



## SEDBERGH SCHOOL

<b>Medical Polices</b>	
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Effective from	June 2025
Extent of Policy	Sedbergh School Casterton, Sedbergh Prep School
Policy Owner	Nurse Manager
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Publication	Website The Hub

Sedbergh School and Casterton, Sedbergh Prep School aim to provide an outstanding education for boys and girls between the ages of 3 and 19. At the heart of the education provided lies pastoral care of pupils, whether boarding or day. The School has a large number of first-aid trained staff supported by School Nurses based in the Sedbergh Medical Practice, allowing the School community to benefit from excellent medical provision.

This document applies to Sedbergh School and Casterton, Sedbergh Prep School (the School) and includes three areas of medical policy as follows –

1. Medicines Administration Policy
2. Self-Medication Policy
3. Infection Control Policy

These policies are reviewed annually by the Nurse Manager.

### Emergency Procedures

1. In case of emergency contact the Duty Nurse directly on 07799 696 897.
2. Also call an ambulance on 999. Be ready with the following information:
  - Your telephone number
  - Give your location as Sedbergh School/Casterton, Sedbergh Prep School and the building or sports field.
  - Give the name of the approaching road, eg Busk Lane and the exact entrance to use.
  - Your name
  - Brief description of pupil's symptoms
  - Any rendezvous point to meet the ambulance.
3. Speak clearly and slowly and be prepared to repeat the information if requested.

## MEDICINE ADMINISTRATION POLICY

1. The philosophy of this policy is to ensure that all pupils at the School have safe access to any medication they require to meet their medical needs in order that they can access the school curriculum. This is in line with [Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](http://www.gov.uk) published by the Department of Health and Department for Education and Employment ([www.education.gov.uk](http://www.education.gov.uk)).
2. Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be a short-term illness requiring a short course of medication.
3. Other pupils have medical conditions that, if not properly managed, could limit their access to the curriculum. Such pupils are regarded as having **medical needs**. Most children with medical needs are able to fully participate in the curriculum with some support from the medical staff. School staff may need to take extra care in supervising some activities, and may require additional training, to make sure that these pupils and others are not put at risk.
4. The medical staff will prepare individual health care plans for all pupils with medical needs. This will help identify the necessary safety measures to support the pupil and ensure that they and others will not be put at risk. A copy is held in the pupil's documents in iSAMS.
5. Staff will always try to encourage the involvement of parents or guardians; however, when pupils are seen and assessed, medical staff recognise that if a pupil is deemed Gillick competent they are able to consent to their own treatment. Gillick competence is when a child under 16 has demonstrated that they have sufficient competence, intelligence and understanding of the proposed treatment to allow them to make that decision without parental or guardian involvement.

### Liability

6. The prescribing doctor is responsible for the safety of prescription only medicines (POMs), such as interactions and side effects.
7. The School Governing Body is responsible, under the Health and Safety at Work etc Act 1974, for making sure that a School has a Health & Safety Policy, which includes procedures for supporting pupils with medical needs, including managing medication.
8. The employer must also ensure that their insurance arrangements provide full cover for staff acting within the scope of their professional duties. In the event of legal action over an allegation of negligence regarding medicine storage or administration, the employer rather than the employee is likely to be held responsible. It is the School's responsibility to ensure that correct procedures are followed. Keeping accurate records in schools is a core responsibility in such circumstances. Staff are expected to use their best endeavours at all times, particularly in emergencies. In general, the

consequences of taking no action are likely to be more serious than trying to assist in an emergency.

9. Medical staff will ensure that house staff will have appropriate training to support pupils with medical needs. Any member of staff who is responsible for administering prescribed medication will have appropriate training and guidance. They need to be aware of possible side effects and what to do if they occur.
10. All medication must be stored securely in a locked cupboard in the AHSM house office / Medical Room, with keys stored securely, and the room locked when staff not there. Controlled Drugs must be stored in a CD cupboard that is locked in other another cupboard in a locked room when unmanned.
11. All medication must be handed to House staff (Senior School) Front office staff / AHSM (CSPS) for safe storage. Children must not carry their own medication.

#### Short Term Medical Needs

12. Many pupils will have short-term medical needs at School. This may require, for example, a short course of antibiotics. In these cases the School Doctor will issue a prescription, which will be presented and dispensed by the chemist.

#### Long Term Medical Needs

13. The medical team will prepare, when necessary, a written health care plan for pupils with chronic or complex health needs, involving parents, School staff and relevant health care professionals. This will include:
  - a. Details of pupil's condition
  - b. Special requirements eg dietary need pre-activity precautions
  - c. Medication and any side effects
  - d. What to do, and who to contact in an emergency
14. Where cases are more complex, one copy of the health care plan will be sent to the pupil's home, and the details retained on iSAMS. A copy will be kept on file in the Medical Centre.
15. The School Doctor will prescribe medication on a prescription, which will be presented and dispensed by the chemist.

#### Non-Prescription Medication

16. Over the counter (OTC) preparations are potentially dangerous and should be treated with caution. Pupils may ask for painkillers such as paracetamol or ibuprofen from time to time. Parents may also wish for some pupils to take herbal or vitamin tablets.

Any medication can be reviewed by the School Doctor as deemed necessary prior to administration.

- 17. Pupils should not possess OTC medication. In exceptional circumstances permission may be granted following written confirmation from a parent and a risk assessment from the School Doctor.
- 18. The following medication can be administered from house supplies:

NB. The pupil should be referred to the Medical Centre if they do not respond to paracetamol or require taking more than six doses in 48 hours. Paracetamol is only dangerous if taken to excess, and the pupil should be asked if they have taken any other medication prior to administration.

**Paracetamol Suspension 250mg / 5mls**

Age	How much (every 4 hours)	How often
6-8 years	One 5ml spoonful	4 doses in 24-hour period
8-10 years	One 5ml – 7.5ml spoonful	4 doses in 24 hour period
10-12 years	Two 5ml spoonful's	4 doses in 24 hour period
12-16 years	Two to three 5ml spoonful's	4 doses in 24 hour period
16 years and over	Two – five 5ml spoonful's	4 doses in 24 hour period

**Paracetamol 500mg**

Age	How much	How often
16 years and over	1 or 2 tablets	Every 4-6 hours, as required. Don't take more than 8 tablets (4 doses) in any 24 hours
12 – 15 years	1 to 1½ tablets	Every 4-6 hours, as required. Don't take more than 6 tablets (4 doses) in any 24 hours
10 – 12 years	1 tablet	Every 4-6 hours, as required. Don't take more than 4 tablets (4 doses) in any 24 hours
6 – 10 years	Half a tablet	Every 4-6 hours, as required. Don't take more than 2 tablets (4 doses) in any 24 hours

**Ibuprofen – do not give to asthmatic without medical advice.**

**Ibuprofen 100mg / 5mls**

Age	How much	How often
4-6 years	7.5mls (150mg)	Every 6 hours. Maximum 3 doses on 24 hour period
7-9 years	10mls (200mg)	Every 6 hours. Maximum 3 doses on 24 hour period

Age	How much	How often
10-11 years	15mls (300mg)	Every 6 hours. Maximum 3 doses on 24 hour period

**Ibuprofen 200mg**

Age	Dose and how often to take
12 years and over	Take 1-2 tablets every 6 hours as required. Swallow with water with or after food. Do not take more often than every 6 hours. Do not exceed 3 doses in 24 hour period

**Antihistamine:**

One dose of antihistamine (10mg Loratadine / 10mg Cetirizine / 120mg Fexofenadine) each day for allergic symptoms such as runny eyes, nose, sneezing or urticaria (itchy rash that looks like nettle stings).

19. **Aspirin must not be given to any pupil in any preparation unless prescribed by a doctor.**

### Self-Medication

See Self-Medication Policy.

### Administering Medication

20. Any member of staff giving medicine to a pupil should check:
  - a. The pupil's name
  - b. Written instructions provided by parents or doctor
  - c. Prescribed dose
  - d. Expiry date
  - e. Allergy
  - f. Side effects
21. If in doubt about any of the procedures the member of staff should check with the parents or medical staff before taking further action.
22. Long term or short-term medication chart to be completed as appropriate.
23. A list of all house staff that will be responsible for the administration of medication along with initials and sample signatures must be kept at the front of the medication file for reference.
24. In some circumstances, such as pupils with attention deficit disorder, controlled drugs such as methylphenidate is required. A controlled drug register must be completed by the AHSM / duty tutor for every dose given to the pupil and this medication should be stored inside a locked metal container affixed to the wall located in the AHSM's office. The AHSM will be responsible for the safe storage of the keys.

### Management of Controlled Drugs in Boarding Houses

25. Controlled drug medication will be stored in a locked non portable cupboard and the key stored securely for all staff, who administer medication, to be able to access.
26. On receipt of controlled drugs, it is the responsibility of the duty AHSM to document and account for the medication in presence of another member of staff. If another member of staff is not available then the pupil for whom the medication is prescribed can do so if deemed Gillick competent, and counter sign. Parents can also counter sign at the start / end of term, exeats, half terms, when bringing or taking medication to or from home.
27. The administration of the controlled drug must be documented at the time in the Controlled Drug Register – confirming the name of the pupil, checking the dose and documenting the administration - the pupil can counter sign the administration.

28. A weekly stock take of the controlled drugs must take place in the presence of another member of staff or if Gillick Competent the pupil for whom the medication has been prescribed.
29. Transfer of controlled drug medication to and from parents / guardians must be documented on the Controlled Drug Register. If parents or guardians are unable to sign for this as pupils are travelling alone then the medication must be placed in a sealed container and stored securely in the pupil's luggage ensuring that parents / guardians are aware of this including location of medication and number of tablets transferred.
30. If a pupil is going on a school trip a named member of staff must be allocated to manage that child's medication – signing it out from the AHSM, documenting it in the controlled drug register, taking responsibility for the safe storage of the medication in a lockable container plus the administration and documentation of that medication. The documentation, container and any medication not used must be returned to the AHSM by the named member of staff on return to school.
31. The Controlled Drugs Register will be checked each term by a member of the nursing team.

#### Documenting the Administration of Medication

32. All medication is documented on iSAMS medical centre module by AHSM or covering tutor.
33. Medication is written per by the duty nurse with details of medication, dose, timings and pupil details.

#### Self-Management

34. Where it is safe to do so, being mindful of the safety of other pupils, pupils will be encouraged to self-medicate for their medical conditions. This applies for conditions such as asthma and diabetes. Pupils with these conditions will be allowed to carry their own inhalers or insulin (if contained in a pen device). The oral contraceptive pill will also be self-administered and does not require any documentation.

#### Refusing Medication

35. If pupils refuse to take medication, School staff should not force them to take it. The staff should inform the Housemaster/mistress, medical staff or parent as soon as possible.

### Parental Responsibility

36. It is the responsibility of parents to inform medical staff in writing of any change in medical condition or medication that takes place out of term time in order that records can be amended as soon as possible.

### Educational Visits

37. Pupils with medical needs should be encouraged to participate in Educational Visits where safety permits.
38. Staff supervising such visits should identify those pupils with medical needs from iSAMS and discuss with the relevant AHSM (or medical staff if necessary) to identify any risks associated with the visit.
39. AHSM will distribute regular medication for that pupil on the visit on iSAMS Medical Module to Educational Visits location
40. The nursing team will add OTC (paracetamol / ibuprofen / cetirizine) to the EV location.
41. Medication dispensed during the EV must be documented on iSAMS – dispensed from the Education Visit medication location.
42. If there is an issue accessing iSAMS for any reasons, any medication dispensed must be documented on the medication proforma [Medication Log](#) and iSAMS updated as soon as possible.

### Sporting Activities

43. Most pupils with medical conditions should participate in all sport activities. Physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a pupil's ability to participate in PE will be included in individual health care plans, as will appropriate emergency procedures.

### Storing Medication

44. Some medication may be harmful to anyone for whom they are not prescribed. The School has a duty to ensure the risks to the health of others are properly controlled.
45. Medication stocks in houses should be kept to a minimum. Prescribed medication should be stored in its original packaging, which is labelled with the name of the pupil, name and dose of the drug and frequency of administration. Where a pupil requires two or more prescribed medicines, each should be in separate packaging. With the

exception of self-administered medicines, medication should be kept in a locked cupboard in each house. Controlled drugs should be kept in a locked metal cupboard in the AHSM office. Pupils should know where their medication is stored and who has the key. All house staff should know where to obtain keys to the medicine cabinet in case of emergency.

46. Some medicines, such as insulin, need to be refrigerated. These medicines should be kept in a pharmacy fridge, with temperature gauge and lock. Parents should be encouraged to supply such a fridge for a pupil. Daily temperature readings should be recorded and the fridge locked, with the key or combination kept by the pupil and the AHSM. A pharmacy fridge is available in the Medical Centre if required.

#### Monitoring of Medication

47. Nurses will regularly check medication administration and documentation. The drug cupboard will also be checked to ensure the contents adhere to prescribed medication and listed OTC medication. AHSM will do a stock check each half term. All anomalies / errors to be reported to the Nurse Manager

#### Disposal of Medicines

48. There should be ongoing review of medicine cupboards and any medication that has been changed and no longer in use should be returned to the chemist. The cupboards should be checked at the end of every half term and expired medicines identified and returned to the chemist.
49. There should be a regular review of medicines in the Medical Centre by nursing staff and expired medication returned to the chemist.
50. School staff should not dispose of medicines in general waste. These should be returned to the chemist for disposal.

#### Prescriptions

51. Repeat prescriptions can be ordered through the Medical Centre and will be ready in the chemist in 2-5 working days.
52. If a patient is prescribed a new prescription the School Nurse will contact the relevant AHSM to inform him/her that it is to be collected from the pharmacy. A medication will be added to iSAMS by the duty nurse.

## **Asthma, Diabetes and Anaphylaxis – common concerns**

### **Asthma**

53. Asthma causes the airways to narrow as a reaction to various triggers. The triggers vary between individuals, most commonly: viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible individuals. The narrowing or obstruction of airways causes difficulty in breathing and can be alleviated with treatment.
54. Asthma attacks are characterised by coughing, wheezing and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks the pupil's skin and lips may become blue. In these cases, the pupil will not be able to talk in sentences and will only be able to speak a few words between breaths.
55. About one in seven children have asthma diagnosed at some time and about one in twenty children have asthma, which requires regular medical supervision.
56. There are several medications used to treat asthma administered by inhaler. Some are for long-term prevention, usually brown in colour (which will usually be kept in the house) and others to relieve symptoms, usually blue in colour. Reliever medication may be used in anticipation of a trigger such as exercise.
57. Most people with asthma will relieve their symptoms with medication using an inhaler. Children at School will be educated in the use of their inhalers and should take charge of and use their inhalers as required.
58. Pupils with asthma will have access to their inhalers at all times. They should be allowed to carry inhalers with them, especially during games periods.
59. The medication of any individual pupil with asthma will not necessarily be the same as the medication of another pupil with the same condition. Major side effects are extremely uncommon for asthma medications, but they can sometimes be made more severe if the pupil is taking other medication
60. Pupils should not take medication that has been prescribed for another pupil. If a pupil took a puff of another pupil's inhaler there are unlikely to be serious adverse effects. However, the School should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
61. Pupils with asthma should be encouraged to participate as fully as possible in all aspects of School life, although special considerations may be needed before undertaking some activities. They must be allowed to take their reliever inhaler with them all off-site activities. Physical activity will benefit pupils with asthma in the same way as other pupils. They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion. Pupils with asthma should be

encouraged to undertake warm up exercises before rushing into sudden activity, especially when the weather is cold. They should not be forced to take part if they feel unwell, but referred to the Medical Centre.

62. The health care plan will identify the severity of a pupil's asthma, individual symptoms and any particular triggers, such as exercise or cold air.
63. If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down. 2 – 10 puffs of their reliever inhaler can be given and repeated at 10-20 minutes if necessary whilst medical assistance is being sought.

### Diabetes

64. Diabetes is a condition where the person's normal hormonal mechanisms do not control blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.
65. The medical staff and community diabetic nurses will educate pupils to administer their own insulin and staff would not be expected to perform this procedure.
66. Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They will be able to perform this duty themselves, but may require a suitable place to do this.
67. Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed a hypoglycaemia episode (a hypo) during which their blood sugar level falls to too low a level. Staff in charge of physical education classes or other physical activity should be aware of the need for pupils with diabetes to have a sugary drink to hand.
68. Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:
  - a. Hunger
  - b. Sweating
  - c. Drowsiness
  - d. Pallor
  - e. Glazed eyes
  - f. Shaking
  - g. Lack of concentration
  - h. Irritability

69. Each pupil may experience different symptoms and this should be identified in the health care plan.
70. If a pupil has a hypo, it is important that a fast-acting sugar, such as glucose rich gel, a sugary drink or a chocolate bar is given immediately. Slower acting starchy food such as a sandwich or two biscuits and a glass of milk should be given once the pupils has recovered, some 10-15 minutes later. If the pupil's recovery takes longer, or in cases of uncertainty call the Medical Centre, or 999.
71. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control and this should be drawn to the attention of the medical staff.

### Anaphylaxis

72. Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from an early age of what they can and cannot eat and drink and in the majority of cases they go through the whole of their School lives without incident. The most common cause is food – in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life threatening, but it can be treated with medication. This may include antihistamine, or adrenaline injection depending on the severity of injection.
73. In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using the device. In cases of doubt it is better to give the injection than to hold back. Responsibility for giving the injection should be on a voluntary basis and will be undertaken with appropriate training from health professionals.
74. For some children the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency. In severe cases the pupil may be able to carry his or her medication, but if not a suitable safe yet accessible place for storage should be found. The safety of other pupils should also be taken into account. If a pupil is likely to suffer as severe allergic reaction all staff should be aware of the condition and know who is responsible for administering the emergency treatment.
75. Parents will often ask for the School to ensure that their child does not come into contact with the allergen. This is not always feasible, although the School should bear in mind the risk to such pupils at break and lunch times and in certain lessons. It may also be necessary to take precautionary measures on outdoor activities or School trips.

76. Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:
- a. A metallic taste or itching in the mouth
  - b. Swelling of the face, throat, tongue and lips
  - c. Difficulty in swallowing
  - d. Flushed complexion
  - e. Abdominal cramps and nausea
  - f. A rise in heart rate
  - g. Collapse or unconsciousness
  - h. Wheezing or difficulty breathing
77. Each pupil's symptoms and allergens will vary and will need to be identified in the health care plan.
78. Call an ambulance immediately (and the Medical Centre) if there is any doubt about the severity of the reaction or if the pupil does not respond to treatment.

[At School | Allergy UK | National Charity](#)

## **SELF-MEDICATION POLICY**

1. This policy refers to pupils who have been prescribed medication and are self-administering their own medication.
2. There are several conditions where a pupil should self-administer their own medication. These include inhalers for asthma, topical preparations for acne/eczema, insulin injections for diabetes and oral contraceptives.
3. The prescribing doctor will consider risk factors during a consultation before suggesting a particular drug. This will include possible allergic reactions, effect of overdose and the potential danger to other pupils in the house should they gain access to the medication.
4. All children who self-administer medication should have access to a private lockable space where medication can be stored. The medication should only be removed from this space for administration (with the exception of blue asthma inhalers) and returned for safe storage. Any adult who normally enters a study/bedroom must report any medication left outside the lockable space to the Housemaster/Housemistress, and the pupil referred to the Medical Centre for further education and risk assessment.
5. Medication for asthma and contraception would be of low risk of serious harm if taken by a third party. The risk of this occurring should be prevented by having medication locked up at all times unless it is being taken at that particular time.
6. Injections of insulin for diabetes should be kept in a lockable fridge with a thermometer. Temperature readings should be taken on all weekdays and the AHSM should have a spare key. The pupil may carry a pen with insulin, which may be required during the day.

## **INFECTION CONTROL POLICY**

### Aims

This policy aims to provide the School community with guidance in the event of an outbreak of infection such as influenza or norovirus.

It is recognised that infections such as influenza or norovirus are likely to spread through a school community quite quickly and it is the responsibility of all staff and pupils to take prompt and appropriate action to minimise the spread.

In the event of an outbreak of an infectious disease it is the responsibility of the Sedbergh School Medical Centre to liaise with the UK Health Security Agency to seek advice. Pupils will be assessed on an individual basis and cared for in an appropriate isolation setting either in the school medical centre or in-house sick bays.

### Infection Control

Infections are usually spread by

- Droplets when coughing or sneezing
- Direct contact with an infected person – i.e., shaking hands
- Touching objects such as door handles that have previously been touched by an infected person without washing hands.

### Reducing the risk of infection

Wash hands/use hand gel regularly especially after coughing or sneezing

Minimise contact between hand and mouth or nose

Cover your mouth / nose when sneezing or coughing

AHSMs and domestic staff are to ensure a high level of cleanliness throughout the School.

Appendix:

[UK Health Security Agency - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Policies reviewed: June 2025

Next review due: June 2026

Justine Mahon  
Nurse Manager