



# FIRST AID AND MEDICAL PROVISION POLICY

*This policy refers to both Wellington Senior School and Wellington Prep School*

|                     |                                 |
|---------------------|---------------------------------|
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| Website             | Yes                             |

## Introduction

This policy has been written in accordance with the DfE Guidance on First Aid, Regulation 13 of the Education (Independent School Standards) Regulation 2019, The Health and Safety (First Aid) Regulations 1981 (HSE, L74, 3<sup>rd</sup> edition, 2013), The Independent Schools' Bursar Association (ISBA) First Aid Policy Guidance and Supporting Pupils at School with Medical Conditions (DfE, 2017) and Boarding Schools National Minimum Standards DfE, 2015).

This policy is a whole school policy. It is accessible via the School website and is available to parents, pupils, prospective pupils and all staff.

This policy is based upon the results of a First Aid risk assessment carried out by the School and is written in collaboration with, and takes specific guidance from the Senior Nurse, the School Safety Advisor, Compliance Officer and Deputy Head Pastoral.

## Definitions

**First Aider:** A person who has undertaken an approved First Aid training course and is competent to deliver immediate help to those with common injuries or illnesses and those arising from specific hazards and where necessary, ensures that medical help or an ambulance is called.

**Appointed Person:** A school may have Appointed persons in addition to First Aiders. Appointed persons require no formal training. Their duties include:

- taking charge when someone is injured or becomes ill;
- looking after First Aid supplies and equipment;
- ensuring that, where necessary, an ambulance or professional medical help is called.

## Objectives

The aims of this policy are to ensure that in the event of an illness, accident or injury:

- (i) there is adequate provision of appropriate First Aid available at all times for every pupil, member of staff and visitor.
- (ii) that when individuals become injured there are suitable mechanisms in place to provide effective remedial treatment.
- (iii) that all staff and pupils understand how to access First Aid provision and staff are able to effectively implement First Aid procedures.

All staff should read and be aware of this policy; know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to administering First Aid. This policy does not affect the ability of any person to contact the emergency services and, in the event of a medical emergency, staff should dial 999.

## Responsibilities

The School will ensure that there is adequate First Aid provision, equipment and trained First Aiders on site.

The Headmaster delegates to the Senior Nurse the day to day responsibility for ensuring that there is adequate First Aid equipment, facilities and First Aid trained members of staff available to the School.

The Headmaster and Senior Nurse will ensure that there is a regular review of the School's First Aid needs and that adequate First Aid provision is maintained.

The Headmaster is responsible for ensuring there are adequate numbers of trained First Aiders on site.

### **Specific First Aid Provision**

- (i) There will be sufficient First Aiders to cover day to day school activities.
- (ii) The duties of First Aiders are to give immediate assistance to those with common injuries or illness arising from specific hazards, and where necessary ensure that an ambulance or other professional medical help is called.
- (iii) There will be sufficient provision of First Aid supplies throughout the school site.
- (iv) In the Early Years Foundation Stage (EYFS), at least one person with a current paediatric First Aid certificate will be on the premises at all times when children are present, and at least one person with a current paediatric First Aid certificate will accompany any outing.
- (v) A qualified First Aider will accompany pupils on trips and visits off the school site.
- (vi) All staff involved with external activities such as CCF and Duke of Edinburgh are required to have an up to date First Aid qualification.
- (vii) A register of First Aid trained staff is available from the School Health Centre (SHC).
- (viii) First Aiders are required to update their training every 3 years.
- (ix) The Prep School has a dedicated First Aid room.
- (x) The SHC is the main First Aid base for the whole school and is a central location for staff to obtain equipment and supplies.

### **First Aid Training and Record Keeping**

First Aid training is provided in house by one of the school nurses who is a registered training provider and is reassessed annually. Those who undertake First Aid training do so on a voluntary basis, staff are invited to participate by Human Resources.

### **First Aid Notices**

The School Safety Advisor and Senior Nurse will ensure that the names of members of staff who are qualified as First Aiders or Paediatric First Aiders are displayed on notices around the School.

### **Defibrillator**

There are two on-site defibrillators which can be found in the following locations:

- 1) Opposite main reception office of The Princess Royal Sports Complex
- 2) Outside main entrance to the Science Department

These are checked and maintained regularly by the SHC. All First Aid qualified staff are taught when and how to use a defibrillator, whilst all staff are made aware that specialist training is not required to use a defibrillator. The defibrillators use voice prompts and there are pictorial instructions for use on the actual device.

## **First Aid Equipment**

First Aid kits are available across the School and are identified by a white cross on a green background, their locations are identified in **Appendix 1**. The First Aid Risk Assessment document determines the location and contents of these kits.

All School vehicles carry a First Aid kit, prior to a journey, vehicle drivers should ensure that this is present and stocked.

The SHC is responsible for checking and restocking the First Aid kits listed in the areas as identified in Appendix 1 twice per academic year and for maintaining appropriate records to this effect. If staff use items or if kit contents are running low, staff are reminded to contact the SHC who will re-stock.

Members of staff such as sports and CCF staff who have been issued with their own portable First Aid kits are responsible for ensuring that they are appropriately maintained, restocked and that their contents conform to First Aid HSE guidelines in accordance with this policy; the SHC can assist with this.

First Aid kits for off-site activities and trips are available from the SHC and should be requested in advance via Firefly.

Static First Aid kits at School should not contain medication. First Aid kits supplied for use on trips, including residential may contain, at the discretion, of the school nurses and in accordance with the trip risk assessment, simple over the counter remedies such as antihistamine and paracetamol. As well as being responsible for holding over the counter medicines, the trip leader is also responsible for holding a pupil's own prescribed emergency medicine such as a spare auto adrenaline injector pen or a generic Salbutamol inhaler and spacer. Such medicine should be available to use in the event of an emergency and should only be used for those pupils who have been diagnosed and prescribed such medicines and where written parental consent has been obtained. The SHC is responsible for maintaining records of parental consent and updating records accordingly. All medication administered off the School site should be appropriately recorded and the SHC informed.

## **Reporting Accidents**

All accidents requiring First Aid care, including minor injuries should be recorded by the person who witnessed the accident on an Accident Form. The Prep School has an accident file for reporting all incidents that occur on and off site and that require First Aid or involve minor injuries, which is located in the Prep School staff room.

The EYFS follow the EYFS Government Guidance for reporting accidents and injuries. Please refer to their local guidelines for further information.

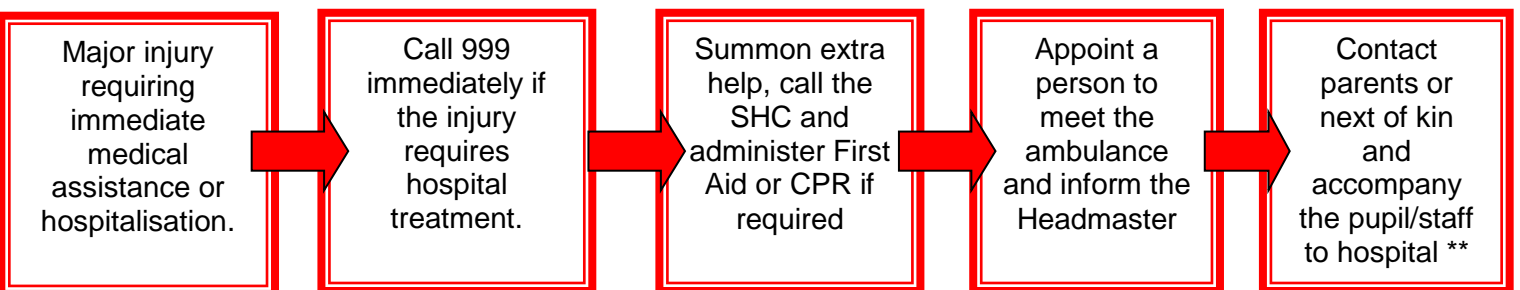
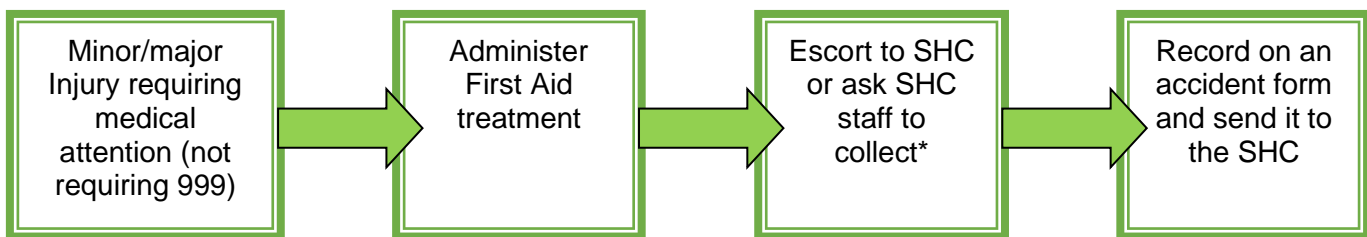
Accident forms are located in Senior School Reception, Prep School Reception, the School Health Centre, the Sports Complex and the Science Block. The CDT workshop also holds a minor injuries record book.

Completed forms should be sent to the SHC and a copy given to the School Safety Advisor for audit purposes. If the SHC administers any additional First Aid treatment then they will update any interventions on the accident form.

The School Safety Advisor will report any serious accidents to the Health and Safety Executive via RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995). **Fatal and major injuries will be reported to the HSE immediately by telephone by the most senior person on site at the time.**

### First Aid Procedures in the Event of Accident or Injury

These procedures apply to staff, pupils and visitors.



### Contacting next of kin

In the event of a serious accident, injury or illness or where it is deemed necessary that a pupil should attend hospital or similar for emergency medical treatment, parents or guardians should be informed as soon as is reasonably practicable. In an emergency the member of staff in charge will decide how and when this information should be communicated, in consultation with the Headmaster, if necessary.

\*Parents will be contacted by SHC staff if appropriate and nursing staff will make any necessary arrangements for the pupil or staff member to obtain further medical advice, treatment or follow up.

\*\*In the event that parents or guardians are unable to be contacted or are unable to accompany to hospital, a member of staff will accompany the injured pupil or staff member to hospital.

## **Guidance on When to Call for an Emergency Ambulance**

An emergency 999 ambulance should be called when a qualified First Aider has assessed a casualty and deemed it necessary to do so based upon the knowledge acquired through their training. Usually this will be for casualties with the following problems:

- any instance in which it would be dangerous to approach and treat a casualty
- unconscious
- not breathing
- not breathing normally and this is not relieved by the casualty's own medication
- severe bleeding
- neck or spinal injury
- injury sustained after a fall from a height (higher than 2 metres)
- injury sustained from a sudden impact delivered with force (e.g. car knocking a person over)
- suspected fracture to a limb
- anaphylaxis (make sure to use this word when requesting an ambulance in this case)
- seizure activity that is not normal for the casualty, especially after emergency medication has been administered
- symptoms of a heart attack or stroke
- rapid deterioration in condition despite the casualty not initially being assessed as requiring an ambulance
- return to the casualty immediately after the call to inform the First Aider that an ambulance is on the way and to bring a First Aid kit, blanket and AED if necessary.

**Ambulances on site:** If an injury occurs the member of staff present should assess the situation and decide on the most appropriate course of action. If an ambulance is required this should be summoned without delay. The SHC and Senior School Reception hold the grid references for playing fields should the emergency services require these. A person should be assigned to meet and greet the ambulance at school entry points and give further directions if necessary.

**Pitchside Cover:** Specialist paramedic and First Aid cover is provided for Senior School rugby matches played on site. Pitch-side documentation of injuries is shared with the SHC with the consent of the pupil and/or parent. If an injury occurs during an on-site or off-site match sports

coaches are responsible for informing the SHC nurses as soon as practicable and for completing any relevant accident forms. If an injury has occurred to a pupil of a visiting team and it is deemed in the pupil's best interests to pass medical information on, SHC nursing staff will contact the visiting school's medical centre with relevant details.

## **Head Injuries and Suspected Concussion (Appendix 2)**

Wellington School adopts a rigorous and strict policy regarding the management of head injuries and suspected concussion injuries, which is laid out in the Wellington School Concussion and Head Injury Guidelines.

### **Sports First Aid on and off Site**

A First Aider should be present at all Senior and Prep School sports matches on and off site, whilst a trained nurse is on site during SHC opening hours.

Paramedic and First Aider cover for senior school rugby matches is organised by the SHC as appropriate and depending on the number of matches being played at any given time:

One game on one site: one nurse, paramedic or First Aider.

Two games on one site: one nurse, paramedic or First Aider.

Three games on one site: one nurse or paramedic plus First Aider.

For all away matches there will be a first aider accompanying the teams with a basic first aid kit. A qualified nurse accompanies the First rugby team to away fixtures where possible.

Staff accompanying senior rugby teams to away matches have the right to and should withdraw from the match if they feel that the provision of first aid cover at the host venue is not adequate.

### **School Trips and Activities Off-Site**

Trips and activities off site should undergo a risk assessment via Firefly. For further details see the Trips and Educational Visits policy. The main trip/activity leader is responsible for ensuring that adequate First Aid provision is available and specifically that:

- (i) the trip has one qualified First Aider present.
- (ii) the risk assessment has been completed on Firefly.
- (iii) the SHC has access to (via Firefly) an up to date list of pupils attending and their medical red flags within one week's notice of the trip commencing.
- (iv) staff attending are aware of pupil health needs as identified on the red flag list and any additional medical training needs for staff are identified.
- (v) updates or training on health conditions should be booked at the SHC.
- (vi) adequate First Aid supplies are requested and collected from the SHC including spare adrenaline auto injectors where required.
- (vii) all medical and First Aid equipment borrowed including GDPR sensitive paperwork is to be returned to the SHC as soon as reasonably practicable, with consideration given to the medical importance of some borrowed items.
- (viii) any First Aid items used or any accident, injury or illness is reported to the SHC on return and accident recording forms are completed.

- (ix) The trip leader is responsible for any medicines supplied by the SHC for the purposes of the trip. Medicines should be returned with clear documentation of any administration.

### **Body Fluid Disposal, Cleaning and Contamination**

The SHC, Prep School Medical Room and Nursery have dedicated clinical waste bins. Needles and sharps used by the SHC and for those pupils with certain medical conditions should be disposed of in dedicated yellow sharp containers. Please contact the SHC for further details and local policy.

PPE is available and should be worn by staff where there is a risk of body fluid contamination. In the event of a body fluid spill please call the Cleaning Manager or SHC who have suitable cleaning materials for body spillages.

In the event of a chemical spill, the relevant COSHH assessment needs to be read and actioned immediately. Please contact the School Safety Advisor for further information.

### **New Pupil Induction**

All new pupils and staff are told where to go for medical assistance during their induction. Boarders are provided with a leaflet at induction detailing the services that the SHC provides and information on where the SHC is located. This information is also available on the notice boards in each boarding house.

### **Pupil Illness**

Pupils may visit the School Nurse during SHC opening hours. The SHC is staffed by qualified registered nurses who hold a First Aid qualification. During term time a nurse is available from 0800 to 1800 Monday to Friday, 0900 to 1700 Saturday, an on-call service operates for boarders outside of these hours where a qualified nurse can, at all times, be contacted by mobile phone.

During the day the duty nurse can be contacted at all times. Ring the SHC ext. 828 for emergency assistance or, if the line is busy, call the mobile contact number which is left on the answer message. If an ambulance is required do not delay in contacting 999.

If a pupil becomes unwell during lessons they should consult with a member of staff who will assess the situation. Where necessary, the pupil may be sent accompanied to the SHC and the School Nurse will provide treatment as required and decide on the next course of action.

**Senior School day pupils** who become unwell and are unable to remain in school must report to the SHC before going home so that their absence can be recorded. The pupil should remain in the SHC where staff will contact their parents and arrange for collection of the pupil.

**Boarding pupils** who become unwell and are unable to remain in school must report to either the SHC or house staff and their absence will be recorded. They will be cared for either in the SHC or in the boarding house. Parents and/or guardians will be informed of minor illness requiring more than 2 days off school. Boarders who become unwell outside of SHC operational hours are asked to contact their house staff in the first instance and if required the duty nurse will be contacted.

**Prep School pupils** who are unwell may attend the SHC where the School Nurse will coordinate with the Prep School Office to contact parents and obtain consent for any appropriate remedial treatments. Prep School pupils may be sent home directly from the Prep School without first liaising with the SHC.



Staff may visit the SHC for First Aid or to obtain simple homely remedies. However, SHC staff are unable to offer Occupational Health Advice.

### **Infectious Disease**

Parents are asked not to send their child to school if they have an infectious disease and should adhere to any medical advice given regarding the period of time a pupil should stay away from school. Parents are asked to inform the SHC if their child is diagnosed with an infectious disease.

Pupils with infectious sickness and/or diarrhoea should be absent from school for 48 hours from the last episode.

The school will take necessary steps to prevent the spread of infectious disease. Parents or guardians may be asked to collect a pupil from school in order to limit spread. Boarders presenting with an infectious illness may need to isolate away from their main residence to prevent spread and the SHC is able to provide separate accommodation with 24-hour care and supervision for such individuals. Please refer to the Boarding Handbook (available on Firefly) for further information.

At times, it may be necessary for the School to contact Public Health England for advice and guidance in managing outbreaks. It is the responsibility of the Senior Nurse to inform the Headmaster, Deputy Head Pastoral and School Medical Officer of any outbreaks of infectious diseases.

### **Medical Information**

Parents and legal guardians are requested to provide medical information about their child when they join the school. Parents and legal guardians are requested to provide written consent for the administration of First Aid, medical treatment and medication, and for the Head or his deputy to act in loco parentis in the event of an emergency. Consent is also requested for those pupils who have been prescribed a salbutamol inhaler or an Adrenaline Auto injector.

The School Nurses are responsible for updating medical information and for keeping confidential medical records. Parents and legal guardians are asked at the beginning of each academic year if there are changes to medical information; outside of these times parents and legal guardians are responsible for updating medical information by contacting the SHC.

The School Nurses will provide essential medical information regarding medical conditions, dietary requirements, allergies, illness and accidents which may affect a pupil's functioning at school to any relevant staff involved in the day to day care of the child on a 'need to know' basis, whilst basic information is available to all teaching staff via the red flag list on iSAMs. Staff responsible for a pupil at any time should make themselves aware of his or her medical requirements.

The SHC keeps an electronic record of all visits to the medical centre. These visits and records are confidential, and all visits are logged in a daily diary. It may be necessary, at times, to disclose confidential medical information to relevant professionals if it is deemed necessary to safeguard a child or to protect the welfare of other pupils within the school.

### **Procedure for pupils with chronic medical conditions and disabilities**

Individual health care plans (IHCP's) are written for pupils with specific health needs by the SHC in collaboration with those who can advise on the particular needs of a child and may

include input from parents, specialist nurses, consultants and school nurses. IHCP's are reviewed by the SHC on an annual basis and more frequently where required to reflect changes to care and its implementation. Not every child with a chronic condition will require an IHCP written by the SHC, IHCP's may be provided by parents and stored by the SHC such as for asthmatics.

The SHC has guidance and protocols in place to deal with specific medical conditions such as asthma, epilepsy, diabetes and anaphylaxis. The SHC staff are able to train others in house for many specific medical conditions, and where it is deemed necessary can organise additional training for staff from third parties.

The School has adopted the Department of Health guidance on the use of generic Salbutamol inhalers and generic auto adrenaline injectors generic devices are available in school for pupils who, in an emergency, are unable to access their own device and where parental consent has been obtained. The SHC is responsible for supplying and checking these generic devices, for maintaining records and gaining written parental consent.

### **Administration of Medicines**

This covers all aspect of administration, storage and record keeping for prescription and non-prescription medicines and gives guidance to.

- ensure the safe storage of all medicines
- ensure the safe administration of medication to pupils
- enable safe self-medication
- ensure that medication administration is recorded
- ensure that staff are competent to administer medicine
- ensure the safe disposal of medication

### **Storage of Medication**

- 1) All medications held in school should be stored in a locked cupboard. The exception to this rule applies to medicines and devices such as asthma inhalers, blood glucose monitoring equipment and auto adrenaline injectors which should be readily accessible to pupils and not locked away.
- 2) Medications requiring refrigeration are kept in a dedicated locked medicine fridge in the SHC, the temperature of which should be regularly recorded. In boarding houses, such medication is kept in the Matron's or housemaster/ mistress's own fridge.

### **Controlled Drugs (CD's)**

Controlled drugs are kept in a dedicated Controlled Drugs cabinet that conforms to British Standards and is compliant with the Misuse of Drugs (Safe Custody) Regulation 1973.

Boarding houses are now issued with smaller British Standard single locking Controlled Drugs cabinets and may hold a limited number of CD medications for daily administration.

Storage and administration of CD's should adhere to the following principles:

- keys to the CD cupboard should be stored in a secure place and in a separate location from other keys.
- Staff should only administer CD medication to the child for whom it has been prescribed and medicines should be clearly labelled. An accompanying letter from the

prescribing doctor should state who prescribed the medicine and why, the dose and when it is to be taken.

- all CD's administered are recorded in a dedicated log book stating what, how and how much was administered by when and whom.
- Ideally 2 members of staff should be present when the drug is administered, although this is not always practical.
- The person who administers the drug should witness the drug being taken.

For further information consult the local Controlled Drugs policy on Firefly.

## **Emergency Medication**

Asthmatics may carry their inhalers with them. Anaphylactic pupils must carry their adrenaline pens.

- Pupils with serious allergies requiring an EpiPen should carry their own in date auto injector pen with them at all times.
- They are asked to provide a second device, which is stored in the SHC or Prep Medical Room for individual use only.
- An individual emergency administration plan is attached to each pupil's spare pen.
- The second pen should be taken with the pupil when away from school on trips so that they have two pens with them in the case of an emergency.
- A generic Auto-injector is kept in the SHC, Senior Common Room and Prep Medical Room and may be used in an emergency for specific named pupils (DofH, 2017).
- The SHC will visually check all spare pens monthly, ensure they are in date, and will give parents one month's notice of when they need replacing. It is the responsibility of parents to supply the school with in-date medication.

It is recognised that EpiPen users, diabetics and asthmatics carry medication or medical devices for emergency use and are aware of the procedure should administration be necessary. However, the SHC or a member of staff may need to perform or assist with actual administration.

### **Administering emergency medication in a life-threatening emergency.**

Some medication may be administered under Article 7 of the Prescription Only Medicines (Human Use) Order 1997) by anyone for the purposes of saving a life.

Further information on this is available from the SHC.

### **Non-prescription medication**

Non-prescription medication is medication that can be bought over the counter at a pharmacy and includes homely remedies, vitamins and other dietary supplements.

Pupils at school should not carry and administer their own medication and if remedial medication is required they should come to the SHC for assessment, treatment and administration of homely medicines, consents permitting.

The SHC nurses and appropriately trained staff are able to administer non-prescribed medication under a homely remedies protocol and written parental consent for administering medicine is sought from parents upon submission of the school application form at enrolment.

All medication administered to pupils at school is recorded in the SHC computer record, thus creating an audit trail for treatment. Those in a position to administer medicine to pupils must ask the pupil if they have taken any medication, particularly paracetamol, within the previous 4-6 hours.

## **Boarding pupils**

Boarders may obtain over the counter remedial medication from either boarding house staff or the SHC.

- Boarding House staff administering and recording medication must follow the procedure outlined in the Blue medication Book. They must sign the agreed Homely Medication Protocol attached to the book.
- All staff must check that the pupil does not have any allergies or underlying medical conditions, and check that the pupil has not had any medication from the SHC.
- All medication administered in School by House Staff must be recorded in the blue Medical Book kept in the House First Aid cupboard.
- Nurses record the administration of all non-prescribed over the counter medicines in the SHC day book and the pupil's electronic record.
- House staff must inform the SHC of any non-prescribed medication given and vice versa in a timely manner. During SHC opening hours house staff should notify the nursing staff by phone that medication has been administered. Outside of school hours, an email is the preferred method of communication although a message may be left on the answerphone.
- A record is kept in the House Blue Book of all stock supplied to boarding houses, including the amount issued, date of issue and expiry date.

## **Prescription medications**

Prescription medications may only be administered to the pupil for whom they are prescribed. They should be clearly labelled with the pupil's name, name of medication, dose and timing. Medicines should be in date and in the original container as dispensed by the pharmacist.

## **Day pupils requiring prescription medicine**

- Day pupils prescribed (and non-prescribed) medicines should be handed into the SHC for safekeeping and administration, unless it is deemed an acceptable risk for the pupil to carry their own medication such as inhalers for asthma, AAI's and insulin.
- parents are asked to provide a covering email or letter with the medication.
- the medicine should have the correct labelling (detailed above). Failure to do so will result in staff being unable to administer the medicine.
- it is the responsibility of the parents to ensure that day pupils take their morning medication and to ensure that day pupils with daily medication take it home when leaving the school at the end of each day.

## **Boarding pupils requiring prescription medicine**

- prescription medicines are prescribed by the School Medical Officer as required, or by another doctor, pharmacist or dentist.
- prescription medicines should be stored in the locked medicines cupboard in the SHC or boarding house.
- Prescribed medications in the boarding house should be recorded in the red book for prescribed medicines, staff administering such medication should have access to IHCP if the pupil has one.
- prescription medicines brought from overseas should comply with the detail set out under Prescription Medications (see above), and failure to do so will result in staff being unable to administer the medicine.
- medicines brought from abroad also require an accompanying letter from a doctor explaining the reason for the medication.

- medications that do not comply with UK prescribing guidelines and have not been authorised by the School Medical Officer may be withdrawn from use or a suitable alternative found.
- New and returning boarding pupils must give all medications including herbal and vitamin supplements, both prescription and over the counter drugs, to house staff or the SHC.

### **Self-Administration**

The School allows pupils to keep their own medications in a locked area in the boarding house if they have been assessed as competent and responsible by the SHC. Such medication must be safely stored in a locked drawer or cupboard in their room. The pupil will sign a self-administration form provided by the SHC to confirm competency, see **Appendix 3**.

The SHC staff will periodically review these individual arrangements when pupils make requests for repeat medication.

### **Adverse reactions**

If a pupil experiences an adverse reaction to medication it must be stopped and no further doses given until instructed to do so by a doctor. If a serious reaction occurs, medical attention should be sought immediately. A Significant Event Form should also be completed (see **Appendix 4**)

### **Medication given in error**

If an error is made with any medication, medical advice must be sought immediately. House staff must contact the Health Centre, during the day and the duty nurse should contact the School Medical Officer at Lusson Surgery or, the out-of-hours service (NHS 111) outside of working hours. The duty nurse should also complete a Significant Event Form.

### **Surplus Medication**

Regular stock checks are taken at the end of each half term in the SHC and boarding houses. Surplus medication is collected by the parents of day pupils or handed back to boarding pupils returning home prior to school holidays. Any uncollected medicines at the end of the academic year is returned to the local pharmacy.

### **Disposal of medicines**

Any unused prescription medicines and out of date OTC medications will be returned to the Health Centre and from there to the pharmacy for disposal. The medicine cupboards are checked for surplus or out of date medication at the beginning and end of each term. Medicine that is disposed of is recorded in the Medicine Disposals Book.

### **Medical Provision for Boarders**

The School provides a Medical Officer affiliated with a local GP practice with whom all boarding pupils including weekly boarders are registered. Boarders should be seen as a temporary resident if they need to see a GP in the holidays.

The current School Medical Officers are: -

Dr Rachel Yates/ Dr Adedayo Awodiji,  
Lusson Surgery  
Fore Street

Wellington  
Somerset  
Telephone No: 01823 662836

Twice weekly clinics are held at the SHC. Outside of these times pupils can access medical care throughout the week from Luson Surgery. Pupils may have access to a doctor of the same gender if they wish (Children Act, 1989).

Boarders, where required, have access to the local dentist, the orthodontist for private and NHS funded referrals, optometrists, private and NHS physiotherapy and other specialist services.

The SHC monitors the health and welfare of all boarders. All new boarders have a school medical to establish baseline observations, assess sight, measure height and weight and check in on the general welfare of the pupil. Existing boarders have their weight and height measured and recorded on a bi-annual basis. These appointments are an opportunity to build relationships with the nursing team and provide opportunity for age appropriate discussion and health education in areas such as smoking, alcohol, drug misuse and sex education.

If a boarder requires an emergency visit to hospital then every attempt should be made to contact their parents or the named emergency contact immediately. This will either be done by House Staff or by SHC staff. Due consideration should be given to time differences across the world and the possible need for parents to travel great distances. In the first instance a phone call should be attempted and then followed up by email where necessary. The Head of Boarding should also be immediately informed by email or phone call of any boarder requiring an assessment in hospital.

Boarders requiring routine visits to hospital or other health care services will be accompanied by a member of staff, usually a Matron. The matron must report back to the SHC or inform the duty nurse of the outcome of the appointment and of any instructions. The SHC or the accompanying Matron are to inform parents as reasonably practicable of the outcome and any further instructions. A boarder who is deemed competent to decide can choose not to have the accompanying member of staff at the consultation.

### **Vaccinations**

The school works with the Somerset School Aged Immunisation Nursing Team (SAINT) who are responsible for implementing and administering vaccines to all school aged children, in accordance with the UK's Immunisation Schedule. Records of vaccines administered at school are held by the South West Child Health Information Service (CHIS) and all vaccine queries should be directed to [www.swchis.co.uk](http://www.swchis.co.uk)

Boarding pupils who fall outside of the UK's routine schedule are offered vaccinations in order to bring them in line with the current UK schedule. The SHC works closely with the CHIS in determining the immunisations required for each pupil. Routine immunisation sessions are arranged and carried out at the SHC with signed parental consent, although those over 16 years of age may sign their own.

### **Provision and Administration of Medicines in Wellington Prep School**

In the Prep School and Nursery requests for teachers to administer medicine to children during the school day must only be agreed when absolutely necessary.

Medicine will only be administered with the written permission of parents and class teachers maintain a record of this administration.

The Prep School and EYFS have their own consent forms for this purpose.

Prescription medications may only be administered to the pupil for whom they are prescribed and should be clearly labelled with the pupil's name, name of medication and dose and timing. Medicines should be in date and in the original container as dispensed by the pharmacist.

Medication that does not comply with the correct labelling will not be administered.

The class teacher is responsible for storing the medication in a secure, locked cabinet such as in the Prep School Medical Room.

### **Emergency Medication**

Inhalers are stored by class teachers in a secure but known location, up until year 5. During year 5 & 6, pupils are encouraged to carry their own inhaler with them.

Adrenaline auto injectors are stored in a safe but accessible area in the classroom, and should never be locked away. They should be carried by the class teacher when the pupil moves around the school or goes on a school trip.

Parents are requested to provide a second adrenaline auto injector and this is kept in the Prep School Medical Room.

An emergency generic asthmatic inhaler and generic epi-pen are stored in the Prep School Medical Room and may be used for specific named pupils in an emergency.

## Appendix 1

### **FIRST AID KITS**

Areas of the school that hold First Aid Kits

Contents of kits should be checked on a 6-monthly basis (twice per academic year)

| <b>DEPARTMENT</b>       |
|-------------------------|
| ARC                     |
| Art/textiles            |
| CDT                     |
| Cleaning Cupboards      |
| Drama/Great Hall        |
| Houses                  |
| Kitchens                |
| Maintenance & Gardeners |
| Music                   |
| Outside areas/Pitches   |
| Prep School             |
| Reception               |
| Science                 |
| Sport                   |
| Transport               |



## Appendix 2

### **Suspected Concussion and Head Injury Guidelines**

Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary impairment of brain function. Its development and resolution are rapid and spontaneous. A player can sustain concussion without losing consciousness. Concussion is associated with a graded set of clinical signs and symptoms that resolve sequentially. Concussion reflects a functional rather than structural injury.

Because the child or adolescent brain is still developing, there is concern that a second concussion occurring before recovery of the first results in prolonged symptoms that can have significant impact on the child. What is of concern is that research by the RFU suggests that boys playing rugby at school or club frequently do not admit to being concussed.

Concussion injuries may occur as the result of any injury to the head but are perhaps more common in impact sports such as rugby and it is in this context that these guidelines are presented. However, these guidelines are applicable to all concussion injuries sustained by pupils either in school or outside of school.

This guidance should be read in conjunction of the latest RFU Guidance (2017)  
[http://www.englandrugby.com/mm/Document/General/General/01/31/43/24/5SchoolsandCollegesgeneralinfo\\_English.pdf](http://www.englandrugby.com/mm/Document/General/General/01/31/43/24/5SchoolsandCollegesgeneralinfo_English.pdf)  
[https://www.englandrugby.com/mm/Document/General/General/01/32/13/39/4RecoverandReturntoPlay-2016\\_English.pdf](https://www.englandrugby.com/mm/Document/General/General/01/32/13/39/4RecoverandReturntoPlay-2016_English.pdf)

**This guidance has been adopted by all major sporting governing bodies.**

The RFU summary principles are as follows:

- Concussion must be taken extremely seriously to safeguard the long-term health of young players.
- Players suspected of having concussion must be removed from play and must not resume play in the same match, and until cleared to do so.
- Players suspected of having concussion must be assessed by a healthcare professional for diagnosis and advice.
- Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP).
- Players must receive medical clearance before returning to play.

***It is policy that pupils should not play rugby or any other contact sport at or for the school for a minimum of 23 days following concussion injury and this must be strictly adhered to, regardless of any other agency's accelerated clearance to return to play.***

### **Wellington School Concussion Guidelines.**

#### **Home matches and rugby training**

1. Pupils should be accompanied by a responsible person and brought to the SHC or a nurse should be asked to attend an injured player if necessary.

2. Any player suspected of having concussion must be medically assessed by a Healthcare Professional (Nurse or Paramedic) and if necessary transferred to A&E.
3. Pitch-side medical personnel (Nurse, Paramedic or First-Aider) will notify the School Health Centre (SHC) of any pupil suspected of or having concussion following a home match. It is the team coach's responsibility to notify the SHC of any pupil suspected of or having concussion following rugby training and they should be brought to the SHC
4. The SHC nurse will contact parents and advise them of the injury and whether the individual needs to be seen by a doctor or taken to A&E. Boarders will be taken to hospital by a responsible adult (usually Matron). If circumstances dictate immediate transfer to hospital, day pupils will be accompanied by a member of the school staff. Two members of staff should always accompany a person to A&E who has sustained a head injury, this could take the form of a member of school staff and a taxi driver.
5. Parents (or House Parents) will be given written a post –head injury instruction sheet stating that the individual **must not participate in any form of sport or training for at least 14 days post injury and after symptoms have ceased. They may not participate in full contact sport until medical clearance is given, usually by the School Medical Officer and no sooner than 23 days after the concussion injury. This is following RFU concussion guidance.**
6. If pupils play sport with clubs outside of school, the SHC may contact them to inform them of the injury.
7. Pupils will be asked to report to the SHC when they return to school following concussion to arrange follow-up and regular assessment.
8. The SHC will notify Sports and House staff of the decision to remove a pupil from sporting activity for at least 14 days. House staff will be requested to inform the SHC of any problems noted that might be due to the injury such as:
  - Drop in academic performance, difficulties with school work or problem solving
  - Poor attention and concentration in class
  - Unusual drowsiness or sleeping in class suggesting sleep disturbance
  - Inappropriate emotions
  - Unusual irritability
  - Feeling more nervous or anxious than usual
9. The pupil's symptoms will be reassessed as required during the 14 day stand down period by SHC nurses and any concerns will be passed on to parents, the School Medical Officer and, in the case of day pupils, the individual's G.P.
10. All pupils, day and boarding, will be seen and assessed 14 days after symptoms have resolved, or as close as is practical, by a SHC nurse or School Medical Officer and if symptom-free may begin a Graduated Return to Play programme, overseen by the Sports & Well-being Department following the Graduated Return to Play Protocol (GRTP). If seen by a SHC nurse for the return to sporting activity assessment and the pupil is not symptom –free or there are concerns at the time of assessment, the pupil will be referred to the SMO at the earliest opportunity. During the GRTP the pupil will be seen frequently by SHC nurses who will report any concerns to the parents, the SMO and the coach overseeing GRTP.

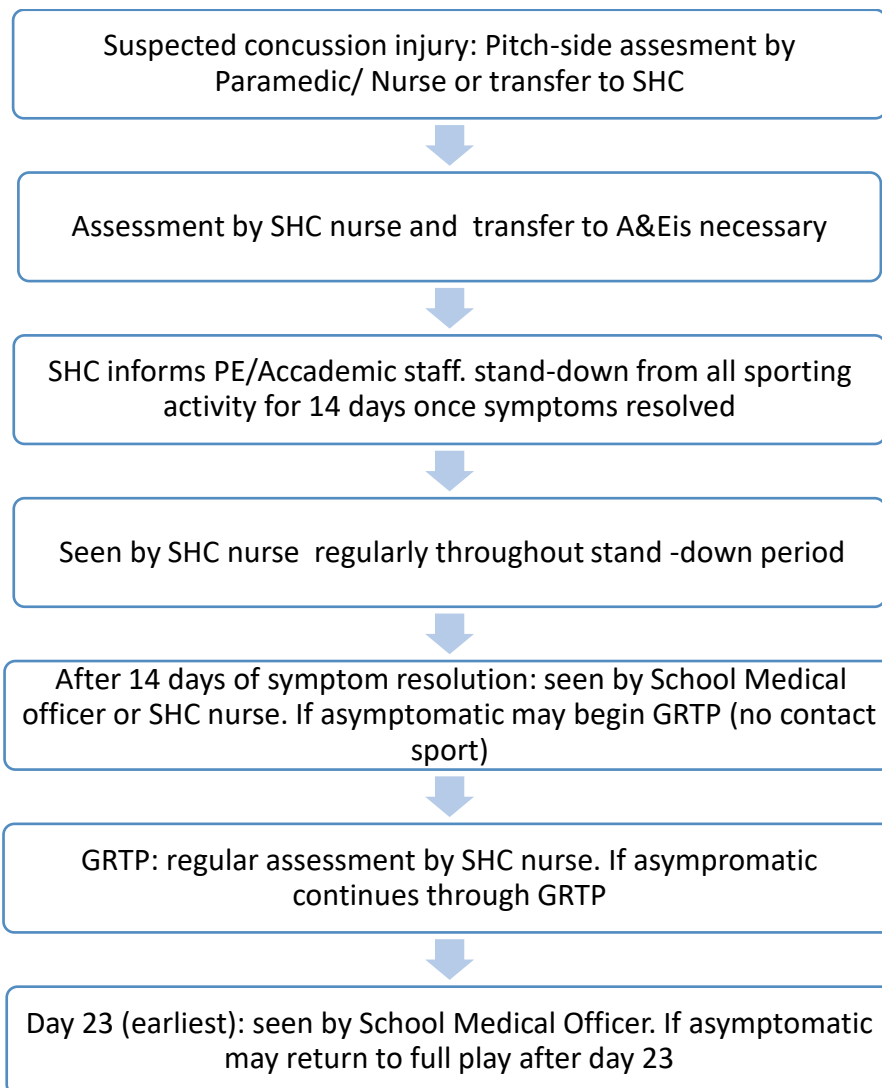
11. All pupils, day or boarding, will be seen on or around seven days after the beginning of the GRTP by the SMO for clearance for full return to play. If any symptoms or signs occur while going through the GRTP protocol, the player must return to see a medical practitioner.
12. Medical clearance will be recorded in the pupil's school medical records. Pupils will not be allowed to return to play until medical clearance has been granted.
13. Those pupils who do not intend to return to contact sports will not need to be assessed for a full return to play by the SMO but may return to non-contact sports and activities providing they have successfully completed the GRTP.

#### **Away matches.**

If an injury occurs at an away match, the same principles apply.

1. Pupils may have to be taken to hospital near the location and should be accompanied by a responsible adult.
2. Parents must be contacted and told what has happened and that the individual needs to be seen by a medical practitioner immediately and prior to returning to play. The SHC staff are happy to contact parents and explain the procedure on behalf of the coaches.
3. Team coaches **MUST** contact the SHC as soon as is practicable on their return to school to report the injury. This is to enable follow-up and return to play clearance.

#### **Sequence of events from point of injury to return to full play following suspected concussion injury.**



### Appendix 3

#### PUPILS WHO ADMINISTER THEIR OWN PRESCRIBED MEDICATIONS

Name of pupil: \_\_\_\_\_

Name of medication/dose: \_\_\_\_\_

Amount of medication given to the pupil: \_\_\_\_\_

How often taken: \_\_\_\_\_

Medication can be stored in pupil's own locked area. YES/NO

Age of pupil \_\_\_\_ years

Length of treatment          Date \_\_\_\_\_ to \_\_\_\_\_

Pupil has proven themselves to be reliable

Pupil will not give medication to any other pupil.

Full understanding of reasons for the medication.

Knows when and how to take medicine and knows how to refer to the printed label for instructions.

Will report any side effects or unusual symptoms and knows how to refer to the Patient Information leaflet (PIL).

Pupil will inform us if they miss a dose.

Pupil will return any unused medicines to the SHC for disposal.

Important: If a pupil is not keeping medication locked away the right to self-medication will be removed.

Pupil signature: \_\_\_\_\_ Date \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 4

### Wellington School

#### Significant Event Reporting Form

The purpose of this form is to encourage professionals to report and share the learning from significant events. Use this form to record any incidents and significant events, positive or negative that occur and that effect your patients. In order for other members of your team to learn from significant events, they should be routinely shared and reviewed by the wider team.

This form should be completed and returned to the Senior Nurse.

|                             |  |                      |             |
|-----------------------------|--|----------------------|-------------|
| Date Completed              |  | Date & time of event |             |
| Person Reporting Event      |  |                      | Role        |
| Location of Event           |  |                      | Reported to |
| Name/s of Person/s Affected |  |                      |             |

|  |   |   |                               |                                       |                                |
|--|---|---|-------------------------------|---------------------------------------|--------------------------------|
| Type of Event (please mark with a cross) |   |   |                               |                                       |                                |
| Drug error <input type="checkbox"/>      | Safeguarding Issue <input type="checkbox"/> | Missed diagnosis <input type="checkbox"/> | Near <input type="checkbox"/> | Safety Issue <input type="checkbox"/> | Other <input type="checkbox"/> |

Description of Event: factual account of what happened in chronological order.

Actions taken: chronological account of what you did about it and who you informed.

**A**

**P**

What Impact or Potential Impact Did the Event Have? Harm/distress/benefit to patient/staff/organisation.

Significance of Event and Actual/Potential Harm: circle A for actual harm P for potential harm

|               |          |       |          |          |          |       |          |
|---------------|----------|-------|----------|----------|----------|-------|----------|
| INSIGNIFICANT | <b>A</b> | MINOR | <b>A</b> | MODERATE | <b>A</b> | MAJOR | <b>A</b> |
|               | <b>P</b> |       | <b>P</b> |          | <b>P</b> |       | <b>P</b> |