



MOUNT
KELLY

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

Health and Medical Policy

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1. Introduction

Mount Kelly believes that a healthy mind and a healthy body are fundamental to enabling pupils to achieve their full learning potential, both within and beyond the classroom.

The provision of medical care across the Foundation is coordinated by the School Nurse. The Health and Wellbeing Team (HAWT) aims to deliver a high-quality, professional service within a caring, supportive, open, and confidential environment. Central to this provision is health promotion and the delivery of knowledge and guidance to foster a positive attitude towards physical, social, and mental health across the Foundation community.

Prior to entry to the school, all parents or guardians must complete and return a signed medical questionnaire. This provides consent for pupils to receive medication (including the school's Generic Salbutamol and Adrenaline Auto-Injectors (AAs) where prescribed), as well as any necessary medical treatment. This information enables the school to provide safe and appropriate medical care. Parents and guardians are responsible for informing the school of any changes to their child's medical or health needs.

2. Overview of Health and Wellbeing

2.1 Health Health and Wellbeing Centres (HAWC)

There is a Health and Wellbeing Centre (HAWC) at both the College and the Prep School.

The HAWCs operate during the following times:

- Monday to Friday: 8:00am – 6:00pm
- Saturday: 8:00am – 4:30pm

Outside of these hours, boarding house staff are always available to support pupils' health and wellbeing needs.

2.2 Health and Wellbeing Team (HAWT)

The Health and Wellbeing Team provides comprehensive care to promote the physical, emotional, and pastoral wellbeing of all pupils.

The team is led by the School Nurse, who oversees the health and wellbeing of all pupils across the Foundation. The School Nurse holds daily team meetings to review pupils who are unwell or who may require additional wellbeing support. She is available to provide advice and assistance on medical matters and manages all aspects of routine medical care, including GP appointments, hospital consultant reviews, dental and ophthalmic care, counselling, and physiotherapy. She also coordinates and manages referrals for additional wellbeing or pastoral support.

The School Nurse is supported by a team of nine Matrons across the Foundation. The College Matrons are managed by a Head Matron.

The Health and Wellbeing Team offers a wide range of support, including:

- Oversight and management of pupils' physical and mental health, including the care of pupils staying in Sickbay
- Health education and promotion, providing ongoing health advice, up-to-date information, and relevant literature. Topics include smoking, alcohol, drug misuse, and age-appropriate sex

education, all of which are also delivered through the PSHE (Personal, Social and Health Education) programme

- Referrals and signposting for physical and mental health needs, ensuring pupils are directed to the most appropriate internal or external services
- Liaison with external healthcare professionals and services where required
- Sports injury triage, offering assessment and guidance for sports-related injuries for both day pupils and boarders
- Pastoral support, providing emotional support for pupils and, where appropriate, guidance and referrals for parents and carers

3. Immunisations

- Pupils will be offered all routine immunisations in accordance with current UK government guidance.
- Immunisation programmes are overseen and coordinated by the School Nurse and Head Matron and are administered on site by the Cornwall and Devon School Age Immunisation Team.
- The School Nurse and Health and Wellbeing Team can also arrange travel vaccinations where required.
- Written parental or guardian consent is required for all vaccinations.

4. Management of Absence from Lessons and Off-Games

The school has a duty to ensure that all pupils are accounted for throughout the school day, including those who are Off-Games, who must be appropriately supervised, safeguarded, and accounted for during Games sessions.

4.1 Day Pupils

Parents or carers of day pupils are expected to notify the school of all absences and Off-Games, either via the school portal or by emailing the School. As notification methods differ between The Prep and The College, parents and carers should refer to the relevant procedure for their child's section.

4.2 Boarders

Boarders who are unable to attend lessons due to illness will be seen by their House Matron or a member of the Health and Wellbeing Team (HAWT), so that their absence can be registered appropriately and they can receive the necessary care and support.

Boarding pupils who are unable to participate in Games must report to their House Matron or a member of the Health and Wellbeing Team (HAWT), who will assess their fitness to participate and, where appropriate, record them as Off-Games.

These arrangements ensure that pupils who are temporarily unable to participate in Games are appropriately supervised, that attendance is accurately monitored, and that pupil welfare is maintained at all times.

5. Supporting Unwell, Injured, or Distressed Pupils

For non-urgent medical, health, or wellbeing concerns, pupils are encouraged to attend the Health and Wellbeing Centre (HAWC) outside of lesson time wherever possible.

If a pupil sustains an injury, becomes unwell, or feels unable to cope, including during a lesson, they must inform their teacher. The teacher will assess the situation and determine whether the pupil should be sent to Reception or whether Reception should be contacted for further assistance.

Reception staff will liaise with the Health and Wellbeing Team (HAWT) to either notify them that the pupil is attending the HAWC or request that a member of the HAWT attend to assess and support the pupil.

If a day pupil is unable to return to class following assessment and/or treatment, parents or carers will be contacted and asked to collect their child. The pupil will be appropriately supervised and cared for until collection. Where immediate collection is not possible, the pupil may remain in the HAWC until suitable arrangements are made.

If a boarder is unable to return to class following assessment or treatment, they will, depending on the level of care required, either return to their boarding house to be cared for by house staff or be admitted to the Sickbay.

Any member of staff may contact the School Nurse for advice, guidance, or assistance in medical matters or emergencies. The School Nurse may also review pupils where deemed necessary.

6. Boarders: Health and Medical Support

All boarders (weekly and full-time) are automatically registered with Tavyside Health Centre unless the school is advised otherwise by parents or carers.

Each boarding house has a House Matron whose primary role is to provide immediate health support and pastoral care for pupils within their house. This provision is overseen by the School Nurse.

Where it is agreed that a boarder requires further assessment and/or treatment, arrangements will be made according to the nature and urgency of the condition. This may include referral to, and accompaniment of the pupil to, Tavyside Health Centre (for which Mount Kelly pupils have two appointments reserved daily), the Minor Injuries Unit (MIU) in Tavistock, the Emergency Department (A&E), an emergency dental appointment, or contacting NHS 111 for clinical advice.

A member of HAWT will escort pupils to appointments where appropriate and provide support as required. Pupils with capacity will be afforded appropriate privacy and confidentiality during consultations.

6.1 Medical Care Outside HAWC Operational Hours

Boarders requiring medical attention outside Health and Wellbeing Centre (HAWC) operational hours must report to the duty house staff. Duty staff will assess the boarder's condition and provide appropriate first aid in line with their training.

Where further clinical advice is required, duty staff will contact NHS 111. In the event of immediate concern or where emergency medical assistance is required, staff will call 999 without delay.

All actions taken will be recorded appropriately, and relevant staff will be informed in accordance with the school's safeguarding and boarding procedures.

6.2 Overnight Medical Cover

Duty staff will ensure that pupils are aware of how and who to contact for support in the event of illness or emergency during the night.

If a pupil becomes unwell or requires medical attention overnight, they should report to the duty house staff. Duty staff will assess the pupil's condition and provide care until a member of the Health and Wellbeing Team is available.

Where further medical assessment or intervention is required, duty house staff will contact the appropriate external medical service for advice or assistance, acting as any prudent parent would.

6.3 Decision-Making, Consent, and Capacity

Pupils aged 16 and over cannot be overruled by parents or those with parental responsibility in relation to medical decisions, provided they have capacity. Capacity will be determined by the medical professional seeing the pupil.

If a pupil requests that their parents or guardians are not contacted, this request must be clearly documented on iSAMS by the escorting member of the HAWT and formally handed over to the School Nurse.

The School Nurse and the Housemaster or Housemistress must be copied into all correspondence relating to the outcome of medical appointments sent to parents or guardians.

Gillick competence refers to the legal principle used in England to determine whether a child under 16 years of age has sufficient understanding and intelligence to consent to their own medical treatment without parental knowledge or consent.

7. Sickbay

The Sickbay is centrally located at the Prep School and comprises separate male and female rooms, each with its own bathroom facilities.

College pupils staying overnight in Sickbay are cared for by a College member of the Health and Wellbeing Team (HAWT) or trained Mount Kelly staff, with a designated member of staff sleeping overnight in the Sickbay Staff Flat.

Prep pupils are cared for overnight by the Prep Residential Matron, who will also sleep in the Sickbay Staff Flat.

Careful consideration will be given to the allocation of rooms and beds for pupils admitted to Sickbay, taking into account age, sex, and presenting symptoms.

The decision to admit a pupil to Sickbay or to return them to their boarding house will be based on the level of care required and will, wherever possible, be made in consultation with the School Nurse.

8. Medication Management

8.1 Responsibilities and Principles

The School Nurse holds overall responsibility for the safe management of all medications across the Foundation, including their storage, administration, and disposal, both on-site and off-site.

This procedure applies to all pupils, including those in the Early Years Foundation Stage (EYFS).

All staff involved in the administration or handling of medication must adhere strictly to the procedures outlined in this policy. No member of staff may administer medication unless they have:

- Completed the appropriate training, and
- Been assessed by the School Nurse as competent to undertake this responsibility

The administration of medication must always be carried out in a manner that ensures the safety, dignity, and wellbeing of the pupil.

In accordance with the Department for Education guidance *“Supporting pupils at school with medical conditions”*, no pupil under the age of 16 will be given prescription or non-prescription medication without prior parental or guardian consent. The only exception to this is in exceptional circumstances where medication has been prescribed to the pupil without parental knowledge. In such cases, staff will make every reasonable effort to encourage the pupil to involve their parents or guardians, while respecting the pupil’s right to confidentiality.

8.2 Parental Responsibilities and Consent

Prior to a pupil’s entry to the school, all parents or guardians are required to complete and return a comprehensive medical questionnaire. This enables the school to provide appropriate and safe medical care.

The medical questionnaire includes:

- Consent for the administration of prescribed and over-the-counter (OTC) medication
- Consent for emergency treatment where required
- Consent for the use of the school’s generic Salbutamol inhalers and Adrenaline Auto-Injectors (AIs), where appropriate

It is the responsibility of parents or guardians to ensure that the school is kept fully informed of any changes to their child’s health or medical needs.

All medication brought into school must:

- Be handed directly to the pupil’s House Matron for safe logging, storage, and the implementation of an appropriate administration plan
- Be in its original packaging as dispensed by the pharmacist, with the prescription label clearly visible, including the pupil’s name, dosage, and instructions for administration
- Be within its expiry date

The only exception to this requirement is insulin, which may be provided in an insulin pen or pump, provided it is clearly labelled with the pupil’s name and expiry date.

Any medication prescribed outside of the United Kingdom must be reviewed and authorised by the School GP before it can be administered within the school setting.

8.3 Medication on Entry to School

All medication brought into school must be handed immediately to a member of the Health and Wellbeing Team (HAWT) or House staff for appropriate documentation and secure storage.

All medication held on site, including over-the-counter (OTC), prescribed, complementary medicines, and vitamins, must be recorded on iSAMS to ensure the safe management, recording, and administration of medication across the Foundation.

Pupils' personal medication must have a corresponding condition recorded within their medical record on iSAMS, clearly stating the reason the medication has been prescribed or is required. The medication must also be recorded under the pupil's House and name, with accurate stock levels entered for that individual pupil.

All medication must be stored in a locked drugs cupboard or medical refrigerator in accordance with the manufacturer's instructions, unless alternative arrangements have been agreed by the School Nurse. Exceptions to this include emergency medication such as Adrenaline Auto-Injectors (AAIs), emergency antihistamines, asthma inhalers, and insulin, which must be managed in accordance with their specific procedures.

Routine medication stock checks must be carried out on a weekly basis within the Health and Wellbeing Centres (HAWCs) and boarding houses to ensure accurate stock control and safe management of all medication.

8.4 Types of Medication

Medication held and administered within the school falls into three main categories. The following procedures apply to each type to ensure safe, accurate, and consistent management.

8.4.1 Over-the-Counter Medication (OTC)

All over-the-counter (OTC) medication held by the school is ordered by the School Nurse and distributed to boarding houses and Health and Wellbeing Centres as required.

The distribution and stock of OTC medication must be recorded and maintained on iSAMS to ensure accurate tracking and safe management.

Details of all OTC medications supplied by the school are outlined in **Appendix B**.

8.4.2 Prescribed Medication

All prescribed medication must have a corresponding condition recorded on the pupil's medical record within iSAMS, clearly stating the reason for which the medication has been prescribed.

Prescribed medication must only be administered to the pupil for whom it has been prescribed. Under no circumstances may prescribed medication be shared between pupils.

Any unused or discontinued prescribed medication must be returned to the School Nurse or Head Matron for appropriate handling and disposal.

8.4.3 Controlled Medication

Where possible, one designated member of staff should take overall responsibility for the administration of controlled medication for an individual pupil, in order to minimise the risk of error.

In addition to being recorded on iSAMS, all controlled medication must be recorded in a Controlled Drug Register. Each administration must be signed for by:

- The member of the Health and Wellbeing Team administering the medication, and
- The pupil receiving the medication

Two members of the Health and Wellbeing Team must be present when controlled medication is recorded in the Controlled Drug Register. Wherever possible, this should include the School Nurse and the pupil's House Matron.

They are responsible for ensuring that all required information is recorded accurately, including:

- Name of medication
- Strength
- Quantity
- Administration instructions
- Expiry date
- Lot number

8.5 Storage of Medication

All medication must be stored safely and securely at all times to ensure effective management, prevent misuse, and maintain pupil safety.

Medication must only be stored in approved, secure locations, including the Health and Wellbeing Centres (HAWCs), House Matrons' offices within the boarding houses, and, where appropriate, in a secure locked space accessible to pupils who have been assessed as competent to self-medicate.

8.5.1 General Storage Requirements

Medication must be stored only in designated secure areas and in accordance with this policy to ensure appropriate oversight and safe access.

8.5.2 Controlled Medication Storage

Controlled drugs must be stored in a designated controlled drug cupboard in accordance with regulatory requirements. Access to controlled medication must be restricted to authorised staff only.

8.5.3 Cold Storage Requirements

Medication requiring cold storage must be kept in a dedicated medical refrigerator located in a secure area. These refrigerators must be properly maintained, including regular cleaning and defrosting, to ensure safe storage conditions are upheld. All medication stored within refrigerators must be recorded on iSAMS.

8.5.4 Self-Medication Storage

Pupils who have been formally assessed as competent to self-medicate must store their individual medication in a secure, lockable drawer or cupboard, ensuring it is not accessible to other pupils at any time.

8.6 Recording of Medication

Mount Kelly complies with all statutory requirements by maintaining accurate, contemporaneous records of all medication transactions to ensure safe management, traceability, and accountability.

8.6.1 Administration Records

All medication administered to pupils, including individually prescribed medication, must be recorded electronically on the Medical Centre system within iSAMS.

Entries must be made at the time of administration and must include all relevant details to ensure an accurate and complete record is maintained.

8.6.2 Self-Administration Records

Where pupils are authorised to self-administer medication, a record must be made each time additional medication is issued to the pupil.

The entry must include:

- The quantity of medication provided
- A note confirming that the pupil has been reminded of and has agreed to comply with the required administration

8.7 Disposal of Medication

All medication requiring disposal must be managed safely and in accordance with regulatory and environmental guidelines.

8.7.1 Disposal Procedures

All medication disposals must be recorded electronically on iSAMS to ensure accurate audit and accountability.

Where appropriate, medication must be returned to a pharmacy for safe disposal in line with current guidance and best practice.

8.8 Administration of Medication

Prior to administering any medication, appropriate parental or guardian consent must have been obtained, except in situations where the pupil presents with a potentially life-threatening condition.

Medication may only be administered

- by a member of staff who has completed the required training
- If on site if the member of staff has access to the medical module on iSAMS
- If off site is the Medical Lead and has had a trip handover
- Unless an Emergency when any member of staff is able to administer emergency medication

The following procedures must always be followed when administering any medication, anywhere, to any pupil

9. Health and Medical Record Keeping

a. Medical Records System

Each pupil has an individual electronic medical record containing relevant health and welfare information provided by parents, together with a record of any significant health needs or concerns. These records are maintained securely on the School's management information system, iSAMS.

b. Data Entry and Responsibility

The School Nurse is responsible for the accurate transfer of information from completed medical questionnaires into the iSAMS medical module and for ensuring that records are kept up to date.

c. Confidentiality and Access Control

Medical records are subject to strict confidentiality. Access is role-specific and controlled through the iSAMS system to ensure appropriate safeguarding of sensitive information:

- The School Nurse has full access to all medical records, including highly confidential information.
- The Health and Wellbeing Team (HAWT) and Houseparents have access to medical information, excluding highly confidential entries, to enable safe day-to-day care of pupils.
- Staff who have completed the Medicines Awareness Foundation Course and are authorised to administer medication have access limited to the Medication and Medical Conditions sections only.

Privacy levels may be applied to individual entries to further restrict access where necessary.

a. Record Maintenance

Pupils' medical records are reviewed and updated regularly to ensure they accurately reflect current health status, medical conditions, medication requirements, and any care or treatment provided whilst at school.

b. Medical Alerts and Flags

The iSAMS Medical Flag system is used to highlight key medical information. A visible alert will be recorded for pupils with any of the following:

- A Medical Alert (life-threatening condition)
- A Medical Awareness entry (important condition staff should be aware of)
- A condition requiring salbutamol
- A documented drug allergy
- SEND status

These alerts are accessible to all Mount Kelly staff to support pupil safety.

c. Oversight and Accountability

The School Nurse holds overall responsibility for the oversight, accuracy, and appropriate maintenance of all pupil medical records.

d. Retention and Storage of Records

Paper medical records relating to former pupils are stored securely in a locked filing cabinet within a locked room.

In accordance with the Records Management Code of Practice for Health and Social Care 2021 (NHS England), medical records are retained as follows:

- Until the pupil's 25th birthday (or 26th birthday if the young person was 17 at the conclusion of treatment); or
- Eight years after death.

Where an illness or death may have relevance to future adult health conditions or genetic implications, clinical advice will be sought to determine whether records should be retained for a longer period.

10. Supporting Children at Mount Kelly with Medical Conditions

a. Commitment to Inclusion and Support

Mount Kelly is committed to supporting all pupils with medical conditions and fostering an inclusive environment in which they are able to participate fully in academic, social, and wider school life. The School aims to ensure that all pupils, regardless of medical need, have access to appropriate support, resources, and opportunities to enable them to thrive.

b. Management of Medical Needs

The School acknowledges that some medical conditions may be serious or potentially life-threatening if not appropriately managed. Mount Kelly is committed to the safe administration of medication and provision of care in accordance with guidance provided by healthcare professionals and parents/carers.

c. Parental Responsibility and Communication

Parents/carers of pupils with specific or complex medical needs are required to inform and discuss their child's condition with the School Nurse. This ensures that appropriate support arrangements can be established and, where necessary, an Individual Care Plan is developed.

Parents/carers are responsible for ensuring that the School is provided with accurate and up-to-date information regarding their child's medical needs.

d. Care Planning and Information Sharing

The School Nurse is responsible for the development and dissemination of relevant medical information to staff through confidential, individualised care documentation, including Medical Alerts and Medical Awareness documents.

These documents are prepared collaboratively by the School Nurse and are developed in partnership with the pupil, parents/carers, and, where appropriate, relevant healthcare professionals. Individual Healthcare Plans are reviewed at least annually and following any significant change in the pupil's medical condition, treatment, or circumstances to ensure that they remain accurate and appropriate.

e. Access to Medical Information

Medical Alerts, Medical Awareness documents, and supporting lists are made accessible to all relevant staff via secure school systems. These include information identifying pupils who:

- a. require salbutamol for asthma
- b. have diagnosed drug allergies
- c. have food allergies, intolerances, or dietary preferences (shared securely with the School's catering provider)

All such information is treated as confidential and is not displayed publicly.

f. Staff Awareness and Duty of Care

Mount Kelly ensures that all staff understand their duty of care in supporting pupils with medical conditions and in responding appropriately in the event of a medical emergency.

g. Staff Communication and Termly Reminders

All staff receive termly communications reminding them of:

- a. how to access pupils' medical information, including Medical Alerts, Medical Awareness documents, Asthma Lists, Drug Allergy Lists, and Food Allergy/Intolerance/Dietary Preference information via the school intranet
- b. the importance of reading and understanding this information
- c. their responsibility to maintain confidentiality when handling medical information
- d. the location of the School's generic Emergency Allergy Kits and Emergency Asthma Kits

h. Annual Emergency Medical Training

The School Nurse and Head Matron provide annual training to ensure staff are confident and competent in responding to medical emergencies. This training includes:

- a. the recognition and management of anaphylaxis, including the administration of adrenaline auto-injectors (AAIs) and the use and location of Emergency Allergy Kits
- b. the recognition and management of asthma attacks, including the use and location of Emergency Asthma Kits

i. Condition-Specific Guidance

Where required, staff are provided with additional guidance tailored to the specific needs of pupils in their care. This may include:

- a. supporting a pupil experiencing a seizure
- b. managing a pupil with diabetes during hypoglycaemic or hyperglycaemic episodes
- c. supporting pupils with other medical conditions relevant to the teaching context or off-site activities

11. Asthma

A. Overview

Asthma is the most common chronic condition in childhood. It affects the small airways that carry air in and out of the lungs. When an individual with asthma is exposed to a trigger, the muscles surrounding the airways contract, the airway lining becomes inflamed and swollen, and mucus production may increase. These changes narrow the airways, making breathing difficult and resulting in the symptoms of asthma (Asthma UK).

Mount Kelly recognises asthma as a potentially serious condition and follows the Department for Education (DfE) guidance *"Supporting Pupils at School with Medical Conditions"* and *"Guidance on the Use of Emergency Salbutamol Inhalers in Schools"* to ensure safe and effective management.

B. Use of Emergency Inhalers

- i. Emergency salbutamol inhalers are intended for use by pupils who:
 - have been diagnosed with asthma, and
 - have been prescribed a reliever inhaler
 - Or previously prescribed an inhaler
- ii. The emergency inhaler may be used if:
 - the pupil's own inhaler is not available,
 - the pupil's inhaler is empty or unusable, or
 - in an emergency situation where immediate access to a reliever inhaler is required.

Parental consent for the use of the School's emergency inhaler is obtained and recorded in accordance with DfE guidance.

C. Emergency Asthma Provision

i. Emergency Asthma Kits

The School maintains Emergency Asthma Kits at key locations across both sites. These are situated as follows:

College Site: Health and Wellbeing Centre (HAWC), Reception, and the 50m Pool First Aid Room

Prep Site: Health and Wellbeing Centre (HAWC), Blue Room, and Sports Hall

ii. Emergency Asthma Bags

Portable Emergency Asthma Bags are available for staff to collect from the HAWC when supervising off-site activities. These must be taken when accompanying any pupil who currently uses, or has previously been prescribed, a salbutamol inhaler.

D. Contents of Emergency Asthma Kits and Bags

In line with DfE recommendations, each Emergency Asthma Kit and Bag contains:

- At least one salbutamol metered dose inhaler
- At least one single use or appropriately maintained spacer
- An up-to-date asthma register, identifying pupils diagnosed with asthma, prescribed or previously prescribed Salbutamol
- Clear instructions for recognising and responding to an asthma attack
- Guidance on the safe storage, use, and replacement of equipment
- Two administration record forms (one for the School Nurse and one for parents/carers or House Matron)

E. Managing Pupils with Asthma

i. Parental Consent and Identification

- Parental consent for the use of the School's emergency salbutamol inhaler is obtained via the signed Mount Kelly Medical Questionnaire.

- Any pupil diagnosed with asthma, or who is currently or has previously been prescribed a salbutamol inhaler, is recorded on the School's asthma register and is permitted to use the emergency salbutamol inhaler if required.

ii. Pupil Responsibilities

- Pupils diagnosed with asthma are expected to carry their prescribed reliever inhaler with them at all times.

iii. Parental Responsibilities

- Parents/carers of day pupils must ensure that their child attends school each day with an in-date, clearly labelled reliever inhaler.
- Parents/carers must inform the School promptly of any changes to their child's asthma diagnosis, treatment, or management plan.

iv. Boarding Provision

- Boarders receive an annual asthma review conducted by a Tavyside asthma nurse.
- Additional reviews or medical support are arranged as required.

F. Asthma Registers and Information Access

The School Nurse is responsible for maintaining accurate and up-to-date asthma registers.

Asthma information is made accessible to staff through:

the Medical Flag system on iSAMS

the school intranet (Medical Flag icon)

copies held within Emergency Asthma Kits and Bags

Pupils with asthma are clearly identified to ensure staff awareness and timely intervention where required.

G. Monitoring and Maintenance

- At the College, HAWC Matrons are responsible for conducting termly checks of all on-site Emergency Asthma Kits, and for checking and restocking Emergency Asthma Bags following their return from off-site activities.
- At the Prep School, the Prep Matron holds responsibility for the checking, maintenance, and restocking of all Emergency Asthma Kits and Bags on site.

All equipment must be in date, fit for purpose, and immediately accessible.

Every use of an emergency inhaler must be recorded, and parents/carers informed as soon as reasonably practicable. The School Nurse will review all incidents to ensure appropriate follow-up and ongoing care.

12. Allergy and Anaphylaxis

A. Overview

Mount Kelly recognises that allergies, including those which may result in anaphylaxis, can be serious and potentially life-threatening conditions. However, with appropriate planning, training, and procedures, pupils with allergies can be safely supported and fully included in all aspects of school life.

The School is committed to the effective management of allergies and anaphylaxis through clear communication, appropriate staff training, and robust procedures. All staff share a collective responsibility to respond promptly and appropriately in the event of an allergic reaction or anaphylaxis.

Anaphylaxis is defined as:

“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, usually associated with skin and mucosal changes.”

B. Emergency Treatment (Adrenaline Auto-Injectors – AAI)

Adrenaline auto-injectors (AAIs) are prescribed as emergency medication for individuals at risk of anaphylaxis. They are designed to provide immediate, life-saving treatment during an anaphylactic reaction while awaiting emergency medical assistance.

C. Parental Consent and Use of Emergency AAI

Parents/carers of pupils diagnosed with anaphylaxis and prescribed AAI may provide consent for their child to receive treatment using the School’s generic emergency AAI. Consent is obtained through the Mount Kelly Medical Questionnaire and recorded appropriately.

D. Pupil Requirements – Carrying AAI

In line with NHS and Medicines and Healthcare products Regulatory Agency (MHRA) guidance, pupils who are prescribed AAI must carry two devices at all times. This requirement reflects best practice to ensure that a second dose can be administered, if necessary, before emergency services arrive.

E. Rationale for Carrying Two AAI

A second AAI may be required during an anaphylactic reaction for several reasons, including:

- Adrenaline is a short-acting medication
- The initial dose may not fully relieve symptoms
- The first device may fail to operate correctly
- The first dose may be administered incorrectly, particularly in a high-pressure situation
- Some individuals may require additional adrenaline to stabilise their condition

F. Management of Pupils Prescribed Adrenaline Auto-Injectors (AAI)

a. College Pupils (Years 8–13)

- Pupils prescribed AAI will meet with the School Nurse to receive guidance on their condition and the importance of carrying two AAI at all times.
- Pupils are required to sign a consent/agreement confirming that they:
 - understand the importance of carrying two AAI at all times; and
 - agree to comply with the School’s procedures regarding their safe management.
 - A copy of this agreement will be shared with parents/carers.

- House Matrons and Houseparents will undertake periodic checks to ensure that pupils are carrying their AAls in accordance with the agreed expectations.

b. Prep School – General Arrangements

Where appropriate, and depending on the pupil's age, understanding, and level of competence, it may be agreed in writing between parents/carers and the School Nurse that AAls are stored in a central, easily accessible location.

Any such storage arrangement must ensure that AAls are:

- stored in an unlocked location
- clearly labelled with the pupil's name
- readily accessible in an emergency

Reception to Year 2

1. Parents/carers are responsible for handing their child's AAls to the class teacher at the start of the school day and collecting them at the end of the day.
2. AAls must be clearly labelled with the pupil's name and date of birth.
3. The class teacher is responsible for ensuring that the AAls accompany the pupil throughout the day as required.
4. Parents/carers are responsible for ensuring that AAls are in date and fit for use.

Prep Pupils (Years 3–8)

1. All Prep pupils prescribed AAls must have two devices on their person at all times.
2. In addition, two spare AAls are stored for each pupil in the Prep Blue Room First Aid Cabinet.
3. The member of staff responsible for morning registration must check that each pupil requiring AAls has two devices with them.
4. If a pupil is not in possession of their AAls:
 - The pupil must not leave the classroom until AAls have been located or replacements issued.
 - Reception must be informed immediately, who will notify a member of the Health and Wellbeing Team (HAWT).
5. Where a day pupil does not have their AAls in school:
 - Spare AAls may be issued to enable the pupil to continue their day safely.
 - Parents/carers will be contacted and required to provide the pupil's AAls as soon as possible.
6. In exceptional circumstances, where it is agreed in writing with parents/carers that it is in the pupil's best interests not to carry AAls, the Head Matron will implement an individualised management plan to ensure safe and appropriate access to medication.

G. Compliance and Monitoring

If a pupil is found not to be carrying their AAls on three or more occasions, a formal communication will be sent to parents/carers outlining the School's concerns.

H. Off-Site Activities – Pupils Prescribed AAls

1. The member of staff responsible for leading an off-site activity must ensure that all pupils prescribed AAls have **two devices on their person** before leaving the school site.
2. This requirement applies to all off-site movement, including travel between the Prep and College sites.
3. If a pupil does not have their AAls with them, the member of staff must immediately contact a member of the Health and Wellbeing Team (HAWT) or House staff before departure.
4. For Prep pupils, staff must also ensure that the pupil's **spare emergency AAls** are included within the designated off-site trip bag.

I. Emergency Allergy Provision

These kits are intended for use in the emergency treatment of anaphylaxis where a pupil's own prescribed AAI is unavailable or insufficient.

The Foundation maintains a number of Generic Emergency Allergy Kits, located at the following points across the school:

- College Health and Wellbeing Centre (HAWC)
- College Resources Room
- 50m Swimming Pool First Aid Room
- Prep Blue Room
- Pre-Prep Department
- Boarding Houses where a pupil is prescribed an AAI

J. Contents of Emergency Allergy Kits

Each Emergency Allergy Kit contains:

- One adrenaline auto-injector (AAI)
- Chlorphenamine maleate (antihistamine)
- Instructions for the use of the AAI
- Manufacturer's information
- An up-to-date list of pupils prescribed AAls, including identification of those with co-existing asthma
- A medication administration record form

K. Storage of Adrenaline Auto-Injectors (AAIs)

The following guidance must be followed to ensure AAIs remain safe, effective, and ready for use:

- AAIs must be stored in their original carrier tube with the safety cap in place until required.
- AAIs must be kept at **room temperature (15°C to 30°C)** and must not be refrigerated.
- AAIs must not be stored in vehicles during periods of extreme heat or cold.
- AAIs must be protected from direct light.
- The device should be checked regularly via the viewing window (where applicable). Any AAI showing signs of discolouration (e.g. brown or cloudy solution) must be replaced immediately.

13. Diabetes

a. Overview

Type 1 Diabetes is a complex and potentially serious medical condition requiring careful day-to-day management. Mount Kelly recognises that pupils with diabetes must have **immediate access** to their medication, monitoring equipment, and treatments for hypoglycaemia at all times.

The School is committed to ensuring that appropriate arrangements are in place to support pupils safely and enable them to participate fully in all aspects of school life.

b. Individual Care Planning and Staff Training

- Each pupil with diabetes has an NHS Individual Healthcare Plan (IHP), which is accessible to relevant staff.
- The IHP provides detailed guidance on the pupil's daily care and emergency management.
- Staff receive appropriate training, delivered by the School Nurse or relevant healthcare professionals, to ensure they are confident in supporting pupils with diabetes.

c. Medication and Equipment Management

Pupils must have immediate access to the following at all times:

- Insulin
- Blood glucose monitoring equipment
- Hypoglycaemia treatment (hypo kit)

All medication must be clearly labelled with the pupil's name and expiry date.

Parents/carers and pupils are responsible for ensuring that:

- all required medication and equipment are available in school; and
- all items are in date and fit for use.

Where required, refrigerated storage for insulin is available at:

- College Reception
- Health and Wellbeing Centre (HAWC)

d. Pupil Responsibilities and Support

- Where appropriate, pupils are expected to self-manage their condition, including administering insulin.
- Where support is required, this will be provided by the School Nurse or a suitably trained member of staff.
- Pupils must carry their insulin, monitoring equipment, and hypoglycaemia treatment in appropriate storage containers at all times.

e. Safe Disposal of Sharps

- Pupils must follow agreed procedures for the safe disposal of needles and sharps.
- Boarders are provided with sharps bins within their boarding houses.
- House staff are responsible for monitoring the safe use of sharps bins and reporting any concerns to the School Nurse.
- Any unsafe handling or disposal of sharps must be reported immediately.

f. Emergency Diabetes Provision

The School maintains Emergency Diabetes Kits at the following locations:

- College Resources Room
- College Health and Wellbeing Centre (HAWC)
- Prep Blue Room

g. Contents of Emergency Diabetes Kits

Each Emergency Diabetes Kit contains:

- Fast-acting glucose treatments (e.g. GlucoGel, fruit juice, biscuits)
- Guidance for the management and treatment of hypoglycaemia
- Guidance for the management and treatment of hyperglycaemia

h. Off-Site Activities

- Staff responsible for pupils on off-site activities must ensure that pupils with diabetes have all necessary medication and equipment with them, including treatment for hypoglycaemia and hyperglycaemia.
- Where appropriate, emergency diabetes supplies must be taken to ensure safe management while off-site.

14. Epilepsy

a. Overview

Mount Kelly recognises that epilepsy is a common condition affecting many children. The School is committed to ensuring that pupils with epilepsy are fully supported and able to participate in all aspects of school life, including academic activities, sport, outdoor education, and residential trips.

The School acknowledges that seizures vary widely in type and severity, and that appropriate, individualised care is essential to ensure pupil safety and wellbeing.

b. Individual Care Planning and Information Sharing

- All pupils with a diagnosis of epilepsy or a history of seizures will have a Medical Alert written by the School Nurse or Head Matron in consultation with the pupil.
- This Medical Alert will:
 - be specific to the individual pupil
 - identify known triggers (where applicable)
 - outline a clear management and treatment plan
- The Medical Alert is shared with staff as a confidential medical document to ensure appropriate awareness and response.
- Medication instructions are recorded on the front page of the pupil's iSAMS medical record. All medication administered is recorded within the pupil's ongoing medical notes.

c. Understanding Seizures

A seizure is caused by a sudden burst of electrical activity in the brain, leading to temporary changes in movement, awareness, or behaviour. Not all pupils who experience a seizure will have a diagnosis of epilepsy.

Seizures may be:

- **Generalised**, affecting the whole brain and often resulting in loss of consciousness
- **Focal (partial)**, affecting part of the brain and possibly only partially affecting awareness

d. Common Types of Seizures

1. Tonic-Clonic Seizures

- The most commonly recognised type of seizure
- The pupil becomes unconscious and their body becomes stiff (tonic phase)
- This is followed by rhythmic jerking movements (clonic phase)
- Breathing may be affected, and skin colour may change
- The pupil may bite their tongue or experience incontinence
- After the seizure, the pupil may be confused, tired, and require rest

2. Tonic and Atonic Seizures

- Tonic seizures: sudden stiffening of the muscles
- Atonic seizures: sudden loss of muscle tone, causing the pupil to become floppy
- Pupils may fall suddenly, often forwards, and may sustain injury
- These seizures are usually brief and occur without warning

3. Myoclonic Seizures

- Characterised by sudden, brief muscle jerks

- May occur in clusters
- Often happen shortly after waking

4. Absence Seizures

- The pupil may appear blank, unresponsive, or as though they are daydreaming
- They may stop activity, stare, or have eyelid fluttering
- The pupil will not respond during the episode
- These seizures are brief and may go unnoticed
- There is a short loss of awareness but no loss of posture
- Most common in children aged 6–12

5. Focal Aware Seizures (FAS)

- Sometimes referred to as “auras” or warning seizures
- The pupil remains conscious but may feel unusual or “strange”
- These may act as a warning that a further seizure could follow

6. Focal Impaired Awareness Seizures (FIAS)

- Affect a larger area of one side of the brain
- Consciousness is impaired
- The pupil may appear confused and unable to respond appropriately
- They may react unpredictably or appear unaware of their surroundings

15. Enuresis (Nocturnal Bedwetting)

Overview and Definition

Nocturnal enuresis is defined as:

“An involuntary discharge of urine at night in a child aged five years or older, in the absence of congenital or acquired defects of the nervous system or urinary tract.”

(Forsythe and Butler, 1989)

Mount Kelly recognises that enuresis is a common childhood condition and is committed to managing it sensitively, respectfully, and in line with best practice guidance from the National Institute for Health and Care Excellence (NICE).

The School adopts a pupil-centred approach, taking account of the pupil’s physical wellbeing, emotional needs, dignity, and personal preferences. Support is provided in partnership with the School GP and other relevant healthcare professionals, where appropriate.

Principles of Support

- Enuresis is a medical condition and is not the pupil’s fault.
- Pupils experiencing enuresis must be supported in a way that preserves dignity, privacy, and self-esteem.
- Punitive or disciplinary approaches must never be used.

- Support and management plans must be individualised and reviewed as required.

Confidentiality and Parental Involvement

With the support of the School Nurse, pupils will be encouraged to inform their parents/carers so that they can also provide support.

Where a pupil is assessed as Gillick competent, their wishes regarding parental involvement will be respected wherever possible.

Where a pupil is not deemed Gillick competent, parents/carers will be informed by the School Nurse. In such cases, the pupil will be made aware that this communication is taking place.

When parents/carers are informed, they will be offered appropriate information, reassurance, and guidance to support their child effectively.

Record Keeping and Review

All support provided, discussions held, and agreed management strategies will be recorded confidentially in accordance with the School's medical record-keeping procedures and reviewed as required by the School Nurse.

16. Managing Life-Threatening Medical Emergencies in Pupils with Existing Conditions

General Principles

All pupils identified as having a chronic, potentially life-threatening medical condition (including, but not limited to, asthma, diabetes, severe allergies, epilepsy, or Addison's disease) have a Medical Alert and an individualised care plan.

Medical Alerts are accessible to staff via the school intranet. These documents contain confidential medical information and must not be printed or shared outside of secure systems.

Immediate Actions

In the event of a life-threatening medical emergency, staff must:

- Call for help immediately and alert other staff.
- Send for the appropriate Emergency Medical Kit, as indicated by the pupil's condition (e.g. Emergency Asthma Kit, Emergency Allergy Kit, Emergency Diabetes Kit).
- Follow the relevant condition-specific emergency procedure as outlined in this policy and the pupil's Medical Alert.
- For asthma or anaphylaxis, staff must refer to the detailed procedures contained within this policy.
- Instruct a member of staff to call 999 immediately, providing clear information about the pupil's condition.
- Keep the pupil warm, comfortable, and reassured while awaiting emergency services.
- Ensure the pupil is not left unattended at any time.
- Ensure the pupil is accompanied to hospital if transfer is required. Any member of staff may be called upon to do this as a matter of urgency.
- Inform the Headmaster, Senior Deputy Head, and School Nurse as soon as possible.

- j. Ensure that the pupil's parents/carers are contacted without delay.

Condition-Specific Signposting

This procedure must be read in conjunction with the relevant condition-specific emergency guidance within this policy:

- **Asthma:** Staff must follow the *Procedure for Managing an Asthma Attack*.
- **Diabetes:** Staff must follow the *Procedure for Managing a Diabetic Emergency*, including the management of hypoglycaemia and hyperglycaemia.
- **Allergies and Anaphylaxis:** Staff must follow the *Procedure for Managing an Allergic Reaction or Anaphylaxis*.
- **Epilepsy:** Staff must follow the *Procedure for Managing a Seizure*.

These procedures provide detailed, condition-specific guidance and must be followed alongside the pupil's Medical Alert and care plan.

17. Medical Emergencies – Including the use of AED's

Overview

Mount Kelly is committed to ensuring a prompt and effective response to medical emergencies involving pupils, staff, or visitors. Appropriately trained staff are expected to act in accordance with this procedure and their duty of care.

Across the Foundation, Automated External Defibrillators (AEDs) are available to support the emergency management of cardiac arrest.

Locations of Automated External Defibrillators (AEDs)

College Site

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

Prep Site

- The Blue Room

18. Infection Control

Overview

Mount Kelly is committed to preventing the spread of infection and to managing suspected or confirmed infectious illnesses promptly, safely, and in line with public health guidance. All staff have a duty of care to protect pupils, colleagues, and visitors and to follow the procedures set out below.

19. First Aid

Overview

Mount Kelly is committed to ensuring that prompt and appropriate first aid is provided to pupils, staff, and visitors when required. All first aid is delivered by appropriately trained staff in accordance with the School's separate First Aid Policy.

Arrangements for first aid provision and emergency procedures during off-site activities are set out within the Educational Visits Policy.

First Aid Provision

- First aid boxes are available in all school buildings and school minibuses.
- Each first aid box contains appropriate supplies and a list of contents, which are checked and replenished as required.

Pitch-Side and Match First Aid

- First aid boxes are located in close proximity to sports pitches.
- Portable first aid bags are available to sports staff for use during training sessions and fixtures.

Pitch-side first aid is provided by the Coach for all sports, with the exception of Under 12 and above rugby fixtures.

Coaches must collect the First Aid Bag and Asthma Bag from the Health and Wellbeing Centre (HAWC) prior to fixtures to ensure appropriate pitch-side cover.

During HAWC opening hours, a Duty Matron is available to provide additional support if required. Pupils may also be referred directly to the HAWC to be assessed by a member of the Health and Wellbeing Team (HAWT).

Rugby Fixtures

- All home Under 12 and above rugby fixtures are covered by external first aid providers.
- The number of medics present pitch-side is determined by the number of matches and the age groups involved.

During HAWC opening hours, a Duty Matron is available to:

- provide support where required; and
- receive a formal handover of any injuries sustained.

Outside of HAWC opening hours, external medics will hand over care and information to Coaches, parents/carers, or Houseparents, as appropriate.

Accident Reporting

- A Smartlog accident report must be completed by the member of staff administering first aid.
- Where first aid is provided by an external first aider, the Duty Matron or the member of staff receiving the handover is responsible for completing the accident report.

All accident reporting must be completed promptly and in accordance with the School's reporting and record-keeping procedures.

20. Confidentiality, Consent and Sexual Health

Overview

Mount Kelly is committed to maintaining the confidentiality of pupils' medical information in accordance with professional, ethical, and legal obligations. Medical confidentiality is essential to maintaining trust and ensuring that pupils feel able to seek appropriate support.

Medical information about pupils, regardless of age, is treated as confidential. However, it is recognised that, in order to provide safe and effective care, there are circumstances in which information may need to be shared appropriately.

Professional Duties and Standards

In accordance with the professional obligations of School Doctors, medical information will remain confidential. However, in providing medical care, it may be necessary for the Doctor to liaise with parents/carers, the Headmaster, senior leaders, academic staff, or boarding staff. Wherever possible, such information will be shared with the pupil's prior consent and only on a need-to-know basis.

The School's medical staff operate in line with:

- the MOSA Handbook of School Health;
- the NMC Code: Standards of conduct, performance and ethics for nurses and midwives; and
- relevant legal duties under common law and statute.

A breach of medical confidentiality by a nurse may result in disciplinary action by the Nursing and Midwifery Council (NMC). Medical staff owe a legal and professional duty of confidentiality to pupils at all times.

Confidentiality within the School Context

The medical team occupies a dual role within the School, providing medical services while also adhering to professional standards of confidentiality. Decisions regarding information sharing are carefully balanced against:

- the pupil's right to confidentiality;
- the School's duty of care; and
- the principle of sharing information on a strict need-to-know basis.

This balance is particularly important in a boarding school environment, where staff act *in loco parentis* and require sufficient information to safeguard pupils effectively.

Gillick Competence and Pupil Autonomy

All pupils' medical information is confidential, and staff practice in accordance with Gillick competence principles.

Where a pupil is assessed as Gillick competent, they may access medical advice and treatment independently, including the option for boarders to see a GP without parental involvement.

Circumstances Where Information May Be Shared

Confidential medical information may be disclosed to a third party in the following circumstances:

- where the pupil, or their authorised representative, has given informed consent;
- where information is shared between members of the healthcare team directly involved in the pupil's care (which may include School Doctors, School Nurses, physiotherapists, and counselling staff);
- where information is shared within the School's pastoral team (e.g. Houseparents, Matrons, teaching staff) and is judged to be in the pupil's best interests. All recipients of such information must maintain confidentiality.

Where disclosure without consent is considered necessary, the pupil will be informed of:

- what information will be shared;
- with whom it will be shared; and
- the reasons for disclosure.

Disclosure Without Consent

In rare circumstances, confidentiality may be breached without the pupil's consent where it is judged to be necessary in the pupil's best interests or for the protection of others. These circumstances may include:

- serious illness;
- lack of mental capacity;
- immaturity affecting the ability to make informed decisions;
- concerns that a pupil may be experiencing neglect, physical abuse, or sexual abuse;
- situations where non-disclosure may expose the pupil or others to risk of serious harm or death;
- statutory requirements (e.g. notification of communicable diseases);
- where disclosure is ordered by a court.

Where a Doctor is involved, it is their responsibility to determine whether confidentiality should be breached and to ensure that the pupil and parents/carers understand when and why information may be disclosed.

Consent, Sexual Health, and Fraser-Gillick Guidelines

The School Nurse provides pupils with confidential, non-judgemental information, advice, and support on matters relating to consent and sexual health.

For pupils under the age of 16, the School Nurse and GP are responsible for assessing competence using the Fraser-Gillick guidelines (Gillick v West Norfolk and Wisbech AHA, 1985). Where a pupil is deemed competent, they may consent to treatment without parental knowledge, including:

- contraception; and
- sexual health screening.

Any pupil aged 16 or over who is known to have obtained emergency contraception (Morning After Pill) must see the School Nurse and have a follow-up appointment with the GP to discuss ongoing contraceptive needs.

Review and Governance

All decisions relating to confidentiality and information sharing are made with the pupil's welfare as the primary consideration and are reviewed in line with professional standards and School safeguarding procedures.