

# Medical Protocols and Practice

This policy applies to all pupils in the school.

## The Role and Operation of the Health Centre

### Outline

The school Health Centre is located in the Oakholme building and has at least one qualified registered nurse on duty from 8.15am until the end of the school day. This nurse is usually the school Health Advisor, Mrs H Hudson and another member of the school nurse team, Mrs Warlow, Mrs Bettson-Burdett, Mrs Wagstaff and Mrs Lloyd. The nurses are all fully qualified and update their registration on a three yearly basis. The School's medical officer is Dr H Maxwell Jones of The Surgery, Ashbourne. There are male and female doctors at this practice whom pupils may request to see. There is a Governor with responsibility for medical/health issues.

When a child is registered at school we request that parents complete the medical data sheets and return them to the school Health Centre in the few weeks before the start of term. Relevant medical information is recorded on our PASS records, for use by staff. It is normally expected that full and weekly boarders will register with the school doctor and then consult their own GP during the holidays as a temporary resident. Day pupils can be seen as necessary. However, any pupil has the right to register with any doctor of their choice for the provision of general medical services.

Boarding pupils with medical appointments and day pupils who have accidents are generally accompanied to off-site appointments and on hospital visits by house staff and occasion by the medical staff. There is close liaison between houseparent's and the medical centre via discussions and the medical books. The Health Advisor attends all the Pastoral Committee meetings. The nurse team is a significant part of the pastoral/welfare system at Abbotsholme.

A pupil's ability to consent to, or refuse, medical or nursing treatment will be acknowledged. This is based on competency and not age. Consent for each individual treatment will be obtained and parental consent or the consent of someone with parental responsibility is required for any pupil not deemed competent.

Pupils should be up to date with routine immunisations in accordance with schedules issued by the Department of Health. Those who are not fully immunised on entry to school should receive appropriate immunisations as soon as practicable both for their own protection and for that of the wider school community.

It is suggested that routine dental care be dealt with during the school holidays to minimise disruption to academic work; however, urgent care can be provided in the cases of dental trauma.

We expect parents or pupils to inform their houseparent or the nurse on duty if the pupil returns to school when taking medicines prescribed by their own GP e.g. antibiotics. Pupils should not return to school and take medicines whether prescribed or bought over the counter, without the knowledge of their house parent or the school Health Advisor.

*There is more advice for parents about infectious illnesses etc in the Guide for Parents and in EYFS policies on the website.*

## **Health Centre Ethos**

Our ethos is to offer the pupils, at all times, a holistic approach to their health and wellbeing and to respect their individual rights.

In order to achieve this, the School Health Centre will:

- Always respect the pupil's rights to confidentiality, trust and dignity.
- Adhere to the school's Safeguarding Children Policy.
- Advise pupils about their physical, medical, sexual and emotional health.
- Develop a culture of "wellness" rather than illness.
- Provide health education to the pupils.
- Advise relevant boarding and academic staff about pupil's needs, when appropriate and with consent from the pupil.
- Co-ordinate provision of training and information on Child Protection and Child Welfare to all staff.
- Offer appropriate treatment on site and refer to other medical agencies as medically indicated.
- Involve the pupils in any decisions about their health.
- Act as the pupil's advocate in health related issues.
- Be willing to override decisions of other departments in the school when necessary for the child's medical and/or emotional welfare.
- Liaise with support agencies as appropriate.
- Acknowledge and respect the pupil's individuality at all times.
- Act in a professional manner at all times to deliver a high standard of care.

## **Confidentiality Procedure**

Nurses work to a code which was updated in 2015. In relation to confidentiality this states:

- You must respect people's right to confidentiality.
- You must ensure people are informed about how and why information is shared by those who will be providing their care.
- You must disclose information if you believe someone may be at risk of harm, in line with the law.

A duty of confidence arises when one person discloses information to another in circumstances where it is reasonable to expect that the information will be held in confidence. It is not acceptable for nurses to discuss matters related to the people in their care outside the clinical setting.

Disclosure means the giving of information. Disclosure is only lawful and ethical if the individual has given consent to the information being passed on or if there is a legal obligation to make disclosure as a Child Protection issue.

**A duty of confidentiality is owed to all patients from birth to death and beyond.**

As a parents/significant other you expect to have the right to know about your child's medical consultations. You may feel you need to know, but you have no actual right to know. Children have the same right to confidentiality as an adult.

Professionals in the medical/health service have to respect a child's right to confidentiality as long as there are no child protection issues. There is no lower age limit and as long as the child is Gillick/Fraser competent, then they have the right to confidentiality and can make their own decisions, concerning accepting or refusing treatment. Competence is usually around age 12 but would vary in individual circumstances and maturity. Obviously it is often preferable to have the parent/significant other involved, but it is the choice of the child whether this occurs.

Failure to comply with this code may bring a nurse's fitness to practise into question and endanger the nurse's registration.

The nurses will respect a pupil's right to confidentiality at all times in line with the above

Policy, reviewed October 2016.

## **Policy for nursing notes of pupils held in the Health Centre**

The notes held are school nursing records and do not form part of the normal medical records which are held by the GP that the pupil is registered with.

If a pupil has an illness or contact with a hospital or specialist service, then the relevant medical correspondence will be sent to either the referring GP or the registered GP. If the pupil has attended the local GP surgery as a temporary resident then this information is automatically passed on to the registered GP and becomes part of the main life-long NHS medical record. If the pupil is registered with the local GP (e.g. full boarder) then the whole medical record will be forwarded to the next GP that the pupil subsequently registers with.

The nursing notes must be safely stored by the Health Centre for 8 years after the pupil has left school in case any dispute or claim occurs.

The notes remain confidential to the Health Centre and to the named pupil until their ultimate destruction.

### **Requests for copies of nursing notes**

It is recognised that pupils may wish to have copies of their nursing records either when they leave or indeed at any time during the school career.

- Only the pupil can request copies and this must be done in writing. Competency to give consent to request a copy of their school nursing notes will be dealt with on an individual basis.
- As there is time involved checking for third party identification and administration, the school will charge £1 per copy and associated costs, e.g. nurse hours. Invoice will be sent in advance and copies will be provided on receipt of payment.
- The notes must be checked for any third party that can be identified. Any such identification must be removed from any subsequent copies. Example of third party identification could be "alleges injury caused by John Smith hitting him" or "caught smoking with Ann Jones" or "Mr Nixon keeps calling me stupid".

- The copied notes will only be given personally to the pupil to whom they concern. They will only be sent to a parent/guardian with specific consent, in writing, by the pupil.

Dr Helen Maxwell-Jones, School Medical Officer  
 Mrs H Hudson, School Health Advisor  
 Policy reviewed November 2015

## **Protocol for medical problems that may prevent a pupil going on a school trip**

There are occasions when the school cannot allow a pupil on a school trip or activity for reasons associated with health. The school realises that this may be disappointing for the individual concerned; however, the school has to look at the wider picture for all concerned on a particular trip. The school has a duty of care to all the pupils in that group.

The school will endeavour to accommodate individual pupils' needs if possible but there are times when this is not possible or potential dangers are too great for the rest of the group.

**Medical factors to consider** (could include medical, psychological or emotional reasons):

- A pre-existing medical problem or condition.
- A deterioration or change in a pre-existing medical problem.
- Last minute presentation of illness or injury.
- A medical problem still under investigation.

**Other factors to consider:**

- All trips and activities undergo a risk assessment and any individual pupil's needs (e.g. diabetic, asthma, allergy etc.) are taken into account.
- The health and safety of the pupil.
- The health and safety of the group if a problem were to occur (at least one member of staff may have to leave the rest of the group).
- The location of group (e.g. near to school/home or not).
- The ease of access to medical care, including availability of telephone signal, remoteness of camp, transport etc.
- The leader's experience in that activity and relevant first aid.
- What the trip involves e.g. activities to be undertaken.
- The overall fitness and the stamina of the pupil.
- Would the school insurance cover the situation?
- Recent injuries will be dealt with according to their extent or nature. E.g. a pupil unable to weight bear fully may not be allowed out on a walking hike but may be able to watch a climbing group if on OED. Staff and other pupils cannot be expected to help with, for example, wheelchairs, as this brings in further health and safety issues.

**Process for decision making**

Where appropriate the process will include the following:

- The School Health Advisor will initially raise concerns with the pupil and/or family, where appropriate.
- The pupil or family will be informed of the potential exclusion.
- The School Health Advisor will discuss with the School Medical Officer or other health professionals and obtain a medical opinion.
- Where relevant, the trip leader will be informed. This will allow discussion regarding suitability or possible alterations to the trip in order to accommodate the pupil. All the above factors will be taken into account.
- The School Health Centre respects the pupil's right to confidentiality at all times; however, if consent is not given to divulge information that could have a significant bearing on the arrangement for the trip, then that pupil cannot attend the trip/activity. (A trip leader cannot be expected to deal with a medical problem of which they are unaware and had no briefing).
- Ideally an agreement can be reached between the School Health Advisor and the pupil/parents.
- If any disagreement then a final decision will be made at a meeting between the Headmaster (or Deputy Head), the head (or deputy) of the relevant department, e.g. Outdoor Education, Sport (or deputy) and the School Health Advisor (or deputy).

Policy reviewed by Nursing Staff and SMT November 2015.

## **First Aid Policy & Accident Reporting**

All Staff are expected to use their best endeavours to secure the welfare and safety of all pupils. First Aid will be administered in a timely and competent manner. Staff should take precautions by wearing disposable gloves to prevent the spread of infection or when dealing with blood or bodily fluids.

Many of the staff are qualified in basic first aid and qualifications are updated every three years. The majority of staff in the EYFS stage have a paediatric first aid qualification. Most residential boarding house staff have a first aid qualification. After school, when pupils are present, there is always at least one qualified first aider on site. A full list of staff qualified in first aid is maintained by the Assistant Head.

First aid boxes are located in strategic and named places around the school and in each minibus. The Health Centre staff check the contents of these regularly.

### **Location of First Aid boxes**

- **Health Centre**
- SMT office
- Kitchen
- Science Department
- Equestrian Area
- Reddie Hall (Sports Area)
- Technology Department
- Food Technology
- Farm manager's office
- Outdoor Education office
- Art Department

- All boarding houses
- Pre Prep

For more detailed EYFS medical procedures see EYFS policies on the school web site.

Medical PASS lists have to be discussed with the Health Centre before any out of school activity as advised by the Educational Visits Co-ordinator (the Assistant Head).

Any staff concerned about a pupil's medical treatment must ask at the Health Centre, who will give appropriate guidance.

All pupils in year 8 attend a term of First Aid training. There is also First Aid training for Lower 6<sup>th</sup> pupils as part of Gold Duke of Edinburgh Award expedition training.

## **First Aid Procedure**

### **On the school premises during the day**

When a child sustains an injury the initial care can be started in that area e.g. a burnt finger can be placed under a cold tap in the cookery room, a cut can be covered in CDT.

The child, if able, should then be escorted (if appropriate) to the school Health Centre. If the child is unable to do this the nurse must be called to the injured child.

The injured child will then be dealt with in an appropriate manner which may include calling an ambulance.

### **In boarding houses**

Each house has its own first aid kit and accident book.

When a child sustains an injury they must see their houseparent or the person on duty at that time. First Aid will be administered in a timely and competent manner. If the injury requires more attention than the person in charge can give or there is any doubt whether further care is needed then the injured child should be taken to Accident and Emergency or advice could be sought from the school Medical Practice. The telephone number is (01335) 342500; you may be advised to call 111. The house parent will also inform the parent(s) as appropriate if an A & E trip is necessary.

### **In EYFS Stage**

See EYFS Policies

## **Accidents**

Accident Reporting: also see Health and Safety policies.

All accidents, whether or not they result in injury, should be reported and a form completed within 24 hours, on weekdays, and 48 hours at weekends, by the member of staff witnessing the accident or on duty at the time. If a pupil is involved, the form should be given to the Health

Centre. If a member of staff is involved, or a child participating in Sportastic, it should be given to Richard Mayfield.

Serious accidents must be reported immediately to the Health Advisor and Operations Manager, who will liaise with the Health and Safety Executive under RIDDOR rules. All school sponsored or authorised activities away from school come within the above.

The completed accident forms will be collated and reviewed by the Health and Safety advisor (the Operations Manager).

Parents will be informed if their child is injured. If necessary, they will be taken to the doctors or hospital, and the child will be accompanied. The school nurse will inform parents of head injuries, if deemed appropriate. In the case of EYFS children parents will be informed of any accident or injury as soon as is practicable and of the treatment given.

## **Illness Procedure**

### **Procedures for illness during the school day**

The school Health Centre is managed by a qualified nurse at all times during the school day during term time.

If boarding children are not able to get to the Health Centre their Houseparent must notify the nurse on duty by 9.00am, then a visit can be made.

During the day, pupils should, where possible, attend for minor illness/ailments during break or lunchtimes.

Emergencies will be dealt with immediately. If appropriate, an ill child should be escorted to the Health Centre.

If a pupil is unwell the Health Centre Staff will liaise with parents.

No pupil may leave school without a sign out slip from the Health Centre Staff, their tutor, a Head of Year or the Deputy Head.

### **Procedures for illness in boarding houses.**

An ill child should report to their Houseparent, who has access to a range of options to ensure good care of the pupil. If out of school hours, the school Medical Practice (01335) 300588 handles concerns and may be used to offer advice or support and suggest appropriate courses of action, which may include: an out of hours GP surgery visit; attendance at A and E; or calling an ambulance. Alternatively advice can be sought by using the non-emergency help number, 111. The Houseparent will also inform the parent(s) as appropriate.

## **Procedures for care of boarders who are unwell in the boarding house**

Boarders who are unwell are generally asked to return home or go to their guardians, for care appropriate to their condition; however, arrangements can be made within the boarding house to ensure appropriate care of pupils who are ill, in bed.

The houseparent will follow advice of the doctor or school Health Centre for monitoring the pupil's condition and will ensure that the pupil can summon immediate help at all times, by mobile telephone.

When there is a need for separate toilet and bathroom facilities to be provided, this can be accommodated, within each house.

## **Emergency Procedure**

During the school day and at other times when there is a nurse on duty the nurse will give guidance on when to call an ambulance.

At all other times individual protocols are to be followed or **if there is any doubt about a child's welfare then a 999 call must be made to a first responder to make the decision regarding a child's medical or psychological needs, or the need for an ambulance.**

## **Protocol for advising parents regarding visits to Accident & Emergency and/or other out of hours services.**

During the school day, advising parents, if appropriate, regarding a pupil accessing off site emergency medical or health assessments will be dealt with by the school nursing team.

During the evening or weekend communicating to parents (and the school Health Centre) will be the responsibility of either the duty member of staff taking the child for an appointment or A&E assessment, or the houseparent. The parent can be advised as the child is leaving for the appointment or at a convenient time on their return which ever seems most appropriate.

There may be times when a child does not wish their parent to be informed. The hospital staff will be able to advise accordingly at this time and the school nursing team would need to be advised of this as soon as possible.

The child could call the parents themselves as an alternative, for example if they are being taken and the staff member is driving.

## **Policy for the Control and Administration of Medicines**

All medicines which are kept in the school Health Centre are stored in locked cupboards and administered under strict procedures. (See Health Centre Protocols)

The medicines which are to be used in the boarding houses, either prescribed or non-prescribed, and in EYFS are stored in a locked cupboard and are administered using the following guidance:

- The reason for giving the medication is established.
- A check is made on whether the pupil is allergic to any medication.



- A check is made on whether or not the pupil has taken any medication recently and if so what (e.g. paracetamol must not be taken more frequently than every four hours and the maximum dose in 24 hours for that age group, printed on the pack, must not be exceeded).
- A check is made as to whether or not the pupil has taken that medication before and if so whether there were any problems.
- A check is made on the expiry or 'use by' date on the medication package or container.
- The pupil should always take the medication under the supervision of the person issuing it.
- A record is made of the details: the name of the pupil; the reason for the medication; the nature of the medication; the dose; the date; and the time. These must be recorded immediately in the relevant book, with the person administering the medication signing and dating the written record.
- The Health Advisor checks these records daily and the Deputy Head checks them half termly.

Prep-prep and Prep pupils presenting with minor illness and ailments that require treatment should be sent to the Health Centre. These pupils will only be given paracetamol or other medication if the Nurse on duty at that time can contact the parents and get verbal consent. If parents are happy for their child to be given medication this will be given as per the instructions on the carton or bottle, not as per the parent's wishes i.e. appropriate doses in relation to age. If the parents or other designated adult (as per the child's medical data sheet) cannot be contacted then the child will not receive medication. For Prep children in boarding the house parents act in loco parentis, where required.

Pupils in the Senior School presenting with minor illness and ailments should be sent to the Health Centre where appropriate treatment will be given. Day pupils should not bring medication of any kind into school unless prescribed by a G.P. In the case of pre-existing conditions and/or prescribed medication, it is expected that the parent will advise the Health Centre staff.

### **Boarders keeping their own medicine.**

If pupils are aged 16 years and over they may be eligible to keep their own medication. All boarders should inform the Health Centre and their houseparent if they have medicines in their possession, in order that this can be managed in the most appropriate manner. No pupil should ever share their medication with another person.

### **Fitness to self-medicate**

When a pupil has medications prescribed either from the School medical officers practice or their own GP, if we are aware then a decision will be made as to whether the pupil is fit to self-medicate.

The medical data sheet asks for parents to sign regarding a child's fitness to self-medicate. This would normally be over 16's only and would depend on many factors e.g. maturity, previous history of tablet taking, the type of medication or any areas of concern.

If a pupil was then deemed fit to self-medicate then a 'fitness to self-medicate' sheet would be signed and a copy given to the relevant houseparent. Parents and houseparent's would be involved, if appropriate, with the decision making process.

If at any time there is a concern about the pupils fitness to self-medicate then the privilege to do so is withdrawn.

Controlled drugs would normally be managed by the houseparent and pupil or Health Centre or pupil.

## **Staff taking medicines**

Staff must seek medical advice if they are taking medication which may affect their ability to care for children. Staff medication on the premises must be securely stored and out of the reach of children.

## **Household remedies**

The school uses medicines recommended by the School Medical Officer, including paracetamol, ibuprofen, etc. Boarding staff should not use any other household medicines or remedies.

Updated: January 2017

# **Policies for Particular Medical Conditions & Named Risks**

## **General procedures for pupils with particular medical conditions**

Pupils with specific medical needs have an individual care plan. This is held by the Health Centre and distributed to staff as and when required, for example trip leaders. All houseparent's have a copy of the plan relevant to the pupils in their care. All staff are aware of pupils with specific needs e.g. asthma, diabetes, epilepsy and nut allergies. Guidance is available on shared documents (Medical General Information).

## **Asthma- advice for Houseparent's and duty staff**

Asthma is a long term medical condition that affects the airways - the small tubes that carry air in and out of the lungs. Asthma triggers then irritates these airways, causing them to react. These reactions lead to the symptoms of asthma.

All children with asthma will have a reliever inhaler, usually a blue inhaler. The reliever medication should be taken immediately, when asthma symptoms start. The usual symptoms of asthma are coughing shortness of breath, wheezing, tightness in the chest, being unusually quiet and they may have difficulty in speaking in sentences. Most children will use their reliever or blue inhaler at the start of symptoms without further problems developing; however, sometimes a pupil's asthma symptoms may not settle and they may have an asthma attack.

## **Policy and protocol for emergency inhaler in school**

In October 2014 legislation changed to allow schools to purchase salbutamol inhalers without prescription for use in emergencies. This guidance was updated in March 2015. (Department of Health, Guidance on the use of emergency salbutamol inhalers in schools, March 2015).

As a school we will adhere to this guidance and the following is our policy and procedure related to it:

- Pupils will continue to be reminded to have and to use their own in date labelled reliever inhaler.
- A list will be produced of those pupils who have asthma or have a prescribed salbutamol inhaler and whose parents consent to their child using the school emergency inhaler if there is a need.
- The emergency inhaler can only be used in the above circumstances or for any of our boarders for whom we are in local parentis.
- If a member of staff administers the inhaler, a record is made at the time of administration. Following the use of the emergency inhaler the school health centre should be informed and appropriate action taken.
- During the school day, if further action is required staff, will be able to call the Health Centre on the emergency mobile and/or use the emergency procedure and call 999 requesting assistance for an asthma attack and follow the 'what to do in the event of asthma attack guidance'.
- During the evening or weekends then a call to 999 is made as above for assistance and the asthma attack guidance is to be followed until help arrives. The Health Centre is to be informed as soon as is possible following this event.
- Emergency inhalers and packs will be made available around the school site in PE, OEd, Farm & Equestrian and the boarding houses, in addition to two in the school reception area. These two are in case of need for staff to be able to take out on a trip not for pupil use in that area.
- These packs will contain: the pupil list; 'how to recognise an asthma attack' information; what to do in an asthma attack information; and a reminder to inform the school Health Centre of use the school emergency inhaler, and the reasons for use.

Staff are to have access to asthma information by being able to view a presentation, which was delivered to the whole school staff at January 2016 inset regarding emergency inhaler use. In addition, staff in the departments that will hold emergency packs have further information and advice as required.

As necessary, more information will be given to staff on an individual basis.  
Updated required: January 2017

## **Policy on Nuts and Other Food Allergies**

Abbotsholme School recognises that food allergies are of serious concern and understands that parents and pupils require some assurance as to its position. In recognition of this, the school continues to implement its policy for no nuts or peanuts throughout the school. This policy is effective in all areas of the school, both on and off site. On site this will include the Food Technology and Catering Departments and the boarding houses.

We work to the current Food Standards Agency guidelines as of 13/12/2014 in addition to working very closely with our suppliers to identify and remove any products that contain these ingredients. Whole and flaked nuts have been removed from our supplier listings; however certain products are labelled as 'may contain traces of nuts' and 'made in a factory where nuts are used'. In these cases assurances have been given by the suppliers that the trace elements will be extremely small and in a majority of cases, none will be present. At present, these products have continued to be used within the school.

We anticipate that Senior School pupils will seek further advice and support from the Health Centre or catering staff with regard to food allergies when choosing meals. In relation to Prep

and Pre Prep School pupils, we seek further clarification from the parent and provide individual support as appropriate, when the pupil uses the dining room.

The school takes the issue of food safety very seriously and will clearly respond and communicate any changes to this policy as more research is completed and made available. If you have any queries or wish to discuss any points further then please contact the school directly.

### **Staff providing food to pupils not sourced from the Catering Department**

In cases where staff, parents or other adults supply pupils with food other than that sourced through the Catering Department, the person responsible should complete an Allergen Information Sheet, to identify which of any of the listed potential allergens are present in the dish/product/meal.

The sheet should be displayed with the food, as a warning to the pupils, and the pupils should be reminded to look at it. The sheet should be maintained within department records, in case of subsequent queries relating to the event, or permanently displayed in the teaching area (for example, for treats given out as prizes in class). In the case of weekend trips, the sheets produced should be sent through to the Head of Outdoor Education (outdoor trips) or Assistant Head (normal weekend trips).

It is not necessary to complete this sheet in the following cases:

- Snacks or other food brought to the trip/activity in by the pupils themselves, for their own consumption (although our no nut policy applies, here).
- Food bought or ordered by the pupils themselves from a shop, restaurant, café, etc.

Reviewed: October 2016

## **Sun Protection Policy**

This policy is to provide basic advice to ensure that, with the help of parents, teachers and pupils, we can all enjoy the sun safely over the summer months.

Children's and young people's skin is easily damaged by the sun's rays, which can lead to cancer in later life. Therefore in school we need to raise the pupils' awareness regarding being sensible in the sun and avoiding getting burnt, which can double their risk of sun cancer in later life.

The plan to promote care in the sun includes the following;

- An annual letter home to parents in the summer term, to ensure that they are aware of the school sun protection policy and also the part they have to play.
- The use of sun lotion (factor 15+).
- The use of hats and wearing of t-shirts.
- Educating the pupils so that they are aware about being sensible in the sun using the Sunsmart code.
- Encourage adequate fluid intake, both at home and school.
- The use of posters and leaflets to remind students, teachers and parents about the dangers of sunburn (Sunsmart).
- Houseparent education to ensure boarders are also reminded at weekends (posters to be displayed in each house).

- Also for the teachers responsible for pool activities to ensure pupils either wear a t-shirt or sun lotion when using the pool.

Reviewed October 2016

## **Policy and procedure for emergency spillages of bodily fluids**

On school site, if you are the first on scene to an emergency spillage then the following actions should be taken:

- Alert another member of staff or senior pupil to either stay by the spillage or to go to reception and advise them.
- The receptionist will then support the staff member in getting the emergency spillage equipment.
- This equipment includes: special mop/bucket, emergency spillage compounds, gloves, bags, bollards etc.
- It is expected that that particular member of staff will deal with the spillage using the equipment where appropriate and using general common sense.
- If the emergency spillage equipment is used then the staff member needs to inform the Head of Catering & Domestic (Rachael Lancett) and the Health Centre so that replenishment of supplies can be undertaken and other follow up action where appropriate e.g. cleaning of carpet.

Boarding houses have their own equipment and schedule for dealing with emergency spillages.

Reviewed and updated: October 2016

## **Wheelchair Policy**

Wheelchairs on school site are usually used only in emergencies, when the operator would be a nurse. Pupils or staff are not allowed to push students in wheelchairs, in case of further injury or accident to either the person in the wheelchair or to themselves as an operator. This would also apply to students travelling as part of a school party on trips abroad or in the UK.

Students needing to use crutches are usually able to access the vast majority of the school site, with a buddy, using the front stairs on their bottoms or using the handrail. Initially, students might not be able to access the top of school or manage stairs confidently, therefore separate arrangements will be made on an individual basis, dependent upon need.

Updated: June 2016

Next review: June 2017

## **Health Education**

The School's medical policies and procedures sit alongside and complement the provision of health education, appropriate to age, in smoking, alcohol, drug misuse and sex education. This is largely provided within our LRC (Life, Religion and Citizenship) lessons, but the Health Centre plays a role within this.

This policy is complemented by the following school policies:

- Alcohol Policy
- Anti-Drugs Policy
- Anti-Smoking Policy