



# Whole School Policy

## Medical Policy

Action	Policy to be reviewed annually		
	Committee	Date	Completed
Updated	Lead Nurse	March 2025	✓
Reviewed	Lead Nurse	October 2025	✓
Reported	Health and Safety	October 2025	✓
Approved	Board of Governors	December 2025	✓
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## **Medical Policy Philosophy Statement**

### **Gresham's School Health Centre aims to:**

- ✓ Work closely with the appointed School Medical Officer to provide a bespoke, comprehensive and gold standard health care service to the school
- ✓ Develop systems of audit and review to ensure that the service remains sensitive to the changing and integrated needs of its patient cohort, the parents, those in loco parentis and the appropriate school staff
- ✓ Respect always issues of confidentiality, subject to caveats relating to child protection and protection of the wider school community
- ✓ Recognise the importance of addressing issues of consent and competence in all episodes of care
- ✓ Remain fully abreast of changing guidelines and ensure we remain able to deliver best practice in all areas
- ✓ The School has regard to the Department of Education guidance Supporting Pupils at School with Medical Conditions published September 2014 updated 11 December 2017. The School will support pupils with medical conditions, in terms of both physical, social and mental health, so that they can play a full and active role in School life, remain healthy and achieve their academic potential.
- ✓ Work with the Welfare Committee, Safeguarding Team, all House Staff, Tutors, Teachers and Parents to create a support network that strives to provide a holistic approach that promotes and supports the mental, social and physical wellbeing of each pupil so that they can achieve their full potential.

### **1. Infrastructure**

#### **a. Health Centre Access**

Access to the Health Centre is via the main administrative block (CFB), the side road entrance and the fire exit at the back of the block by the kitchen. A dedicated ambulance access is by the main entrance to the Health Centre on the side road.

#### **b. Mental Health Rooms**

The Mental Health Nursing Team and rooms can be found on the ground floor level of the main administration building (CFB) and can be accessed via the side road entrance.

### **2. Surgery Hours, Clinics and Services**

#### **a. Face to face Clinics**

Face to face clinics and telephone appointments are held in the Health Centre Monday to Friday between 8 – 10am by the Medical Officer and Advanced Nurse Practitioner.

#### **b. Registered Nurse Led Appointments**

Registered Nurse led appointments and assessments are available 7 days per week, from 7:15am to 7:30pm during term time for all pupils. A team of dedicated fully trained night staff provide first aid assessment and treatment, and care of admitted pupils between 7:30pm and 7:30am.

### **c. School Medicals**

All pupils will undergo a medical examination and screening check at the time of school entry. These will be arranged by the school nurse/primary first aider and conducted in the relevant school for the students age. Health advice for pupils, staff and parents is provided by the Health Centre team as required with follow up appointments offered. Health promotion and education is provided by all members of the team. These included face to face appointments, telephone-based triage and appointments and Telephone advice and treatment plans to all house staff.

### **d. Sexual Health Clinic**

Ruth Richardson (ANP) holds a Sexual Health and Well-Being Clinic every Monday evening from 6:30pm – 7:30pm for all pupils.

### **e. School Access Nurse Drop-in Clinic (SANDI)**

School Access Nurse Drop-in Clinic (SANDI) a dedicated pupil drop-in clinic - helps support children and young people to achieve the best possible health and education outcomes. The drop-in service provides an excellent “window” of opportunity for early intervention changing the dynamics from reactive to proactive treatment. The service is provided by the Senior Nursing Team and works within the NMC guidelines regarding confidentiality, however, always prioritises safeguarding procedures in the interest of the pupil. The Clinic is run every Wednesday and Thursday evenings during term time between 5 and 7pm, and as a drop-in option most Sundays of the term.

### **f. Social Care Needs**

Social care needs, including the whole field of child protection issues are identified as well as special educational and mental wellbeing needs. Invariably this will take the form of a multidisciplinary approach working in conjunction with the Mental Health Team, Welfare Group and Designated Safeguarding teams.

### **g. Physiotherapy**

Physiotherapy is provided by the School by the School Physio. All pupils are referred for physiotherapy via Dr Roebuck or Ruth Richardson (ANP) and the Registered Nursing Team & Pupils are also able to self-refer. Parents are always consulted before any referral or treatment is offered for approval and consent.

### **h. Minor injuries**

Many minor injuries can be treated at the Schools Health Centre by the Registered Nursing Team, such as minor strains, sprains, burns & lacerations etc. When an injury is not able to be treated in the Health Centre, the School Nurse will refer the pupil to Cromer Minor Injuries Unit, or the Norfolk and Norwich University Hospital for more complex injuries.

### **i. Care Plans**

All pupils with a specific health care need e.g., asthma, allergy, epilepsy, diabetes will have a care plan written by the Health Centre Staff in consultation with the pupil, parents/carers and relevant healthcare professional. This will be in the form of a written document. Copies will be held in the Health Centre and the pupil's Boarding House, in the case of Prep school pupils the First Aid Room will also hold a copy. The care plan will be reviewed and updated on an annual basis, or more frequently if necessary.

The information will be recorded on SIMS (The school database) which is available to all staff and enables staff to plan school trips and risk assess any potential problems.

Health Centre Staff will offer appropriate training regarding asthma epilepsy and anaphylaxis management to Matrons on an annual basis and to other School staff as required. Personalised care plans for other health issues that impact on a pupil's wellbeing will be held in the Health Centre and uploaded onto SIMs under the Medical Information Tab.

#### **j. Dental Care**

Principles of good dental care are promoted, and education provided. We have an established link with Holt Dental Practice to facilitate this and provide urgent care and input in cases of dental trauma. Generally, it is expected that routine matters should be dealt with in the school holidays to minimise disruption to academic work.

#### **k. Health Promotion and Education**

Health promotion and Education for staff and pupils will be provided informally and formally by all members of the health care team on a continual basis throughout the school year.

##### **1. For Boarders**

- ✓ Childhood immunisations/boosters
- ✓ Pneumonia/Influenza vaccinations (currently to at risk pupils only)
- ✓ Asthma monitoring and annual asthma review
- ✓ Annual Anaphylaxis monitoring and review
- ✓ Individual Asthma care plans/ Anaphylaxis care plans
- ✓ Repeat prescription service
- ✓ Travel vaccinations, PCR swabs and advice
- ✓ N.H.S./Private hospital, physiotherapy and podiatry appointments arranged as requested by G.P.

##### **2. For all Pupils**

- ✓ Individual care plans for pupils with pre-existing conditions e.g., asthma, allergies, diabetes, and epilepsy,
- ✓ These plans are reviewed and updated annually with appropriate advice and training given as necessary.
- ✓ General health advice
- ✓ Smoking cessation advice
- ✓ Sexual health service
- ✓ Emotional support
- ✓ Travel advice
- ✓ Asthma monitoring

#### **Immunisations**

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

#### **a. Medical Team**

Dr Paul David Roebuck MBChB DRCOG MRCGP DipSEM and Advanced Nurse Practitioner Ruth Richardson BscHonNP (ANP) are currently the nominated Medical personnel. Given the identity of the School Medical Officer and Nurse Practitioner we offer, and recognise the importance of a senior clinician, of the gender of each pupil's choice, being available for each episode of care (Children Act 2004).

#### **b. Nursing Team**

Gresham's Health Centre is open during term time and is staffed throughout the day by 4 highly skilled, experienced registered Nurses on a rotating shift basis. Senior Lead Nurse Kay Wallis (BSc Hons SCPHN RGN) and Deputy Lead Nurse Helen Skingle (BSc Hons SCPHN RGN) are in charge of all operational aspects.

Our nurses abide by the NMC Code of Professional Standards of Practice and Behaviour that aims to prioritise people, practice effectively, preserve safety and promote professionalism and trust within the Gresham's whole school community. The School Nursing team are registered with the Nursing and Midwifery Council and as such are subject to all the registration requirement and regulation thereof. The post registration experience and skill mix of our nursing team is extensive and considered fully appropriate for their role.

#### **c. Health Centre Night Staff**

Health Centre Night Staff are trained in paediatric and adults first aid and have access to the South Norfolk CCG commissioned OOH service, as well as NHS 111. The night staff can see and admit pupils to the health centre and have the knowledge to know when to refer a pupil for further treatment. Up to date annual first aid and relevant medical training is provided.

#### **d. Mental Health Team**

Our dedicated Mental Health Practitioners both specialise in child and adolescent mental health. They support pupils with a variety of difficulties relating to their mental health and give therapeutic support as necessary. A referral may come from the HSM, School GP, and through school-based welfare meetings. Pupils are also able to self refer at the Senior School. The consulting rooms of the Senior School Mental Health Nurses can be found on the bottom floor of the health centre. At the Prep School a referral may come from Jemma Fenn DSL (Designated Safeguarding Lead) or the school GP, and through school-based welfare meetings. The consulting room of the Prep School Mental Health Nurse can be found in Crossways on the first floor. If you are worried about the mental health of a pupil, please contact the mental health team or health centre staff.

#### **e. Health Centre Support Staff**

The Health Centre has a dedicated assistant who performs a vast array of general housekeeping tasks, such as cleaning, changing bed linen, making beds, prescription collection and hospital sample drops offs. Our Health Centre Assistant is provided with annual training in safeguarding, basic Child & Adult First Aid and keeps up to date with specialised cleaning guidelines and protocols. Her strong interpersonal skills and compassionate nature allows her to work well in a busy health centre and assist the nursing team. These staffing requirements meet in full those standards outlined in the National Minimum Standards for Boarding Schools.

#### **f. Training and Development**

Training and development needs are identified annually and actioned on an ongoing basis. All Registered Nurses are subject to continual professional development and revalidation processes. An annual professional appraisal process is provided by the Senior Nursing Team.

#### **g. Health Promotion and House Staff Education**

Health advice and education should be available for pupils, staff and parents where appropriate. School staff receive training for use of auto injectors and asthma inhalers. Ad hoc training is available for other medical conditions as required. Epilepsy training is arranged on an annual basis. Health promotion and education for pupils is available formally via the Health Centre by way of quarterly themes in addition to Health and Wellbeing within the Personal Social Health and Economic Wellbeing (PSHE) curriculum.

### **4. Registration & Record Keeping**

#### **a. New Pupil Medical Data**

Parents contracts with the School requires that they **MUST** complete the **New Pupil Medical Data Form** that is sent out paperwork as part of the admissions process. This form gives account of past immunisations, current and past medical history, current medication and any allergy history including food allergies to date. This must be accompanied by a GP summary print out of immunisation history or alternatively photocopies of vaccination certificates that can be obtained from their GP or family Doctor.

Detail in respect of on-going current treatment and active recent consultations with specialists should be provided by the treating Clinician or Consultant. This information must be provided in English (Certified translation must be provided where required) before entry to the school. Failure to provide this information may compromise our ability to provide effective care.

Boarding pupils are required to register with Attleborough Surgeries to allow for transfer of their medical records to facilitate their continuing care. There is a secure electronic link between the School Medical Centre and Attleborough Surgeries to allow for instant availability of the up-to-date record and instant communication with the school MO and ANP. Those boarding pupils whose parents decline full registration are managed as "Immediately Necessary" patients although we encourage registration given that it is recognised that care may be compromised without access to the pupil's full medical record.

#### **b. Record Keeping**

On admission, parents will be asked to fill in a medical questionnaire outlining significant past medical problems, current problems, and present treatments, known allergies and the dates and details of all immunisations. Electronic medical records are created for all boarders choosing to register with Attleborough surgeries and are accessed via a virtual private network link with Attleborough Surgeries. Existing hard copy A4 records are securely stored at Gresham's and are transferred to new registering practices when the pupil leaves.

#### **c. Electronic Records**

Electronic records are always available to both medical and nursing staff. These records meet the required criterion in respect of NHS records both in terms of content and security thereof. The IT infrastructure is fully supported by the IT manager at Attleborough Surgeries and South Norfolk CCG. Training in its use and developments is available on an ongoing basis, the aim being to allow for the Gresham's Medical team to utilise fully the software capability and keep abreast of developments thereof, to the benefit of our patient cohort.

#### **d. Health Centre Access for Day Pupils**

Day pupils have access to Nurse Led Clinics from 0715 to 1945hrs, 7 days per week during term time. Medical notes are documented in a private section of the school's information management system (SIMS) and only accessible by health centre staff.

### **5. Medications Management in Boarding Houses**

#### **a. Medication Distribution**

Prescriptions ordered for pupils by the School Medical Officer will be collected from Boots Pharmacy in Holt by The Health Centre Support Staff between the hours of 9am and 1pm. Any prescriptions needing to be collected outside of these hours and deemed urgent medication for e.g., an antibiotic medication, this responsibility will then be that of the Matrons.

The School Nurse will inform each matron via email of the arrival of the prescriptions for pupils for who they have responsibility. It is the responsibility of the matron to collect these from the Health Centre. Matron will thereafter be responsible for the entering of this medication in the Medicines Administration Record unless that pupil is deemed Fraser Competent. In this case the pupil will agree to the Self Administration and sign the document within the MAR and will be then responsible for the storing and correctly administering their medication. Exception to the collection of the medication by Matron, will be the oral contraceptive pill which for reasons of confidentiality will be collected by the pupil for whom it is prescribed.

#### **b. Storage of Medications**

National Minimum Standards for Boarding Schools indicate “prescribed and ‘household’ medication, other than that kept by individual boarders able to administer and control their own medication, is kept securely” (Standard 15.10)

All drugs must be stored in a locked cupboard in the boarding houses under the control of an authorised member of staff. Other than homely remedies, only those items issued by the Health Centre or prescribed by a doctor should be kept in house. All medications received into the house by all pupils should be documented in the relevant section of the Gresham's Medicines Administration Record (MAR).

#### **c. Homely Remedies**

A homely remedies range of non-prescribed over the counter (OTC) medications often considered the type of medications parents would have at home, has been developed by the Senior Nursing Team to allow for all pupils to receive (OTC) medication in house. House staff have access to a homely remedies protocol embedded within the Medicines Administration Record (MAR) giving guidance of drug, dosages, indication to administer and when to call the health centre for choice and treatment advice.

#### **d. Prescribed Medications**

When prescribed, all medication will be collected by Health Centre staff from Boots Pharmacy in Holt. When collection by the Nurse is not available the Matron will be asked to collect the medication on the pupils' behalf and inform the Health Centre when they have done so. Nurses will inform each matron of the arrival of medication for pupils for whom they have responsibility. Matron will collect the medication for those pupils from the Health Centre. Once collected, Matron, or HSM in their absence, will thereafter be responsible for the administration of individual pupil's medication or deciding whether the pupil is deemed competent to self-administer as per the self-administration protocol. Exceptions to the protocol will be the oral contraceptive pill which for reasons of confidentiality will be collected from the Health Centre by the pupil for whom it is prescribed.

### **e. Self-Administration of Medications**

It is recognised at times it may be appropriate for a pupil to manage their own medications. If a pupil is deemed competent to administer their own prescribed medications by the HSM/ Matron, a declaration form located in the MAR should be completed for each pupil who self-medicates and witnessed by the HSM or Matron. A detailed section on the Self-Administration of Medication Policy and Guidelines is included in the MAR to give guidance for all house staff to assess whether the pupil is deemed competent to look after and administer their own medications based on the Fraser / Gillick Competency Framework.

We recognise that there are some circumstances when a pupil is prescribed medication by a doctor and does not wish boarding staff and/or nurses to know. In these circumstances, pupils are made aware that they should keep the medication in a locked area to which no other pupil has access.

### **f. Controlled Medications**

All drugs must be stored in a secured locked cupboard in the boarding houses under the control of an authorised member of staff. Day pupils who require prescribed controlled medication during the school day must provide the medication in its original container with the information leaflet and clear written instructions. A letter of consent from the parents is essential.

The House matron is responsible for the administration and signing the medicines in and out at start of the CMAR prior to any holidays plus liaise with parents and or Health Centre re required prescriptions.

### **g. Medications for Day Pupils**

Day pupils who require prescribed medication during the school day must provide the medication in its original container with the information leaflet and clear written instructions. A letter of consent from the parents is essential. If there are concerns about any medication house staff should contact Health Centre Nurses for advice. The House matron is responsible for signing the medicines in and out of the MAR and returning any unused medication at the end of the term to the Health Centre.

### **h. Supplements**

If pupils wish to take vitamins, minerals or homeopathic medication, they **MUST** inform their HSM or Matron who will then make an appointment with the School Nurse for review. If the supplement is in another language, then the type and dose will need to be translated and verified by the School Nurse and deemed safe for use by either School Nurse or Medical Officer.

The use of meal/protein, and or sports performance supplements needs to be discussed with and approved by the HSM, Head of Sports Department and Lead Nurse /MO.

Any approved supplements should be stored securely, as with medicines, and only consumed by the person for whom they are meant. If this is not done, the pupil will no longer be able to take the supplement.

The Schools Medical Service can accept no liability for any medication which has **not** been prescribed or validated by the School Medical Officer and team.

### **i. Disposal of Medications**

Any unused prescribed medications are returned to the Health Centre and disposed of in the dispensary at Boots Pharmacy

## **6. Care of Pupils who are Unwell**

### **a. Day Pupils**

If a day pupil is taken ill during the day, they are encouraged to present to the House Matron who will contact the Health Centre for advice. For mild issues such as headache etc the Matron may be advised to treat the pupil in house with rest, analgesia and fluids etc and possibly sent back to lessons if the pupil's condition improves. If the pupil is considered not well enough to be in lessons, they will be kept either in house or admitted to the Health Centre. Once consent has been given, (see section 7 & 8) It will be the responsibility of the Health Centre staff member to update House and inform the parents of diagnosis, treatment plan and plan for the pupil to either stay in the Health Centre for the day or be collected by the Parents at their earliest convenience.

Prep School Day Pupils follow the following procedure:

If a pupil is taken ill during the school day and needs First Aid, they get permission from a member of staff and go to the First Aid Room. The Primary First Aider will assess the pupil and treat if appropriate. If further medical advice or treatment is required, the Primary First Aider will be expected to call the Health Centre Nurse who will advise of treatment over the phone or ask for a face-to-face assessment. For mild issues such as headache etc the Primary First Aider may be advised to treat the pupil in The First Aid Room with rest, analgesia, and fluids etc and sent back to lessons if the pupil's condition improves. If the pupil is considered not well enough to be in lessons, parents will be contacted to collect their child or wait at the First Aid Room until they can go home.

### **b. Boarders**

If a boarder is taken ill during the day or night, they are encouraged to present to the House Matron or HSM who will contact the Health Centre for advice. For mild issues such as headache the Matron may be advised to treat the pupil in house with rest, analgesia and fluids, and possibly sent back to lessons if the pupil's condition improves.

If the pupil is considered not well enough to be in lessons, they will be kept either in house or admitted to the Health Centre. If a Boarder is unwell and needs to be an inpatient in the Health Centre, the pupil will be reviewed by the RN and a treatment plan put in place. The HSM and Matron will be updated by email/phone, and they will then update the parents/guardians accordingly. If the student is to remain in the health centre for a couple of days, the health centre staff and the houses staff will liaise with each other and identify who is the most appropriate professional to update the parents/guardians. If the pupil needs to be seen by the Doctor, Health Centre staff will organise this for the next day and will inform Matron and HSM by email of the date and time. The House Team will be updated daily for the duration of the time the pupil is admitted to the Health Centre. For serious or contagious illnesses, pupils will be collected by their parents or guardians if able to.

It is the responsibility of the HSM / Matron to update the Parents / Guardians of any pending hospital appointments. Parents can contact the Health Centre directly should they have any specific questions or concerns.

Prep School Boarders follow the following procedure:

If a boarder is taken ill during boarding time, including the night, they are encouraged to present to the Kenwyn Boarding Team who will either assess and treat the pupil in house or contact the Health Centre for advice. During the school day boarders will present to The Primary First Aider who will contact the Head of Boarding. For mild issues such as headache the Head of Boarding may be advised to treat the pupil in house with rest, analgesia and fluids. If the pupil is considered not well enough to be in lessons, they will be kept either in house if possible or admitted to the Health Centre. The Health Centre staff member will inform the Head of Boarding of a treatment plan. If the pupil needs to be seen by the Doctor, Health Centre staff will organise

this for the next day and will inform the Boarding Team by email. Where a Boarder is ill and needs to be an inpatient within the Health Centre, this will be reviewed, and parents or guardians will be contacted.

For serious or contagious illnesses, the pupil will be transferred to an isolation room within the boarding house at the Prep School and in the first instance parents or guardians will be asked to collect the pupil if able to do so. If a pupil cannot be collected, the pupil will then be transferred to the Health Centre and cared for by Health Centre Staff for the duration of their illness or until able to be collected by Parents or Guardians.

#### **c. Diarrhoea and Vomiting (All Pupils)**

Diarrhoea and vomiting (D & V) may be due to a variety of causes including bacteria, viruses, parasites, toxins or non-infectious diseases. Gastrointestinal infections are spread when the germs enter the gut by the mouth or when contaminated hands or objects are put in the mouth or after eating or drinking contaminated food or drinks.

The most reported bacterial infections are salmonella and campylobacter, usually associated with food poisoning. The most reported viral infection is norovirus, usually associated with person-to-person transmission.

However, as a general principle, all cases of gastroenteritis should be regarded as potentially infectious unless there is good evidence to suggest otherwise.

A liquid stool is more likely to contaminate hands and the environment than a formed stool and is therefore a greater risk. Vomit, like liquid stool, may also be highly infectious such as when there is norovirus circulating in the setting. Infection can also be spread when the affected person vomits. This is because aerosols can spread the organism directly to others and contaminate the environment. A person will be infectious while symptoms remain. Where a child suffers an isolated incident of up to 1 – 2 vomits that is not repeated within a two-hour window, they may return to their normal timetable.

If a pupil has subsequent bouts of vomiting or diarrhoea, then the pupil should be isolated either in House (if they have their own room), practice hand hygiene and clean down their used areas until they can be accompanied to the Health Centre. For Day pupils, It will be the responsibility of the House Staff or School Nurse to organise collection as soon as possible. Boarders will be required to stay in the Health Centre for a full 48 hours post their last episode of either V or D and will be required to have been able to tolerate a full meal without a repeat episode of either.

#### **d. Respiratory Illnesses (Covid)**

In line with Government guidance, the advice is that routine Covid testing is not recommended. People are largely advised to treat Covid like any other respiratory illness and you no longer have to self-isolate. If you are experiencing symptoms and you do not feel well enough to come to work or school, please remain home.

However, if you have taken a test and the result is positive, the Government recommends trying to stay at home for 5 days for adults and 3 days for under 18s.

#### **e. Scabies**

Information sheet for teachers & staff.

Scabies is a skin infection caused by tiny mites that burrow in the skin. The pregnant female mite burrows into the top layer of the skin and lays about 2 to 3 eggs per day before dying after 4 to 5 weeks.

The appearance of the rash varies but most people have tiny pimples and nodules on their skin. Secondary infection can occur particularly if the rash has been scratched. The scabies mites are

attracted to skin folds such as the webs of the fingers. Burrows may also be seen on the wrists, palms, elbows, genitalia and buttocks.

Spread is most commonly by direct contact with the affected skin. The rash usually spreads across the whole body, apart from the head. Scabies remains infectious until treated.

Occasionally if there is impaired immunity or altered skin sensation, large numbers of mites occur, and the skin thickens and becomes scaly.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime. Exclusion may be recommended in specific circumstances.

In the event of a pupil contracting scabies affected individuals can attend the normal school timetable with advice to avoid close physical contact with others until 24 hours after the first dose of chosen treatment.

Young children not able to adhere to this advice due to their age (e.g. those under 5 years old) or additional needs, should be excluded from the setting until 24 hours after the first dose of chosen treatment. The risks/benefits of this should be reviewed on a case-by-case basis and consider the holistic needs of the individual and the impact on their wellbeing, as well as the risk of transmission of scabies to the wider school population.

In line with clinical recommendations **very close contacts** should also receive treatment in a manner that is coordinated with the case-by-case basis and should also complete their full course of recommended treatment. Contacts do not need to be excluded from the setting.

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z#scabies> **Scabies Management Plan**

If a pupil presents with a rash, the pupil must be seen by the School Nurse ASAP. The pupil will then have an appointment with the Schools GPs for confirmation and prescription of treatment if needed. The School Nurse will advise House Staff and Estates of the diagnosis and advise on the treatment plan of action. When the school nurse has received the recommended treatment from the pharmacy, it will be the responsibility of the School Nurse to coordinate a day and time of treatment with matron and the Estates Team. The treatment will be attended in house. On day of treatment (normally 1 day after diagnosis) the School Nurse will assist the pupil with to apply the lotion to their back, nape of neck, ears etc (a chaperone will be provided). The pupils will then apply the lotion to the rest of the body. Whist the pupil is being treated, the Estates team will thoroughly clean the pupil's room and bedding with a steam cleaner. It will be the Matron's responsibility to bag all clothes and linen in red bags and send to laundry. The clothes and linen must be washed at 60 Celsius. After the first treatment the pupil should avoid close physical contact and not share clothes, towel and beds until the second treatment dose. The second treatment is repeated as above 7 days later.

## 7. Consent

### a. Pupils Ability to Consent to Treatment

We recognise that, on a pupil by pupil and further on a care episode by care episode basis, each pupil's ability to consent to, or refuse medical or nursing treatment should be acknowledged. This is based on the principle of "competency" and not age.

Consent is a patient's agreement for a healthcare professional to provide treatment or care and may be indicated non-verbally, orally or in a written format. It should be noted that a consent form is only a record and not proof that genuine consent has been given. Obtaining consent before providing care is both a fundamental part of good practice and a legal requirement.

For consent to be valid, the patient must be deemed competent, have received sufficient information to take the decision, and not be acting under duress. Pupils are able to consent to medical or nursing treatment, regardless of age, if they are deemed "competent"; otherwise, parental consent or the consent of a person with parental responsibility is required, unless it is an emergency. If children are competent to give consent for themselves, consent should be

sought directly from them, however it is still good practice to involve the family unless the child asks specifically for the family not to be.

**b. Consent for 16 Years and Above**

Once children reach the age of 16 years, they are presumed in law to be competent to give consent for themselves for their own medical, surgical or dental treatment and any associated procedures such as investigations or nursing care. However, children aged 16 or 17 may sometimes be deemed not competent to make decisions and, as above, a person with parental responsibility can make decisions for them. Once a child reaches the age of 18, no one can make decisions on their behalf and healthcare professionals may have to provide treatment and care that is in their best interests.

**c. Consent for 16 and Below**

Children under 16 are not automatically presumed to be legally competent to make decisions about their healthcare but will be competent to give valid consent to a particular intervention if they have “sufficient understanding and intelligence to enable him or her to understand fully what is proposed.” The Fraser Guidelines and Gillick Competency Framework is used by all health centre staff as a guide to recognise when a pupil is deemed competent to give consent. Our nurses do encourage pupils to keep their parents updated and endeavor to inform house staff and parents as and when appropriate.

**8. Confidentiality**

Confidentiality of medical and nursing information is recognised as an essential component of the doctor/nurse – patient relationship and is acknowledged as a fundamental patient right. It is recognised that there is a balance to be made between the professional obligations owed to the pupils by the school doctor and nurse against the schools “need to know”. The statutory duty of professional staff to divulge information in cases where there are child protection issues must also be acknowledged.

In accordance with the school doctor’s and nurse’s professional obligations, medical information about pupils, regardless of their age, will remain confidential.

However, in providing medical and nursing care for a pupil, it is recognised that, on occasions the doctor and nurse may liaise with the Safeguarding and Welfare Team and other academic staff, boarding staff and parents or guardians, and that information, ideally with the pupil’s prior consent, will be passed on as necessary.

With all medical and nursing matters, the doctor and nurse will respect a pupil’s confidence except on the very rare occasions when, having failed to persuade that pupil, or his or her authorised representative, to give consent to divulgence, the doctor or nurse considers that it is in the pupil’s better interests or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

## **9. Health Centre Paediatric First Aid Providers**

Senior Lead Nurse    Kay Wallis (BSc Hons SCPHN RGN)  
Deputy Lead Nurse    Helen Skingle (BSc Hons SCPHN RGN)  
School Nurse    Karen Barns (BSc Hons, RN – Child)  
School Nurse Rachael Pennington (BSc Hons, RN – Adult)  
Night Staff    Jo Roberts  
Night Staff    Sophie Hankinson  
Night Staff    Gill Gomer  
Night Staff    Lorraine Batton

Prep School  
Primary First Aider – Emma Moore  
Primary First Aider – Miranda Greaves

## **10. Administration to save a life**

Certain medicines can be given or supplied without the direction of a medical practitioner and without a PGD for the purpose of saving life. An example would be the use of adrenaline in anaphylaxis or salbutamol in acute asthma