MEDICAL CARE POLICY

Date of Policy	September 2023
Approved by Principal/Rector	September 2023
Next Review Date	September 2024
Lead for Review	Head Nurse

Contents

Medical Care Policy 1
Rationale 3
Aim 3
Confidentiality 3
Documentation 4
Working with Parents/Guardians 4
The School Medical Service 5
Procedures for Students to Report Sick 6
Medicines in the Health Centre 7
Administration of Medicine 7
Emergency Medical Procedures 9
Non-prescribed Medicines 10
Prescribed Medicines 10
Disposal of Medicines 10
Individual Health Care Plan 11
APPENDIX 1 INDIVIDUAL HEALTH CARE PLAN 12
APPENDIX 2 PROTOCOL FOR HOMELY REMEDIES FOR CATS CAMBRIDGE/CSVPA 15
APPENDIX 3 FLOWCHART OF KEY QUESTIONS FOR INFORMATION SHARING 23
APPENDIX 4 GOOD HYGIENE PRACTICE AND HAND HYGIENE (INFECTION CONTROLS) 24
APPENDIX 5 ASTHMA POLICY 26
APPENDIX 6 ANAPHYLAXIS FLOW CHART 32
APPENDIX 7 EPILEPSY FLOWCHART 34
APPENDIX 8 HEAD INJURY/CONCUSSION POLICY 35
APPENDIX 9 DIABETES POLICY 39
Treatment of Hypoglycaemia – MILD, MODERATE & SEVERE 41
APPENDIX 11 COVID-19 RESPONSE CARE POLICY (FROM SEPTEMBER 2022) 44
APPENDIX 11 USEFUL CONTACT DETAILS 45

RATIONALE

Students may need medical care during their stay at CATS Cambridge/CSVPA. This policy ensures that there are clear guidelines and boundaries in the following areas:

- Medical Care offered by the schools
- Confidentiality to include Information Sharing Protocol
- Documentation
- Working with parents
- Procedures for students reporting sickness
- Administration of/ Record Keeping of Medicines/Disposal of Medicines
- Health Care Plans

AIM

To work in partnership with parents/guardians/agents, students and fellow professionals to ensure that students who require medical treatment are able to undertake treatment in a safe and secure environment, which allows the student to continue to make progress with their education.

This policy contains the following appendices:

- Individual Health Care Plan
- Protocol for Homely Remedies for CATS Cambridge/CSVPA
- Flowchart of key questions for information sharing
- Good Hygiene Practice and Hand Hygiene (Infection Control)
- Asthma Policy
- Anaphylaxis Flowchart
- Epilepsy Flowchart
- Head Injury/Concussion Policy
- Diabetes Policy
- Covid-19 Care Policy
- Covid-19 Flowchart
- Useful Contact Details

CONFIDENTIALITY

In accordance with the School Nurses' professional obligations, medical information about our students, regardless of their age, will remain confidential. However, in providing medical care for a student, it is recognised that on occasions a Nurse may liaise with the Principal/Head of School and other academic staff, Boarding staff and parents/guardians/agents, and that

information, ideally with the s

If the student decides to continue with the pregnancy, then a member of the Nurses will complete a Risk Assessment to establish the adjustments that need to be put into place for the safety of the Student during their pregnancy.

MEDICINES IN THE HEALTH CENTRE

Medicines in the Health Centre and Boarding Houses are kept within a secure, locked cupboard and a refrigerator is available.

The Nurse keeps a list of non-prescription medication that is stocked in the Health Centre and a supply is kept in the Boarding Office in Elizabeth House and in the Reception at Varsity House. The list records details of administration: date, name, dosage and appropriate signatures.

ADMINISTRATION OF MEDICINE

It is important that students who need to take medication at School are involved as closely as possible in the arrangements made for them. When making arrangements for medical care at School the following is taken into consideration:

Independent management of needs
Supervised administration of medication

Information about an individual student's medical condition and related needs will only be disseminated to key staff that requires knowing in order to ensure the student's wellbeing (With prior consent from the student).

Details will be completed on Shackleton for each student receiving medication. A risk assessment and Independent Health Care Plan (IHCP) will be implemented for students who receive ‘controlled’ medications. This plan will include the following information:

- Name of medication/s
- Details of dosage and times for administration
- Side Effects of medication/s
- Staff involved in administration or supervision of medication

The IHCP and Risk Assessment of medication administration will be reviewed with the student and Nurse, at set intervals, to ensure the student’s medical needs are being met. Any changes will be updated on Shackleton and the appropriate staff informed by the Nurse.

Advice on the storage of medicines will be sought from a qualified pharmacist when required. A secure location is available in accommodation as well as refrigeration when required.

Medicines may be potentially harmful to anyone for whom they are not prescribed. The School acknowledges that it has a duty to ensure that risks to the health of others are properly controlled.

A few medicines, such as asthma inhalers and Epi-pens, will be readily available to students and not locked away.

Normally students will carry their own inhalers with them. However, a spare inhaler and

INDIVIDUAL HEALTH CARE PLAN

The main purpose of an Individual Health Care Plan (IHCP) for a student with medical needs is to identify the level of support that is needed (see Appendix 1). Not all students who have medical needs will require an individual plan.

An Individual Health Care Plan clarifies for staff, parents/guardians and the student, the help that can be provided. It is important for staff to be guided by the health care professional involved. The Nurse/should agree with parents/guardians and student how often they should jointly review the IHCP.

Staff should judge each student's needs individually as young people vary in their ability to cope with poor health or a particular medical condition.

Developing an IHCP should not be onerous, although each plan will contain different levels of detail according to the need of the individual student.

In addition to input from the School Nurse the student's GP or other health care professionals (depending on the level of support the student needs) may need to contribute to an IHCP.

Appendices:

APPENDIX 1 INDIVIDUAL HEALTH CARE PLANAP26(P)6(E)0.01A O41 0L(l)15(t)F(l)1O41 0R4(d)6(i)1561O4

APPENDIX 1 INDIVIDUAL HEALTH CARE PLAN

Medical needs	Symptoms

Max dose in 24 hrs	4g (8 tablets)
Follow up	Inform GP if symptoms persist
Warning/Adverse reactions	Side effects rare – rash, blood disorders, liver damage in overdose

Indications

When it can be used	▪ Pain relief for mild to moderate pain, migraine, musculoskeletal pain.
Do not give	▪ Asthma, pregnancy, known hypersensitivity to aspirin, ibuprofen or other NSAID ▪ DO NOT take if unable to have Sucrose or Lactose. ▪ Current or previous history of dyspepsia or peptic ulceration

When it can be used	For relief of chesty coughs
Do not give	Fructose intolerance or allergic to ingredients

Name of medicine	Cough Linctus
Dose	10ml (2x5ml spoonful)

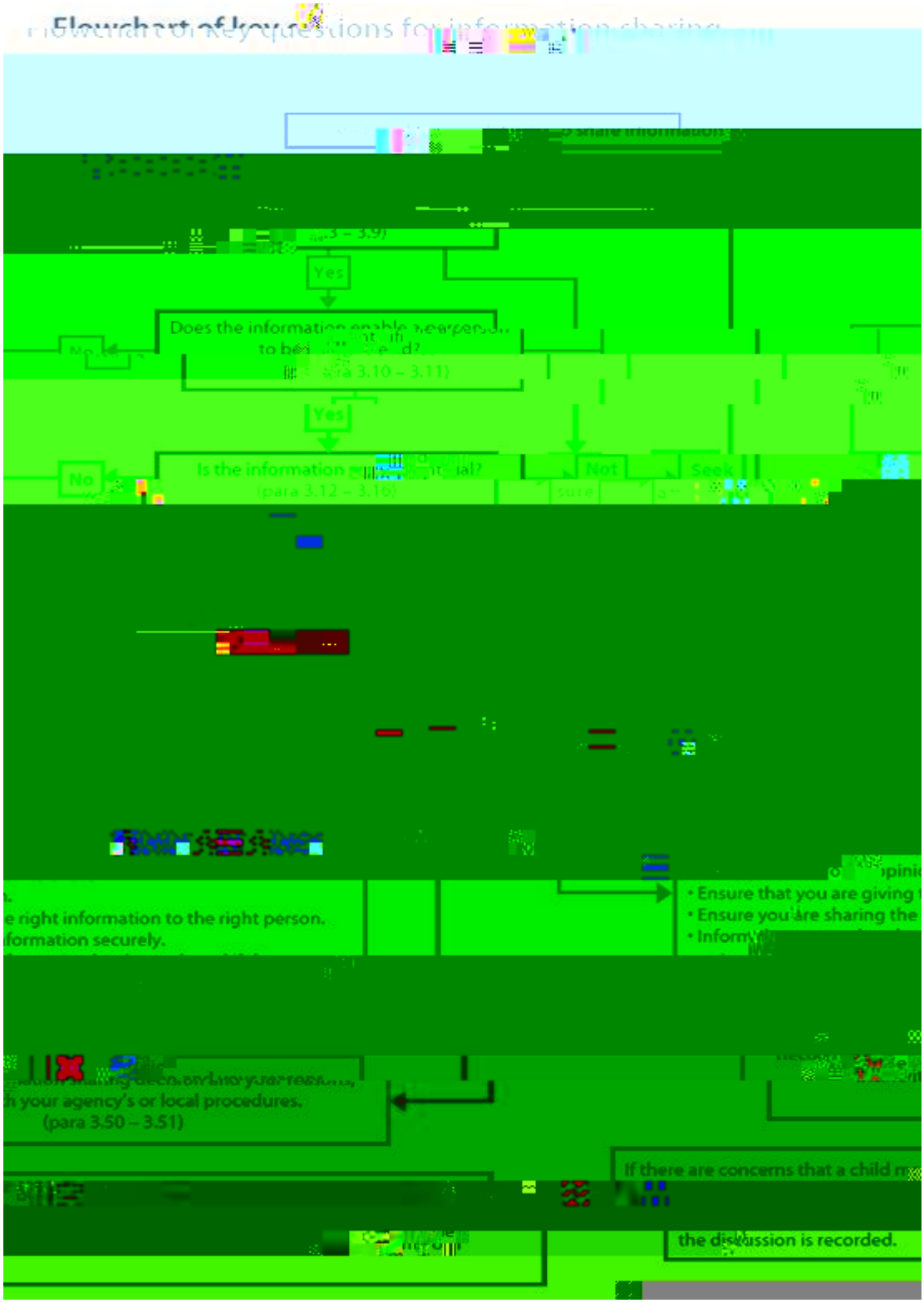
Frequency	2-3 hourly
Max dose in 24hrs	4
Follow up	Refer to GP if symptoms persist with a temperature
Warnings/Adverse Reactions	Rare – stomach upset

When it can be used	To relieve symptoms of diarrhoea
Do not use	

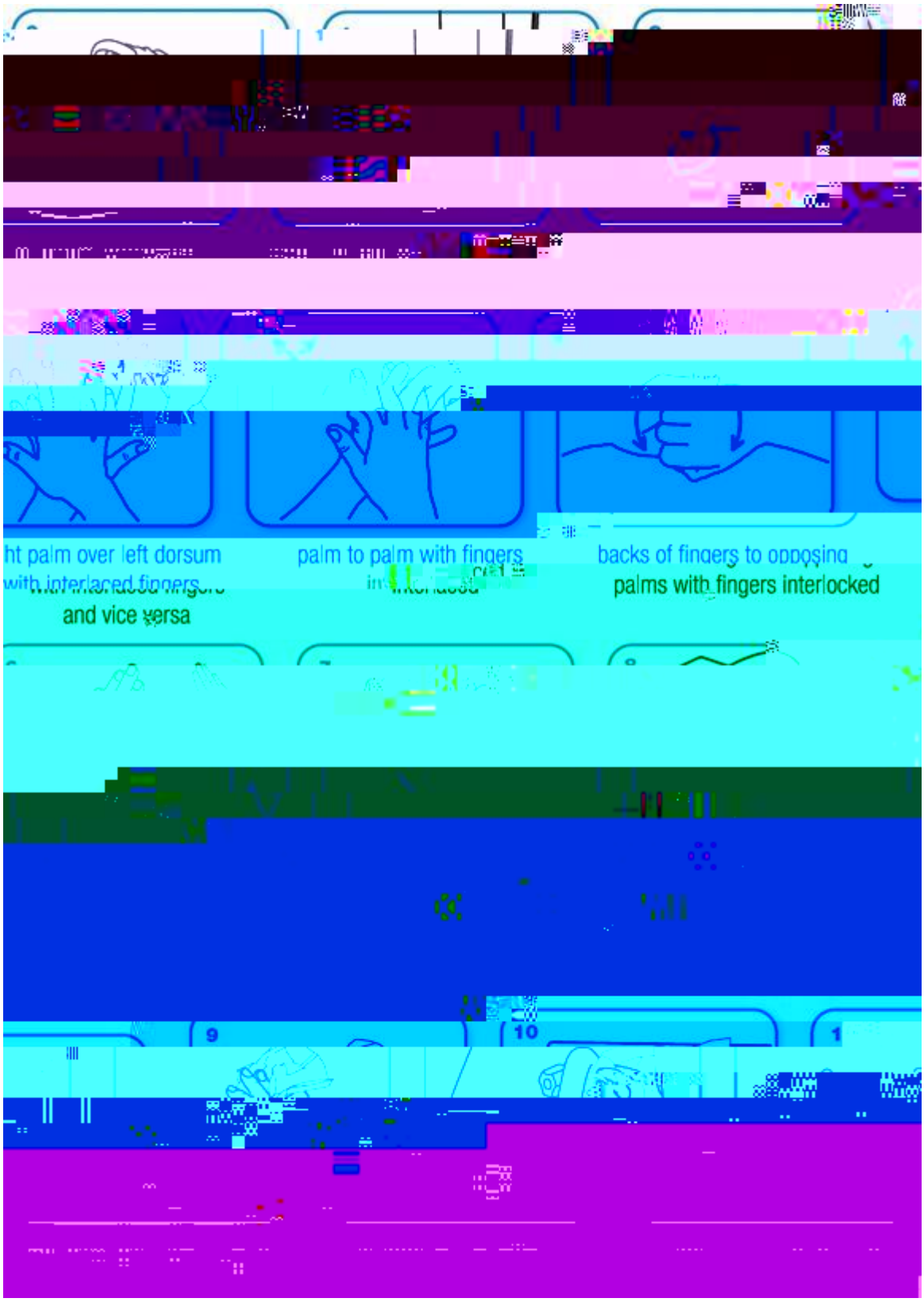
Dose	One centimetre applied to sore area
Route	Oral
Frequency	Every 3hrs
Max Dose in 24 hrs	
Warnings/Adverse reactions	Possible allergic reaction, symptoms may like those of asthma.
Advice	If symptoms persist after 7 days, seek advice

When it can be used	To relieve sun burn and skin irritation

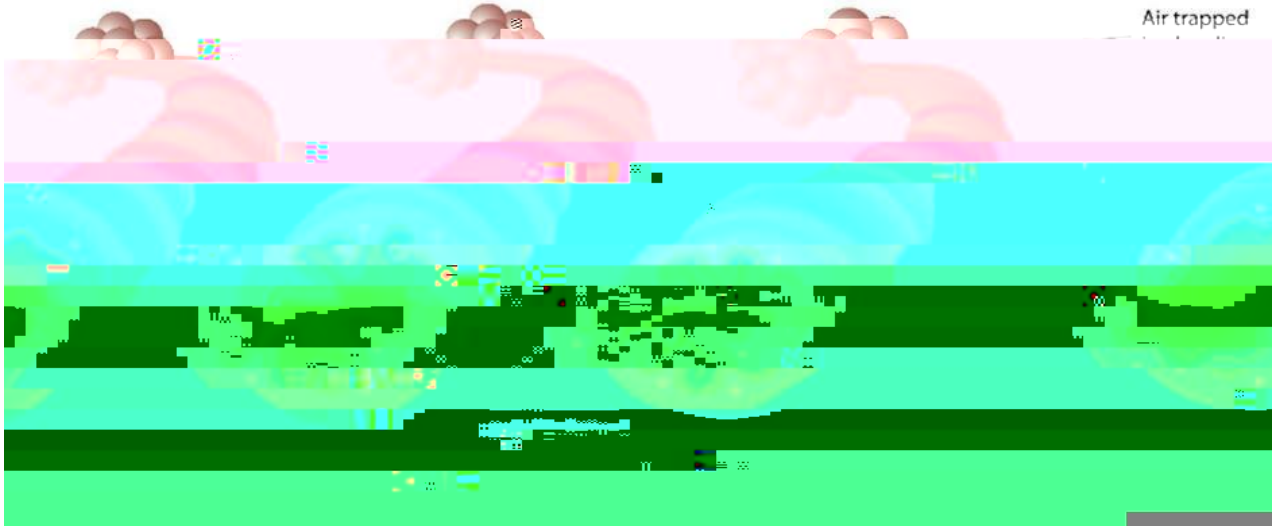
APPENDIX 3 FLOWCHART OF KEY QUESTIONS FOR INFORMATION SHARING



APPENDIX 4 GOOD HYGIENE PRACTICE AND HAND HYGIENE (INFECTION CONTROLS)


palm to palm with fingers
palms with fingers interlocked
and vice versa

APPENDIX 5 ASTHMA POLICY



Some students will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the Doctor/Nurse. This medication needs to be taken regularly for maximum benefit. This should not need to be brought into School with them daily, but if they are going on a Residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke (Source: Asthma UK)

- A salbutamol metered dose inhaler;
- At least two disposable spacers with the inhaler;
- Instructions on using the inhaler and spacer;
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers (see below);
- A list of those students who are permitted to use the Emergency Inhaler

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

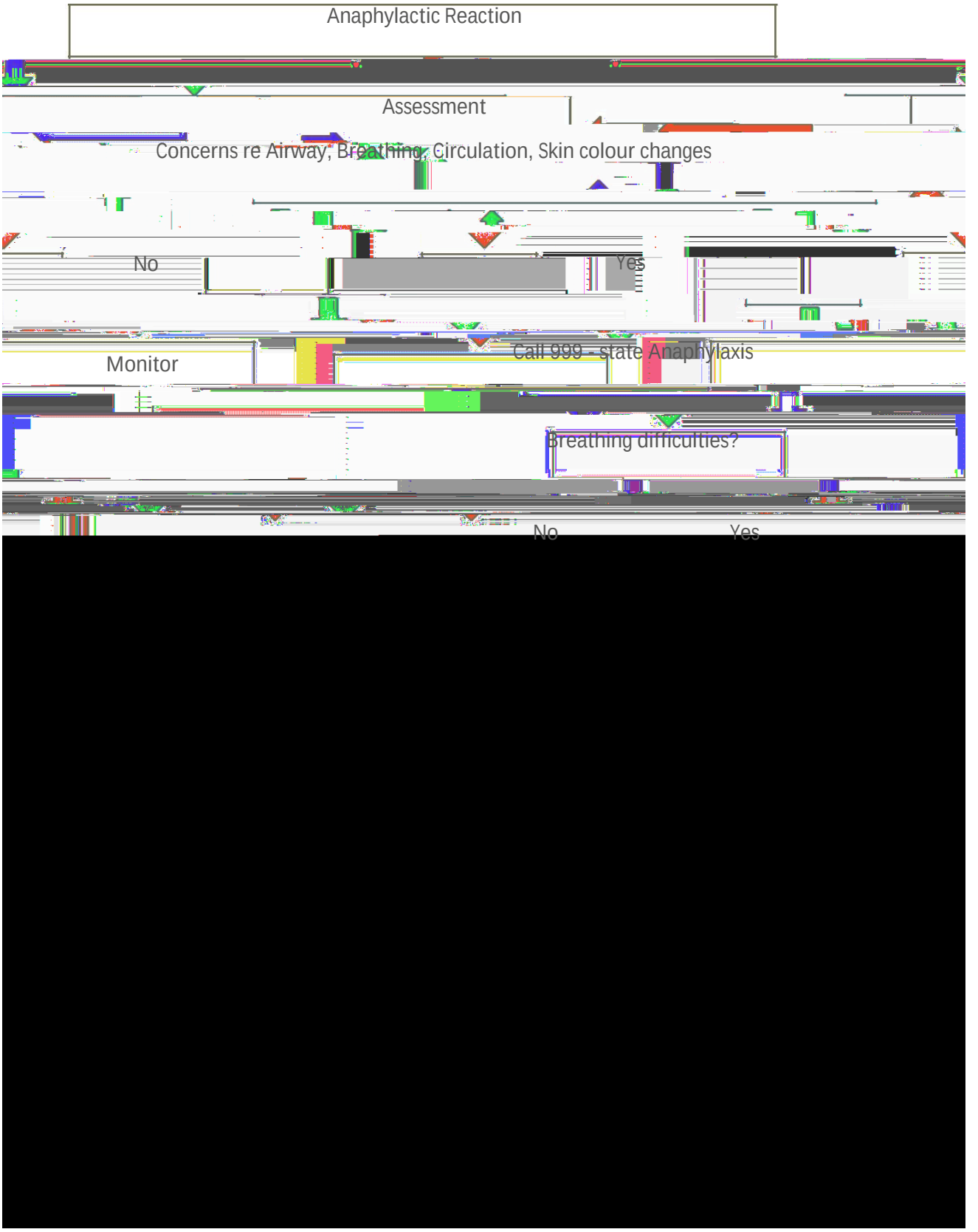
Asthma UK has produced demonstration films on using a metered

Asthma UK website (2015)

- Asthma UK (2006) School Policy Guidelines.
- Emergency asthma inhalers for use in schools 2014

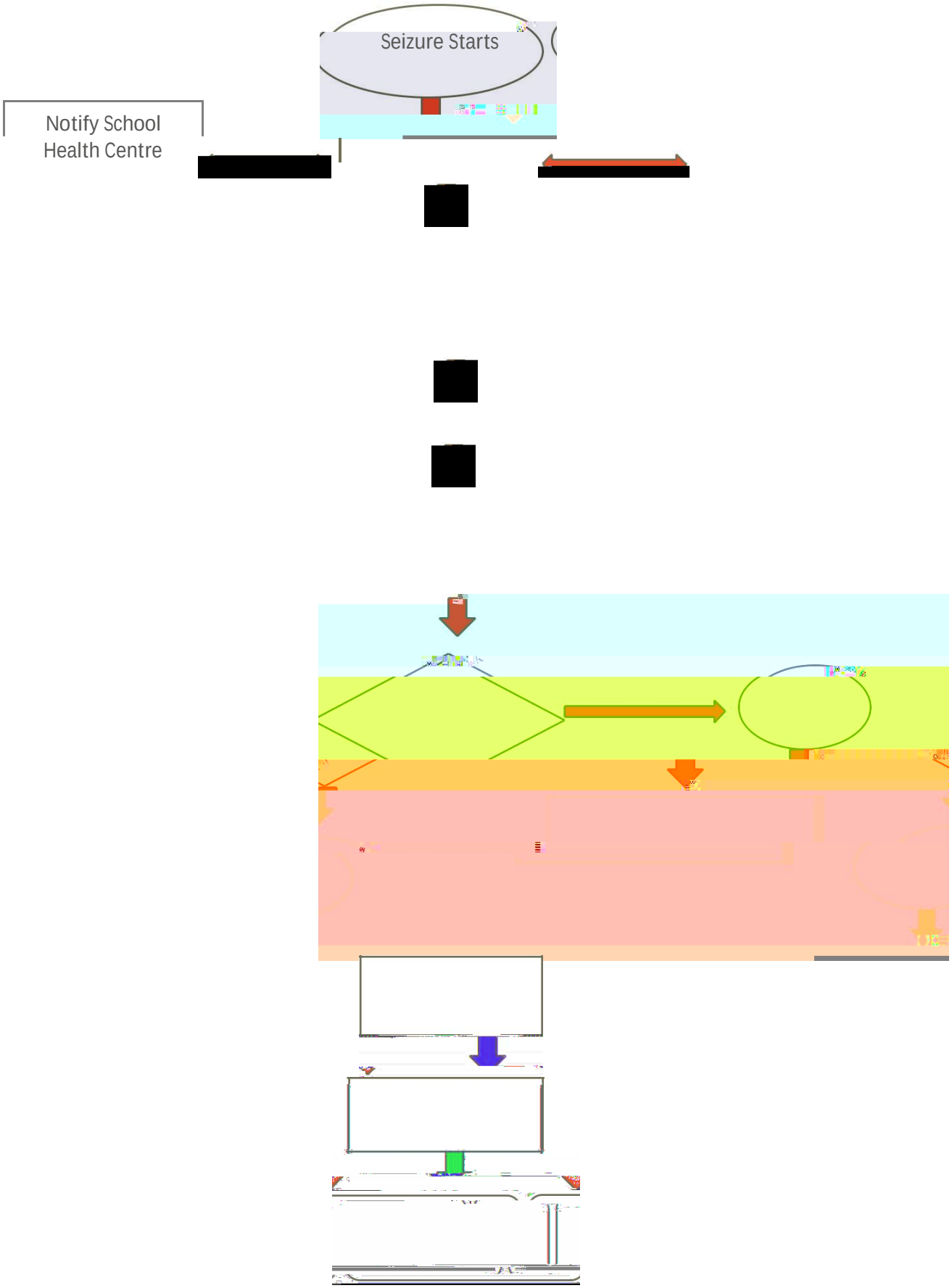
http://www.nhs.uk/Livewell/asthma/Pages/Asthmaattacks.aspx

APPENDIX 6 ANAPHYLAXIS FLOW CHART



http://www.epipen.co.uk/patients/epipenr-user-guide

APPENDIX 7 EPILEPSY FLOWCHART



APPENDIX 8 HEAD INJURY/CONCUSSION POLICY

The aim is to support students who have received a Head Injury and to minimise both long- and short-term effects of the injury.

Head Injury is defined as any trauma to the head other than superficial injuries to the face. It could be caused by

- Sports injury
- Accidents with hard objects like doors, chairs, walls, stairs, roads etc.

- Concussion is a brain injury caused by a blow to the head or body resulting in the brain being shaken.
- Concussion causes a disturbance to the brain function which can affect the student's thinking, memory, mood, behaviour and level of consciousness.
- Concussion can occur without loss of consciousness
- Most concussion recovers after a time of rest, physically and mentally.
- It could take up to 48 hours for this to develop

Symptoms of a minor head injury is usually mild and short in duration and can be treated with Paracetamol only if no new symptoms develop within 48 hours, unless prescribed by the GP.

- Mild headache
- Nausea
- Mild dizziness
- Mild blurred vision
- Observe closely for 24 hours

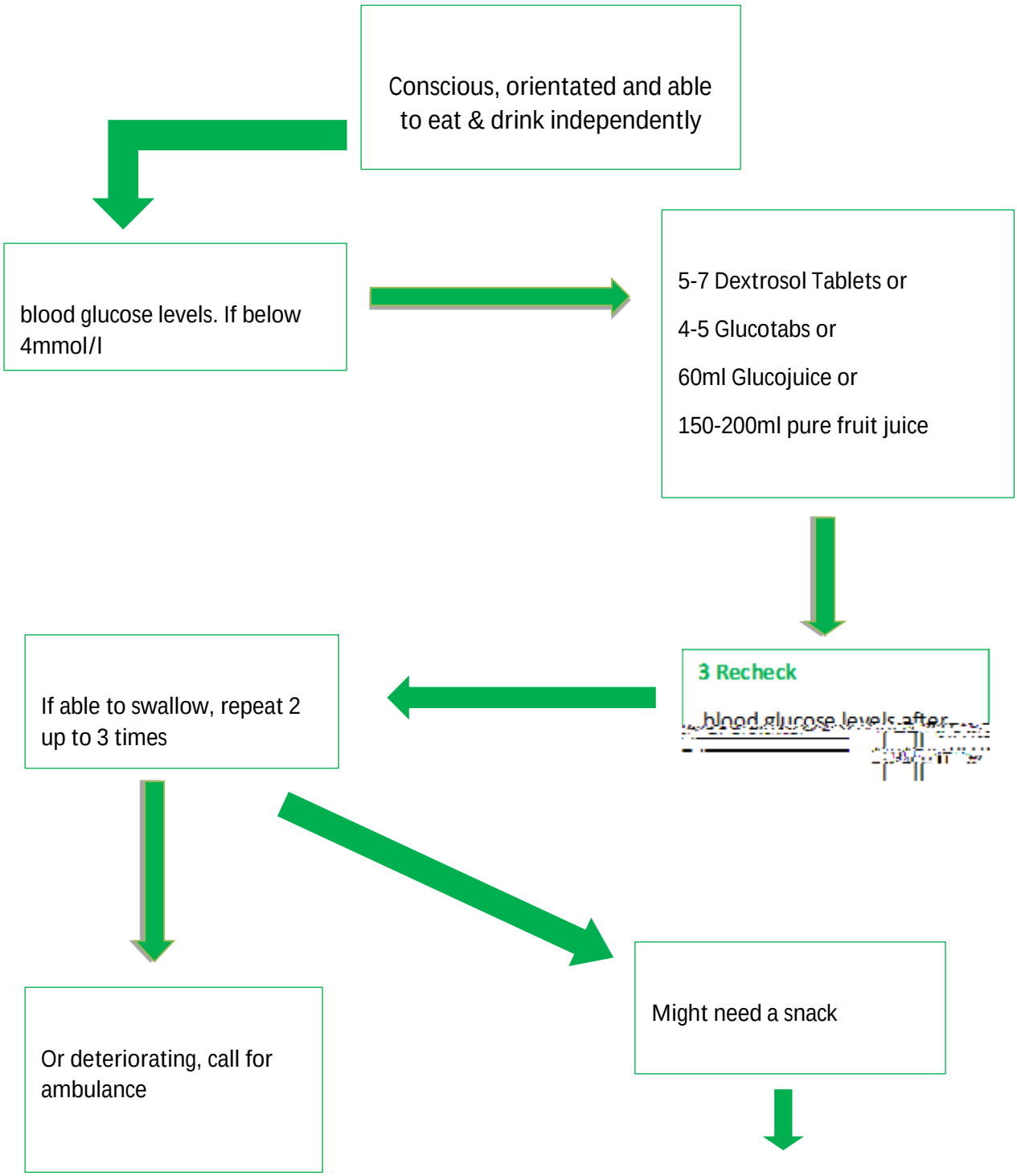
NB. If these symptoms get worse, or if there are other serious symptoms, go straight to A&E or call 999.

- Unconsciousness, either brief or prolonged
- Inability to stay awake or becoming sleepy several hours following the injury
- Clear fluid leaking from the nose or ears
- Bleeding from either or both of the ears
- Bruising behind either or both of the ears
- Any sign of skull damage or a penetrating head injury
- Difficulty speaking, such as slurred speech
- Difficulty understanding what people say
- Reading or writing problems
- Balance problems or difficulty walking
- Loss of power or sensation in part of the body, such as weakness or loss of feeling in an arm or leg
- General weakness

This is a serious, long-term medical condition where the amount of Glucose in the blood is too high. This is because either the Pancreas is no longer able to make Insulin or the Insulin doesn't work properly. Insulin is needed in order to live. It enables Glucose in our blood to enter the cells and fuel the body. Glucose is made from the conversion of carbohydrates which we eat and drink in our diet. The Glucose then enters the blood stream, but either there is no Insulin available or the cells become resistant, the cells stop responding to Insulin, so that the blood glucose builds in the blood stream.

Paleness	Eating more sugary or starchy food
Palpitations	Unwell
Fast pulse	Problem with the pump
Lips feeling tingly	Pear Drop /Acetone smelling breath
Blurred vision	
Hungry	
Tearful	
Tiredness	
Headache	
Lack of concentration	

TREATMENT OF HYPOGLYCAEMIA ð MILD, MODERATE & SEVERE



If able to swallow and is conscious and co-operative:

Give 1.5-

Are they semi-conscious;
Unconscious;

Convulsing

Unable to take anything by mouth

If breathing, recovery position

If fitting, place something under head and move furniture etc

APPENDIX 11 COVID-19 RESPONSE CARE POLICY (FROM SEPTEMBER 2022)

1. C19 symptomatic students will be provided with access to a Lateral Flow Device Test without charge and asked to complete the test – the test should be completed under the supervision of a member of staff.
2. When a positive LFDT is returned:
    a. The supervising member of staff should:
        i. Advise the student of the need for isolation:
            1. U19: 3 days isolation then 2 negative LFTs, or up to 5 days if still producing positive LFDTs
            2. O19: 5 days isolation then 2 negative LFTs, or up to 10 days if still producing positive LFDTs
        ii. Ensure that the student contacts their parents and be on hand to answer any questions that the student or parents may have.
        iii. Confirm the positive test result by e-mail to the P, VP, HoB, School Nurse, and the senior member of boarding staff on duty if not the HoB:
            1. Student CEG Number
            2. Date and time of test
            3. Confirm parental contact
        iv. Note that there is no longer a need to identify and test close contacts
    b. If the student refuses to follow the self-isolation protocol they should be briefed on how they can protect others from infection:
        i. Maintain social distancing
        ii. Wear a face mask
        iii. Regularly wash their hands
3. When dealing with a potential Covid-19 case, or when providing pastoral support to a student who has tested positive for Covid-19, staff must always wear appropriate PPE, as provided by the School. All PPE (aprons, gloves, face shields and scrubs) will be stored at the boarding offices. Used PPE must be double bagged before disposal in the appropriate way.

N.B. In the event that the wider Covid 19 situation is escalating, the above guidance should be regarded as the minimum, when advice from the Local Authority or National Government that goes beyond the provisions above, that advice will have primacy and the School will review and update its wider C19/Pandemic risk assessment and protocols in the context of that advice.

APPENDIX 11 USEFUL CONTACT DETAILS

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

Advice line: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: www.asthma.org.uk

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc/

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: www.cftrust.org.uk

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Tel: 0870 000 2288

Website:www.dfes.gov.uk

Tel: (020) 7210 4850

Website:www.dh.gov.uk

DRC helpline: 08457 622633

Text phone: 08457 622 644

Fax: 08457 778878

Website: www.drc-gb.org

Freephone Helpline: 0808 800 5050 (Monday –