

This policy should be used in conjunction with the Health Centre Operation Policy, Medications and Controlled Drugs Policy and all Health Conditions Policies.

If a boarder is too unwell to remain in House and has attended the Health Centre

1. House and parents are made aware that the pupil will be in the Health Centre for the day/night.
2. The pupil's initials are written on the white board in the duty room and the fire book within the Health Centre to comply with health and safety
3. The pupil's parents will be telephoned initially to inform that their child is unwell and of signs, symptoms and treatment given once consent is obtained from the student. The parents may indicate that they would like to collect their child from school but if they are unable to do so they would be emailed or telephoned at regular intervals throughout the day to keep them informed of their child's progress. Where this is not possible, or where indicated, guardians will be contacted instead.
4. If the pupils condition changes and the condition requires further or ongoing medical care, following assessment by the Healthcare Assistant, Duty Nurse and Senior Nurse Manager, Brackley Medical Centre or 111 will be contacted if out of hours.
5. The pupil is always informed about their care and ongoing treatment and when their parents have been contacted. (In line with Gillick competence assessment if under the age of 16). Pupils in The Health Centre are encouraged, if able, to talk to their parents on the telephone.
6. Meals are bought to the Health Centre for the children being cared for and snacks are available outside of mealtimes.
7. All medications given are recorded on iSams for universal access and record keeping
8. House will be contacted to provide the students' laptop, phone, clothing, and toiletries.
9. When children are feeling better but have not yet returned to school, some core curriculum may be completed; health permitting.
10. House are regularly updated as to the child's progress
11. Students who are admitted to the Health Centre are not permitted to have visitors to reduce the risk of infectious illness. Visitors will only be authorised at the discretion of the duty nurse on a case by case basis
12. House are regularly updated as to the child's progress
13. When the child is deemed well enough by the Health Centre team to return to lessons, the child's parents and House are made aware.
14. Each student discharged from the Health Centre is given advice on how to manage ongoing/returning symptoms and when to seek support from the Health Centre
15. The Health Centre is responsible for the overseeing of boarders with a temporary injury,

for example a sports related injury or laceration and will monitor the pupil with regular appointments as deemed medically necessary in the Health Centre. Teaching and Boarding staff are contacted electronically to let them know of the pupil's progress. Games staff are made aware if the child is deemed

not fit enough to attend games lessons.

16. Boarders with chronic long-term conditions such as asthma are seen by a member of the Health Centre team for medical assessment and escalated as indicated. Appointments, the outcome, and medication outcomes are relayed to the pupil's parents electronically or by telephone and with consent

17. Individual care plans for pupils with chronic diseases such as diabetes are written the Health Centre, working closely with their specialist team.

18. Should the Health Centre be notified of First Aid assistance being required in school grounds, if the children in the Health Centre are safe and there is appropriate staff resource, a member of the team will attend. If this is not possible, we will support a first aider in school over the phone until more help arrives or the child can be transferred to our care.

19. The confidentiality and rights of pupils as patients are appropriately respected by the Health Centre.

This includes the right of a pupil deemed to be "Gillick Competent" to give or withhold

consent for his/her own treatment. Gillick competence is assessed up to the age of 16 and is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or in some cases knowledge.