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**Policy: Medical Centre**

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**1. Aim**

- 1.1. The aim of West Buckland School Medical Centre is for the team of School Medical Officer (SMO) and experienced School Nurses to provide quality routine medical care to all boarders and emergency medical care to all pupils and staff.
- 1.2. The SMO and nurses are very aware of the duty of care they have to the pupils and staff, and the need to act in a professional and ethical manner, adhering to their professional codes of conduct at all times.

**2. Provision of medical and nursing care**

- 2.1. The SMO is responsible for medical supervision of the Medical Centre. He is a local GP, has current registration with General Medical Council and membership of a medical defence society. He undertakes regular study, appraisal and revalidation.
- 2.2. The SMO has a duty to accept and care for all boarders who wish to register with him.
- 2.3. All boarders are encouraged to register with the SMO for provision of general medical services and to consult with their home GP as a temporary resident during holidays. However they may register with any doctor of their choice who is willing to accept them.
- 2.4. All pupils registered with the SMO will have access to a doctor of the same gender if so wished (female doctor accessed by appointment at SMO's practice).
- 2.5. The SMO's duties:
  - a) Visit the school weekly to provide a surgery
  - b) At other times to see pupils at his practice by appointment at request of pupil, school nurse or parent/guardian
  - c) Regular review of all pupils with chronic medical conditions or on regular/repeat medication
  - d) Provision of contraceptive advice and care
  - e) Routine medical examination of boarders on entry to the school and at any other time considered necessary
  - f) Keep accurate medical records
  - g) Advise and support nursing staff
  - h) Advise the Governors, Headmaster and Bursar on matters of school health and hygiene, including an annual written report
  - i) Liaise with school staff regarding physical and mental health and fitness of individual pupils
  - j) Liaise with parents or guardians when needed (this may be deputed to nurse where appropriate)
  - k) Advise on prevention of accidents and sports injuries
  - l) Advise on health promotion.
- 2.6. Children can freely choose whether or not they are accompanied by the School Nurse or another member of staff when being seen by the doctor.

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- 2.7. The SMO will provide a suitable qualified deputy in his absence whether due to holiday or illness.
- 2.8. The SMO (or his deputy) is contactable via the school nurse or via South Molton Health Centre (Tel: 01769 573101) from 0830-1800hrs Monday-Friday. Emergency out of hours care is deputed to Devon Doctors On Call.

**3. Nurses**

- 3.1. Nurses working in the Medical Centre must be Registered General Nurses currently registered with UK Central Council for Nursing, Midwifery and Health Visiting. Nurses need to renew this registration every 3 years when they have to demonstrate that they have undertaken sufficient study on topics relevant to their current employment, including attending regular relevant training courses. They must have adequate experience for their work and/or receive appropriate training.
- 3.2. The nurses have access to SMO (or deputy) for professional guidance and consultation.
- 3.3. The Nurses' duties:
  - a) Managing the Medical Centre
  - b) Day to day medical and nursing care for pupils
  - c) Running regular surgeries with and without SMO
  - d) Administration of medicines (under protocol)
  - e) Managing pupils with chronic illness
  - f) Sexual health: including provision of "morning after pill" (under protocol) and condoms.
  - g) Supporting and supervising boarding staff in their care of boarders
  - h) Liaising with school staff, parents or guardians where appropriate
  - i) First aid and managing accidents, including sports injuries
  - j) Covering major sporting fixtures
  - k) Health promotion and education
  - l) Maintaining appropriate records
  - m) Pastoral care, working alongside teaching and boarding staff, counsellors and parents
  - n) Confidential advice
  - o) Involvement in child abuse issues and bullying issues
  - p) Health and safety
  - q) Equipping and stocking Medical Centre and first aid kits
- 3.4. For contact details and times on duty (weekdays/ weekends, on site/off site) - see separate First Aid/ Medical Centre Procedures document.
- 3.5. An information pack explaining how the School Medical Centre is run is available in the First Aid Room for supply nurses.

**4. House Parents**

- 4.1. House Parents must refer any pupil with a medical problem continuing >24hrs (or sooner if any concerns) to School Nurse.

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- 4.2. They are responsible for care of boarders in boarding houses with advice and support of School Nurses.
- 4.3. If the Nurses delegate work to non-medical staff, adequate supervision +support must be in place.

**5. School Counsellor**

- 5.1. A counsellor is available if pupils need referral regarding emotional or minor psychological problems.

**6. Day pupils' Care**

- 6.1. Day pupils will normally already be registered with a local GP. Although emergency treatment will be provided by the School Medical Centre during school hours, it is expected that day pupils consult their usual GP for routine medical matters.

**7. Facilities**

- 7.1. The Medical Centre comprises a First Aid Room and Rest room, plus an Inpatient Unit.
- 7.2. The First Aid Room is located in the Jonathan Edwards sports building, is suitably equipped and has good access for patients as well as for ambulance or parents collecting ill or injured patients. Attached to the First Aid room in the JESC is a two bed observation room. This is for daytime resting and supervision of pupils
- 7.3. The inpatient unit is located in the Jubilee building adjacent to the Jonathan Edwards building. It has 2 rooms of 2 beds each, 2 lavatories and a separate shower room, available for those pupils who need overnight supervision or for isolation of infectious patients. It also has an overnight room for the School Nurse.

**8. Equipment**

- 8.1. SMO and School Nurses undergo annual resuscitation training updates.
- 8.2. An Automated External Defibrillator is situated on the outside wall of the First Aid Room, arranged through the local ambulance service with annual training in its use provided for a number of First Aiders including school nurses, teachers and house parents.
- 8.3. Other equipment: cervical collar, splints, basic supply of stock medicines +dressings.

**9. Medical questionnaire**

- 9.1. This is to be completed for each pupil on entry to school and updated annually by parent/guardian. It covers:
  - a) Significant past +current medical problems
  - b) Medication
  - c) Allergies
  - d) Immunisations

**Medical Examination**

- 9.2. Routine health check and medical examination is conducted by SMO and School Nurse for boarders on school entry. Subsequent examinations are arranged only if indicated.

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- 9.3. In line with national policy routine hearing screening is no longer undertaken by School Nurses, however referral to the local audiology service is available on request via the child's GP if there are any concerns about a pupil's hearing.

**Medical Records**

- 9.4. Personal medical records are strictly confidential. Written records are kept securely locked in a filing cabinet in the First Aid Room. Medication records are password-protected on the computer system, accessible only by medical staff or authorised house parents.
- 9.5. Limited information is also kept on the school computer database of major/ significant medical problems (eg major allergies, asthma and epilepsy): this is only recorded with consent of parent or guardian and is accessible only to authorised staff.
- 9.6. Adequate, contemporaneous written or computerised medical and nursing records are kept of all attendances at the Medical Centre including nature of problem and treatment.
- 9.7. A record is kept of all injuries resulting in A+E attendance, from which statistics are compiled to include in the SMO's annual medical report, in order to assess any trends.
- 9.8. Records of pupils' accidental injuries are kept and raised at regular Health & Safety meetings attended by School Nurse.

**10. Long term medical conditions**

- 10.1. Pupils with chronic medical conditions (such as asthma, epilepsy or diabetes), with disabilities, or requiring special treatment or management because of health, emotional or welfare needs are given suitable support. Where appropriate the medical team will draw up care plans for individual pupils with long term medical conditions, which will be shared with pastoral/boarding staff with the consent of the pupil.

**11. Confidentiality of nursing +medical information**

- 11.1. The SMO and School Nurses have a duty of confidentiality to all their patients. In providing medical and nursing care to pupils it is sometimes helpful for the doctor or nurse to liaise with the Headmaster, designated member of staff for child protection, key pastoral staff, house staff, parents or guardians. The pupil's consent should always be sought before doing so. The pupil's confidence should always be respected except in the very rare circumstance when, having failed to persuade that pupil to give consent to divulge information, the doctor or nurse considers that it is in the pupil's best interests, or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body. If this is done the pupil should normally be informed before doing so.

**12. Child Protection**

- 12.1. The SMO and school nurses undertake regular Child Protection training. They have a responsibility to report concerns to the Multi-Agency Safeguarding Hub (MASH) either direct or via the school's Child Protection lead. They will also be involved in subsequent investigations, case conferences and monitoring as required by MASH.

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- 12.2. If a child is repeatedly sent into school ill, the nurses should discuss this with the Child Protection lead and/or SMO, a consensus reached as to whether this constitutes neglect and decision made regarding what further action needs to be taken.

**13. Consent**

- 13.1. General parental consent is obtained in advance for the administration of first aid.
- 13.2. Pupils may consent to, or refuse any treatment, regardless of age, if deemed to be competent to understand what is being proposed by medical or nursing staff. Otherwise parental consent or the consent of a recognised person acting “in loco parentis” is required. SMO or School Nurses would also routinely seek consent from a parent or guardian for any significant procedure, (eg an operation), for any pupil under the age of 16, provided the child is in agreement. Consent to medical or nursing procedures must be “informed”, which involves the practitioner providing full details of the intended treatment including possible side effects. Consent should be obtained at the time of the procedure (or within last month if from parent or guardian), including for all immunisations.

**14. Contraception and Sexual Health**

- 14.1. The SMO and School nurse provide sexual health services to students, including provision of “morning after pill” and condoms. Chlamydia screening (by self-testing kit) is available opportunistically via the School Nurses for any sexually active child. A Medical Officers of Schools Association (MOSA) Contraception and Sexual Health Guideline is available on request covering SMO and School Nurse roles. This guideline also explains issues of consent and confidentiality in children aged 13-15 years in more detail (including “Frazer/Gillick competence”).

**15. Medicines policy**

- 15.1. This covers management and administration of medicines by nurses and designated house parents within the school: see separate document and formulary.
- 15.2. **Anaphylaxis Guideline**- see attached, with sample individual care plan and protocol

**16. Management of Alcohol Intoxication in boarding pupils** (See separate policy, MOSA guideline also available on request)

- 16.1. Houseparents to contact School Nurse on duty: Nurse to attend and assess pupil.
- 16.2. Any unconscious pupil must be admitted to hospital by ambulance.
- 16.3. Any conscious child with alcohol intoxication is to be kept under observation by the School Nurse in the inpatient unit, including overnight if necessary, with assistance from a houseparent or other member of staff if aggressive behaviour is likely.

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**17. First Aid Policy- see separate policy****18. Immunisation**

- 18.1. The local Public Health Nursing Team will arrange, administer and record immunisations in accordance with the current immunisation schedule recommended by the Department of Health, including tetanus, diphtheria, polio, MMR, Hib, Meningitis C and Flu/ Pneumovacc and HPV where indicated.

**19. Health promotion**

- 19.1. The SMO and School Nurses offer advice to pupils, staff and parents opportunistically--and are available to listen to any concerns: all pupils encouraged to ask for advice.
- 19.2. Appropriate posters are displayed and printed information is available to take away. Topics include: diet, weight, exercise, alcohol, smoking, illicit drugs and sexual health. The school has a comprehensive PHSE syllabus including sexual health.

**20. Smoking cessation**

- 20.1. The SMO and School Nurses are able to provide smoking cessation advice and therapy.

**21. Dental care- MOSA guideline available on request**

- 21.1. Routine dental care should normally be carried out during school holidays by family dentist if possible. Urgent dental care, or routine care/ orthodontic treatment which cannot be arranged during holidays, is organised via School Nurse with local dentist.

**22. Overweight and Obesity - MOSA guideline available on request**

- 22.1. All boarders have their weight and height measured at school entry medical check. Subsequent routine weighing is not recommended, but targeted weighing is done by School Nurses or SMO as considered appropriate for overweight or underweight children.

**23. Eating Disorders- (see separate policy - MOSA guideline also available on request)**

- 23.1. Staff are encouraged to report behavioural, psychological or physical changes suggestive of eating disorders (listed in guideline) to School Nurses or SMO.
- 23.2. SMO is responsible for initial assessment, specialist referral and co-ordination of care for boarders. Day pupils should be referred to their own GP.

**24. Accident Insurance**

- 24.1. The school has an insurance policy providing personal accident cover both in school and on trips.

**25. School Nurse Absence Protocol and the Provision of First Aid**

- 25.1. The School Medical Centre (SMC) is, generally, staffed at all times during the normal, core, operating hours of the school. There may be limited occasions when the School Nurse is

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unavoidably absent. In most instance of notified absence the school will have made alternative arrangements to provide equivalent cover, however, on the occasion of a short notice absence or the school is not able to source appropriate temporary cover the following protocol is to be followed along with any information posted on the SMC door or notified by email to staff.

**26. Senior School**

- 26.1. All staff should make themselves aware of the school nominated and trained First Aiders (up to date list is available on Firefly). The First Aiders are provided as part of the school's identified and required cover in accordance with H&S at Work Act and are trained to provide first aid assistance in the work place.
- 26.2. First Aid boxes and equipment are located around the school and are clearly identified by signage.
- 26.3. If a pupil reports to the SMC and it is unmanned there will be a notice directing them to report to the main reception.
- 26.4. On attendance at the main reception, Reception staff will look to carry out a basic assessment of the pupil or member of staff's condition and if appropriate look to contact one of the First Aid team to attend and provide assistance.
- 26.5. All First Aiders should be aware of the potential for a call and should look to make themselves available to assist if requested and notified previously that school First Aid cover is limited.
- 26.6. On arrival of the First Aiders they should collect the patient and if practical take them to the SMC for assessment and or first aid treatment. (Keys for the SMC will be lodged with reception).
- 26.7. Dependent on the condition/injury, consideration should be given to a call to the patient's nominated contact to advise of the situation. Contact details are available in the SMC or, if not accessible, by request to the main reception to access contact details via ISAMs. The call to the nominated contact, should be made with the knowledge of a member of Leadership team.
- 26.8. All detail in respect of the patient, condition, treatment, contact home and history of the incident is to be recorded in the SMC log book/record book for future reference.
- 26.9. At no point should medication be administered by the First Aider until the pupil's file has been checked to ascertain that there is agreed approval on file for issue of paracetamol/calpol.
- 26.10. First Aiders are reminded that they are only expected to provide immediate first aid and/or provide appropriate comfortable conditions until such time as the patient is considered well enough to return to nominated place of study or work or arrangements have been put in place for the individual to be collected and taken home or to see a doctor.
- 26.11. As soon as is reasonably practical contact should be made with a member of SLT or the Assistant Bursar to appraise them of any situation.
- 26.12. At all times the default for either the First Aiders or Reception staff is that if in doubt consideration of a 999 call should be made.

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**27. Prep School**

- 27.1. As above Prep School will be notified of reduced formal medical cover.
- 27.2. To save time in transiting a pupil from the Prep School to SMC the local Prep School First Aiders should look to make a local assessment on the pupil or member of staff in the first instance.
- 27.3. On the back of the local assessment, consideration must be given to when to contact the notified guardian requesting collection to go home or to see a doctor.
- 27.4. In the case of all Prep School pupils no medications must be administered without first contact with individual guardians for consent (ensuring that you have clearly asked for and received the verbal consent, this should be recorded against the time of the phone call).
- 27.5. If there are any concerns, a call to 999 for an ambulance should be considered ensuring this is followed up by a call to the nominated parent / guardian.
- 27.6. All detail is to be recorded in isams

**28. General information**

- 28.1. Once the situation has been assessed and controls are in place to aid the local recovery of the patient consideration should be given to supervision of the patient until such time as they are fit enough to return to lesson or work place or until transport arrives.
- 28.2. Patients (over the age of 13) may be moved to the medical beds in JESC or Jubilee medical rest beds, provided that they are adequately supervised and monitored at all times by a member of staff or, if appropriate, a fellow student. If this is not appropriate, provided they are able to move comfortably from the area of treatment they should be moved to the main reception area initially, thereby freeing up the First Aider to return to primary duties. Reception staff will be able to passively supervise the patient in the waiting area, or if appropriate and the room is available, relocate the patient to the Downward Room affording a quiet and private place to await transport.
- 28.3. Patients under 13 must remain with the First Aider/Reception/appointed supervision at all times until onward movement is facilitated.
- 28.4. If the patient is not able to be moved they must be held at the point of treatment, under appropriate supervision, until such times as onward transport is in attendance.

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