



THE AMERICAN SCHOOL IN ENGLAND

Health Centre Policy

This Policy, which applies to the whole school including Boarding and the Early Years is publicly available on the school website and upon request a copy, (which can be made available in large print or other accessible format if required), may be obtained from the school Office.

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Responsible Area	Health Centre, Director of Inclusion, Wellbeing and Compliance

Agreed by:

Head of School	Chair of the Board
Bryan Nixon	David King
18 May 2023	18 May 2023

TASIS England is committed to safeguarding and promoting the welfare of students and expects all staff and volunteers to share this commitment. It is our aim that all students fulfil their potential.

1. Introduction

1.1. The aim of the Health Centre is to:

- Promote the health and welfare of all TASIS England students, faculty and staff.
- Provide healthcare to students, faculty, staff and visitors, as required.
- Work with boarding and academic staff to ensure boarding students are cared for medically and pastorally during their time as a TASIS England boarder.
- Assist in teaching students how to take care of their own general health and wellbeing needs and how to access health services when they leave TASIS England.
- Be involved both formally and informally with health education programs and PSHEE.
- Keep parents, boarding house staff, the Head of School and pastoral leads informed of a student's medical wellbeing within the context of the GMC code of conduct for school doctors and the NMC code of conduct for nurses.

1.2. Wellbeing is defined in the Children Act 2004 as:

- Physical and mental health and emotional wellbeing.
- Protection from harm and neglect.
- Education, training and recreation.
- The contribution made by them to society.
- Social and economic wellbeing.

1.3. TASIS England has appropriate procedures for the care of students who are unwell. We ensure that the mental and physical health and emotional wellbeing of our day and boarding students is always prioritized and promoted. This care includes the care of those with chronic or acute conditions and disabilities, dealing with medical emergencies, administering prescribed medications, the administration of household remedies, first aid and any other health promotion that benefits our students such as smoking and vape cessation, advice on drugs and alcohol and sexual health. The following faculty/staff are available to support students in medical and pastoral matters:

- School nurses who are compliant with the Nursing and Midwifery Council (NMC) regulations.
- Head of School.
- Director of Boarding.
- Director of Pastoral Care.
- Director of Inclusion, Wellbeing and Compliance.
- House Parents.
- First Aiders – including Paediatric and Mental Health First Aiders.
- Designated Safeguarding Leads.
- School Counselors.

1.4. Nurses in the UK typically receive training in basic life support, which includes pediatric life support, as part of their education and professional development. While first aid training is not universally required for all nurses, it is commonly provided to ensure they possess essential skills in emergency situations. Nurses at TASIS England receive regular first aid training to enhance their ability to respond to medical emergencies

2. Monitoring and Review

- 2.1. This policy is subject to continuous monitoring, refinement and audit by the Director of Inclusion, Wellbeing and Compliance and Lead Nurses, who will seek to identify trends and understand issues of concern and take appropriate steps to manage and improve systems and processes. The Board of Directors will undertake a full annual review of Health Centre policy and procedures, inclusive of its implementation and the efficiency with which the related duties have been discharged. This discussion will be formally documented in writing within regular board committee meetings. Any deficiencies or weaknesses recognised in arrangements or procedures will be communicated to the Director of Inclusion, Wellbeing and Compliance and remedied as soon as is reasonably practicable and without unnecessary delay. Faculty and staff will be informed of updates to this policy which will be made available via the TASIS England website policy page.
- 2.2. This policy will be reviewed no later than 18 May 2025 or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements, or best practice guidelines require. All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures both within and outside of normal school hours including activities away from school.

3. Start of School Documentation and Procedure

- 3.1. On the opening day of school (Admissions Day) the nurses will be available to meet registering boarding students and their families to record specific medical conditions, drug or food allergies and special dietary requirements.
- 3.2. A [TASIS England Medical Form](#) must be completed by parents/guardians for students prior to the beginning of school so that the Health Centre team is aware of any allergies, prescribed medications or health conditions prior to, or as soon as, students arrive on campus. Information regarding this process is included in enrolment and re-enrolment application forms. Any outstanding health information requested by the school should be sent to the Health Centre team as soon as possible and certainly within 1 week of your child starting school. All allergenic information or information on specific medical needs must be sent to the school prior to students starting the academic year.
- 3.3. Parents/guardians should email the Health Centre team with any changes to the health and vaccination status of their child throughout the year. This includes parents/guardians ensuring their emergency contact information remains up to date on school records.

4. Immunisations

- 4.1. Any immunisations that students have received should be documented on their medical form. [Health guidelines](#) recommend that all children are up-to-date with their immunisations before arriving at school in the UK (for up-to-date immunization information, please refer to the UK Government website: UK Vaccination Schedule - [gov.uk - vaccination schedule](#)). The Health Centre team liaise with the Surrey Immunisation Team who provide vaccine clinics for students on campus.

5. Registration with the National Health Service (NHS)

- 5.1. **Boarding Students:** Parents/guardians of boarding students should ensure that their child is registered with the local General Practitioner (GP) Surgery (Grove Medical Centre) by completing a 'Family doctor services registration form'; the Health Centre can provide this form.. This allows boarding students to attend weekly GP clinics on campus on Mondays, Wednesdays and Fridays. Boarders have access to local medical, dental, optometric and other specialist services. Where possible, routine dental, optician and orthodontic treatment should be given during school holiday periods in order to avoid unnecessary loss of teaching time. When necessary during term time, the Health Centre team will organize these for boarding students. Routine and emergency treatments off-site will be appropriately chaperoned. If a student presents a member of boarding house staff with an appointment letter, this should be passed on to the Health Centre Team.
- 5.2. **Day Students:** The school advises parents/guardians of day students to ensure their children are registered with their local NHS GP practice. In the United Kingdom, it is necessary to have a referral from a GP in order to access private health services through health insurance. If a child is not registered with a GP and they visit a hospital's Accident & Emergency Departments or any clinic, the healthcare professionals will document this as a potential safeguarding concern.

6. Health Centre

- 6.1. Students can access the nurse, who is located at the Health Centre, during weekdays from **07:30 to 19:30**, on Saturdays from **09:00 to 13:30**, and on Sundays from **10:00 to 13:00**. Outside of these hours, the nurse can be reached for emergencies at 07774 197082 or extension 2353. Boarding staff, who are trained in first aid, can provide care for students within the boarding houses. If the boarding staff have any concerns, they should coordinate with the Health Centre Team.

7. Administration of Medicines

- 7.1. Please refer to the [Administration of Medicines Policy](#).

8. Health Records

- 8.1. The Health Centre keeps confidential medical information, including:
- known medical conditions
 - action to be taken in the case of an emergency
 - medications taken
 - drug, food and environmental allergies
 - sport/activity restrictions
- 8.2. The Health Centre, in consultation and collaboration with parents/guardians and other relevant departments in the school, may use the confidential information provided to draw up an individual care plan, for any student that has a condition that needs to be managed and/or monitored whilst they are at school. The care plan, alongside a health risk assessment, is a tool that enables those around the student:
- to make reasonable adjustments to facilitate the student's learning and wellbeing (either to the environment or to teaching practice, for example)
 - to monitor signs and symptoms of the student's condition
 - to take action personalized to that student in the event of an emergency

8.3. The confidential care plans are only shared with specific individuals in situations where it is deemed necessary. The recipients of these plans may include:

- The Head of School
- Head of Section
- Upper School Dean of Students
- Head of Boarding and House Parents
- Duty personnel: Staff members assigned to specific duties, such as monitoring student activities, ensuring safety, or providing assistance during certain times or events
- Sports and Activities Director
- Coaches and Managers: Those in charge of coaching sports teams or managing specific activities or clubs.
- Faculty and Staff: Teachers and other school personnel who are directly involved in a student's education or welfare.

It is important to note that sharing confidential care plans is done on a need-to-know basis, meaning that only relevant personnel who require the information to fulfill their responsibilities and support the student's wellbeing will have access to these plans.

8.4. Medical information is provided on a need-to-know basis for field trips, travel, and away sports activities. A health risk assessment will be conducted when required.

8.5. Contemporaneous records are made and logged on the Health Centre's online system of every medical encounter with students by the nurse on duty.

9. Administration of Non-Prescription and Prescription Medication

9.1. Please refer to the [Administration of Medicines Policy](#).

10. Health Advice Including Contribution to TASIS England Activities

10.1. The Health Centre team participates in the relevant aspects of the TASIS England Personal Social Health Economic Education (PSHEE) programme. Nurses, the local GP, House Parents, PSHEE and Physical Education staff give advice on health education and promotion, including but not exclusively:

- Alcohol and drug misuse or abuse
- Smoking and vaping
- sexual health
- exercise

11. Admission to the Health Centre

11.1. The rooms at the Health Centre are primarily used for treating boarding students who require medical supervision and care throughout the day and, on occasion, overnight. Boarding students are not permitted to rest in their boarding houses during the school day for medical reasons unless in exceptional circumstances which have been approved by a nurse in consultation with the Head of Boarding. If available, rooms within the Health Centre can be used for day students for short periods of time to rest or to stay until collected by parents/guardians.

11.2. The criteria for boarding students' admission to the Health Centre are as follows:

- Vomiting and/or Diarrhoea
- Diabetics who may be unwell
- Known asthmatics presenting with respiratory problems
- Students presenting with moderate to severe respiratory problems (e.g. pneumonia), extreme flu cases
- Temperatures above 37.8C
- Diagnosed or suspected contagious diseases
- Migraine, headaches and head Injuries
- Mental health issues or any student at risk of self-harm
- Sudden onset of acute pain
- Pain control after a painful injury or medical procedure
- Orthopedic injuries that restrict mobility
- Doctors requesting a student rests
- Recovering from surgery
- Any circumstance that a nurse deems necessary

11.3. The sectional Attendance Office will be notified of any students required to stay at the Health Centre and parents/guardians will be updated by nurses if required.

12. Injury of Students

12.1. If a student is in need of first aid assistance, it should be promptly and appropriately provided. Student safety must be considered a priority at all times with accident prevention being practiced and encouraged by both students and faculty. A list of student medical conditions should be available to the PE and Sports Activities department. This list highlights any medically recommended sports restrictions for the students. The nurse on duty should be called for assistance and to evaluate the severity of the accident.

13. If the Injury Is Deemed Life Threatening Call 999

13.1. After making an evaluation, ensuring the safety of the student and carrying out appropriate first aid measures, the nurse will either:

- arrange for the student to be transferred to the Health Centre for further care
- arrange for the student to be transported to St. Peter's Hospital Accident and Emergency Department;
- call an Emergency Ambulance.

13.2. In the event of an accident/injury that is deemed 'life threatening', parents/guardians will be informed by telephone, if parents/guardians are not readily available, the nurse will delegate another member of staff to contact the student's parent/guardians using their registered emergency numbers and email. In the event of a 'non life threatening' accident/injury, parents of lower school children will be informed by email. The nurse on duty will use their clinical judgment to decide if it is necessary to contact the parents of middle and upper school students.

- 13.3. In addition, any incident, accident or near miss (to students or adults) must be logged by using the school's online Incident, Accident and Near Miss Report Form on the MyTASIS (LMS) staff portal. This should be completed by a witness to the incident or other competent person. The nurse dealing with the person involved in the incident, accident or near miss will enquire if the form has been completed, which will generally be the case, but will complete the form themselves, if not.
- 13.4. All relevant staff must be first aid trained and competent at performing basic life support - see our [First Aid Policy](#).
- 13.5. Refer to Head Injury Policy for sports injuries and possible head injuries.
- 13.6. TASIS England works in partnership with [Return2Play](#) to provide concussion support for all students in our school giving our Health Centre and Sports staff access to experienced concussion experts 7 days-a-week.

14. Consent

- 14.1. Consent is a crucial aspect when it comes to emergency treatment for students. In **extreme emergencies**, the student medical consent form includes the consent of the parents/guardians for the nurse or Head of School to authorize emergency treatment. However, it is important to clarify that the nurse or Head of School will only provide consent after exhausting all reasonable attempts to contact the student's parents/guardians or their designated emergency contact.
- 14.2. It is worth noting that the designated emergency contact does not automatically possess the authority to give consent for the student's treatment. This permission must be explicitly stated in writing by the parents/guardians and recorded in the student's information in the Health Centre. This ensures that the individuals responsible for the student's wellbeing have clearly expressed their consent for emergency treatment in such situations.
- 14.3. In the event of a medical emergency, it is important to emphasize that the priority is to provide life-saving intervention without delay. In such critical situations, the immediate wellbeing and safety of the student take precedence over obtaining consent. Therefore, if a student is in a life-threatening condition, all efforts to seek or gain consent will be superseded by the need to administer necessary emergency treatment promptly. The nurse or Head of School will act swiftly to ensure the student receives the essential care required to preserve their life and wellbeing.

15. Reporting Injuries

- 15.1. All accidents should be recorded using the online Incident, Accident and Near Miss Report Form available on the MyTASIS (LMS) Staff Portal.
- 15.2. Certain injuries and diseases are reportable to [RIDDOR](#) (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) which can be done directly online.

16. First Aid

16.1. First aid kits are provided that adhere to National Health and Safety Standards to ensure prompt assistance to individuals requiring first aid on site. However, it is important to note that medication cannot be administered to staff, parents/guardians, or visitors due to the lack of medical history. In the event of an accident, first aid will always be readily available. For easy reference, a list of first aiders is included in the [First Aid Policy](#) available on our school website.

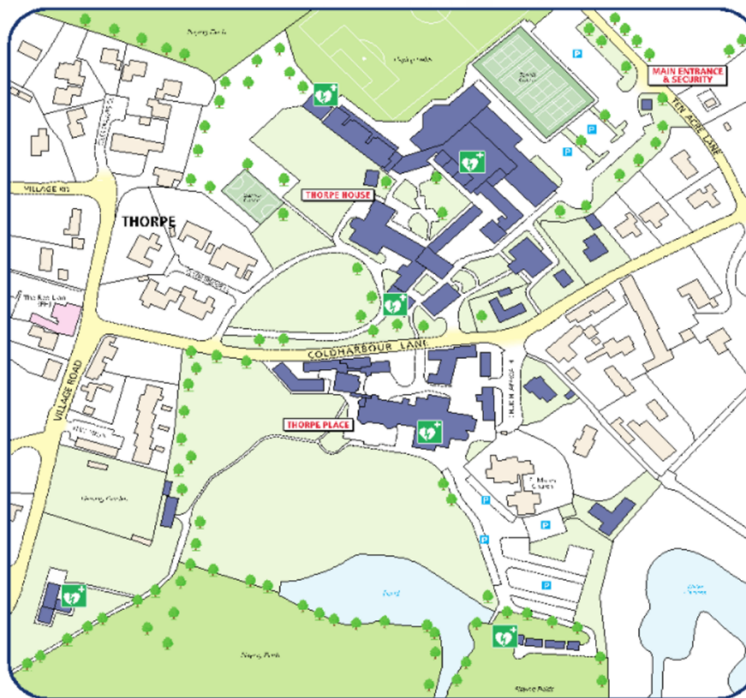
17. Location of First Aid Kits:

- Each Boarding House under the supervision of House Parents.
- Lower and Middle Schools Secretary offices, Upper School Faculty Room, Magna Carta Reception.
- Science Laboratories, Art Department, Theatre, Upper School Library.
- Gym (Sports Injury Kits are maintained by the Sports Department).
- School Vans (maintained by the Sports Department), Maintenance Department, Security.
- Kitchens (Maintained by Catering Contractor).
- Public Access Trauma (PACT) First Aid Kits are held in the Security Lodge and the Health Centre.

17.1. Each boarding house first aid kit contains a small stock of home remedy medicines - these require consultation with the nurse on duty should these medicines need to be dispensed. A medication log sheet should be completed when these medicines are given to any student.

18. Auto Injectors - ([see Appendix 1 for more information](#))

18.1. EpiPens are located around the campus - these and the defibrillators are checked monthly by the nurse team and replenished as required. These checks are recorded and filed.



19. Location of Defibrillators - ([see Appendix 2 for more information](#))

- Upper School Dining Room
- Grounds Shed
- Orchard Boarding House
- Health Centre
- Fitness Centre
- Sports Hall Entrance
- Teen Hollow

20. Mental Health

- 20.1. At TASIS England, we prioritise the wellbeing of all our students, including those facing mental health difficulties. We are committed to providing comprehensive support within our school community and maintain strong partnerships with external agencies, including Therapists, Psychiatrists, and the National Health Service. Our dedicated team of nurses, school counselors, and safeguarding staff work closely with students throughout their journey at TASIS England, collaborating to ensure the best possible support and outcomes for students facing both short and long-term challenges.
- 20.2. We foster an environment of openness and accessibility, operating an "open door" policy that encourages students to seek help independently while enabling staff to promptly address any concerns. In cases where students require more specialised assistance, we have the ability to refer them to experienced professionals who are specifically trained in supporting children and young people. We maintain close communication with these external experts, prioritising the safety of our students within the school environment and following their advice and guidance in the best interests of the student.
- 20.3. To further enhance our support system, we have trained Mental Health First Aiders in both the Boarding Program and the Health Centre. We understand that in today's busy and stressful world, everyone can benefit from some assistance at times, and we are committed to ensuring our students are happy, healthy, and thriving. If applicable, students are provided with a personalised health care plan which may include a risk assessment that is regularly reviewed and updated to meet the needs of those who may have specific requirements. For more details, please consult the [TASIS England Mental Health and Wellbeing Policy](#).
- 20.4. TASIS England remains deeply committed to prioritising the mental wellbeing of our students, providing a comprehensive support network within the school and leveraging external resources to ensure their safety, happiness, and success.

21. Students with Specific Medical/Chronic Conditions

- 21.1. Students who suffer from chronic medical conditions may require urgent action on campus to prevent a life-threatening situation from developing. These students should be identified with a clear and concise action plan should an emergency arise. All staff should be able to recognise the onset of the condition and take appropriate action. The nurse on duty must be informed if an incident takes place.

21.2. The Health Centre is responsible for ensuring inhalers, EpiPens, and diabetic pens are available during school trips and off-site activities. Students who suffer from specific/chronic conditions such as diabetes, asthma, epilepsy, anaphylaxis, ADHD and any other specific medical need should have a health care plan and risk assessment completed by the nurses at the Health Centre. Medication should be documented clearly and always carried with the student in the case of an emergency. With the exception of this instruction, students are not permitted to carry medicines. All medicines brought to school must be handed to the Health Centre. Parents/guardians are responsible for updating the nurses at the Health Centre in relation to any changes or updates in their child's condition. For more severe conditions it is important to establish an Individual Treatment Plan in consultation with the parents/guardians and/or the school's doctor/health care professional involved in the diagnosis. There should be regular reviews of the Individual Treatment Plan to allow for changing health needs of the student concerned.

21.3. At TASIS England we aim to embolden students to manage their health needs, with support, so they can move towards independence in the adult world. Not only does responsibility fall on the nursing team but also on the students, parents/guardians, teachers and first aiders too. It is paramount for the community to work together as a whole to support and nurture students' health and wellbeing requirements.

Students and their parents/guardians are responsible for disclosing their symptoms and for escalating any concerns over their symptoms. Parents/guardians are required to provide the school with up to date medical details about any condition or medication relevant to their child and after any change to their child(s) medical health or treatment. Teachers, House Parents and other pastoral staff are required to familiarise themselves with relevant care plans so they can detect when anything in a student's demeanor, behavior or learning capacity differs from the norm and suggests that a health or wellbeing intervention may be required. In addition to the immediate response to the needs of the student, this information must then be fed back to parents/guardians, House Parents and nurses, so that nurses have the full picture, can gather all the medical information and can create and maintain up-to-date care plans as appropriate.

22. Lone Working policy for School Nurses

22.1. The school administration will protect their school nurses as far as is reasonably practicable from the risks of lone working. Working alone is not in itself against the law, and it will often be safe to do so. However, the school administration implements measures to address any health and safety risks for nurses working alone. The school administration is committed to providing a safe working environment as far as reasonably practicable that meets the needs of all staff, including nurses. Consideration shall therefore be given to the health and safety implications in respect of lone working for school nurses.

22.2. School nurses working alone shall be provided with a communication link, such as a mobile phone or radio, to ensure they can maintain contact with the school administration, security or emergency services if needed. When lone working, nurses shall follow all instructions and procedures related to their work, including safety protocols and emergency response plans.

22.3. It is the responsibility of the line manager and school administration to regularly reassess risks associated with lone working for nurses, reporting the time and dates of monitoring and any changes to the person responsible for Health and Safety.

22.4. Nurses and Health Centre staff are considered to be working alone when they are the only staff present within the Health Centre or before or after opening hours, cannot be seen or heard by another member of faculty or staff, and cannot expect immediate assistance when needed.

22.5. All nurses are to take relevant and sensible precautionary measures while working alone. If a nurse feels that they are putting themselves at risk through lone working, they should discuss the situation with the Director of Inclusion, Wellbeing and Compliance or the school administration. Further efforts shall be made to eliminate or reduce hazards starting with a process of reassessment of the task or situation. The school nurse working alone will maintain regular check-ins with the Director of Inclusion, Wellbeing and Compliance or the school administration using an agreed-upon communication method. A record of the discussion should be logged with timings and a short description.

22.6. Risks of lone working:

- Safe entry and exit from the school premises.
- Location considerations, such as remoteness, transport, parking, and accessibility.
- Risk of violence, such as potential aggressive behavior from students, parents, or other individuals present in the school.
- Safety of equipment for individual use, including medical supplies and devices.
- Channels of communication in case of emergencies or immediate assistance.
- School security arrangements, including alarm systems and access control.
- Level and adequacy of on-site supervision and support.

23. Confidentiality: Refer to the [Confidentiality and Information Sharing Policy](#).

24. Safeguarding: Refer to the [Safeguarding Children Child Protection Policy](#).

25. Unacceptable Practice

25.1. Staff should exercise their discretion and utilize their training to address the individual medical needs of each student, making reference to Individual Health Care Plans (IHCPs) if available. It is important for staff to be aware that the following practices are generally considered unacceptable:

- Restricting access to medication and necessary devices (such as inhalers) when they are reasonably required.
- Assuming that all students with the same medical conditions require identical treatment approaches.
- Frequently sending students with medical conditions home or excluding them from participating in regular school activities, unless such measures are specifically outlined in their IHCP or advised by their medical professionals.
- Penalizing students for their attendance record when their absences are directly related to their medical condition (e.g., hospital appointments).
- Prohibiting students from taking necessary breaks for eating, drinking, using the restroom, or managing their medical condition effectively.
- Requiring parents/guardians to attend the school in order to administer medication or provide medical support to a student during the school day, or making them feel obligated to do so.
- Preventing students from fully participating in all aspects of TASIS England life or creating unnecessary barriers that hinder their involvement.
- By considering these guidelines, staff can ensure that students with medical conditions receive appropriate support and can fully engage in school life at TASIS England.

Appendix 1 - Auto injector information and locations



THE AMERICAN SCHOOL IN ENGLAND

ADRENALINE AUTO-INJECTORS ON SITE

***Children < age 6 years - EpiPen Junior (0.15mg)** ***Children > age 6 years & adults - EpiPen (0.3mg)**

Health Center

EpiPen Adult & EpiPen Junior

Main Dining Hall

EpiPen Adult & EpiPen Junior

Lower School Dining Hall

EpiPen Adult & EpiPen Junior

Outside Sports Hall

EpiPen Adult & EpiPen Junior

Fitness Center / Gym

EpiPen Adult & EpiPen Junior

Teen Hollow

EpiPen Adult & EpiPen Junior

Fleming Garden

EpiPen Adult & EpiPen Junior

Middle School Office

EpiPen Adult

US Reception Magna Carta

EpiPen Adult

Security

EpiPen Adult

- 1** Form fist around **EpiPen®** and **PULL OFF BLUE SAFETY CAP.**
- 2** **POSITION ORANGE END** about 10cm away from outer mid-thigh*.
* Either clothed, or unclothed, avoiding seams and pocket areas.
- 3** **SWING AND JAB ORANGE TIP** into thigh at 90° angle and hold in place for 10 seconds.
- 4** **REMOVE EpiPen®** Massage injection site for 10 seconds*.
*After use the orange needle cover automatically extends to cover the injection needle.

Call 999 for an ambulance. A second EpiPen should be administered after 5 minutes if symptoms persist. Take used EpiPen(s) to hospital - give to doctors.

Appendix 2 - Defibrillator locations

Location of Defibrillators (AED)

UPPER SCHOOL DINING ROOM

GROUND'S SHED/ TOILET BLOCK

ORCHARD HOUSE

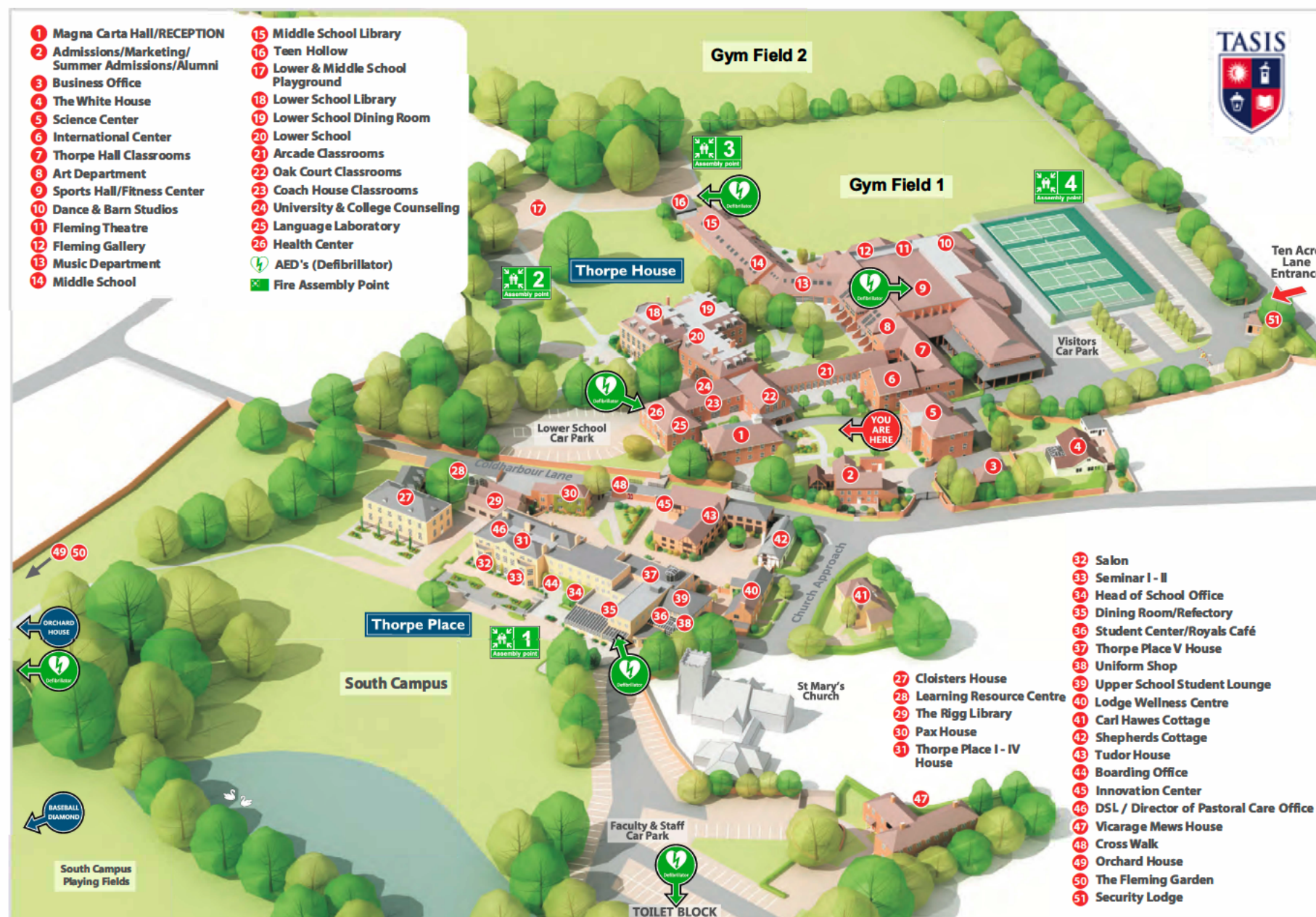
HEALTH CENTRE

FITNESS CENTRE

SPORTS HALL ENTRANCE

TEEN HOLLOW





TASIS England is committed to safeguarding and promoting the welfare of our children and young people and expects all staff and volunteers to share this commitment. It is our aim that all students fulfill their potential.