

MOUNT
KELLY

Boarding and Day School
Boys and Girls, Aged 4-18

Health and Medical Policy

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Owner	Senior Deputy Head / School Nurse

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1. Introduction

Mount Kelly strongly believes a healthy mind and healthy body are pivotal in enabling a pupil to meet their learning potential both in and outside the classroom.

The provision of medical care at the school is coordinated by the School Nurse across the Foundation. The Health and Wellbeing Team (HAWT) aims to provide a high-quality professional service in a caring, supportive, open, and confidential atmosphere. Central to this is health promotion and the provision of knowledge and guidance, to nurture a positive attitude toward the importance of having good physical, social, and mental health across the Foundation community.

Before entry into the school, all Parents / Guardians must return a completed, signed medical questionnaire. This gives consent for the pupil to receive medication (including the school Generic Salbutamol and Adrenaline Auto-Injectors (AAIs) for those pupils who have these prescribed to them), medical treatment should they require it and enables us to provide the best medical care for your child. It is also the parent's responsibility to keep the school updated on any changes in their pupil's health.

2. Foundation Health and Wellbeing Centres (HAWC)

The School Nurse is based at The College HAWC in School House and is supported by a Health and Wellbeing team.

The Head Matron is based at the Prep HAWC and manages the day-to-day concerns with cover from the School Nurse, as and when required.

Both HAWCs are open from 8.00 am until 8:30 pm, 7 days a week during term time to provide:

- Ongoing Health advice and relevant up-to-date information and literature to facilitate health promotion within the school. This includes health education in areas like smoking, alcohol, drug misuse, and sex education, as appropriate to the pupil's age. Our personal, social, and health education (PSHE) program also covers many of these health-related issues.
- A triage service for sports injuries for day and boarding pupils.
- Liaison with external services where required.
- Management of off-games notices.
- Pastoral support for pupils and parents.
- Oversight of the overall health and wellbeing of all pupils, including those in sickbay.

Pupils are encouraged to attend the HAWC outside lesson times for non-urgent health and medical concerns.

3. Immunisations

Students will be offered all routine vaccinations following UK government guidelines. The School Nurse and Head Matron will coordinate these vaccinations, administered by the Cornwall and Devon School Age Immunisation Team at Mount Kelly. The School Nurse and Health and Wellbeing Team can also arrange travel vaccinations for students as needed. Parental/Guardian consent is required for all vaccinations.

4. Off-Games

All Boarders

Boarders who are unable to attend classes due to illness will be marked absent by a member of the Health and Wellbeing Team (HAWT). Students who can attend classes but are unable to participate in games or other activities due to illness or injury should report to their House Matron. The House Matron will register them as unable to participate and, if necessary, refer them to the School Nurse.

College Day Pupils

Parents are asked to email the pupil's housemaster/housemistress.

Prep Day Pupils

Parents are asked to email the Prep Matron, copying reception and the pupil's Form Tutor, to request that their child be excused from games.

Note: The school will assume this is for one day unless stated otherwise.

5. Foundation Procedure for unwell or injured pupils

During school hours

- a) If a pupil has an injury or feels unwell, they should inform a teacher, the teacher will then send the pupil to either the Health and Wellbeing Centre (HAWC), Reception, or call a member of the Health and Wellbeing Team (HAWT) to attend.
- b) If a pupil reports to Reception, Reception will contact a member of the HAWT to either notify them that the pupil is on their way to the HAWC or to request a member of the HAWT assess and treat the pupil.
- c) If a day pupil is unable to return to class after treatment, parents will be called to come and collect. The pupils will be looked after accordingly until parents can collect their child. If the pupil is unable to go home they can either remain in the HAWC or be admitted to Sickbay until a parent can collect.
- d) If a boarder is unable to return to class after treatment, depending on the level of care required, they will be either sent back to their house to be cared for or admitted to Sickbay and cared for by a member of the HAWT.
- e) If further medical assessment or follow-up is indicated, parents of day pupils will be advised. For boarding pupils, the pupil's House Matron will follow up as required.
- f) Any staff can contact the School Nurse for advice, guidance, or assistance in medical emergencies. The School Nurse may also review pupils if deemed necessary

Out-of-School Hours and Weekend Cover

- a) Boarders requiring medical attention: Boarders who require medical attention outside of school hours or on weekends should notify the duty house staff. They will then be directed to HAWC for assessment or treatment.
- b) Boarders requiring urgent medical attention: If the duty house staff is concerned about a pupil's condition, they should contact the HAWC directly to arrange an immediate assessment.

Overnight Cover

- a) Duty staff will ensure that all pupils are aware of how and who to contact for help in case of illness or emergency during the night.
- b) If a pupil becomes unwell or requires treatment overnight, they should report to the duty house staff, at the prep this will usually be the Residential Matron. The duty staff will assess the pupil's condition and provide care until a Matron comes on duty or the Health and Wellbeing Centre (HAWC) is open.
- c) If further medical assessment is indicated, the duty staff or Prep Residential Matron will contact the appropriate external service for advice or assistance, as any prudent parent would do.

Further Medical Assistance During School Hours

If a pupil has seen a member of the HAWT and requires further medical attention, depending on the Pupil's condition they will be referred to the most appropriate service for further advice. These include:

- General Practitioner (GP)
- NHS 111
- Minor Injury Unit (MIU)
- Emergency Department (ER)
- Emergency Dental Services

6. Boarding Pupils

All boarders (weekly and full time) are automatically registered with Tavyside Health Centre unless we are advised otherwise.

Health and Wellbeing Team (HAWT) and School Nurse Responsibilities

- a) **HAWT Responsibilities:** The HAWT is responsible for the immediate health and well-being needs of the pupils in their house. They also maintain all first aid and medical supplies for their house.
- b) **School Nurse Oversight:** The School Nurse oversees the HAWT and holds regular team meetings. She is available for advice or assistance on medical matters and manages and facilitates all routine medical care, including GP, hospital consultant, dental, ophthalmic, counselling, and physiotherapy appointments.

Procedure for Matrons Escorting Pupils to Appointments

- a) When accompanying pupils to medical appointments, our primary duty is to act in their best interests. The level of our involvement will depend on the pupil's age, understanding, and needs.
- b) Pupils aged 16 and over cannot be overruled by anyone with parental responsibility.
- c) The school's policy is to escort pupils to medical appointments and be present with them for the duration of the appointment unless the pupil requests to go in alone and is 16 years or older and deemed Gillick Competent*.

- d) If a pupil aged 16 or over requests to attend a medical appointment alone and is deemed Gillick Competent, the medical professional will decide whether to proceed with the consultation without an adult present.
- e) The escorting Matron will document the outcome of the appointment on ISAMS. The pupil's House Matron will notify the Parent/Guardian, Houseparent, and School Nurse of the outcome unless the pupil specifically requests otherwise.
- f) If the House Matron is off duty, the Matron accompanying the pupil must liaise with the Housemaster/Housemistress regarding notifying the parents.
- g) If a pupil does not want their parent/guardian contacted, this must be documented on ISAMS by the pupil's House Matron and handed over to the School Nurse.
- h) The School Nurse (College pupil), The Prep Head Matron (Prep pupil), and the Housemistress/Housemaster must be copied into all correspondence updating the parents or guardians on the outcome of the appointment.

**"Gillick competence is a term originating in England and is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge"*

7. Sickbay

The Sickbay is located centrally at the Prep. It has separate male and female rooms, each with its own bathroom facilities. The Sickbay is covered overnight on a rota basis with a Matron sleeping in the Sickbay Staff Flat. If covered by the Prep Residential Matron, she will sleep in the Sickbay flat whenever a Prep pupil is in Sickbay and when any College pupil needs regular checking or care throughout the night. At other times the Prep Residential Matron will be in her flat based in Tavy House and available via walkie talkie during sleeping hours.

Careful consideration will be given to room and bed allocation of pupils being admitted to Sickbay, taking into account the age, sex, and symptoms of the pupil.

If a day pupil is too unwell to attend school, they will be sent home.

The decision to return a boarding pupil to their house or admit them to Sickbay will depend on the level of care required.

The procedure of admission to Sickbay for a pupil

Boarders can be admitted to the Sickbay between 8:00 AM and 8:30 PM, unless the Sickbay is already open, in which case pupils can be admitted until 10:30 PM. Outside of these hours, unwell pupils should be cared for in the isolation beds in their own House until the HAWT arrives at work at 8:00 AM.

Once the unwell pupil has been assessed by a member of the HAWT (Assessing Matron) and the decision has been made to admit them to Sickbay, the following steps must be followed.

1. Notify the pupil's Houseparent and the HAWT member who is covering Sickbay, there is a pupil who requires admission so they can allocate a bed and ensure it is ready for the pupil's arrival
 - Bed made
 - Water jug and cup by bed etc.

2. The HAWT must support pupils in getting the following items together to take with them:
 - Washbag
 - Towel
 - PJ's
 - Clothing including underwear
 - Book, school work, chargers etc.
 - Water bottle (if they have one)
 - Medication if self-medicating
3. The HAWT staff taking pupils to Sickbay to ensure they:
 - Bring the pupil's medication to hand over
 - Take the pupil up to Sickbay via the backdoor through Fishers Court up to Sickbay to minimise contact with Prep pupils.
 - Assist in settling the pupil into Sickbay.
 - Pupil name to be added to the Sickbay log on the desk in the Prep HAWC.
 - Notify the pupil's parents of their child's admission to Sickbay, tell them the name of the Matron who is taking over the care of their child, and reassure them they will receive regular updates on how their child is feeling.
4. Duties to be completed by the member of the HAWT who is caring for a pupil in Sickbay:
 - a. Liaise with the pupil, Houseparent, and members of the HAWT to ensure everything they might need is brought over to Sickbay with the pupil.
 - b. Ensure pupil is aware:
 - Every Wednesday morning the fire alarms are checked.
 - In the case of a fire, wherever possible, they are to stay in their room until a staff member arrives to take them to the Assembly Point.
 - Should they need to communicate with the Matron looking after them, to either use Teams or the walkie-talkies provided.
 - c. Start the following medical logs for the pupil
 - Care Plan
 - Temperature chart for each Pupil if relevant
 - d. Send an email to the 'Prep Sickbay Notification' group advising that a pupil has been admitted to Sickbay, including any dietary requirements so prep catering is aware.
 - e. Ensure the pupil receives regular welfare checks through their waking hours.
 - f. Record all care and welfare checks in iSAMS

(Remember to log under Head Injury Sick Bay if in Sick Bay for a head injury)

At the start of every day

- Ensure that all bins are emptied and the bin bag replaced.
- Bin bags to be disposed of in the large wheelie bins in the bin store located in the Prep staff car park.
- Bathrooms and toilets are checked and cleaned using the products provided.

Meals

- Prep meal times and menus can be found hanging in the Sickbay area
- If pupils are expected to be in Sick Bay over the weekend, Matron in Sickbay on Friday afternoon to remind Prep catering that pupils and staff in Sickbay will need catering.
- The Prep kitchens also provide Sickbay with cereal, toast, milk, fruit, butter, and jam for the pupils. If Prep kitchen stock running low, collect from the College kitchens
- Meals are to be collected from:

a. Monday to Friday

Breakfast, lunch & dinner: Prep Dining Hall

b. Weekends

Saturday breakfast: Prep Dining Hall - toast, cereals, fruit, etc.
or the option to collect brunch from the College.

Saturday lunch: Prep Dining Hall

Saturday dinner: College

Sunday brunch and dinner: College

Procedure to follow when a pupil is discharged from Sickbay

1. Ensure all the members of the HAWT who are on duty and the pupil's Houseparents know the pupil is being discharged and returning to the House.
2. Email to be sent to the 'Prep Sickbay Notification' email group advising that the pupil has been discharged.
3. Wherever possible, the pupil's House Matron is to collect the pupil.
4. Bed to be stripped. All bedding is put into the red bags and placed in the area next to the top of the stairs.
5. Make the bed up with the fresh bedding.

When Sickbay is empty also:

6. Empty all bins and replace the bin bag with a new one.
7. Bin bags to be disposed of in the large wheelie bins in the bin store located in the Prep staff car park.
8. Bathrooms and toilets are checked and cleaned using the products provided in Cupboard 3.
9. All completed Care Plans must be placed in the Prep HAWT.
10. The email sent to the 'Prep Sickbay Notification' email group advising them that Sickbay is now empty.

Staff in the 'Prep Sickbay Notification' Email Group

- *Dom Floyd (Head of Prep) & Matty Thavenot (Deputy Head of Prep)*
- *Prep House Parents*
- *Prep Catering*
- *Lisa Dashper (House Keeping Manager) & Samantha Bond (House Keeper)*
- *Prep Reception*
- *Tom Minty – Prep Maintenance Supervisor*
- *All Foundation Matrons*

Infection control within Sickbay

1. Only cleaning equipment and materials designated for Sickbay must be used and stored separately by Matrons. This includes color-coded cloths, mop/bucket, and cleaning products.
2. When cleaning up any bodily fluids the written Procedure for cleaning up bodily fluids must be strictly adhered to and any materials disposed of correctly. Equipment used for the purpose should also be sanitised. Always wear a disposable apron and gloves.
3. Remove excreta/vomit spillages with a disposable blue paper roll towel. After removing the spillage clean the affected and surrounding area with HP bactericidal detergent, one dose in half a bucket of hot water. Always clean a wider area than is visibly contaminated.
4. Carpets contaminated with faeces or vomit should be cleaned with hot water and carpet shampoo, after removal of the spillage. This should preferably be followed by deep cleaning of the carpet using hot water extraction. Do not vacuum clean carpets as this aerosolises virus particles and helps the spread of infection.
5. Toilet seats require cleaning after each use with HP bactericidal detergent in a trigger spray, allow 5 minutes contact time before wiping with a yellow cloth. Two cloths should be used alternately and soaked in half a bucket of hot water with one dose of HP cleaner. A thorough cleaning of toilets should be undertaken working from top (cistern) to bottom (pedestal) followed by seat and toilet bowl last. Within the toilet cubicle wall and door panels should be wiped and attention paid to

touch surfaces such as the toilet roll dispenser and door handle. Toilet brushes should be disinfected.

6. Wash handbasins, baths, and showers if used should be cleaned using HP cleaner from trigger spray allowing contact time. A green cloth should be used to avoid cross-contamination. Liquid soap and paper towels should be checked and replenished.
7. All surfaces that may be touched e.g. door handles, light switches, taps, soap dispenser, and bedside locker, should be cleaned regularly using trigger spray with HP cleaner and green cloth.
8. All cloths and mop heads should be collected and washed separately.
9. Any drinking cups and water jugs should be washed in the dishwasher or hot soapy water.
10. Once the pupil has been discharged a deep clean of Sickbay must be carried out by Matrons. This includes damp wiping bed frames, mattresses, bedside tables, and all surfaces including floors thoroughly cleaned.

Procedure for Cleaning up Bodily Fluids

1. Wear appropriate personal protective equipment such as gloves and an apron when cleaning up a spill.
2. Dispose of with care, any broken glass or sharps into a puncture-proof container preferably a biomedical waste bin.
3. Clean the spill area with paper towels to remove most of the spill/moisture. Disinfectants cannot work correctly if the surface has blood or vomit fluids on it. Cloth towels should not be used unless they are going to be discarded after use.
4. Remove the paper towels soaked with blood or vomit into a yellow plastic bag until they can be disposed of.
5. Care needs to be taken to avoid splashing or spraying surrounding areas during the clean-up process.
6. Clean the affected area with water followed by the Mount Kelly disinfectant.
7. Ventilate the room well when using disinfectant; make sure it is not mixed with other cleaning agents and ensure instructions are followed for correct dilution.
8. Wipe the treated area with dry paper towels.
9. Discard all contaminated paper towels, gloves, and other protective wear into a tied plastic bag that then needs to be put into yellow contaminated waste bags.
10. Wash hands thoroughly and apply hand rub.
11. Take the yellow contaminated waste bag to the yellow bin one a HAWC Health Centre for disposal.

Procedure for cleaning up blood/vomit from carpets/soft flooring

1. Follow the procedure above from 1-11 and after number 2 include the removal of as much vomit/ blood off the carpet as possible - a designated dustpan and brush or a small metal spoon will help with this. Please note any equipment used must be thoroughly disinfected after use.

2. Carpets will need to be cleaned with carpet shampoo following the spill. Liaise with Housekeeping staff or Housekeeping Manager to request shampoo or deep cleaning.

8. Medication Management

The School Nurse will have overall responsibility for all activities connected with the administration of medicines to pupils in the school.

All staff must strictly adhere to the rules outlined in this document regarding medication administration and their likely/possible role in the administration of medicines to pupils

All staff who independently administer medication must have completed the appropriate training and be assessed by the School Nurse as competent to undertake the role of medication administration.

As per the document “Supporting pupils at school with medical conditions” written by the Department for Education no pupil under 16 should be given prescription or non-prescription medicines without their parents’ consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

Recording

Mount Kelly complies with the statutory requirements by maintaining a record of all medication transactions.

All medicines administered to pupils including individually prescribed medication are recorded electronically on the Medical Centre on iSAMS, a shared system. Logging of any administered medication should be done at the time of administration.

Self-administration, an entry must be made each time the pupil is given more medication, recording the amount given and an entry in the note box when administering, confirming the pupil’s compliance to take medication.

Storage of medicines

All medication. should be stored in secure designated areas, these are the HAWCs, House Matrons’ offices in the Boarding Houses, and a locked space accessible by a pupil if self-medicating.

Controlled drugs. Medication must be stored behind 2 locks and must be signed in by 2 members of staff – wherever possible one of those being the school Nurse.

Cold storage. Separate dedicated refrigerators should be used to store medication requiring cold storage. It must be in an area that can be secured. It should be cleaned and defrosted regularly. All medication must be entered into iSAMS.

Self-medication. Those pupils assessed as competent to self-medicate should store their individual medication in their locked drawer or cupboard.

Disposal of medication. To be logged electronically and where indicated handed back to Pharmacy.

Parental responsibility

Before entry to the School, all Parents/Guardians must return a completed, signed medical questionnaire to enable us to provide the best medical care for their child. The medical questionnaire also contains consent to administer over-the-counter medication should a pupil require it and consent for the administration of the school's Generic Salbutamol and AAI's where appropriate.

ALL medications must be handed to the pupil's House Matron for logging, and safekeeping so a safe administration plan can be agreed upon and implemented. If a pupil returns to school on prescribed medication, Parents must ensure the medication is in date and is in the original container as dispensed by the pharmacist with the pharmacist's label intact showing instructions for administration, dosage, and storage. The one exception is insulin, which can be handed to the school in an insulin pen or pump rather than in its original container but must be labelled clearly with the pupil's name and expiry date.

Any medication that has not been prescribed within the UK will require the School GP to agree to its use.

Foundation Procedure for the Storage and Administration of Medication (This Protocol applies to all pupils including those in EYFS)

Key Principles

1. Prior to administering any medication, the appropriate parental/guardian consent must have been received.
2. On-site medication can only be administered by a member of staff
 - a) If trained and they have full access to the pupil's medical notes on iSAMS
 - b) If given an Administration of Medication log for a named pupil prescribing the times to administer the medication and medication handed over in a labelled container with the pupil's name, dob, name and strength of the medication, and time to administer.
 - c) or in a life-threatening situation. See Life-Threatening Conditions Protocol.
3. Off-site medication can be administered by a member of MOUNT KELLY staff if following the Health & Medical Protocol for Off-site Trips. See Medication Administration on Trips Procedure.
4. All medication brought into School must be handed to a House Matron or House Master/Mistress immediately for appropriate documentation and storage.
5. All medication on site (including over-the-counter, prescribed, complementary medicines, and vitamins) must be entered into iSAMS to ensure the safe management, recording, and administration of all medication.
6. Pupils' medication must be allocated on iSAMS to the individual pupil.
7. All medication must be stored in a locked drugs cupboard/fridge as per manufacturer's instruction, unless by agreement from the School Nurse. Exceptions to this include AAI's and emergency antihistamines, Asthma Inhalers, and Insulin (refer to individual procedures for more detail).
8. Medication stock checks are carried weekly in the HAWCs and monthly in the boarding Houses.

Over the counter medication (OTC)

1. All School OTC medication is ordered by the School Nurse and supplied to the Houses as required. This process is documented on iSAMS.
2. See Appendix B for details of OTC medications provided by the School.

Prescribed medication

1. Create a condition for the pupil explaining the reason the pupil has been prescribed the medication.
2. Prescribed medications must only be administered to the pupil for whom they have been prescribed.
3. Unused prescribed medicines should be returned to the School Nurse or Prep Head Matron.
4. All prescribed medication must be administered by a trained member of MOUNT KELLY staff whilst on site, unless the pupil wishes to self-medicate in which case the Self-medication Procedure in Section C must be followed.

Controlled Medication

1. Controlled Medication must be stored behind 2 locks.
2. Wherever possible one member of staff is solely responsible for the administration of the controlled medication for a specific pupil to reduce the risk of error.
3. In addition to recording all controlled medication on iSAMS it must also be recorded in a Controlled Drug Book and signed by the member of the HAWT administering the medication and the pupil who it is being administered to.
4. The School Nurse and House Matron are responsible for ensuring the following details are recorded in the Controlled Drug Book: Name, Strength, Quantity, Administration Instructions, Expiry Date and Lot Number wherever possible

The following procedures must always be followed when administering any medication

All pupils

1. Always double check the identity of the pupil.
2. The reason for giving the medication must be established and documented on iSAMS.
3. Check iSAMS medical notes for:
 - Allergies
 - Asthma
 - Any contraindication for giving medication
 - When pupil last had medication
 - Signed consent to administer medication

NB The only situation you should administer medication immediately without a parent's permission is if the pupil presents with a potentially life-threatening condition.

4. Ask the pupil, where appropriate:

- “Do you have any allergies?”
 - “When did you last have medication?” if so “What was it and how much did you take?”
 - “Have you ever had this type of medication before?” if so “Did you experience any problems?”
5. If administering prescribed medication check medication is in its original packaging clearly labelled with:
 - Correct pupil’s name
 - Name of the medication
 - Required dose and time of administration
 - Expiry date of the medication
 6. Follow directions on medication package i.e. 4/6 hourly from last dose.
 7. When administering Paracetamol suspension be sure to check the strength as there are two strengths for different age groups (i.e. 120mg/5ml for under 6yrs and 250mg/5ml for 6 years+)
 8. Observe the pupil taking the medication.
 9. On iSAMS record:
 - Dose
 - Reason for administering the medication using the Diary tab
 - Parental consent in place, if appropriate.
 10. Ensure you replace lids firmly and store medication as per manufacturer’s instructions.

For Prep day pupils the following procedure must also be followed.

1. Parent requested OTC or prescription medication:
 - Parents must complete a ‘Parental Consent Form’ or confirm the request by email to Prep Matron to consent to their child having medication.
 - The completed consent form/email must contain details of what, when, and how much to administer to their child. This information will be put on iSAMS by the Prep Matron.
 - Medication brought into school must be in the original medication box/pot/bottle, clearly labelled with the pupil’s name on the dispensing label for the prescribed medication. Ensure that any blister packs/bottles in boxes have the medication name on them as well.
 - If written consent has not been given no medication can be administered without a phone call to parents to confirm the name of the medication, dose and time to be administered.

NB Always double-check on the bottle/box/pot of medication that the prescription/advised dose matches the parent’s instructions. If discrepancy please speak to Nurse Hannah before administration.

2. Ad-hoc OTC medication

- Telephone parents FIRST to check if they give consent for you to administer OTC medication to their child. Check whether the child has been given analgesia before coming into school
- If unable to contact parents, leave a message and wait until you receive a call back in the meantime, offer other symptom relief such as heat, cold pack, rest, comfort, distraction etc.
- Remember to finish the conversation with the parent clearly stating the type, dose and time of administration of medication

Pupils and Self-Medication

Procedure for pupils to self-administer routine medication

A comprehensive assessment is undertaken by either the School Nurse or the House Matron who knows the pupil best. This privilege can be taken away at any time the conditions are broken. This procedure includes the contraceptive pill.

1. It is the House Matron's responsibility to ensure the Procedure for Self-administration of Medication is adhered to, to ensure the safety of the pupils.
2. Before the pupil is allowed to self-medicate
 - The 'Pupil Assessment and Agreement to Self-Medicate' form must be completed
 - The School Nurse must sign to agree
 - Parental consent must be gained unless otherwise indicated.
3. The pupil MUST have a secure lockable space to store the medication to be allowed to self-medicate, and their medication locked away ALL times.
4. A separate 'Pupil Assessment and Agreement to Self-Medicate' must be completed for each condition.
5. Any change in the medication i.e. frequency, dose, etc. must have a new form completed and be signed off by the School Nurse.
6. Regular checks will be undertaken by the House Matron, to ensure the pupil can self-medicate safely without risk to themselves or other pupils. Any medication seen lying around will be removed and the privilege of self-medication withdrawn, the medication will then be administered by a member of the HAWT until further notice. School Nurse must be informed.
7. Matrons must keep the list of pupils who are self-medicating in their House Medication folder along with the individual pupils completed 'Pupil Assessment and Agreement to Self-Medicate' forms.
8. Once the 'Pupil Assessment and Agreement to Self-Medicate' form is either complete or no longer required, the documentation must be scanned and uploaded to the pupil's iSAMS notes.

If in any doubt do not let the pupil self-medicate and discuss with School Nurse

Procedure for an error in administration of medication

1. No reaction/Mild reaction

- Do not leave the child alone, call staff for help
- Seek medical advice immediately from Tavyside Health Centre, MIU or 111
- Follow the instructions given by the doctor or medical professional
- Inform the School Nurse or Prep Head Matron, SLT, and agree on who will inform the parents
- Complete a Medication/Incident Report Form, which can be found in the Medical Paperwork folder and hand it to the School Nurse.

2. Severe

- Do not leave the child alone, call staff for help
- If any facial swelling, breathing difficulties etc Immediately give Liquid Chlorphenamine Maleate (Piriton or Allerief) ensuring appropriate dose for the child's age.
- Call 999.
- If the pupil has an AAI make sure you have 2 immediately available to use if indicated.
- Inform the School Nurse or Prep Head Matron, SLT and agree who will inform parents.
- Complete a Medication/Incident Report Form, which can be found in the Medical Paperwork folder and hand to the School Nurse.

3. Near Miss or Medical Incident

- Inform School Nurse or Prep Head Matron and SLT.
- Decision to be made if parents need to be notified and who is to inform them.
- Complete a Medication/Incident Report Form, which can be found in the Medical Paperwork folder and hand to the School Nurse.

If at all in doubt ALWAYS contact School Nurse or Prep Head Matron for advice – No ISAMS No Drugs

9. Procedure for Offsite Trips & Activities

This policy is designed to help staff plan and conduct safe off-site trips for all students, including those with special medical needs. It outlines additional responsibilities that staff must undertake to ensure the well-being of every student.

The School Nurse is available to assist and advise staff during school hours. Before any off-site trip, staff must submit a trip list generated from ISAMS to the School Nurse at least a week in advance. A meeting with the School Nurse must also be scheduled the day before the trip to discuss medical needs and equipment.

Medical Kit and Medication

a. Designated Medical Lead (DML)

Nominate one staff member to be the DML for the trip. They will be responsible for:

- The safekeeping, management, administration, and logging of all medication from the EMB (Paracetamol, Ibuprofen, Chlorphenamine Maleate, and Salbutamol) and all pupils' medication.
- The DML must have completed and passed the OPUS Medicines Awareness for Schools Foundation Course
- Create an account with R2P to log any Head Injuries

b. Pre-Trip Preparation

The DML must:

- Create a Medical Trip list including all the pupils going on the trip and send it to all Foundation matrons, advising of the date and time of departure and return.
- Schedule a meeting with the School Nurse or a member of the HAWT at the HAWC to collect the EMBs, trip folder, and any personal medications and the associated administration charts for logging administration. The handover will include advice regarding pupils' specific medical needs, symptoms of anaphylaxis and the administration of an AAI, the symptoms and treatment of an Asthma attack, and recognising and recording Head Injuries with Return2Play (R2P).
- Arrange a time, a couple of days before leaving,
- Before departure, verify that all students with asthma or anaphylaxis have their inhalers and AAIs with them.

c. Medication Administration

- All medication should be administered by the DML unless there is an immediate medical emergency.
- Administer all pupils' personal medication as per the pupil's personal administration chart, ensuring you are giving the correct medication, and the correct dose at the correct time to the correct pupil.
- Document all administration accurately and timely on the appropriate administration chart.
- If a pupil refuses to take a prescribed or significant medication, if a boarder during term time immediately report to the pupil's House Matron or a member of the HAWT, if a day pupil or during the holidays phone their parents. For all pupils complete a Medication Refusal Form and hand it to the School Nurse on your return.

Note: Always prioritise student safety and follow school policies and procedures.

d. On your return, please ensure:

- All the administration charts are handed back to a member of the HAWT as soon as you are back in school so any administered medication can be added to iSAMS.

- When handing over to parents advise of any medication administered whilst in your care.
- The EMB is returned to the HAWC and handed over to a member of the HAWT so they can be checked and signed back in.

Ordering pack lunches for pupils when going off-site

- Always give the kitchen a full list of all the pupils you are ordering pack lunches for.
- Highlight the pupils that have food allergies or are on a special diet and detail the pupil's specific needs.
- Kitchen staff must then also check the list of pupils for any that have a food allergy or intolerance and ensure that pupil gets the appropriate packed lunch by clearly labelling the items with the pupil's name

If we do not follow these simple steps, errors will occur.

10. Record Keeping

“Good record keeping is an integral part of Nursing and Midwifery practice, and it is essential to the provision of safe and effective care. It is not an optional extra to be fitting in if circumstances allow”.

All care given must be documented in the pupil's electronic notes promptly. If it's not documented it didn't happen.

Health and Medical Record

- Each pupil has an electronic medical record on the school's secure management information system called iSAMS.
- It is the School Nurse's responsibility to transfer the medical information from the medical questionnaires onto the medical module in iSAMS.
- Only the HAWT, Houseparents, and staff who have completed the Medicines Awareness Foundation course, have access to a pupil's medical records.
- For highly confidential medical information, there is the option to select a higher privacy setting which provides different levels of who can view it.
- Pupils' medical records are regularly updated to reflect their most recent health information and medical details and are used to document all day-to-day care received while in school.
- Notes can be recorded with varying levels of privacy to control who can see them. Highly confidential notes can be recorded with a level of privacy that only allows the School Nurse access.
- All pupils with a
 - Medical Alert, a life-threatening condition
 - Medical Awareness, a condition that is useful for teachers and staff to be aware of
 - Condition that requires Salbutamol
 - Drug allergy
 - SEND pupils

Have a note in the Medical Flag box which is visible to all Mount Kelly staff.

The School Nurse holds overall responsibility for the medical notes and ensuring the appropriate maintenance of records.

Past pupil notes are stored in a locked filing cabinet in a locked room and as per the NHS code of Practice (2009) lists, in Annex D1 Mount Kelly keeps medical notes until *“The patients 25th birthday or 26th if young person was 17 at the conclusion of treatment or 8 years after death. If illness or death could have a potential relevance to adult conditions or have genetic implications, the advice of clinicians should be sought as to whether to retain the records for longer period”*.

Each pupil has an individual record containing relevant health and welfare information provided by parents and a record of any significant health and welfare needs and issues.

Paper Medical notes

Contain the original medical questionnaire, if hard copy provided and any medical correspondence received.

These are kept in locked filing cabinets in each of the Health Centres and can be assessed by the School Nurse and Matron Team.

11. Supporting Children at Mount Kelly with Medical Conditions

Mount Kelly is a welcoming community that supports students with health and medical conditions. We are committed to inclusivity and support students with health and medical conditions. We strive to create an environment where all pupils, regardless of medical needs, have the resources, support, and equal opportunities to thrive academically and socially and participate fully in school life.

Mount Kelly recognizes that certain medical conditions can be serious and potentially life-threatening, especially if not managed or understood properly. We are committed to providing medication and care according to the instructions of healthcare professionals and parents.

Parents of children with specific/complex needs must discuss their child's individual requirements with the School Nurse to enable appropriate support structures are in place and a care plan written if needed.

The School Nurse and Head Matron are responsible for sharing the relevant medical information with the staff at Mount Kelly via confidential, personalised care plans in the form of Medical Alerts and Medical Awareness documents. These are created by the School Nurse and Head Matron in conjunction with the pupil, pupils' parents, and where necessary other Health Care Professionals. These documents are reviewed yearly or sooner if required due to a change in the pupil's medical condition or situation. It is the parent's responsibility to provide Mount Kelly with sufficient up-to-date information about their child's medical needs.

All Medical Alerts and Awareness documents are available to all Mount Kelly staff along with a list of all pupils with Asthma, who are prescribed Salbutamol or previously prescribed Salbutamol, with allergies to medication a list of pupils with food allergies or intolerances, and those with a dietary preference, which is also shared with the Thomas Frank catering teams. These documents are never in public view and staff are aware they are confidential medical documents.

All staff are reminded termly where to access the information, the importance of reading and understanding the contents, and that the information shared is confidential.

Mount Kelly ensures all staff understand their Duty of Care to the pupils in the event of a medical emergency through first aid training and yearly updates in:

- Management of Anaphylaxis, the administration of an AAI, and the location of the school's generic emergency allergy kits

- Management of an Asthma attack and the location of the school's generic Emergency Asthma Kit

A termly reminder:

- The locations of the generic Emergency Allergy and Asthma kits
- Where on the intranet they can access up-to-date pupil Medical Alerts, Medical awareness, Asthma lists, Drug Allergy lists, and a food allergy/intolerance/dietary choice list

And when appropriate:

- Caring for a pupil who is having a seizure
- Management of a Diabetic pupil who is Hypo or Hyper glycaemic
- Any other specific medical condition for a pupil they are teaching or taking off-site.

12. Asthma

Asthma is the most common chronic childhood condition; it is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

Generic Emergency Asthma Kits and Bags

- Emergency Asthma Kits - The school has several kits across the site at the following locations:

College:	HAWC, Reception, 50m pool first aid room.
Prep:	HAWC, Blue Room, Sports Hall
- Emergency Asthma Bags – These are available to all staff to collect from the HAWCs before taking a pupil or pupils off-site who currently use, or have previously used a Salbutamol inhaler.

Each Emergency Asthma Kit / Bag contains:

- One Salbutamol (Salbutamol) metered dose inhaler.
- A disposable plastic spacer compatible with the inhaler.
- Up-to-date list of Asthmatic pupils, pupils who are currently prescribed Salbutamol, and those who have previously been prescribed a Salbutamol inhaler.
- Instruction on how to use the device in an emergency.
- Care of the inhaler and spacer.
 - Manufacturer's information.
 - A note of the arrangements for replacing the Inhaler and spacer.
 - An administration record, one to be handed to the School Nurse and the other to a parent or House Matron.

The School Nurse and Head Matron are responsible for ensuring the Asthma lists are up to date. The Asthma list is available to all staff and can be found by clicking on the Medical Flag icon on the staff

intranet home page, there are also lists in both the Emergency Asthma Kits and the Emergency Asthma Bags There is also a note in the Medical Flag Box on iSAMS which is viewable to all staff.

Procedure for all Asthmatic pupils

College Asthma Lead: Rachel Hawley

Prep Asthma Lead: Val Petch

1. All pupils who have been diagnosed with Asthma, are prescribed or have been previously prescribed a Salbutamol Inhaler are on a list of pupils who can use the generic Emergency Salbutamol inhaler if required.
2. Consent is given by parents when completing and signing the Mount Kelly Medical Questionnaire.
3. Pupils diagnosed with Asthma must carry their reliever inhaler with them at all times
4. While all boarders have annual asthma reviews by a Tavyside asthma nurse, they can schedule an appointment with an asthma nurse more frequently if necessary.
5. Parents of day pupils must ensure are to ensure their son/daughter has an in-date, labelled reliever inhaler on them every day, and should update the school of any change in treatment or management of their child.
6. The Asthma Leads are responsible for a termly check of all onsite Emergency Asthma Kits and regularly checking the Emergency Asthma Bags when returned by staff who have taken them on a trip.
7. for the termly checks on the Emergency Asthma Kits across the Foundation and restocking if used, and regular checks on the Emergency Asthma Bags given to staff when indicated when taking pupils off-site.

Recognising the signs of an asthma attack

Asthma attacks can vary in severity from mild to severe. Recognising the symptoms early can help in managing the attack and preventing it from worsening.

Common Symptoms of an Asthma Attack:

- Wheezing - A high-pitched whistling sound when breathing, often heard during exhalation.
- Coughing - Persistent coughing, especially at night or after exercise.
- Shortness of breath - Feeling out of breath or like you can't get enough air, nasal flaring
- Chest tightness - A feeling of pressure or tightness in the chest, younger pupils may complain of a tummy ache
- Rapid breathing - Breathing quickly and shallowly, with effort
- Usually quiet - unable to speak in full sentences

Less Common Symptoms:

- Nausea and vomiting: Especially in severe attacks.

- Fatigue: Feeling tired or weak.
- Anxiety or panic: The difficulty in breathing can sometimes lead to feelings of anxiety or panic.

Call an Ambulance immediately if

- Pupil appears exhausted.
- Has a blue/white tinge around his lips.
- Is going blue.
- Has collapsed.

Procedure to manage a pupil having an Asthma Attack

1. Keep calm and reassure the pupil, phone reception and request a member of the HAWT to attend, say it's an asthma attack and ask them to bring the Emergency Asthma Box.
2. Encourage the pupil to sit up and slightly forward and ensure tight clothing is loosened.
3. Use the pupil's own inhaler – if not available keep the pupil calm whilst you wait for the Emergency Asthma kit to arrive.
4. Where ever possible do not leave the pupil alone.
5. Immediately help the pupil to take one puff of their reliever inhaler (with spacer if they have one with them) every 30 to 60 seconds, up to a total of 10 puffs.
6. Use the Spacer to do this as soon as one arrives.



7. How to administer the reliever inhaler with a spacer:
 - Remove the protective cap from the puffer.
 - Shake the puffer well and insert (place) it firmly into the end of the spacer.
 - Assist the pupil to place the mouth piece of the spacer in their mouth and put it between their teeth. Ask the pupil to close their lips around the spacer mouth piece. Make sure their lips cover the entire mouth piece so there are no gaps. Hold the spacer level so that it does not tilt up or hang down.
 - Breathe out gently.
 - Press the puffer ONCE to release a dose of the medicine into the spacer. Do not remove the puffer.
 - Tell the pupil to breathe in very slowly until they have taken a deep breath. You will hear a whistle sound if they are breathing in too fast. Ask them to hold their breath for a few seconds, and then breathe out slowly and deeply through their mouth. Ask them to

breathe in and out 4 or 5 times (they must not remove their mouth from the mouthpiece in between each breath - there is a 2-way valve system which will prevent any of the medication from escaping from the chamber).

- Now remove mouth from spacer, shake (keep inhaler attached to spacer) and repeat stages 2-5.
8. If there is no improvement or you are worried at any time, call 999 for an ambulance
 9. While you wait for an ambulance, your child can use their blue reliever again, every 30 to 60 seconds (up to 10 puffs) if they need to.
 10. If the pupil is improving stay with them until they feel better and further medical advice has been given.
 11. Nurse Hannah or Matron to call parents and advise them of asthma attack, if day pupil advise parent to call GP as soon as possible to discuss the event and schedule a review. If the pupil is a boarder, call Tavyside Health Centre and request a same-day GP call back to advise of the event and discuss a plan of care for the pupil before they return to school.
 12. If the Generic Asthma inhaler is used from one of the schools Generic Emergency Asthma kits, notify the Asthma Lead or School Nurse so it can be replaced immediately.

As per Asthma.org.uk 2021

13. Allergy and Anaphylaxis

Even the most severe form of allergy can be manageable. The vast majority of children affected can be happily accommodated and cared for in School should they experience anaphylaxis. Mount Kelly supports pupils with this condition through regular staff training and good communication. It is the responsibility of all staff to ensure that the child receives the appropriate care and treatment during an anaphylactic reaction.

“Anaphylaxis is a severe, life-threatening, generalised or systemic hypersensitivity reaction. It is characterised by rapidly developing, life-threatening problems involving: the airway and/or breathing and/or circulation. In most cases, there are associated mucosal changes. “

Following the recommendation from The Medicines and Healthcare Products Regulatory Agency (MHRA) pupils who have been prescribed an Automated Adrenaline Injector (AAI) should carry TWO devices on them at all times. This is because some people may require more than one dose of adrenaline, the AAI device can be used wrongly, or occasionally misfire.

Depending on the pupil's level of competence and understanding, it may be decided between the parents, Head Matron, and School Nurse that it is more appropriate to store the pupil's AAI in an easily accessible, unlocked central location, marked clearly with the pupil's name. An AAI is intended to be used in case of an anaphylactic reaction, to address symptoms until emergency medical help arrives.

The Foundation has several Emergency Allergy Kits which are located at:

- The College HAWC
- The College Resources Room

- 50m Swimming Pool First Aid room
- The Prep Blue Room
- The Pre-Prep
- All houses that have a student carrying an AAI.

These kits contain:

- One AAI
- Chlorphenamine Maleate
- Instructions on how to use the device
- Manufacturer's information
- A list of pupils who have been prescribed an AAI, with a note to identify if they are also asthmatic
- A document to record administration

Consent to use a generic AAI on a pupil who has been diagnosed with Anaphylaxis and prescribed an AAI is given by parents on signing the Mount Kelly Medical Questionnaire.

Storage

The following recommendations should be followed in the safe storage of an AAI to help keep it effective and ready to use in the event of a severe allergic reaction.

- Always store the AAI in the carrier tube with the safety release on until you need to use it.
- Keep the AAI at room temperature. Do not refrigerate (*An AAI can be exposed to temperatures between 15° to 30°C*).
- Do not keep AAI in a vehicle during extremely hot or cold weather.
- Protect AAI from light.
- Regularly check the viewing window on your AAI if indicated and replace it if the solution is brown, discoloured, or cloudy.

Pre-prep pupils, Reception to year 2

1. The Parent is responsible for handing over their child's AAI's to their teacher at drop off and collecting them to take home at pick up.
2. They must be clearly labelled with the pupil's name and date of birth.
3. The pupil's teacher is responsible for ensuring the AAI's moved with the child.
4. The parent is responsible for checking the AAI's are in date and fit for use.

Prep Pupils Year 3 to Year 8

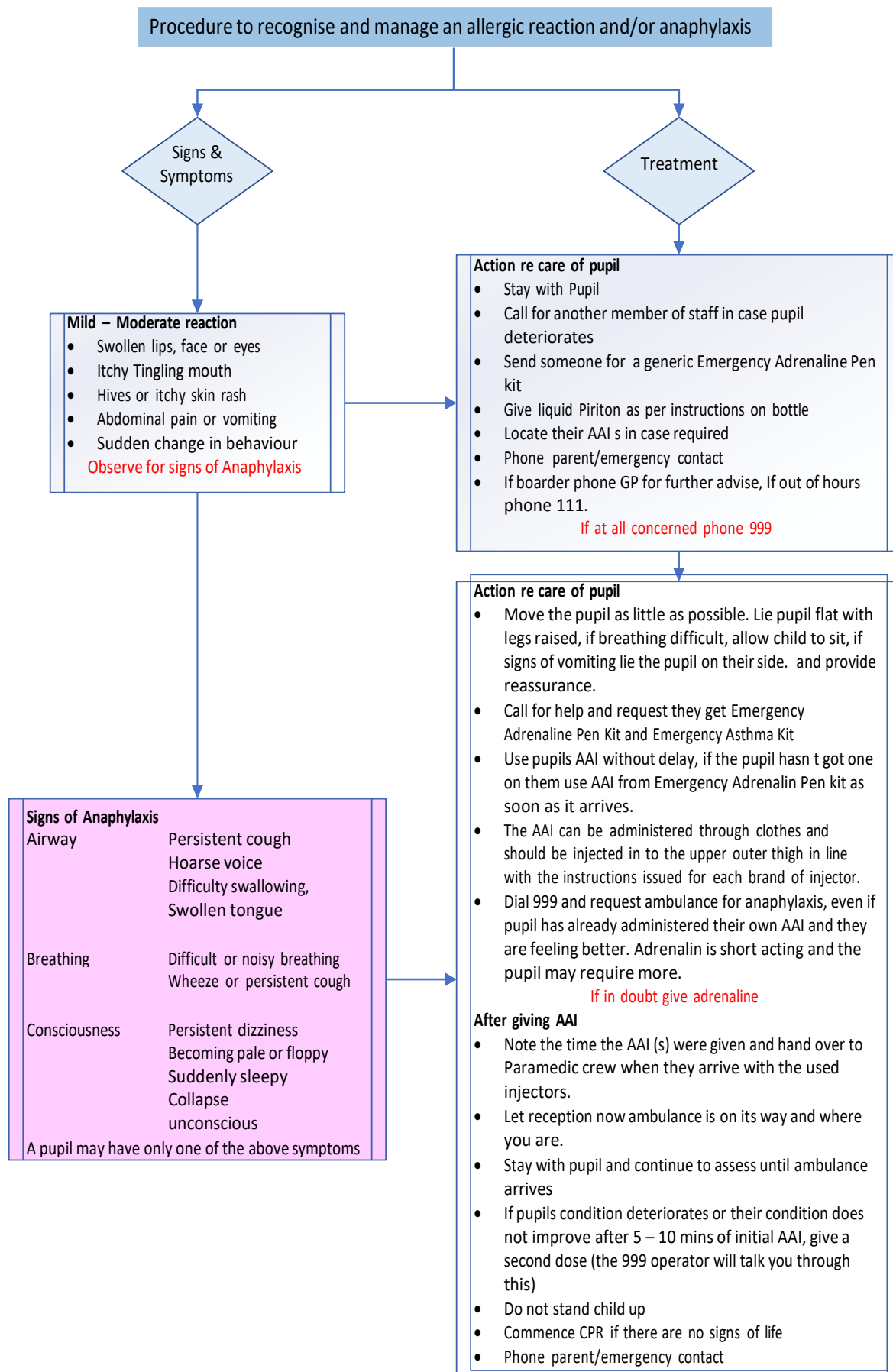
1. All Prep pupils who have been prescribed an AAI have two spares stored in the Prep Blue Room in the First Aid Cabinet.
2. The member of staff conducting the morning registration is responsible for checking all pupils who have been prescribed an AAI have 2 on them.
3. If a pupil doesn't have their 2 AAI's on them, they are not to leave the classroom until their AAI's have been located and given to the pupil. Prep Staff to immediately inform Reception who will inform a member of the HAWT.
4. If the day pupil does not have their AAI's in School, they can be given their 2 spare rooms to allow them to continue with their day and parents will be contacted and asked to bring in their child's AAI's.
5. If a pupil is found not to have their AAI's on them on 3 separate occasions, a letter will be sent home explaining our concerns.
6. In the exceptional circumstance that it is agreed in writing with parents that it is in the pupil's best interest not to carry their AAI's, the Head Matron will agree to an individual plan to manage their AAI's.

College pupils, Year 8 to Year 13

1. College pupils will meet with the School Nurse to talk about the importance of carrying 2 AAI's with them at all times.
2. They will then be required to sign a consent/agreement stating they understand the importance of carrying 2 AAI's on them at all times and agree to follow the Foundation protocol. A copy will then be sent home.
3. Their House Matron and House Parent should do spot checks to ensure the pupils are carrying their AAI's with them as per signed consent/agreement.

If taking a pupil off site who have an AAI

1. The member of staff responsible for taking the pupil(s) off-site must ensure that the pupil(s) have their 2 AAI's on them before leaving the site. This includes moving between the Prep and College sites. If they do not have their AAI's with them, a member of the HAWT or House staff must be contacted.
2. Staff taking Prep pupils off-site will have the Prep pupils' emergency spare AAI's as part of their off-site trip bags.



14. Diabetes

Type 1 Diabetes is a complex condition that can pose many problems and can make school life more difficult. Mount Kelly is aware that Diabetic pupils need immediate access to their medicine, monitoring devices and hypo packs at all times and therefore the appropriate steps are taken to ensure these needs are met.

- Each Diabetic pupil has an NHS Individual Healthcare plan, which is made available to all staff detailing how to manage day-to-day care and a medical emergency specifically for that pupil. Staff are appropriately trained through teaching sessions as required.
- Diabetic day pupils at the College have access to a fridge in reception and the HAWC to safely store their Insulin.
- Any medication stored in these areas must be clearly labelled with the pupil's name and expiry date.
- Parents and the pupil are responsible for ensuring they have the medication they need at school and that it's in date.
- In most situations Diabetic pupils will administer their own medication, any pupil who requires support with this will attend the HAWC or will be assisted by a trained member of staff.
- All Diabetic pupils are advised of the importance of safely disposing of any needles or sharps and a plan agreed as to how they will do this. Boarders will be provided with a sharps bin in their house. Any mismanagement of needle or sharps disposal witnessed or reported must be passed on to the School Nurse.
- Diabetic Pupils are expected to carry their insulin, hypoglycaemic kit and monitoring device in appropriate storage containers, at all times.

All Diabetic pupils will be advised of where to safely dispose of their needles in a sharps bin, boarders will be provided with a sharps bin in their house, to be monitored by the housemaster and reported to School Nurse needles not being disposed of safely.

Pupils are requested to carry their insulin, hypoglycaemic kit and monitoring device in appropriate storage container, at all times.

The Foundation also has 3 Diabetic emergency response kits, located in:

- The College Resources room.
- The College HAWC.
- The Prep Blue Room.

These kits contain:

- Glucogel, Apple Juice and biscuits.
- Pathway for the management and treatment of Hypoglycaemia in a known Diabetic (see diagram).
- Pathway for the management and treatment of Hyperglycaemia in a known Diabetic (see diagram).

All staff to ensure pupils with Diabetes have treatment with them to manage an episode of Hypoglycaemia or Hyperglycaemia if taking them off site.

Procedure to recognise and manage Hypoglycaemia - (Low Blood Sugar Level)

Mild/Moderate

- Weakness, faintness or hunger
- Confusion and irrational behaviour
- Poor concentration, headache
- Sweating with cold, clammy skin, pale
- Rapid Pulse
- Trembling
- Deteriorating level of response

Treatment

Call Nurse Hannah or a Matron and ask them to come with a Diabetic Emergency Response Kit

Step 1

20g fast release sugar

Step 2

re-measure their Elload glucose level 10 minutes later

Step 3

If Elload Sugar levels are still below level stated on pupils Individual Healthcare Plan repeat steps 1 to 3

If pupil Vomits or is unresponsive, slowly squeeze one tube of glucose inside the cheek and massage into the gums. Do not squirt directly into the mouth (only use if pupil able to swallow, if not go to the Severe flow chart: continue with steps 1-3
CALL 999

Step 4

Once the pupils Elload Sugar Level has reached the level stated on their individual Healthcare Plan they must have a carbohydrate snack and continue monitoring every 10 minutes for at least 1 hour
If the level drops again go back to step 1.

DO NOT LEAVE THE PUPIL ALONE

If at any point you are concerned or levels still dropping call 999

Severe

- Convulsions
- Unresponsiveness, leading to loss of consciousness.

Treatment

- Place pupil in the recovery position
- Open airway
- Check breathing

CALL 999 and Nurse Hannah or a Matron and ask them to come with a Diabetic Emergency Kit

Do not give the Pupil anything orally

Continue to monitor the Pupil ensuring they are safe and warm and wait for ambulance to arrive.

When fully awake follow Steps 1-3 on the left while you wait for an ambulance to arrive

A severe Hypoglycaemia can be limiting so please ensure the Pupil stays on their side until fully recovered.

DO NOT LEAVE THE PUPIL ALONE

Procedure to recognise and manage Hyperglycaemia - (Low Blood Sugar Level)

- Warm, dry skin
- Rapid pulse and breathing
- Fruity sweet breath
- Really thirsty
- Drowsiness, leading to unresponsiveness if not treated

Treatment

The pupil will need to administer some insulin immediately they will always have insulin on them

The pupil may wish to leave class to do this, please ensure they do not leave alone

Please notify Matron or Nurse Hannah

15. Epilepsy

Mount Kelly recognised that epilepsy is a common condition affecting many children and believes that every child with epilepsy has a right to fully participate in the school curriculum and School life including all outdoor activities and residential School trips.

All pupils with a history of seizures or a diagnosis of epilepsy will have a Medical Alert written by the School Nurse/Head Matron in conjunction with the pupil. This Medical Alert will be pupil-specific, will include any recognised triggers, and a treatment plan and be shared as a confidential medical document with all staff.

Medication instructions are recorded on the front page of the pupil's medical iSAMS notes and when medication is administered, recorded in their ongoing medical notes in iSAMS.

A seizure consists of involuntary contractions of many of the muscles of the body caused by an electrical disturbance in the brain. Not all students who have a seizure will be diagnosed with epilepsy. Some seizures are generalised and these affect the whole of the whole part of the brain and result in a loss of consciousness and some are partial seizures and only affect part of the brain and only partly affect consciousness.

The most common types of seizures are:

1. Tonic-Clonic seizures
 - Tonic-clonic seizures are the most widely recognised type of epileptic seizures.
 - At the start of the seizure the pupil will become unconscious, their body will become stiff and if they are standing up, they usually fall backwards. They may also cry out and they may bite their tongue or cheek.
 - During the seizure they jerk and shake, their breathing may be affected, their skin may change colour and they may wet themselves.
 - Once the seizure is over their consciousness returns, their breathing and colour usually return to normal but they might be confused and sleepy. It's important to note that most children need rest after this kind of seizure and may need to go home.
2. Tonic and Atonic seizures
 - In Atonic seizure the person's muscles suddenly relax and they become floppy
 - If they are standing, they often fall forward and may injure the front of their head or face.
 - They tend to be brief and without warning.
3. Myoclonic seizures
 - Means 'muscle jerk'
 - These are brief but can happen in clusters, often shortly after waking
4. Absence seizures
 - During a typical absence the pupil will become blank and unresponsive for a few seconds. They may appear to be 'daydreaming'. The pupil may stop what they are doing, look blank and stare, or their eyelids might blink or flutter. They will not respond to what is happening

around them. If they are walking, they may carry on walking but not be aware of what they are doing.

- The seizures are not always noticed as they can be brief.
- will briefly lose consciousness but not muscle tone and therefore will not collapse. They can often be reported as daydreamers or inattentive. These are most common in children between the ages of 6-12 years old.

5. Focal aware seizures (FAS)

- FAS are sometimes called 'warnings' or 'auras'
- The pupil may find it hard to put into words how they feel during a seizure, they may say they feel 'strange'
- For some people FAS develops into another type of seizure, it is a warning that another seizure will happen.

6. Focal impaired awareness seizure (FIAS)

- Affect a bigger part of one hemisphere of the brain than FAS
- The pupil's consciousness will be affected and they may be confused
- They might be able to hear you but not fully understand or be able to respond to you.
- They may not react as they would normally.
- If you speak loudly to them, they may feel you are being aggressive and may react aggressively.

Procedure to recognise and manage a seizure

7

Pattern of Seizure

At the start of the seizure:

- The person becomes unconscious
- Their body goes stiff and if they are standing up they usually fall backwards
- They may utter
- They may bite their tongue or cheek.

During the seizure:

- They jerk and shake (convulse) as their muscles relax and tighten rhythmically
- Their breathing might be affected and become difficult or sound noisy
- Their skin may change colour and become very pale or bluish
- They may wet themselves.

After the seizure (once the jerking stops):

- Their breathing and colour return to normal
- They may feel tired, confused, have a headache or want to sleep.

Treatment of Seizure

1. Protect the pupil from further injury while the fit lasts
Keep calm
Try to move objects away from them they may bang themselves on
Place something soft under their head
Reassure them during the fit that they are safe

2. Time how long the jerking lasts
3. Do not leave the pupil alone
4. Call Nurse Hannah and a Matron
5. Call 999 if:
 - You know it is their first seizure
 - The jerking continues for more than five minutes
 - They have one tonic-clonic seizure after another without regaining consciousness between seizures
 - They are injured during the seizure
 - You believe they need urgent medical attention

5. Once the pupil has stopped fitting place them on their side in the recovery position, check their airway is clear especially if they have been eating and ensure breathing regular and full.
7. Keep them warm
8. Monitor **airway**
9. The pupil may vomit post seizure ensure they stay on their side until they are fully conscious.
10. Assess for injury
11. Once fully conscious help sit them up, explain what has happened and reassure them.

Don't

- Restrain their movements
- Put anything in their mouth
- Try to move them unless they are in Danger
- Give them anything to eat or drink unless fully recovered.

16. Enuresis

Definition of nocturnal Enuresis *“an involuntary discharge of urine at night in a child aged 5 years or older, in the absence of congenital or quired defects of the nervous system or urinary tract.”* Forsythe and Butler (1989).

Mount Kelly follows the guidelines set out by The National Institute for Health and Care Excellence (NICE) and takes a pupil centres approach, considering their needs and preferences. The physical and wellbeing needs of a pupil who is experiencing Enuresis are managed in partnership with the School GP and other Health Care professionals to enable the pupil to make informed decisions about their care and treatment.

With the support of the School Nurse, a pupil will always be encouraged, to inform their parents so they can also offer support. If the pupil is not deemed Gillick competent this may be done by the School Nurse without the pupil’s permission but they will be aware that parents are going to be informed. If the parents are informed then they must also be offered the information and support they need.

Procedure for pupil with Enuresis

1. School Nurse or Head Matron to be informed.
2. School Nurse to meet with pupil to offer support reassuring the pupil that it is not their fault, nothing to be embarrassed about and reassure that the problem can be managed without embarrassment.
3. Encourage pupil to allow the School Nurse to confidentially discuss pupil’s enuresis with Houseparent and House Matron, if not aware so they can provide additional support in house when bedwetting occurs.
4. Offer support, assessment and treatment tailored to the circumstances and needs of the pupil.
5. Chat with the pupil about the recommended levels of fluid during the day, the importance of hydration and encourage using the toilet to pass urine before sleep.
6. Encourage pupil to involve parents if not already aware and then reassure parents that bedwetting is not the pupil’s fault and that punitive measures should not be used in the management of bedwetting.
7. Do not exclude younger pupils (for example, those under 7 years) from the management of bedwetting on the basis of age alone.
8. Discuss strategies for managing in a dorm environment and where necessary School Nurse to talk to other roommates to explain situation and importance of support not ridicule. Chat to pupil and parents (If aware) and take in consideration how they would like it to be managed.
9. Refer to GP for assessment, diagnosis and treatment plan.

17. Infection Control

Infection Control Procedure

1. If an infectious disease (see diagram) is suspected the School Nurse or Head Matron must be notified immediately.
2. Pupils suspected of being infectious should be isolated immediately.
3. Parents and guardians phoned to come and collect wherever possible.
4. Boarders who can't go home or to guardians must stay in Sickbay.
5. Appropriate Personal Protective Equipment (PPI) should be worn when caring for an infected pupil.
6. After contact with an infectious pupil, aprons and gloves must be removed and disposed of in a clinical waste bag, then hands washed and alcohol gel used.
7. After use, toilet seats, handles, hand basins, and taps must be disinfected.
8. Contaminated clothing/bedding etc. is to be put into the red bags and washed in a washing machine at the hottest wash the fabric will tolerate (minimum temperature 60C).
9. Cleaning schedules must be prepared.
10. Pupils and staff should not return to work until medical clearance is given.
11. Record all incidents of infection.
12. Any cases of notifiable infections should be reported to the Local Health Protection Unit (HPU).
13. Report any food poisoning cases or the presence of a notifiable disease in a pupil, to the Local Environment Health Officer.

Severe Vomiting/Diarrhoea

- If a pupil vomits or has diarrhoea, they must be kept at home for 48 hours after the last episode.
- When possible, boarders with diarrhoea or vomiting should be taken home. We understand that this may not always be possible, but it helps to prevent the spread of illness.
- Boarders unable to go home will be cared for in Sickbay.

Diarrohoea and Vomiting Illness

Infection or Complaint	Recommended period to be kept away from school, nursery	Comments
Diarrhoea and /or vomiting	48 hours from last episode of diarrhoea or vomiting	
Cryptosporidiosis	48 hours from last episode of diarrhoea	Exclusion from swimming is advisable for 2 weeks after the diarrhoea has settled
<i>E. coli</i> O157 VTEC Typhoid and paratyphoid (enteric fever) <i>Shigella</i> (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and who have difficulty in hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult National Institute for health protection team (NIHP) for further advice.

Skin Infections

Management of the varicella zoster virus

(as per NICE guidelines (National Institute for Health and Care Excellence) and The Health Protection Agency.

Infection or Complaint	Recommended period to be kept away from school, nursery	Comments
Chicken Pox	Off school until all the spots have crusted over	None
Shingles	If the rash can be covered the pupil will be able to attend school. If the rash is in a place it cannot be completely covered they must remain off school until the rash is fully scabbed over and they are therefore no longer infectious	They are not able to swim or any contact sport until the rash is fully scabbed over.

Respiratory infections

Infection or Complaint	Recommended period to be kept away from school, nursery	Comments
Flu (Influenza)	Until recovered	See: <i>Vulnerable children</i>
Tuberculosis	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough (<i>Perussis</i>)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise tracing if necessary

Other infections

Infection or Complaint	Recomm ended period to be kept away from school, nursery	Comments
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18. Outbreak, Epidemic and Pandemic Planning

Definitions:

An **outbreak** is when cases of a disease are in excess of what we would normally expect to see. The number of cases that would be classed as an outbreak varies according to what causes the disease and the size and type of previous and existing exposure to the cause. This decision as to whether there is in an outbreak in a community is by the local National Institute for Health Protection Team (NIHP).

An **epidemic** is an occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related above normal expectancy. The decision to rename an outbreak as an epidemic is made by the World Health Organisation (WHO).

A **pandemic** is an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people. The classical definition includes nothing about population immunity, virology or disease severity. The decision that an epidemic has escalated to a pandemic is done by WHO.

Definitions according to the World Health Organization

The School's primary aim is to protect its pupils from these viruses and put into place procedures to reduce the risk of an outbreak occurring within school or the spread of a local outbreak or epidemic or worldwide pandemic.

Preventative actions:

- Educate boarders and staff on effective hygiene especially hand washing and use of antibacterial gel.
- Use of appropriate / effective cleaning products.
- Educate staff in the recognition of signs of a potential outbreak.
- Ensure health care team are receive regular updates in infection control procedures and use them to care for unwell pupils.

Planning in preparation or an outbreak, epidemic or pandemic:

- Ensure we have stock of appropriate PPE i.e. gloves, aprons, masks, face shields, antibacterial gel and cleaning products.
- Identify areas we can set up as isolated area to care for those who are infectious.
- Keep up-to-date with the Department of Health and WHO websites for current information and their contingency plans.

Early recognition action of a potential outbreak is key in conjunction with close communication with our local NIHP regarding its management.

Outbreak within a boarding house:

- All parents must be informed immediately.
- The sick boarder(s) will be isolated and UK based parents will be expected to remove them as soon as possible.
- Any remaining weekly boarders will be expected to go back home.
- There will be the need for any willing staff to be responsible for nursing sick boarders who cannot return home – this will not be staff with young children. The School will explore the option of obtaining anti-viral drugs and or vaccination if appropriate for these staff.
- There will be the need for suitable meals, using disposable plates and cutlery to be brought area the remaining pupils are isolating.
- Should the School shut UK boarders will be expected to go home and international to their guardians or host families wherever possible.

If an outbreak of flu in one or more houses or year groups within School:

- All parents must be informed immediately and be given the option of choosing to exclude their child, especially boarders because of the threat of infection spreading quickly in the residential setting.
- At this stage it would be advisable for weekly boarders to go home and become day pupils, additionally any boarder with an appropriate guardian locally could be expected to move out of the boarding house.

If an outbreak of flu occurs in the local area:

- The Headmaster and Head of Prep are to inform all parents of boarders. Particularly the international parents, to give them the choice to remove their child from boarding for a while.
- To prevent all unnecessary travel within the area to be prevented; boarders to be kept on school site.
- Weekend activities to be restricted to the School site

If an outbreak occurs in the UK:

- A form will be sent home to all parents to complete and return to confirm that their child has not been in contact with an infectious disease, to the best of their knowledge, at any time in the UK, or on a foreign holiday.
- Parents of overseas boarders should be reassured that the outbreak is not in our region of the country, if this is the case.
- Unnecessary travel in the UK must be prevented except where necessary.
- If the school was affected, Parents are to be informed by letter of the action to be taken.

In the case of an epidemic or pandemic Mount Kelly's management will be guided by government guidelines and advice.

Conclusion

This policy may change if there are any further developments or advice from the World Health Organisation, the National Health Service or the Foreign and Commonwealth Office.

Please be alert to the situation worsening in your country, if you are in any doubt as to whether your child should return to school please seek advice from the Headmaster, Head of Prep, the Health and Safety Officer, or the School Nurse at Mount Kelly.

Further developments will be available in the news section of the School website, and we will be guided by the current recommendations from the Health Protection Agency as required.

19. Medical Emergencies

Across the foundation we have three Automated External Defibrillators (AED).

College

- Externally on the end of the shed at the bottom of Conway Hill.
- 50m Pool – Reception Area

Prep

- The Blue Room.

In the event of illness or accident involving a pupil, member of staff or visitor, the appropriate steps to be taken by appropriately trained staff.

Medical Emergency Procedure

The school makes sure all staff understand their duty of care to children and young people in the event of an Emergency

Serious accidents or sudden onset of illness causing significant concern:

- Call for help.
- If the casualty is complaining of chest pain or not breathing the AED must be sent for immediately.
- Instruct someone to call 999.
- As soon as the AED arrives at the scene, turn the AED on, attach the appropriate size pads (adult/paediatric) to the patient as per the visual diagram on the machine and follow the verbal instructions.
- In the case of an accident the casualty should not be moved unless they are in danger and all first aid policies followed.
- In all Medical Emergencies the casualty should be kept warm, comfortable and reassured.
- Pupils should always be accompanied to hospital and any member of staff may be called upon to do this as a matter of urgency.
- The Headmaster, Senior Deputy Head or Head of Prep, will arrange to support the member of staff accompanying the pupil if necessary.

- The School Nurse should be informed.
- The Headmaster or Senior Deputy Head should be informed of any serious accident or sudden onset of illness if the injury involves a pupil or member of academic staff; or the Director of Finance and Operation in the case of support staff or visitors.
- A pupil's Housemasters/Housemistress should be made aware so that they can contact the pupil's parent/guardian.
- In the case of a Road Traffic Accident the Police should also be called.

20. Procedure for life-threatening medical emergencies in pupils with exiting medical conditions

All pupils that have been identified with a chronic life-threatening medical condition i.e. Diabetes, Severe Allergy or Addison's etc. have Medical Alerts with individual Plans of Action. All Medical Alerts can be viewed on the school intranet; however, they contain confidential information so **must** not be printed out.

- Call for help
- Immediately send for Emergency kit if indicated, Emergency Asthma kit, Diabetic Emergency Response kit, Emergency Adrenaline kit.
- Follow the Emergency Medical conditions procedure appropriate to the pupil's illness.
- Instruct someone to call 999.
- In all Medical Emergencies the casualty should be kept warm, comfortable and reassured.
- Pupils should always be accompanied to hospital and any member of staff may be called upon to do this as a matter of urgency.
- The Headmaster, Senior Deputy Head and The School Nurse should be informed.
- Pupil's parent/guardian. To be contacted.
- For an emergency with a pupil with Asthma, Anaphylaxis please refer to detailed procedures within this policy.

Asthma

- It is expected that all pupils in The Prep and The College who have been diagnosed with Asthma or have been prescribed a Salbutamol inhaler should carry their inhaler on them at all times.
- Inhalers prescribed to Pre-prep pupils are kept in their classroom and are managed by their teacher.
- There are several generic inhalers in Emergency Asthma Kits across the Foundation
- College: HAWC, Reception, 50m pool first aid room.
- Prep: HAWC, Blue Room, Sports Hall
- In an Emergency the 'Emergency Asthma procedure' must be followed.

Diabetes

- A diabetic pupil should carry their insulin, blood glucose monitoring equipment, and emergency hypo kit with them at all times.
- A boarding pupil's supplies must be kept securely in their house and Day Pupils can use the fridge in either the Health and Wellbeing Centre or Reception.
- Diabetic Emergency Response Kits are located at the
 - College: HAWC, Reception, 50m pool first aid room.
 - Prep: Blue Room
- Follow Hypo and Hyper Glycaemia flow charts.

Allergies

- Pupils prescribed an AAI should have 2 AAI's on them unless there is a written agreement for alternative arrangements.
- If a college pupil has a 3rd AAI it will be kept in their House.
- Prep pupils' spares will be kept in the Blue Room First Aid cabinet.
- Pupils with Allergy Medical Alerts may also be permitted to carry antihistamines.
- Emergency Allergy Response Kits containing Piriton and generic AAI's are located at the
 - College: HAWC, Reception, 50m pool first aid room.
 - Prep: Blue Room, Pre-prep
- Follow the recognition and the management of an allergic reaction and anaphylaxis.
- Follow the recognition and the management of an allergic reaction and anaphylaxis.

21. First Aid

All first aid is carried out by trained staff as set out in the schools separate First Aid Policy.

The School's Educational Visits Policy also provides information about offsite first aid cover and emergency procedures. First aid boxes are available in all minibuses and school buildings. Medical bags are also available to sports staff for use in games practices and matches. Each box contains first aid requisites and a list of contents.

Pitch-Side First Aid

Pitch-side first aid is covered by the Coach for all sports matches except for U12 above rugby matches. Coaches are to collect First Aid and Asthma Bags from the Health & Wellbeing Centre to enable them to cover pitch-side first aid. A Duty Matron will be on call to provide support if needed. During Health & Wellbeing opening hours, pupils can also be sent up to be seen by a Matron.

Rugby Fixtures

All home U12 and above matches are covered by external first aiders. The number of Medics pitch-side will depend on the number of matches being played and the age of the teams. A Duty Matron is available to provide support if required and to have a handover of any injuries as required.

A smart log accident report must be completed.

22. Confidentiality

“In accordance with the School Doctor’s professional obligations, medical information about pupils, regardless of their age, will remain confidential. However, in providing medical care for a pupil, it should be recognised that on occasions the Doctor may liaise with parents or guardians, the Principal or other academic staff and House staff, and that information, ideally with the pupil’s prior consent, will be passed on as appropriate. With all matters, the Doctor will respect a pupil’s confidence except on the very rare occasions when, having failed to persuade a pupil or his or her authorised representative, to give consent to divulgence, the doctor considers it in the pupil’s better interests, or necessary for the protection the wider School community, to breach confidence and pass information to a relevant person or body.” MOSA Handbook of School Health.

As part of the NMC (Nurses and Midwifery Council) Code: *Standards of conduct, performance and ethics for nurses and midwives*, nurses are obliged to uphold medical confidentiality. A breach of confidence by a nurse may result in disciplinary action by their regulatory body the NMC. Nurses also have a legal (common law and statutory) duty of confidentiality to pupils.

The medical team is in both a privileged and difficult position about the issues surrounding confidentiality. On the one hand, they are contracted to the School to provide a range of medical and nursing services yet on the other hand they have their professional obligations and standards to uphold. The sharing of information needs to be judged against their obligations to the pupils and the School’s “need to know”. This is particularly sensitive in a boarding school where staff are acting in loco parentis and are expected to be in possession of information about pupils for whom they have responsibility.

All Pupils Medical information is confidential and staff practice within the “Gillick Competency” Guidelines. In line with this, boarders can opt to see a GP on their own.

For both Doctors and Nurses, clear guidelines are laid down regarding their obligation to maintain professional confidentiality. In essence, the medical staff owe confidentiality to their patients, although there are clearly defined circumstances in which confidentiality may be breached. Some situations where confidential information may be disclosed to a third party may include:

- When the patient or their authorised representative gives informed consent.
- When the information is passed between members of a health care team looking after that patient, the team might consist of the doctor and his/her medical partners, School Nurses, the physiotherapist, and the Counselling service.
- When sharing information within the School pastoral team (Housemaster/Housemistress, Matrons, and teachers) is judged to be in the pupil’s best interests. All team members must maintain confidentiality.

When it is considered that disclosure without the pupil’s consent is in their best interests, the pupil is made aware of what information, when, and with whom we are going to disclose it and why we are going against their wishes.

Situations in which this might happen are due to:

- Illness.
- Mental incapacity.
- Immaturity.
- When it is believed that the patient is a victim of neglect or physical or sexual abuse.
- When it is judged that disclosure is in the public's interests and failure to disclose might expose a patient or others to risk of death or serious harm.
- When satisfying a statutory requirement e.g. notification of a communicable disease.
- When ordered to do so by a court.

Wherever a Doctor is involved it is their responsibility to decide to break that confidentiality and ensure that the pupil and parents understand why and when information might be disclosed.

In some situations, information will need to be shared to ensure the safety of the pupil. If it is decided information needs to be shared for the well-being of the pupil, the pupil is always made aware prior to sharing, and every effort is made to gain consent beforehand.

In some situation's information will need to be shared to ensure the safety of the pupil. If it is decided information needs to be shared for the wellbeing of the pupil, the pupil is always made aware prior to sharing and every effort is made to gain consent beforehand.

23. Consent and Sexual Health

The School Nurse provides presenting pupils with information, advice, and support for all issues, both physical and emotional, surrounding Consent and Sexual Health, without judgment.

Where a child is under the age of 16, the School Nurse and GP are responsible for assessing the pupil's competence to give consent to treatment using the Fraser Gillick guidelines (Gillick v West Norfolk and Wisbech AHA, 1985). If they feel that the pupil is competent to give consent, then the pupil can do so without a parent's knowledge. This includes the prescription of all contraception and sexual health screening.

Morning After Pill – Any pupil 16 who we are aware of who has obtained the MAP from the pharmacy must see the School Nurse and have a follow up appointment with the GP to discuss and explore ongoing contraception needs.

24. Head Injuries

Mount Kelly commits to the use of the Return2Play (R2P) system for the management of all head injuries, whether suspected or confirmed.

All suspected concussions sustained during school activities or sport are recorded by staff onto the R2P platform. This automatically notifies parents/guardians and initiates a structured, medically-supervised Return-to-Play process.

Parents/guardians are expected to engage with the R2P portal to log symptoms, monitor progress, and book medical assessments as advised. R2P clinicians oversee each case and confirm or rule out concussion, providing initial recovery advice and managing the staged return to full activity.

The R2P graduated return-to-activity pathway includes:

- Days 0–2: Relative rest and symptom monitoring.
- Days 3–7: Light aerobic activity, symptom-dependent.
- From Day 8: Supervised low-risk, non-contact exercise.
- From Day 15: Progressive return to training intensity.
- Day 21 (minimum): Clearance for full contact sport, if symptom-free for 14 days and all stages completed.

Daily symptom tracking is required to determine recovery progression. Any recurrence of symptoms pauses advancement until resolution.

Medical clearance from R2P is required before a pupil can resume full participation in sport or physical activities.

Parents are strongly encouraged to review the official R2P Parent Guide and Return-to-Sport Pathway, available at:

- <https://www.return2play.org.uk/resources/parent-guide-to-concussion/>
- <https://www.return2play.org.uk/wp-content/uploads/2025/01/R2P-Concussion-Return-to-Activity-Sport-Pathway.pdf>

Further information on the management of head injuries can be found in the School's Head Injuries and Concussion Policy. Please email school reception should you require a copy of this policy.