BILTON GRANGE

PREPARATORY SCHOOL

Medical Care Policy and Protocols

Advent 2026

INDEX

IMPORTANT NOTE:

This policy covers medical care at Bilton Grange and the protocols for the administration of medicine. Anaphylaxis has its own policy which must be read by all staff. ALL aspects of the policy, protocols and appendices must be read in full.

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1. PERSONNEL

a) On Site

The Medical Department at Bilton Grange is under the management of the Residential School Nurse, who reports directly to the Assistant Head Pastoral. Revel Surgery has oversight.

The School Nurse is supported by a part-time nurse and a team of non-medical matrons, who are all trained in first aid.

The School Nurse is resident on site, and makes regular contact with matrons and boarding staff and is available for telephone advice at any time, day or night. She is involved in the pastoral care of all pupils and is a member of the WMT and is DSL trained.

b) Medical Officer

The School's medical officer is currently Dr Hannah Collier, Revel Surgery (tel. no.: 01788 834830)

Revel Surgery has allocated appointment times every day for BG boarders to be seen at the RS Medical Centre. Medicals will also be conducted on all new boarders during the first few weeks of term.

The practice is able to provide the option for children to see a male/female doctor if they have a particular preference. The rights of boarders as patients are respected including those deemed to be 'Gillick Competent' (Fraser Guidelines) to give or withhold consent for treatment.

There is an out of hours GP service for consultation and advice during evenings, weekends and Bank Holidays, located at St Cross Hospital which is only a short distance from the school.

All full boarders are registered with the school doctor. The school recommends that weekly boarders are also registered there; however, some parents of weekly boarders have chosen to keep their child registered with their own GP practice, in which case, details are kept in their medical files in the main surgery.

There is good communication between Bilton Grange and Revel Surgery, and we are able to arrange for any child to be assessed at short notice if necessary. Boarders have access to local dental, orthodontic and optometric services as required.

2. COMMUNICATION

Short daily meetings take place at the matronal change of shift, to update any health or welfare problems concerning any of the children.

Communication with Parents/Guardians is of paramount importance, and the nurse or matron on duty contacts them via phone or email if their child is unwell.

The School Nurse has regular meetings with the Assistant Head Pastoral and also with the Head of Pre-Preparatory department.

3. MEDICAL FACILITIES

In the Prep Department there is a Main Surgery in the Health and Wellbeing Centre which, as well as being lockable itself, contains lockable cupboards, a locked filing cabinet for medical records, a basin with antibacterial soap for handwashing and an examination couch. It is cleaned daily, and the surfaces are disinfected as appropriate. There is also a medical room in Pre-Prep.

For children who are ill, and need to rest, the Main Surgery has two rooms each containing a bed. Additionally, Earle House has two medical bays, each with 2 beds, which may be used overnight by boarders if required, and as an isolation unit if needed.

Although regular Surgery sessions are held throughout the day, children are attended to **at any time** if unwell. If a child is unwell during the school day out of surgery hours, they report to Reception from where staff will ring the medical mobile number (**Ext 743**).

Children who are ill are monitored regularly during the day by the School Nurse and/or the matrons, and overnight by the Night Matron, who is on duty from 7.30pm until 7.30am the following morning. The Night Matron makes regular checks on boys and girls, patrolling between both houses (they are in the same building) at intervals throughout the night. Boarding staff should see Appendix 8 for guidance.

If a child needs assistance overnight, they press the 'assistance call button' which are in each room and in the medical bays, for children to call boarding staff on duty as necessary. The Night Matron alerts Houseparents, the School Nurse and the Headmaster as necessary.

In the Pre-Prep Department, there is a designated surgery on the ground floor. Children who are unwell report to Reception and will be attended to by a first aid trained member of staff. The school nurse will be informed and will attend to assess any child as required.

4. RECORD KEEPING

a) Medical Information

When a child joins Bilton Grange, the parents/guardians must complete a medical form which gives details of their family circumstances, immunizations, and any allergies or existing medical conditions of which we should be aware, amongst other related medical information. It also includes a section for the parent (or guardian) to sign, giving Bilton Grange permission to administer first aid and non-prescription medication (e.g Paracetamol). These forms are online and information is collated by the School Nurse and is kept on the child's record. Individual welfare plans are created and kept on file for all children who have specific medical conditions or disabilities.

b) Surgery Log Books

Every time a child visits the surgery, their visit and any treatment and/or medication is documented in the Surgery Log and on their records on iSAMS. There is a medical log in the Boarding TEAM so that staff in Earle House are able to access this information to see what has happened during the day, and which medication has been given.

The School Nurse ensures correct and up-to-date records. There is also a Log in the Pre-Prep Surgery for recording purposes.

c) Medical Bay Log

There is a Medical Bay Log for children who are admitted for longer than a short period of rest. This, too, is filled in whenever a child spends time in the Medical Bay. The School Nurse endeavours to contact parents/guardians of all pupils who need to spend time in Medical Bay. Pupils are not routinely 'sent home' if unwell, unless their condition is deemed to be highly contagious (see note 8b). However, parents may choose to collect their child if they wish. Facilities are available for overseas boarders to be cared for in school if they are unwell, or if their parent prefers the child may spend time with their UK guardian to recuperate. The decision for children to leave school due to illness is at the discretion of the School Nurse.

d) Accident Report Forms

In the event of a medical incident at School, a BG 'Medical Incident' form must be completed (see Appendix 2), these are located online.

An accident record is completed to log any accidents which occur to pupils/staff/visitors on the school site. In cases of accidents, all teaching and support staff have been advised to notify the School Nurse directly, as well as completing a form. The School Nurse liaises with the Health & Safety Officer, who will notify the Health & Safety Executive of any relevant incidents in accordance with RIDDOR guidelines.

e) Administration of Medication

All medication is stored and administered in accordance with the appropriate protocol and guidelines. See Appendices 1, 3, 4, 6 and 7.

f) Children Off Games

The parents of Day Pupils needing to be excused from games or particular activities are asked to contact the School Nurse or matron on duty. If illness or injury occurs during the course of the day, pupils are assessed by the nurse/duty matron and placed off games accordingly.

Pupils who are off games are given an 'Off Games' slip to show to the relevant staff, and their name is added to the central 'Off Games List' on iSAMS on a daily basis. This information is also recorded in the 'Off Games' log in Surgery. Children who have been signed Off Games either join the duty member of staff responsible for the Off Games and Alternative Games Programme, or, if they are unable to join either of these programmes, they are monitored in Earle House or the Main Surgery.

5. CONFIDENTIALITY

The medical records are kept locked in the Main Surgery and are only disclosed on a "need to know" basis. However, the School Nurse collates pertinent information from these and provides lists of children who:

a) are allergic to any medication/substances;
b) have a known medical condition eg Diabetes, Asthma;
c) have any disability which might prevent them joining in with normal school activity;
d) are on a special diet or have dietary restrictions or food allergies;
e) wear glasses/have colour blindness;
f) have a hearing loss (temporary or permanent).

These lists are available in the Main Surgery. This information is also stored electronically on the School Medical Team and on each pupil's record on iSAMS. All teaching staff are required by the Headmaster to read them, and treat the information as confidential.

The School Nurse has regular meetings with the Catering Team to discuss menus and any particular dietary needs.

6. FIRST AID KITS & TRIPS OUT OF SCHOOL

See separate First Aid Policy

7. EDUCATION / PROFESSIONAL DEVELOPMENT

There are numerous courses available to staff, and all matrons are encouraged to attend relevant courses.

The School Nurses attend as many professional study days and conferences as possible, and renew their nursing qualification every 3 years, in accordance with the NMC Revalidation requirements. This was last completed in December 2023. The Residential School Nurse is a member of the Independent School Nurses Forum, which meets termly to consider topics relevant to the school setting. Training oversight is also provided by the Revel and the RS nurse team.

The children are educated in medical and health matters via their PSHEE syllabus.

8. OUTBREAK OF SERIOUS ILLNESS

In the event of an epidemic or of serious illness, the following procedures should be carried out:

a) The School Doctor Dr Hannah Collier, Revel Surgery (tel. no.: 01788 834830) should be contacted immediately for advice.
b) The parents of the child/children affected will be contacted. If appropriate, the child may be sent home.
c) Scrupulous hygiene should be used in all cases to prevent cross-infection.
d) In certain cases, the Environmental Health Department or UKHSA should be advised.

See Appendix 9 - Guidance on Medical Red Flags
See Appendix 10 - Head Injury Management

9.OTHER ISSUES

a) Anaphylaxi

For information regarding the management of Anaphylaxis , please see the separate policy.

b) Personal Problems

Children who need to speak to someone about personal problems often choose to talk to the nurse or matrons, or another member of staff. They may, however, choose/need to speak to a counsellor or the school's Independent listener.

Matters of a potential child protection nature are dealt with in accordance with Bilton Grange's Safeguarding and CP Policy.

c) Bedwetting (Enuresis)

If a child wets the bed on an occasional basis, the bed linen is changed by the matrons and the child may be encouraged to shower in the morning. No fuss is made, and the matter is not discussed in front of other children.

If the problem is more persistent, strategies may be agreed with parents and an appropriate care plan drawn up to develop the best way to handle the situation. Occasionally, children may need to be assessed by the GP and possibly prescribed medication. A referral may be made to the Enuresis clinic, which is located at The Orchard Centre in Rugby.

d) Special Educational Needs

There are children at Bilton Grange who have special educational needs, and some with special welfare needs. Individual learning development pupil profiles are available and kept on file. The School Nurses meet with the Head of Learning Development to discuss any pupils of concern and to discuss pupils' progress. Please see the SEND policy for further information.

BILTON GRANGE MEDICAL STATEMENT FOR PARENTS AND THE PUBLIC

We have a Main Surgery in our Health & Wellbeing Centre at Bilton Grange School, led by the School Nurse. The Revel GP Surgery has oversight.

There is a qualified nurse and/or a matron on duty every day who is available to administer first aid, deal with any accidents or emergencies, or to help if someone is taken ill. We also have a large number of staff who are trained and qualified as First Aiders, who are capable of giving first aid if, for example, your child is injured during sport.

First aid boxes are placed in all the areas of the school where an accident is considered possible or likely (such as the Sports Hall). We always take first aid boxes with us when groups of pupils go out of school on organised trips or to participate in sporting events.

As part of their induction into the school, all new pupils (and staff) are given information on where to go for help in the event of an accident.

We keep records of all accidents, incidents and injuries, and have a procedure in place for ensuring that they are reviewed regularly in order, where possible, to minimise the likelihood of recurrence.

We will always contact you if your child suffers anything more than a trivial injury, or if he or she becomes unwell, or if we have any worries or concerns about their health.

Please do not hesitate to contact your child's Form Tutor, Boarding House Team, or the School Nurses at any time if you wish to discuss any concerns you may have relating to your child's health.

Our Medical Policies are reviewed on an annual basis.

Authorised Student Pastoral Welfare Committee:	
Date:	

BILTON GRANGE MEDICAL CARE POLICY PROTOCOLS and GUIDELINES

Administration of Medication Protocol

Aim

To ensure safe storage and administration of medication to pupils by School staff.

Training

Prior to the administration of medication staff must have successfully completed the Educare administration of medication module training for School and attended a training session from Bilton Grange Medical Team. Some key boarding staff also undertake the OPUS medication training.

Storage

All medications are kept in a locked cupboard in a room not normally accessible to pupils either in Earle House, the Prep Main Surgery in the HWC or Pre-Prep Surgery. Medicines that require refrigeration are kept in a lockable medicine fridge the Prep Main Surgery or the Pre-Prep Surgery.

Controlled drugs

Controlled drugs (CDs) are administered and stored in the Prep Main Surgery only. Within the School CDs are kept in a locked metal cupboard within a locked cupboard. Only a limited number of staff have a key to access the CDs. Controlled drugs must be kept in their original packaging. Currently all controlled drugs are kept in the main Prep Main Surgery not in Pre-Prep.

Controlled drug 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 cupboard holding controlled drugs requires a record book. Two members of staff should be present when administering the controlled drug to a pupil to sign the record book. The amount of medication taken and quantity remaining needs to be documented in the controlled drug book. A record of administration also needs to be recorded in the pupil's medical record on iSAMS.

When controlled drugs are needed at home over a School holiday, they must be signed out of the controlled drug record book by a staff member and parent/guardian. Controlled drugs returned to the School 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 Dunchurch pharmacy for disposal. The cupboards are checked by Nurses for surplus medications at the end of every term.

Replacing over the counter medication in boarding houses

Stocks of Paracetamol, Ibuprofen, Cetirizine, cough linctus and throat lozenges are supplied by the Dunchurch pharmacy, or occasionally purchased by the Nurses.. 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.

Nurses and Pre-Prep staff complete a regular stock check of over-the-counter medication and any discrepancy is reported to the Bilton Grange Nurses and may require further investigation.

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

The Prep and Pre-Prep have a range of over-the-counter medication that is kept in a locked cabinet. These are available to boarding pupils and day pupils. 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 Pupils form. Administration guidelines have been written to ensure that medication administered is given safely and a record is kept (see Appendix 1).

The Nurses and trained Prep and Pre-Prep staff administer non-prescribed medications under an 'over-the-counter' protocol (see Appendix 1).

All staff must update the pupils record on iSAMS or the paper record at the time of administration if they have given medication to a pupil, and day pupil parents must be informed. In Pre-Prep, parents are contacted before administering medication as a matter of course if possible.

Prescribed Medications

Medication prescribed by a doctor should be administered according to the instructions on the individual medication and **only given to the named pupil to whom it has been prescribed**.

For controlled drugs a specialist letter detailing the dose must be received and recorded in the pupils records scanned onto iSAMS. Medication should be kept in the 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 pupils named medication. Administration guidelines for staff have been written to ensure that prescription medications administered at Bilton Grange are given safely and a record is kept (see Appendix 7). Parents of Bilton Grange boarders are kept fully updated about

their medical wellbeing, consultations, treatment by the Boarding team, School Doctor and/or Bilton Grange Nurses.

Parents of day pupils who bring prescribed medication to School should give written instructions on when to administer on the administration of medication consent form (see Appendix 7).

All medications are kept in a locked cupboard in a room not normally accessible to pupils either in Earle House, the Prep Main Surgery in the HWC or Pre-Prep Surgery. Medicines that require refrigeration are kept in a lockable medicine fridge the Prep Main Surgery or the Pre-Prep Surgery.

Adverse reactions

Drugs can cause adverse reactions in some people. If a pupil experiences an 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.

Any significant 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) as appropriate. School staff should report any reactions to the nursing team.

Medicines given in error

If an error is made with any medication, medical advice must be sought immediately. During the day contact the School Nurses on ext. 743 or Dunchurch Pharmacy on 01788 810745. If at night or outside the School Nurse hours contact NHS 111 or A and E.

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

Medication brought into School by the Pupils

A record will be kept of any medications that the pupils bring into School and medication should be handed in. It is the School policy that the pupils do not have their own medications unless they are prescribed. If a pupil arrives at School with a non-prescribed medication given to them by their parents for a short-term condition (e.g. cough remedy) the Nurse/matron/Pre-Prep staff 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 the Prep or Pre-Prep staff, or to the School Nurse. **Over the counter medication should never be given to a pupil who has taken his or her own medicine without further guidance from the School Doctor, Nurse, or a Pharmacist.**

Overseas pupils 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 can be brought in by the child with an English instruction from the prescribing doctor including reason for administration, of the dose, regime administration, cautions etc. which the School Doctor will check before administration. Medication must be in its original packaging and named with a prescription.

The medical team and the School reserve the right to refuse to prescribe or administer medication or treatment that is not in line with current UK guidelines.

Pupils 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 in the UK. The School Doctor will be involved in the referral process.

Self-administration of medications

For emergency medication, such as adrenaline auto injectors and asthma inhalers, it is particularly beneficial once mature enough for pupils to administer their own medication. The pupil 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. Pupils assessed as competent to carry their own inhalers must complete a self-administration form (see Appendix 3) with the Bilton Grange Nurses. There is a criteria of competency (see Appendix 4)

Administration to save a life

Adrenaline auto injectors for pupils who are at risk of anaphylaxis (see Appendix 8) are kept in classrooms in an orange pouch in the Pre-Prep and in a cupboard in the Gallery at Prep. Staff are responsible for ensuring that the adrenaline auto injector is taken with them when the pupil moves out of the classroom/off site. 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). Generic adrenaline auto injectors (Epipens or Jext Pens) are kept in the Prep HWC and Pre-Prep Surgery, the Prep Gallery cupboard, Pre-Prep surgery and Pre-prep Room 25 and in Little Grange Nursery office.

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 or the Prep and Pre-Prep paper record, so everyone who is administering this medication is aware of the previous dose. 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 Process

These protocols will be annually reviewed.

Appendix 1

PROTOCOL FOR THE ADMINISTRATION OF OVER-THE-COUNTER MEDICINES TO THE PUPILS OF BILTON GRANGE

The Prep Main Surgery in the HWC and Pre-Prep Surgery have a range of over-the-counter medications that are kept in locked cabinets. The following guidelines have been written to ensure that medication administered is given safely and a record is kept. Staff must have completed training in the administration of medication before administering.

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 pupil 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 pupil 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).

7. Check consent has been given

Administration

1. The pupil 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 pupil's record on iSAMS.

The over-the-counter medications kept in a locked cupboard in the Prep HWC, houses and Pre-Prep are detailed below:

Medication	**Reason for Administration**	**Dosage**	**Frequency**
Paracetamol 500mg (tablets) PREP and BOARDING Paracetamol Suspension 250mg/5mls – PREP and BOARDING HOUSES Paracetamol Suspension 120mg/5mls – PRE-PREP 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	**Infant syrup: 120mg/5ml** Age / How much? / How often? 3 to 5 months / 2.5ml / Max 4 times in 24 hours 6 to 23 months / 5ml / Max 4 times in 24 hours 2 to 4 years / 7.5ml / Max 4 times in 24 hours 4 to 6 years / 10 ml / Max 4 times in 24 hours **Six plus (6+) syrup: 250mg/5ml** Age / How much? / How often? 6 to 8 years / 5ml / Max 4 times in 24 hours 8 to 10 years / 7.5ml / Max 4 times in 24 hours 10 to 12 years / 10ml / Max 4 times in 24 hours **Tablets** 10-12 years 500mg 12-16 years 750mg	Every 4-6 hourly Can be given up to 4 times in any 24 hour period. ALWAYS CHECK YOU HAVE TO CORRECT AGE SYRUP
Ibuprofen suspension 100mgs/5mls 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.		Every 6-8 hourly Can be given 3 times in any 24 hour period

Do not give to anyone with Chicken Pox		**Example ibuprofen liquid dosages for children: 100mg/5ml** Age / How much? / How often? 3 to 5 months (weighing more than 5kg) — 2.5ml (50mg) — Max 3 times in 24 hours 6 to 11 months — 2.5ml (50mg) — Max 3 to 4 times in 24 hours 1 to 3 years — 5ml (100mg) — Max 3 times in 24 hours 4 to 6 years — 7.5ml (150mg) — Max 3 times in 24 hours 7 to 9 years — 10ml (200mg) — Max 3 times in 24 hours 10 to 11 years — 15ml (300mg) — Max 3 times in 24 hours **Tablets** 200-400mg	
Cetirizine 1mg/1ml liquid	Antihistamine Hay fever, allergies	2-5 years 2.5mg – 2.5mls 6-11 years 5mg – 5mls 12-18 years 10mg – 10 mls	Once/twice a day
Throat Lozenges ***OVER 6 ONLY ***	Relieves Sore Throat	1 lozenge	1 to be taken every 2-3 hours (max 12 per day)
Simple Cough Linctus Paediatric	Dry cough.	1 month – 11 years 5 - 10mls	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 Doctor, Dr Hannah Collier has agreed this protocol

Appendix 2

Medical Incident Form Bilton Grange

This form is to be used when a medication has been given in error or when a pupil has had an adverse reaction to a medication. Please return to the Prep HWC or Pre-Prep Surgery on completion.

Pupil's Name: **Date:**

House:

Medication given:

Explanation of the incident:

Action taken:

Outcome:

Follow up:

Appendix 3

Pupils WHO ADMINISTER THEIR OWN PRESCRIBED MEDICATIONS

Name of pupil: _____

Name of medication/dose: _____

Amount of medication given to the pupil: _____

How often taken: _____

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

Age of pupil _____ years

Length of treatment Date_____to_____

Pupil 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 you 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 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.

Pupil signature: _____ Date _____

Staff signature: _____ Date _____

Appendix 4

ADMINISTRATION OF OWN MEDICATION PROTOCOL

School creams and topical medication may be kept in the pupil's own drawer at the discretion of the School Nurse. Asthmatics should carry their inhalers with them. Pupils with anaphylaxis must carry their adrenaline autoinjectors with a copy if their individual care plan if leaving the classroom or going off site

The criteria used to assess the pupils are:

- The age of the pupil
- Whether the medication is long term or a short course
- The pupils own choice
- Whether the pupil 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 pupil understands why they are taking the medication and any side effects, and the risks of overdose.
- That the pupil knows when and how to take the medication.
- That the pupil can effectively store the medication in a locked area.
- That the pupil understands that they should never give the medicine to anyone else, even if they have similar symptoms.

Appendix 5

GUIDANCE FOR NURSES

PROTOCOL FOR THE ADMINISTRATION OF OVER-THE-COUNTER MEDICINES TO THE PUPILS OF BILTON GRANGE

A range of over-the-counter medication is kept in the Prep HWC and Pre-Prep Surgery and boarding houses. The NMC has guidance on using homely remedy protocol for registrants. The medications for administration as detailed below:

Medication	**Reason for Administration**
Paracetamol	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	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	Antihistamine. Once a day
Throat lozenges	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.
Salbutamol	To be used in event of asthma attack in known asthmatic as per DOH policy
EPIPEN or Jext 300mcg and 150mcg (Adrenaline Auto Injectors)	**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 HWC may administer these medicines to a pupil if required. The medicines are stored in the locked cupboards in the HWC and Pre-Prep Surgery.

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

Protocol agreed by: **Signed:** **Date:**

Dr Hannah Collier
School Doctor

Liz Sale
Head of Safeguarding RS

Mireille Everton
Assistant Head Pastoral BG

Laura Rentoul
Senior Nurse

Sarah Reynolds
School Nurse

Rachel Epton
School Nurse

Cathy Gunn
School Nurse

Kate Litchfield
School Nurse

Appendix 6

PROTOCOL FOR THE ADMINISTRATION PRESCRIPTION MEDICINES TO THE PUPILS OF BILTON GRANGE

Prescription medication for the named pupil is kept in a locked cabinet in the Prep Main Surgery or Pre-Prep Surgery. The following guidelines have been written to ensure that medication administered in School are given safely and a record is kept.

Before administration

- Confirm the name of the pupil 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 pupil 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 pupil 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 pupil 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

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 pupil's record on iSAMS or the paper record for Prep and Pre-Prep.

Appendix 7

Administration of Medication consent form

Child's Full Name: _____ Form: _____

Child's DOB: ___ /___ /_____

Please note that only medication, prescribed for the above named individual, and brought to School in its original packaging, will be administered.

Date:		
Medical condition or illness:		
Name of medicine:		Exp. Date:
Time and date to be given:		
Dosage and method:		
Special precautions/other instructions:		
Any known side effects:		
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to School staff administering medicine in accordance with the School policy. I will inform the School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.		
Parental signature:		
Staff signature:		

Please use the form below to register each time the above medicine is administered:

Date	Time	Dose given	Adult Administering signature:

Appendix 8

HEALTHCARE GUIDANCE FOR BOARDING STAFF FROM THE HWC

Staff are encouraged to contact the School Nurses in the HWC with any concerns about the health or welfare of pupils.

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

The Prep HWC , Boarding Houses and Pre-Prep Surgery are supplied with a range of over-the-counter medications to relieve minor ailments. The individual need of the pupil must be considered at all times by all carers.

There should be a clear record of the amount of stock in each area. It is the responsibility of the Bilton Grange Nurses, to ensure medical supplies are stocked and in date.

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 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 and for Children in whom attacks of asthma have been triggered by ibuprofen or similar medicines. Ibuprofen should not be given to a child who has Chicken Pox.
- 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 Doctor.

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'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

Appendix 9

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 ✓

<u>What should I do if I am worried about someone who is ill?</u>

- 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.

Minor Illness

Most minor illnesses can be treated with over-the-counter medicines without the need to see a GP.

The NHS choices website is an excellent resource for finding advice about many minor conditions.

The following are common complaints we all see regularly from the children in School with the link to the most up to date advice on NHS choices.

Colds and sore throats

Most colds and sore throats are caused by viruses and last 2-5 days. Pupils 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. Throat lozenges if appropriate.

https://www.nhs.uk/conditions/common-cold/

https://www.nhs.uk/conditions/sore-throat/

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 pupil 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.

https://www.nhs.uk/conditions/cough/

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.

https://www.nhs.uk/conditions/ear-infections

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 Nurses for advice if your red eye does not start to improve after a few days

Contact your GP Surgery or NHS 111 immediately if:

- The pupil has a painful red eye
- The pupil has other symptoms, including reduced vision, sensitivity to light, a severe headache and feeling sick
- The pupil recently injured their eye – particularly if something has pierced their eye
- The pupil wears contact lenses
- https://www.nhs.uk/conditions/stye/

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 e.g. flat cola or lemonade or squash
- Pupils 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 pupil 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.

Pupils need to be seen by the School Nurses for further advice if:

- The vomiting is persistent
- The pupil 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

https://www.nhs.uk/conditions/diarrhoea-and-vomiting/

Minor Injuries

Minor sprains and strains are common injuries affecting the muscles and ligaments. Most can be managed at home without the need to see a GP.

The School Doctor can arrange for a physiotherapy referral for any boarders.

The NHS choices website is an excellent resource for finding advice about many minor conditions.

The following are common complaints we all see regularly from the children in School with the link to the most up to date advice on NHS choices.

Back Pain

https://www.nhs.uk/conditions/back-pain/

Burns and scalds

https://www.nhs.uk/conditions/burns-and-scalds/

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 cloth)

Elevation: Elevating an injury helps control swelling.

Regular pain relief to relieve symptoms.

Pupils need to be seen by the School Nurses if symptoms not settling

https://www.nhs.uk/conditions/sprains-and-strains/

Appendix 10

Head injury management

Pupils should ideally be assessed pitch side and accompanied to the HWC or Pre-Prep Surgery by a member of staff – NOT another pupil.

They should be assessed by a Nurse as soon as possible after the injury and information recorded on return2play if necessary

After a thorough assessment we may:

Keep them in the HWC for a period of observation.

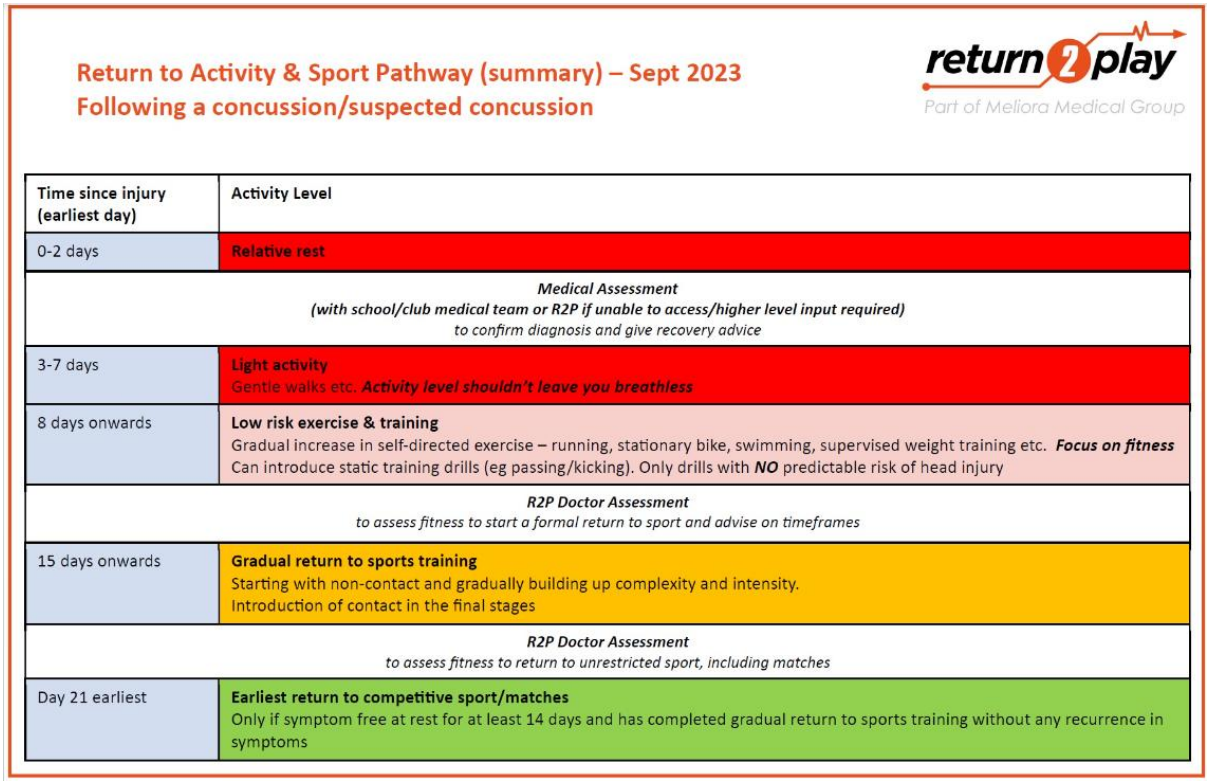
Send them for further assessment at UHCW A and E if symptoms indicate.

Return them to house/home with parents. These pupils should be monitored closely for the next 24 hrs.

Written advice will be given with regards to Red Flags to observe for and subsequent actions.

Pupils who have been diagnosed with concussion may need 1-2 days off School and a graduated return to lessons.

They will need a follow up appointment with return2play who will give additional advice.



Return to Activity & Sport Pathway (summary) – Sept 2023
Following a concussion/suspected concussion

return2play
Part of Meliora Medical Group

Time since injury (earliest day)	Activity Level
0-2 days	**Relative rest**
	Medical Assessment ***(with school/club medical team or R2P if unable to access/higher level input required)*** *to confirm diagnosis and give recovery advice*
3-7 days	**Light activity** Gentle walks etc. ***Activity level shouldn't leave you breathless***
8 days onwards	**Low risk exercise & training** Gradual increase in self-directed exercise – running, stationary bike, swimming, supervised weight training etc. ***Focus on fitness*** Can introduce static training drills (eg passing/kicking). Only drills with ***NO*** predictable risk of head injury
	R2P Doctor Assessment *to assess fitness to start a formal return to sport and advise on timeframes*
15 days onwards	**Gradual return to sports training** Starting with non-contact and gradually building up complexity and intensity. Introduction of contact in the final stages
	R2P Doctor Assessment *to assess fitness to return to unrestricted sport, including matches*
Day 21 earliest	**Earliest return to competitive sport/matches** Only if symptom free at rest for at least 14 days and has completed gradual return to sports training without any recurrence in symptoms