuscitation, where appropriate.

Staff should wash their hands regularly and at least after every procedure and between patients.

- In the event of contact with blood or bodily fluids other than their own, staff should, without delay:-
 - wash splashes off their skin with soap and running water
 - wash splashes out of their eyes with tap water or an eye wash bottle
 - wash splashes out of their nose or mouth with tap water, taking care not to swallow the water
 - Use spillage kits which can be found in the Houses and Departments.
- They should then record details of the contamination and report the incident to the San and take medical advice if appropriate.

All usual waste should be disposed of by 'double bagging' and place in normal refuse. Clinical waste should be disposed of using the clinical waste facilities operated by the San.

Reporting and record keeping

A written or electronic record is kept of any accident or incident involving injury or requiring first aid (however minor), any significant illness or whenever medication or other treatment has been provided by the School.

These circumstances must be fully and accurately reported on the appropriate form as soon as possible after the event and, where appropriate, detailed statements should be obtained from witnesses.

Accident books are available in Houses and accident (incident) forms are also obtainable from the Intranet.

Completed forms should be passed to the Health and Safety Officer who should investigate the accident if appropriate and report to the Bursar. He should also make an entry in the accident register, which is held in the Bursary.

Copies of the Accident form should be sent to the San as soon as possible for reference.

The Health and Safety Officer is also responsible for reporting to HSE accidents/incidents that fall within the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013(RIDDOR).

Boarding Houses

Student records:

Each student in the House has a medical file, which is stored in a safe place accessible to the Hm, Ahm, Matron and Deputy Matron.

This file contains all relevant health information for use in an emergency and should include the following:-

Front Page:

- Name and Date of Birth
- NHS Number for boarders
- GP's name and contact details
- Contact details of parents and guardians
- Information extracted from the Medical Information Form by Matron concerning allergy, asthma or other chronic medical condition.

If parents have not consented to medication from the House list being given, this must be noted.

The file should contain:

- The Medical Information Form
- Yellow Notes
- All additional health information from parents, games staff or San. This could be e-mails, letters or records of telephone conversations.
- Health and medication records showing date, time, dosage or medication given by staff.
- Incident Report forms if student has been involved in any accidents.
- Self-administration of medication assessment forms.

Day Diary Record of medical concerns

A Day Diary Record of medical concerns should be held in each House, listing students with important medical conditions at front.

An Individual Care Plan for students with an anaphylactic reaction or serious chronic health condition should be printed and readily available to all Boarding House Staff.

Staff should be made aware of students with an Individual Care Plan.

Whenever Matron/Deputy/Hm or Ahm deals with a student with a medical concern, a record of this must be kept. The record should include the name of the student, the time of the consultation, the nature of the concern and details of any action taken, including any medication administered. The record should be made and signed by the staff member involved. This information should be transferred as soon as possible to the individual student's health and medication record.

Provision of information

This Policy is available on the Parent Portal to which all new and existing parents have access.

The parents of all new students **must** complete the Essential Medical Information for all New Students before their son/daughter joins the School. **Failure to do so may result in the student not**

being permitted to participate in sports or social activities for their safety. This form is kept in the individual student's record within the San and in their Boarding/Day House.

The form requests personal details including the student's NHS number and immunisation record. The form also seeks information about the student's medical history, details of those with parental responsibility and contact details. Any confidential information is sent directly to the School San.

It is very important that parents let the School know if their child has any allergic reactions to particular foods, medicines, insect bites or otherwise. Please inform the School if an adrenaline auto injector (Epipen, Jext, Emerade) has been prescribed.

Parents must also inform Matron if their child has been prescribed medication to be administered at School.

Parents are asked to update the medical information provided for the student at least termly.

Confidentiality

The Medical Team

In accordance with the Doctor's professional obligations and the Nurses Code of Professional Conduct, medical information about students, regardless of their age, will remain confidential.

The medical team is in a privileged and difficult position with regard to issues of confidentiality. On the one hand they are contracted to the School to provide a range of medical and nursing services yet on the other hand they have their own professional obligations and standards to uphold. The sharing of information needs to be judged against their obligations to the students and the School's "need to know". This is particularly sensitive in a boarding school where staff are acting in loco parentis and are expected to be in possession of information about students for whom they have responsibility.

For both doctors and nurses, clear guidelines are laid down regarding their obligation to maintain professional confidentiality. In essence, the medical staff owe confidentiality to their patients, although there are clearly defined circumstances in which confidentiality may be breached. Some situations where confidential information may be disclosed to a third party may include:

- When the patient or their authorised representative gives informed consent.
- When the information is passed between members of a health care team looking after that patient and when sharing information is judged to be in his/her best interests. In School, the team might consist of the doctor and his/her medical partners, school nurses, the physiotherapist and the Counselling service. Additionally some members outside the health care profession might be involved, including Hms and Matrons providing pastoral care or likely to administer medication or treatment. It is the Doctor's responsibility to ensure that the patient and parents understand why and when information might be disclosed to any team member. All team members must maintain confidentiality.
- When a medical emergency means consent can't be obtained.
- When it is considered that disclosure without the patient's consent is in their medical interests. Illness, mental incapacity or immaturity may mean that the patient is unable to give valid consent and if the patient will not allow the involvement of an appropriate third

party, the Doctor may disclose relevant information. The patient must be informed before disclosure.

- When it is believed that the patient is a victim of neglect or physical or sexual abuse.
- When it is judged that disclosure is in the public's interests and failure to disclose might expose a patient or others to risk of death or serious harm.
- When satisfying a statutory requirement e.g. notification of a communicable disease.
- When ordered to do so by a court.

The Counselling Service

1. Confidentiality is vital to the good working of any counselling service. As with medical consultations, students/staff need to feel that anything they disclose will be treated in confidence otherwise faith in the service will be damaged and the operation rendered ineffective. The San is a confidential area for all the students. Information will be shared with other members of the medical team on a need to know basis.
2. Confidentiality does not extend to disclosures which reveal possible harm to the individual concerned or to others.
3. The Counsellors make the above policy clear to all students in a written statement which the student signs before commencing their initial session.
4. Where issues do not impinge on the day to day wellbeing of the student or on others in the School, the information will be treated in confidence. For example, a student with an eating disorder may well divulge personal information to the Counsellors. The Hm and Child Protection Officers need only know that the student is safe and that progress is being monitored.
5. Where the behaviour of a student is having an adverse effect on the community, in lessons, socially or in the House, information may be shared on a "need to know" basis. In these cases, conferences with parents may be arranged to discuss the background to the problems manifesting themselves at School. The Hm and other key pastoral staff as necessary will be party to these discussions and will therefore acquire information which needs to be treated in confidence.
6. Where possible, students should be informed of formal discussions taking place which concern them. Contact with parents will usually be made, with the permission of the student concerned, unless there is reason to assume that such information would have a significantly damaging effect. Internal pastoral meetings, however, may be convened in order to pool knowledge about an individual student and to guide those with care of the student in how to move forward. In these cases, students will not necessarily be informed.
7. In order to provide "joined up" care within the School, meetings are held once a term between the medical team, including School doctors, the leading nurse in the San, the Counsellors, the Designated Safeguarding Lead (DSL) and the Deputy DSLs. Sub sets of this group may meet at other times as appropriate. The DSL also meets with the Counsellor on a

regular basis to discuss the progress of students causing concern and to decide on suitable courses of action. The DSL will record briefly agreed action plans and follow up to make sure that they have been put into effect.

8. The role of the Counsellors and San staff is not disciplinary, but circumstances may involve the Counsellor in helping to negotiate behavioural contracts with students and the Counsellor may be involved in meetings with parents and the student concerned to set behavioural parameters. Under such circumstances, the Counsellors should only divulge information as necessary and normally as agreed in advance with the student.
9. A Clinical Psychologist may be asked by the School to undertake an assessment of particularly vulnerable students. Such initial assessments are paid for by the School. General conclusions from such consultations should be discussed with the Counsellors and DSL, providing sufficient information to answer the School's concerns. The information should not be divulged to parents without the permission of the student in question.
10. Child Protection issues will be referred to the Warwickshire Safeguarding Children's Board as appropriate and as set out in the Warwickshire "Sky Blue" Book and the School's Child Protection Policy.

Arrangements for students with particular conditions

Staff are updated about students with specific medical needs, at the beginning of term staff meetings.

Students with specific medical conditions or chronic conditions, e.g. diabetes, epilepsy, life-threatening allergies, severe asthma, have an individual care plan, a copy of which is kept in the House and the San. Parental permission is sought to notify relevant staff; a list of students with significant medical issues is on iSAMS. The data on iSAMS includes all students with individual care plans.

In addition, staff are updated about students with specific medical needs, at the beginning of term staff meetings.

The Matron must inform the House catering staff of any student with a food allergy.

There should be a summary sheet in the Hms study showing those students who are "ill" or "off games" for the benefit of Tutors or Ahms coming on duty.

If students are going on a day trip, the relevant staff should be informed of any serious medical conditions. Expedition leaders taking students away on overnight trips should be given any relevant up to date information from iSAMS or the Matron and provided with medication as necessary.

Further guidance on the management of specified conditions is provided in Appendix 3.

Anaphylaxis

Staff are encouraged to complete the allergywise anaphylaxis e-learning followed up with a practical training session on anaphylaxis from the san nurses. A register of all those who have completed the training is held in the san.

Yearly practical updates are provided and additional e-learning provided by educare.

The san nurse meets students with anaphylaxis at the beginning of the advent term to go through their individual care plan and to provide a practical update on administration of the adrenaline autoinjector and action to take in the event of a reaction.

Individual care plans for students with anaphylaxis are sent out to each department at the beginning of the school year.

Intimate Care Policy

Rugby School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. The School recognises that there is a need to treat all children with respect when intimate care is given and the child's welfare and dignity is of paramount importance. The safeguarding guidelines should be followed at all times.

Intimate care is defined as any care which may involve washing, touching or carrying out an invasive procedure (such as cleaning up a student after they have soiled themselves) to intimate personal areas. Another example may be where a member of staff is required to clean or shower a student after an incident involving alcohol. Where appropriate a second adult should be present or aware. It is essential to record/document occasions where intimate care has been provided.

Review

This Policy (and the related Policies referred to), the procedures relating to Medical Care at the School, the provision of that care and the maintenance of non NHS records will be regularly reviewed by the Deputy Head, pastoral.

Authorised Compliance and Risk Committee:

Date:

25 September 2019

Appendix One

GUIDANCE FOR HOUSE STAFF FROM THE SAN

House staff are encouraged to contact the School Nurses in the San with any concerns about the health or welfare of students.

In an emergency, House staff should ring 999 to contact the Ambulance Service.

Houses are supplied with a range of over-the-counter medications to relieve minor ailments. The individual need of the student must be taken into account at all times by all carers.

There should be a clear record of the amount of stock in each House. It is the responsibility of the Matron to ensure medical supplies are stocked and in date.

Medication stock can be requested directly from the San via email.

TEMPERATURE

- Most fevers/high temperatures in children are not serious
- are due to the common infections of childhood such as coughs, colds and other viral infections.
- Check for signs of low body fluid (dehydration) and other signs of serious illness (details below).
- Seek medical help if you have any concerns.

What causes a fever/high temperature?

- Infections with germs called viruses are the common cause.
- Sometimes viral infections cause more serious illnesses.
- Infections with germs called bacteria are less common than viral infections but also cause fevers.
- Bacteria are more likely to cause serious illness such as pneumonia, urine and kidney infections, septicaemia and meningitis.
- Other types of infection are uncommon causes of a high temperature in the UK.

Look out for signs of serious illness.

- A child with a fever may look quite unwell.
- He or she may be flushed and irritable.
- MOST bouts of fever are NOT caused by serious illness and the temperature often comes down quickly.
- They will not be entirely back to normal but it is reassuring if a child improves with the drop in temperature.
- The height of the temperature is not a good guide to how ill the child is once they are older than 6 months.
- At any age, a child with a serious infection usually gets worse despite efforts to bring their temperature down.

- They may have other worrying symptoms. For example, breathing problems, drowsiness, convulsions, pains, or headaches, which become worse.
- Use your instincts. If you think a child is getting worse, get medical help, even if they do not quite fit the 'rules' described here.
- You should check on your child 2-3 times in the night if they have a fever, to make sure they are not developing a serious infection.

Dealing with a fever

The following are things that you can do that may bring the temperature down and make your child feel more comfortable:

- You can give paracetamol to lower a temperature. The dose for each age is given below
Note: paracetamol does not treat the cause of the fever. It merely helps to ease discomfort. It also eases headaches, and aches and pains. You do not need to use paracetamol if your child is comfortable and not distressed by the fever, aches or pains.
- If the child is still distressed by a fever despite paracetamol, ibuprofen may also be used. Only use ibuprofen when really needed and if paracetamol has not worked.
Note: Ibuprofen is sold as a medicine to ease fever and pain, but do not use ibuprofen for: Children known to react (have hypersensitivity) to ibuprofen & for Children in whom attacks of asthma have been triggered by ibuprofen or similar medicines.
- Take extra layers of clothes off your child if the room is normal room temperature. It is wrong to wrap up a feverish child. The aim is to prevent overheating or shivering.
- Give lots to drink. This helps to prevent a lack of fluid in the body (dehydration).
- DO NOT cold-sponge a child who has a fever.

Look out for signs of dehydration:

- A fever caused by any illness may contribute to dehydration.
- The fever itself can cause more sweating and some children who become irritable with a fever do not drink as much as they might need.
- Dehydration can develop more quickly in a child who is being sick (vomiting) or has a lot of diarrhoea.
- Encourage your child to have plenty to drink if they have a fever.
- Signs of dehydration include a dry mouth, no tears, sunken eyes, drowsiness and generally becoming more unwell.
- Seek medical help if you suspect that your child is becoming dehydrated.

Sometimes a high temperature in children is associated with more serious signs and symptoms, such as:

- breathlessness
- vomiting
- rash
- fits or seizures
- meningitis – infection of the meninges, the protective membranes that surround the brain and spinal cord
- septicemia – infection of the blood
- pneumonia – inflammation of the lung tissue, usually caused by an infection

It's important to remember that potentially serious causes of fever are relatively rare.

Meningitis and septicemia can kill in hours - know the symptoms – see next page

- Septicemia can occur with or without meningitis. Not everyone gets all the symptoms and they can appear in any order.
- See your GP immediately or call [NHS 111](#) if you've recently had an infection or injury and you have possible early signs of sepsis.
- Severe sepsis and septic shock are medical emergencies. If you think you or someone in your care has one of these conditions, call 999 and ask for an ambulance.

OUT OF HOURS advice

- Contact NHS – 111
- NHS Choices website
- Urgent care centre
- UHCW

Meningitis and septicemia can kill in hours - know the symptoms

The first symptoms are usually fever, vomiting, headache and feeling unwell. **Red ticks show symptoms more specific to meningitis and septicemia and less common in milder illnesses.** Limb pain, pale skin, and cold hands and feet often appear earlier than the rash, neck stiffness, dislike of bright lights and confusion.

| | | Septicaemia | Meningitis |
|---|--|-------------|------------|
|  | Fever and/or vomiting | ✓ | ✓ |
|  | Severe headache | | ✓ |
|  | Limb/joint/muscle pain (sometimes with stomach pain/diarrhoea) | ✓ | |
|  | Cold hand and feet/shivering | ✓ | |
|  | Pale or mottled skin | ✓ | |
|  | Breathing fast/breathless | ✓ | |
|  | Rash (anywhere on the body) | ✓ | ✓ |
|  | Stiff neck (less common in young children) | | ✓ |
|  | Dislike of bright lights (less common in young children) | | ✓ |
|  | Very sleepy /vacant /difficult to wake | ✓ | ✓ |
|  | Confused /delirious | ✓ | ✓ |
|  | Seizures (fits) may also be seen | | ✓ |

What should I do if I am worried about someone who is ill?

- Trust your instincts.
- Someone who has meningitis or septicemia could become seriously ill very quickly.
- Get medical help immediately if you suspect meningitis or septicemia - it's a race against time.

The tumbler test



If you are seriously worried about someone who is ill, **don't wait for a rash to appear – get medical help**. But if they are already ill and get a new rash or spots, use the Tumbler Test.

Press a clear glass tumbler firmly against the rash. If you can see the marks clearly through the glass **seek urgent medical help immediately**.



Check the entire body. Look out for tiny red or brown pin-prick marks which can change into larger red or purple blotches and blood blisters.



The darker the skin the harder it is to see a septicemic rash so check lighter areas like the palms of hands and soles of feet or look inside the eyelids and the roof of the mouth.

Remember, a very ill person needs medical help even if there are only a few spots, a rash or no rash at all.

If the child seems to be otherwise well – for example, if they're playing and attentive – it's less likely they're seriously ill.

Management of common conditions

'colds' and sore throats

Most colds and sore throats are caused by viruses and last 2-5 days. Students may not eat a lot while unwell with a cold but do not worry about this. To help with the symptoms of a cold:

1. Rest as much as possible
2. Drink plenty of fluids
3. Paracetamol regularly to ease discomfort, fever, aches and pains
4. Strepisils if appropriate.

Coughs

Most coughs are caused by viruses and will settle in 2 weeks.

Use simple remedies such as honey and lemon or simple cough linctus.

A student should see the Doctor if:

- They have an underlying condition such as Asthma
- Shortness of breath or wheezing
- Ongoing fever (A temp of 37.8 or above or not responding to paracetamol)
- The cough has not improved after 2 weeks.

Ear-ache

80% of all earache will settle in 3 days without treatment.

Antibiotics are not usually needed but may be considered if pain is lasting longer than 3 days.

To help with discomfort give regular paracetamol.

Eyes:

A red eye can be alarming, but is often just a sign of a minor eye condition, such as conjunctivitis or a burst blood vessel. If it is painful, there may be a more serious problem.

See The San for advice if your red eye does not start to improve after a few days

Contact The San or [NHS 111](#) immediately if:

- The student has a painful red eye
- The student has other symptoms, including reduced vision, sensitivity to light, a severe [headache](#) and feeling sick
- The student recently injured their eye – particularly if something has pierced their eye
- The student wears contact lenses

Vomiting and diarrhoea

This usually settles in 1-2 days and is usually caused by a virus. To help with the symptoms:

- Rest as much as possible
- Drink plenty of sugary fluids eg flat cola or lemonade or squash
- Students should be allowed to eat if they feel hungry. Foods high in carbohydrates such as bread, pasta, rice or potatoes are best.
- Avoid dairy, spicy food and fruit products until the student can tolerate all other foods.
- Isolate from the rest of the house due risk of infection to others.
- Good hand hygiene

Students need to be seen in The San for further advice if:

- The vomiting is persistent
- The student cannot tolerate any fluids
- there is no improvement after 48 hours
- there is blood in the diarrhoea or vomit
- Severe stomach pain
- High temperature (over 38’c)
- Recently returned from exotic location

Asthma

All students should have a spare salbutamol inhaler stored in the medicines cupboard in house. The student should be encouraged to carry an inhaler at all times especially during sports and School trips.

All students registered with the School Doctor will have an annual asthma review.

All Houses should have a copy of “What to do if a child has an Asthma Attack”

Sprains

Resting the injured part is important to promote effective healing.

Ice-pack. Cold provides short-term pain relief and also limits swelling by reducing blood flow to the injured area. Application of ice packs is particularly useful in the first 24 hours after injury. Use the ice pack to affected area – 10 minutes in every hour at maximum (ice should not be applied directly to the skin - wrap the ice pack in a damp cloth)

Elevation: Elevating an injury helps control swelling.

Regular pain relief to relieve symptoms.

Students need to be seen at The San if symptoms not settling

Administration of Medicines Policy
(Adapted from policy written by Kathy Compton BSA Nurse advisor)

Aim

To ensure safe storage and administration of medication to students by the nurses, and House staff.

Storage

All medications are kept in a locked cupboard in a room not normally accessible to students either in boarding houses or in the San. Medicines that require refrigeration are kept in a locked medicine fridge in the San. In the houses medicines that require refrigeration are either kept in a specific medicines fridge or in a separate named container in the house fridge.

Controlled drugs

Controlled drugs (CDs) are delivered and stored in the San until required in the boarding House. Within the School CDs are kept in a locked metal box within a locked cupboard. Only a limited number of staff have a key to access the CDs.

Controlled drug delivery, administration and disposal is documented in a bound record book with numbered pages. There is a separate page for each drug, dose and person. Each boarding House holding controlled drugs requires a record book. Ideally two members of staff should be present when administering the controlled drug to a student to sign the record book, but knowing this is not always possible, the staff member and student should sign to say medication has been administered. The amount of medication taken and quantity remaining needs to be documented.

When controlled drugs are needed at home over a School holiday they must be signed out the boarding House record book by a staff member and parent/guardian/student. Controlled drugs returned to the boarding House must be signed into the record book. The quantity of medication returned must be documented accurately with two signatures.

Disposal of medicines

Any unused prescribed medications and any out of date non-prescribed medications will be returned to the San and from there they are returned to the Revel pharmacy for disposal. The cupboards are checked by Matrons/Deputy Matrons for surplus medications at the end of every term.

Replacing stock homely remedies in boarding houses

Stocks of paracetamol, ibuprofen, cetirizine, cough linctus, peptac and strepsils are supplied by the revel pharmacy and can be requested via the San. A record is kept in the boarding houses which includes the amount issued, issue date and expiry date.

Non- Prescribed Medications ('Over the counter' Medicines)

Each House has a range of over the counter medication that is kept in a locked cabinet in matron's office. These are available to boarding students and day students. Parents have signed or withheld consent for their son or daughter to be given non-prescription medication from the approved list on the essential medical information for all new students form. Administration guidelines for House staff have been written to ensure that medication administered in house are given safely and a record is kept (See appendix 1).

The nurses administer non-prescribed medications under an 'over the counter' protocol (see appendix 6).

Nurses always contact the House staff via telephone to advise if they have administered medication to a student.

Prescribed Medications

Medication prescribed by a doctor should be administered according to the instructions on the individual medication and **only given to the named student to whom it has been prescribed**. They should be kept in their original container. The original dispensing label must not be altered except by a Doctor. Guidelines for administration are the same as for non-prescribed medications once it has been confirmed it is the students named medication. Administration guidelines for House staff have been written to ensure that prescription medication administered in House are given safely and a record is kept (see appendix 7).

Parents of day students who bring prescribed medication to School should give written instructions on when to administer. If the day student will be self-administering then they should complete a self-administration form with their matron. The medication must be in its prescription container. Parents are not routinely informed by the San about routine prescription. Students are encouraged, as appropriate, to keep their parents fully informed about their medical wellbeing, consultations and treatment.

Adverse reactions

Drugs can cause adverse reactions in some people. If a student experiences adverse reaction to a medication do not give any further doses until instructed to do so by the doctor. A medical incident form should be completed (appendix 2).

If a serious reaction occurs medical attention should be sought immediately.

An adverse reaction to a drug will be reported by the nurses following the standard reporting system (yellow card) to the Medicine and Healthcare Products Regulatory Agency (www.mhra.gov.uk)

Medicines given in error

If an error is made with any medication, medical advice must be sought immediately. During the day contact the San on ext. 199 or The Revel Pharmacy on 01788 834848. If at night or outside the San hours contact NHS 111 or A&E.

A medical incident form should be completed explaining the error and any action taken. (See Appendix 2.)

Medication brought into school by the students

A record will be kept of any medications that the students bring into school and medication should be handed in. It is the schools policy that the students do not have their own medications unless they are prescribed, but some always will. If a student arrives at school with a non-prescribed medication given to them by their parents for a short-term condition (e.g. Lemsip) a self-administration form must be completed before the student can take this (see appendix 4).

There are risks that prescribed medications will interact with medications purchased over the counter and cause harm or that herbal or traditional medications could interact with prescribed or over the counter medications. **Over the counter medication should never be given to a student who has taken his or her own medicine without further guidance from the school Dr, nurse or a pharmacist.**

Overseas students and medication: Overseas boarders are asked not to bring their own medication into School, unless prescribed. Where the prescribed drug is not available in this country parents are asked to give written consent to a prescription of a UK equivalent to be made available. Where this

is not possible, a supply brought in by the child with an English instruction of the dose, administration, cautions etc. which the School doctor will check.

If the medicine is an unlicensed medication in injectable form, the school nurse can only administer under the direction of the School doctor.

Self-administration of medications

Competent students are actively encouraged to take responsibility for the administration of their own prescription medications. Boarders assessed as competent to self-medicate must complete a self-administration form (appendix 3) with House staff and may store their own individual medicines in their personal lockable storage.

For emergency medication, such as adrenaline devices and asthma inhalers, it is particularly beneficial for students to administer their own medication. The student should be aware that they must keep their medicines in a secure place, and not give their medication to anyone else, even if they have the same symptoms. As required medication may only be administered by House staff following the protocol for administration of over the counter medicines to the students of Rugby School.

Administration to save a life

In extreme emergencies e.g. an anaphylactic reaction, certain medicines can be given or supplied without the direction of a doctor, or without there being a patient group directive PGD, for the purpose of saving life. In an extreme emergency a medication e.g. adrenaline would be given. (Article 7 of the Prescription Only Medicines (Human Use) Order 1997).

Recording

Medications are recorded to provide a complete audit trail for all medications. Signatures are kept of every person who administers medication. The records are checked termly by the School nurses. The Head Master is aware of the methods used to keep records, but does not review the records himself. In boarding Houses, the records are recorded in a book, and copied onto the students' personal file on a daily basis. When a nurse administers medication it is recorded on EMIS and matrons are informed via telephone before the student leaves the San. This makes it possible to follow an audit trail for the treatment. E.g. where a boarder is issued Paracetamol in the boarding House by a matron and then later in the medical centre by the nurse, both entries are recorded in the student's personal file.

Dr S Brown
School Medical Officer

Sarah Harris
Senior School Nurse

Reviewed: September 2019
Review Date: September 2020

Appendix 1

PROTOCOL FOR THE ADMINISTRATION OF OVER THE COUNTER MEDICINES TO THE STUDENTS OF RUGBY SCHOOL

Each House has a range of over the counter medication that is kept in a locked cabinet in matron's office. The following guidelines have been written to ensure that medication administered in House are given safely and a record is kept.

Before administration:

1. It must be confirmed that there is no known allergy to the drug before administration
2. The drug expiry date must be checked
3. The contraindications of giving the medication should be known or checked (See patient information leaflet in medication box).
4. Check whether the student has taken ANY medication recently, and if so what. (Be aware of remedies containing paracetamol or any other non-steroidal anti-inflammatory and interactions between medications)
5. If the student has had the medication before and not had any side effects
6. The time of any previous dose must be checked. (To avoid over-dosage).

Administration

1. The student must be observed to take the medication by the person issuing it.
2. No more than the recommended dose of any over the counter medication should be administered in one 24 hour period
3. Ensure the appropriate amount of time has passed since previous dose otherwise do not administer.

Record

1. A signed record must be completed at the time of administration and include:
 - Date and time
 - Type of medication
 - Dosage
 - Reason for administering the medication
 - This must be kept in the house medication records and in the student medical file.

The over the counter medications kept in a locked cupboard in the Houses are below:

| <u>Medication</u> | <u>Reason for Administration</u> | <u>Dosage</u> | <u>Frequency</u> |
|---|--|---|---|
| Paracetamol 500mg (tablets) Check no other remedies containing paracetamol have been taken e.g. Lemsip, cold and flu remedies | headaches, period pains, pyrexia, toothache, migraine, muscular pain, pain, neuralgia, colds, sore throats and flu | 10-12 years 500mg 12-16 years 750mg 16 + 1g | Every 4-6 hourly Can be given up to 4 times in any 24 hour period. |
| Ibuprofen 200mg (tablets) – CAUTION WITH ASTHMATICS (unless Dr states ok) Check no other non-steroidal anti-inflammatory have been take e.g. mefanaemic acid/diclofenac/naproxen | Headaches, muscular pain and backache, dental pain, period pain, neuralgia. | 200-400mg | Every 6-8 hourly Can be given 3 times in any 24 hour period |
| Cetirizine 10mg (tablet) | Antihistamine Hay fever, allergies | 12-18 years 10mg | Once a day |
| Strepsils | Relieves Sore Throat | 1 lozenge | 1 to be taken every 2-3 hours (max 12 per day) |
| Peptac | Indigestion | 10-20mls | after meals or at bedtime |
| Simple Cough Linctus | Dry cough. | 5mls | 3-4 times a day 6-8 hourly |

This guidance is taken from the BNF. It will be reviewed annually and sooner if any changes in dispensing.

This protocol has been agreed by the School Medical Officer Dr S Brown

Staff administering medication in _____ House

Name:

Signature:

Initial:

Appendix 2

Medical Incident Form

This form is to be used when a medication has been given in error or when a student has had an adverse reaction to a medication. Please return to The San on completion.

Student's Name:

Date:

House:

Medication given:

Explanation of the incident:

Action taken:

Outcome:

Follow up:

Appendix 3

STUDENTS WHO ADMINISTER THEIR OWN PRESCRIBED MEDICATIONS

Name of student: _____

Name of medication/dose: _____

Amount of medication given to the student: _____

How often taken: _____

Medication can be stored in student's own locked area. YES/NO

Age of student _____ years

Length of treatment Date _____ to _____

Student has proven themselves to be reliable YES/NO

Full understanding of reasons for medication and side effects YES/NO

Knows when and how to take medicine YES/NO

READ THIS CAREFULLY and SIGN WITH A MEMBER OF STAFF

You have been given this because you have been prescribed medication by the School Doctor. It is important that you remember the following to make sure that you use the medication safely:

- Make sure your name is on the box
- Make sure that the label and box show the same medication name
- Follow the instructions on the label when taking the medication
- Read the patient information leaflet in the box; it will tell you how to take the medication and what side effects may occur
- If you are taking any other medication or herbal remedies ensure you have informed The School Doctor/San before taking the medication
- DO NOT LET ANYONE ELSE TAKE OR USE YOUR MEDICATION EVEN IF THEY SAY THEY ARE ON THE SAME MEDICATION
- You are being trusted to be responsible for your own medication and to take it as prescribed. If you cannot do this you will not be permitted to self-medicate.
- Important: If you do not keep your medication locked away the right to self-medication will be removed. If you do not have anywhere to lock your medication away please see your matron.

I confirm that I have read and understood the instructions issued with this medication. I conform that I am happy to self-medicate.

Student signature: _____ Date _____

Staff signature: _____ Date _____

Appendix 4

STUDENTS WHO ADMINISTER THEIR OWN OVER THE COUNTER MEDICINES

Name of student: _____

Name of medicine/dose: _____

How often taken: _____

Medicine can be stored in student's own locked area. YES/NO

Age of student _____ years

Length of treatment Date _____ to _____

Student has proven themselves to be reliable YES/NO

Full understanding of reasons for medication and side effects YES/NO

Knows when and how to take medicine YES/NO

READ THIS CAREFULLY and SIGN WITH A MEMBER OF STAFF

You have been given this because you are taking your own medicine. It is important that you remember the following to make sure that you use it safely:

- Make sure your name is on the box
- Follow the instructions on the label when taking the medicine
- Read the patient information leaflet in the box-it will tell you how to take the medicine and what side effects may occur
- If you are taking any other medication or herbal remedies ensure you have informed Matron before taking the medicine
- **DO NOT LET ANYONE ELSE TAKE OR USE YOUR MEDICINE EVEN IF THEY HAVE THE SAME SYMPTOMS OR HAVE USED THE SAME MEDICINE BEFORE**
- You are being trusted to be responsible for your own over the counter medicine. If you cannot do this you will not be permitted to self-medicate.
- Important: If you do not keep your medication locked away the right to self-medication will be removed.

I confirm that I have read and understood the instructions issued with this medicine. I confirm that I am happy to self-medicate.

Student signature: _____ Date _____

Staff signature: _____ Date _____

Appendix 5

ADMINISTRATION OF OWN MEDICATION PROTOCOL

The school allows students to keep their own prescribed medications in a locked area in the boarding house if they have been assessed as competent to do so. Asthmatics should carry their inhalers with them. Students with anaphylaxis must carry their adrenaline autoinjectors with a copy of their individual care plan.

The criteria used to assess the students are:

- The age of the student
- Whether the medication is long term or a short course
- The students own choice
- Whether the student has proven himself or herself to be reliable in general and will remember to take the medication if it is to be taken regularly.
- That the student understands why they are taking the medication and any side effects, and the risks of overdose.
- That the student knows when and how to take the medication.
- That the student can effectively store the medication in a locked area.
- That the student understands that they should never give the medicine to anyone else, even if they have similar symptoms.

Appendix 6

PROTOCOL FOR THE ADMINISTRATION OF OVER THE COUNTER MEDICINES TO THE STUDENTS OF RUGBY SCHOOL IN THE SAN

A range of over the counter medication is kept in the San. The NMC has guidance on using homely remedy protocol for registrants. The medications kept in the San for administration as detailed:

Medication

Reason for Administration

Paracetamol 500mg

Headaches, period pains, pyrexia, toothache, migraine, muscular pain, back ache, neuralgia, colds, sore throats and flu. Can be given 4 times a day 4-6 hourly

Ibuprofen 200mg

NOT TO BE GIVEN TO ASTHMATICS (unless prescribed) Headaches, muscular pain and backache, dental pain, period pain, neuralgia. Can be given 3 times a day 6-8 hourly

Cetirizine 10mg

Antihistamine. Once a day

Strepsils

Sore Throat 1 to be taken every 2-3 hours (max 12 per day)

Simple Linctus

Dry cough. 5mls can be given 3-4 times a day 6-8 hourly

Dioralyte

Diarrhoea 200ml-400ml after every loose motion.

Magnesium sulphate

To draw out foreign bodies e.g. splinters

Salbutamol

To be used in event of asthma attack in known asthmatic as per DOH policy

EPIPEN 300mcg (adrenaline)

Prescription only medication Can be given in extreme emergency without the direction of the Dr for the purpose of saving a life (Article 7 of the prescription only medicines (human use) 1997)

Registered Nurses based in the San may administer these medicines to student if required. The medicines are stored in the locked cupboards in the Treatment Room.

Each nurse is responsible for her own professional practice and must use her professional judgement, having assessed the situation, with the benefit of the student's NHS records, the medical information obtained from parents and the student, and the British National Formulary to decide if the medicine to be administered is appropriate.

1. It must be confirmed that there is no known allergy to the drug before administration
2. The drug expiry date must be checked
3. The contraindications of giving the medication should be known or checked

4. Whether the student has taken any medication recently, and if so what. (Be aware of remedies containing paracetamol)
5. The student should be seen to take the medication by the person issuing it.
6. A signed record of the time, type, dosage, and reason for administering the medication must be kept

Protocol agreed by:

Signed:

Date:

Dr Steve Brown (GP, Revel Surgery) and Sarah Harris (San Nurse)

Sally Rosser
(Deputy Head, Pastoral, Rugby School)

PROTOCOL FOR THE ADMINISTRATION PRESCRIPTION MEDICINES TO THE STUDENTS OF RUGBY SCHOOL

Prescription medication for the named student is kept in a locked cabinet in matron's office. The student can keep their medication if a self-administration form has been completed. The following guidelines have been written to ensure that medication administered in House are given safely and a record is kept.

Before administration:

- Confirm the name of the student matches the name of the on the box.
- It must be confirmed that there is no known allergy to the drug before administration
- The drug expiry date must be checked
- The contraindications of giving the medication should be known or checked (See patient information leaflet in medication box).
- Check whether the student has taken ANY medication recently, and if so what. (Be aware of remedies containing paracetamol or any other non-steroidal anti-inflammatory and interactions between medications)
- If the student has had the medication before and not had any side effects
- The time of any previous dose should be noted. (To avoid over-dosage).

Administration

- The student should be seen to take the medication by the person issuing it.
- No more than the recommended dose of any medication should be administered in one 24 hour period
- Ensure appropriate amount of time has passed since previous dose otherwise do not administer.
- Check the route of administration (oral, topical, inhaled)

Record

- A signed record must be completed at the time of administration and include:
 - Date and time
 - Type of medication
 - Dosage
 - Reason for administering the medication
 - This must be kept in the house medication records.