



Rugby School

Medical Care Policy, Protocols and Guidelines

September 2021

Administration of Medication Protocol

Aim

To ensure safe storage and administration of medication to students by school staff.

Training

Prior to the administration of medication staff must have successfully completed the educare eLearning module on administration of medication and/or attended a training session from The San Medical Team.

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 Medical Centre. 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 Medical Centre until required in the boarding House. Within the School, CDs are kept in a locked metal box within a locked cupboard or in a locked cupboard within a locked room. 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. Parents/Guardians should be emailed in advance to inform them of how much medication the child is bringing home with them if they are travelling alone.

Disposal of medicines

Any unused prescribed medications and any out of date non-prescribed medications will be returned to the San Medical Centre and from there they are returned to the Revel pharmacy for disposal.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

Replacing over the counter medication 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 Medical Centre. A record is kept on iSAMS which includes the amount issued, issue date and expiry date.

All medication should be kept in its original labelled container. Strips of medication must not be cut into individual doses.

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

Each House has a range of over the counter medication that is kept in a locked cabinet/cabinet. 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).

All staff must update iSAMS at the time of administration if they have given medication to a student.

Prescribed Medications

Medication prescribed by a GP 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 GP. 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 Medical Centre 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 an adverse reaction to a medication do not give any further doses until instructed to do so by the GP. 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 Medical Centre on ext. 199 or The Revel Pharmacy on 01788 834848. If at night or outside the San Medical Centre 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

Any medications that the students bring into school should be handed in. It is the school's policy that the students do not have their own medications unless they are prescribed. 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) the matron must be informed, the medication recorded and stored appropriately.

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. For this reason, any medication brought into school must be declared to House staff or to the San Medical Centre team. **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 GP, nurse, or a pharmacist.**

Overseas students and medication: Overseas boarders should not 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 from the prescribing GP including reason for administration, the dose, the regime, the route, side effects, cautions etc. which the School GP will check.

If the medicine is an unlicensed medication in injectable form, the school nurse can only administer under the direction of the School GP. Students with any complex physical or psychological health needs requiring medication may need a referral to a UK based specialist for care management while at school. The School GP will be involved in the referral process.

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. There is a criteria for assessment of competency (see appendix 5)

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 GP, 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). Generic adrenaline auto injectors (currently epipens) are kept in the San Medical Centre, the sports centre, outside the science building reception and in the Town/Southfield corridor by the dining room.

Recording

Medications are recorded to provide a complete audit trail for all medications. The records are checked by the School nurses. All medication administration is recorded on iSAMS so everyone who is administering this medication is aware of the previous dose. When a nurse administers over the counter medication it is also recorded on EMIS (NHS health record) and Matrons are informed via telephone before the student leaves the San Medical Centre. This makes it possible to follow an audit trail for the treatment. Failure to adhere to the administration of medication protocol may result in disciplinary proceedings.

Review Date: September 2022

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. 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 contra-indications 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 e.g. lemsips)
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 record must be completed at the time of administration and include:
 - Date and time
 - Type of medication and route of administration
 - Dosage
 - Reason for administering the medication
 - This must be recorded in the student's electronic record on iSAMS.

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

Medication	Reason for Administration	Dosage	Frequency
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-inflammatories 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.

The School Medical Officer has agreed this protocol

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 Medical Centre 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 GP. 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 GP/San Medical Centre 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 confirm 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 student's own choice
- Whether the student has proven themselves 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 Medical Centre

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

<u>Medication</u>	<u>Reason for Administration</u>
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	Headaches, muscular pain and backache, dental pain, period pain, neuralgia. Can be given 3 times a day 6-8 hourly. Caution with asthmatics.
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 Medical Centre 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:

School GP

Sally Rosser
(Deputy Head, Pastoral, Rugby School)

Appendix 7

Protocol for the administration of prescription medicines to the students of Rugby School

Prescription medication for the named student is kept in a locked cabinet. 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 record must be completed at the time of administration and include:
 - Date and time
 - Type of medication & route of administration
 - Dosage
 - Reason for administering the medication
- This must be recorded in the student's electronic record on iSAMS.

Anaphylaxis Protocol

Rugby School take anaphylaxis very seriously. This protocol outlines the steps Rugby School will take to ensure that those students who have been diagnosed with anaphylaxis can fully participate in school life while ensuring that they are supported in managing their life threatening condition.

Anaphylaxis

- Anaphylaxis is a severe and often sudden allergic reaction. It can occur when someone with allergies is exposed to something they are allergic to (known as an allergen). Reactions usually begin within minutes and progress rapidly but can occur up to 2-3 hours later.
- It is potentially life-threatening, and always requires an immediate emergency response.
- All students with anaphylaxis must be aware of how to manage their condition safely at school with support of staff as needed.
- Staff must have an awareness of anaphylaxis and be aware of the actions to take to support the student in the event of a reaction.
- Staff should understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with or without prior mild (e.g. skin) symptoms.
- Staff should appreciate the need to administer adrenaline (using an AAI) without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective).

Students

- All students with anaphylaxis will have a red flag note on their school record detailing the allergen
- All students will have an individual health care plan signed by a health care professional (School GP or allergy Consultant or specialist allergy nurse)
- Students MUST carry 2 adrenaline autoinjectors with them at all times along with a copy of their health care plan and their antihistamine. If they use a reliever inhaler this must also be carried. These can usually be kept in a small pencil case inside their blazer pocket or in their sports bag during sports.
- Students must inform member of staff immediately if they think they are having an allergic reaction or send a friend for some help.
- It is the student's responsibility to check their medication is in date. Matron can support this by checking each half term.

Parents

- When a student starts at Rugby School it is the parent's responsibility to inform the school prior to arrival.
- Parents must ensure students arrive at School with 3 adrenaline auto injectors, antihistamines and reliever inhaler if they use one.
- For day students it is the parents responsibility to ensure the school is given a spare adrenaline autoinjector and that it is replaced before they expiry date. It is also their responsibility to ensure that the adrenaline auto injectors, antihistamine and reliever inhaler remain in date.

- Parents are responsible for ensuring students return to school with their emergency medication after half term holidays/Exeat
- Parents must update the San Medical Centre after any specialist appointments and inform the San Medical Centre about any changes to treatment plans or reactions when away from school.

Staff

- All staff caring for students with anaphylaxis should complete anaphylaxis eLearning followed up with face-to-face practical training sessions.
- It is advisable all staff complete anaphylaxis awareness eLearning
- Every Head of Department will be sent a copy of all anaphylaxis care plans along with a copy of the Students with anaphylaxis or significant health conditions list. It is the responsibility of Heads of Departments to ensure all staff in their team are aware of these and where they are kept. It is important to keep rereferring to these from time to time to remain familiar with the students. If a new diagnosis is made during the school year the San Medical Centre will issue an updated list.
- Staff teaching students with anaphylaxis must be aware of their medical needs and possible triggers during lessons and activities such as science, cookery, arts and crafts, CCF etc to ensure their safety is maintained. Where possible triggers should be avoided.
- Staff must ensure that any students being taken off site have their adrenaline autoinjectors with them. Any other prescribed medication and antihistamines must also be taken.
- Matrons are responsible for updating Chartwells about any student allergies within the house.

Spare adrenaline auto injectors

- Each student has a spare adrenaline autoinjector stored in their house in an emergency drug box which is kept in an easy access central location of the house.
- The San Medical Centre, the sports centre, the science building reception and Town/Southfield dining room corridor hold a generic adrenaline autoinjector for all students with known anaphylaxis.

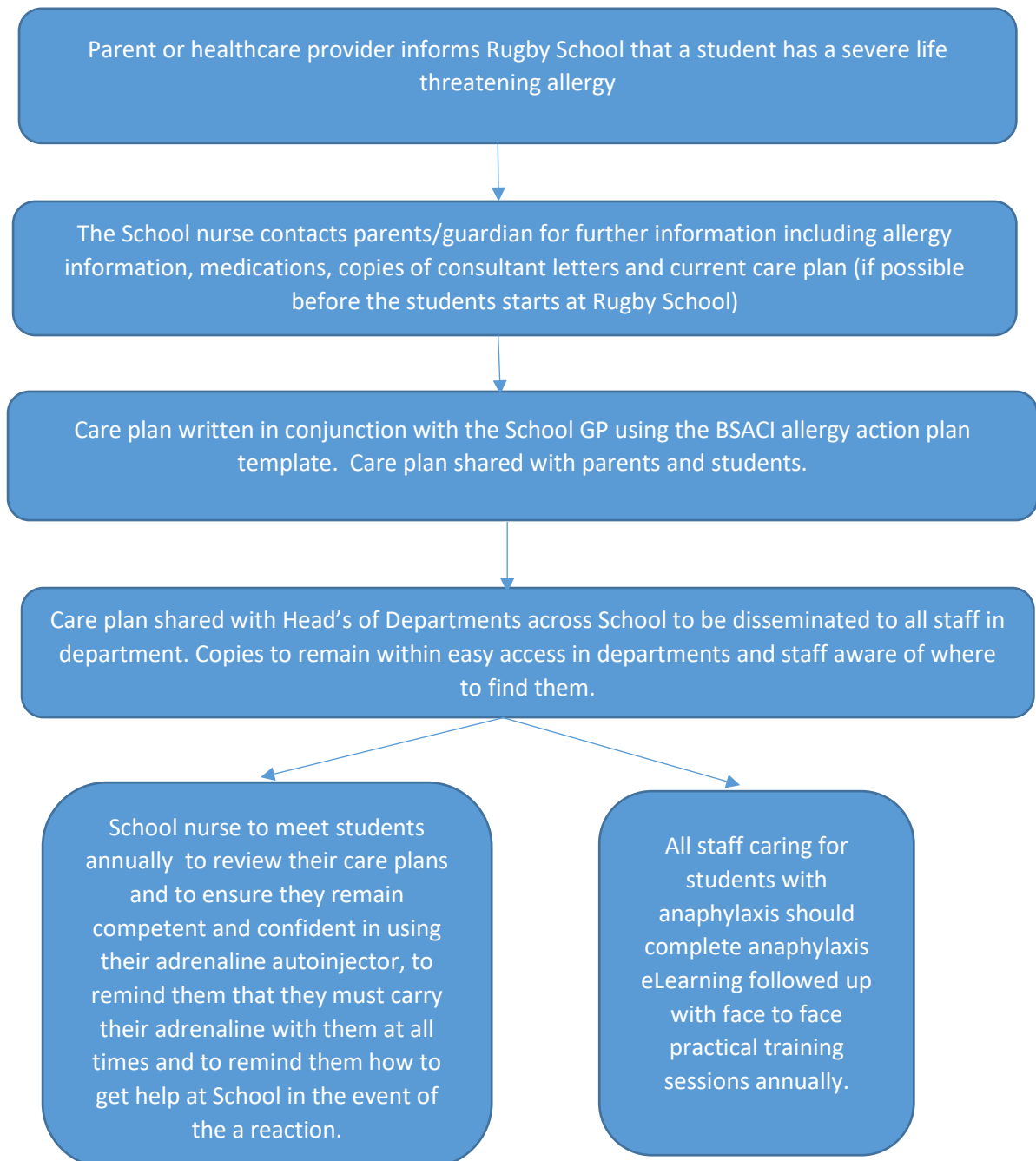
The San Medical Centre

- Students will have an appointment with a school nurse within the first 2 weeks of arriving at school to ensure they are competent and confident in using their adrenaline autoinjector, are aware that they must carry their adrenaline with them at all times and to go through how to get help at School in the event of the a reaction. The care plan is discussed, amended if necessary and a copy given for the student to carry with them.
- Students are seen annually, or sooner if deemed necessary, to review their care plans and to ensure they remain competent and confident in using their adrenaline autoinjector, to remind them that they must carry their adrenaline with them at all times and to remind them how to get help at school in the event of the a reaction.
- For boarding students and day students registered with the school GP additional antihistamines, adrenaline autoinjectors and reliver inhalers can be requested from the San

Medical Centre. Students and/or Matrons must ensure prescriptions are requested at least 4 weeks before the current adrenaline autoinjectors/ antihistamines expire.

- School nurses will provide face to face practical training for staff annually. They will also offer support and guidance following an anaphylaxis event.
- A practical anaphylaxis training register is kept in the San Medical Centre.

Flow chart of actions for students with anaphylaxis



Recognition and management of anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



**Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):**

- AIRWAY:** Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing
Wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS



***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Reference

- www.anaphyaxis.org.uk
- DOH (2017) Guidance on the use of Adrenaline Autoinjectors in School
- DFE (2015) Supporting students at school with medical conditions
- www.sparepensinschools.uk

Healthcare guidance for House staff from the San Medical Centre

House staff are encouraged to contact the School Nurses in the San Medical Centre 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 medical centre via email.

COVID-19

If a student has any of the main symptoms of coronavirus (COVID-19) isolate them in their room and contact the medical centre for further advice

The main symptoms of coronavirus are:

- a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- a loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Temperature

- Most fevers/high temperatures in children are not serious
- May be 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 in the administration of medicines protocol.
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.
- Never give a child under 16 Aspirin unless prescribed by a GP.

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 the 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 is 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

Medical red flags

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.

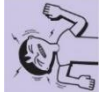
		Septicaemia	Meningitis
	Fever and/or vomiting	✓	✓
	Severe headache		✓
	Limb/joint/muscle pain (sometimes with stomach pain/diarrhoea)	✓	
	Cold hand and feet/shivering	✓	
	Pale or mottled skin	✓	
	Breathing fast/breathless	✓	
	Rash (anywhere on the body)	✓	✓
	Stiff neck (less common in young children)		✓
	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 GP 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 Medical Centre for advice if your red eye does not start to improve after a few days

Contact the San Medical Centre 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
- Must not return to school until no diarrhoea or vomiting for 48 hours.

Students need to be seen in the San Medical Centre 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 GP Service 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 Medical Centre if symptoms not settling

Authorised: Risk, Compliance and Safeguarding Committee:	
Date:	22 September 2021