



FIRST AID AND MEDICAL PROVISION POLICY

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

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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, 3rd 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, 2022).

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 Campus Manager and Health & Safety Advisor and Director of Finance and Operations.

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 Head 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 Director of Finance and Operations and Senior Nurse will ensure that there is an annual First Aid audit using a risk assessment tool and an audit of the School's first aid provision and needs.

The Director of Finance and Operations 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 full paediatric First Aid certificate will be on the premises at all times when children are present, and at least one person with a current full 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) and Senior and Prep School reception.
- (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 the Human Resources department.

Defibrillator

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

- 1) Opposite main reception office of the Princess Royal Sports Complex
- 2) Bulford Pavilion (locked inside)
- 3) Outside the School Main Reception
- 4) School Health Centre

Emergency Anaphylaxis Kits

There are six Emergency Anaphylaxis Kits across the school campus. All kits contain 0.3mg and 0.5mg Auto Adrenaline Injectors and must be used according to the child's weight. The 0.3mg is to be used for children under 30kg (under 6 years old) and 0.5mg to be used on children over 30kgs in weight. (or children aged 6 years and older)

The Emergency Anaphylaxis kits can be found in the following locations:

- 1) Café
- 2) School Main Kitchen
- 3) Princess Royal Sport Centre Entrance
- 4) The Hub
- 5) Prep School
- 6) Health Centre (available during opening hours)

Bleed Kits:

There are 4 bleed kits located across the school campus. These can be found in the following locations:

- 1) Opposite main reception office of The Princess Royal Sports Complex
- 2) Bulford Pavilion

- 3) Outside the School Main Reception
- 4) Grounds maintenance team shed.

Training is available for all staff for any of this emergency equipment.

These are checked and maintained on a monthly basis by the health care assistant who then signs the Emergency Check file which is held in the School Health Centre. 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 health care assistant 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 the Trip Pack on Firefly.

Static First Aid kits at school should not contain medication. First Aid kits supplied for use on trips, including residentials 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. All students must be seen with their emergency medication (Auto Adrenaline Injectors and Inhalers) before leaving the school campus for school trips and this must remain on the student at all times. If the student is unable to present their emergency medication to the trip leader, they must not attend the trip and parents will be informed. 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 prior written parental consent has been obtained. The Senior Nurse 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.

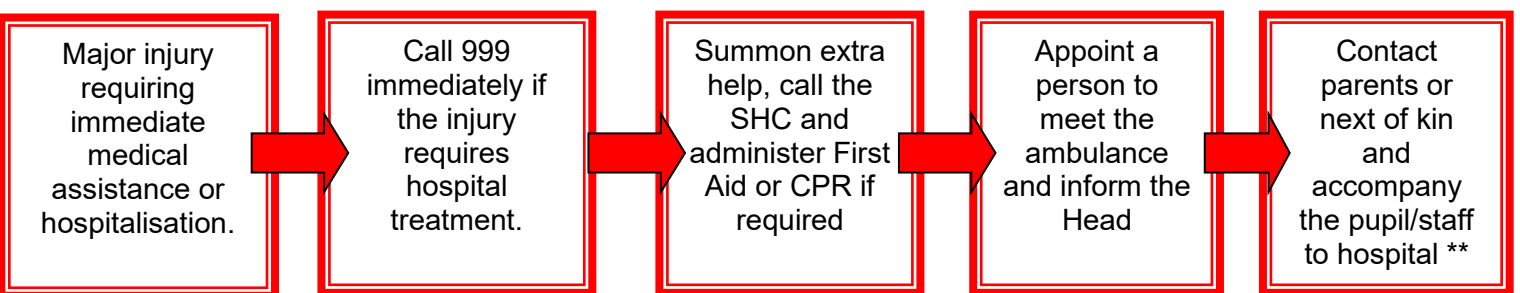
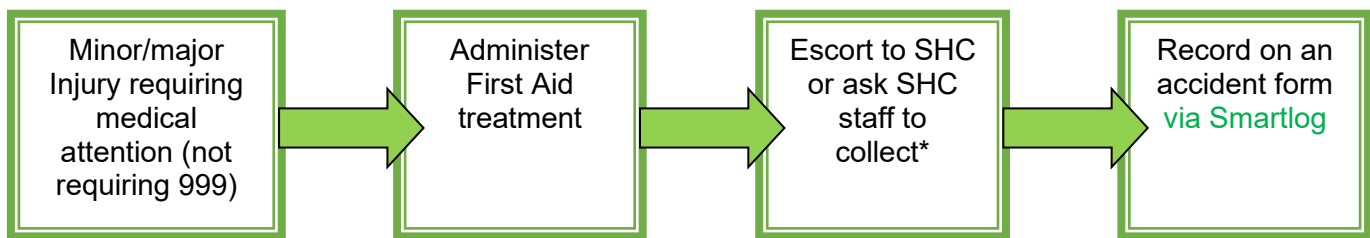
The EYFS follow the EYFS Government Guidance for reporting accidents and injuries. Please refer to their local guidelines for further information.

All staff have access to a digital accident, incident and near miss form on our facilities management system. This can be accessed through the staff member's Firefly account. Completed accounts will notify the Campus Manager & Health & Safety Advisor and any relevant department head to the incident for further logging, follow-up or investigation.

The Campus Manager & Health and 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. The Duty Nurse is responsible for informing parents and guardians and the senior management team, where necessary, delegate this task to another staff member. In an emergency the member of staff in charge will decide how and when this information should be communicated, in consultation with the Head, 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 without delay. 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. The Head will be informed whenever an ambulance needs to come on site.

Pitch side Cover: Specialist paramedic and First Aid or in-house nurse cover is provided for Senior School contact 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:

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) The trip leader will receive electronic copies of any relevant health care plans following receipt of the trip pack. The trip leader is responsible for reading through the care plans and assessing for any additional risk accordingly. The trip leader should ensure that the care plans are shared amongst relevant staff and that all such documents are deleted electronically immediately post trip.
- (vi) updates or training on health conditions should be booked at the SHC.
- (vii) adequate First Aid supplies are requested and collected from the SHC including spare adrenaline auto injectors (AAI's) where required.
- (viii) 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.
- (ix) any First Aid items used, or any accident, injury or illness is reported to the SHC on return and accident recording forms are completed.
- (x) 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's Campus Manager & Health & Safety Advisor for further information.

New Pupil Induction

All new pupils and staff are told where to go for medical assistance during their induction.

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 17:00 Monday to Friday, 0900 to 13:30 on 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. Call the SHC (ext. 828) for emergency. 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. For further information please refer to the Care of the Unwell and Injured Boarder Procedure in Appendix 3.

Prep School pupils who are unwell may attend the SHC where the School Nurse will co-ordinate 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 over the counter remedies. However, SHC staff are unable to treat staff for ailments (over than first aid situations) or 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 of diarrhoea and vomiting.

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 UK Health Security Agency for advice and guidance in managing outbreaks. It is the responsibility of the Senior Nurse to inform the Head, 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 Head or his deputies to act in loco parentis in the event of an emergency,
- the Administration of First Aid and Medical Treatment, and for boarding students, consent for dental and ophthalmic treatment,
- the administration of remedial medication (Over the counter OTC medication Protocol is available on request from the SHC).
- 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 parents and with those who can advise on the particular needs of a child and may include specialist nurses, consultants and other healthcare professionals. IHCP's are reviewed by the SHC on an annual basis or 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. Appendix 4 shows examples of the IHCP and actions plans used to support the student in school.

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 staff in house for many specific medical conditions, and where necessary will organise additional training from healthcare specialists.

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

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. Should a boarding student need to see a doctor in the school holidays then they should register as a temporary resident.

The current School Medical Officer is: -

Dr Louise Dunn
Wellington Medical Centre
Mantle St,
Wellington
Somerset
TA21 8BD

Weekly clinics are held at the SHC on Wednesday morning. Outside of these times pupils can access medical care throughout the week from Wellington Medical Centre. 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, optometrists, private and NHS physiotherapy and other specialist services including sexual health services. Appointments for emergency and routine care are co-ordinated through the SHC with matrons responsible for making most appointments. All appointments are communicated back to the SHC and the most appropriate member of staff is chosen, in consultation with the pupil, to accompany him/her to the appointment. Usually this is the house matron however, for appointments that require medical expertise, a nurse will be the preferred person to accompany. Parents and guardians are informed of appointment outcomes and further instructions via email.

The SHC monitors the health and welfare of all boarders. All new boarders have a school medical in the Autumn term 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 sleep problems, emotional well-being, vaping and smoking, alcohol, drug misuse and sex education.

Boarders who arrive with existing long-term health needs attend an appointment at the SHC with the school nurse to ensure that the school has effective provision and understanding of their health care condition and needs. The SHC will share information with the School Medical Officer regards all medical conditions and both will work collaboratively with the pupil, parents and guardians to ensure that the pupil's medical and health needs are met. This may involve secondary referral to other medical specialists for advice and guidance. The pupil should only be managed by one medical team be that home or abroad, usually the management of existing

medical conditions will continue in the pupil's home country. Newly diagnosed conditions would be managed in the UK with appropriate referrals made for secondary care.

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. 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. For further information please see Appendix 3.

Confidentiality and Gillick Competence

The SHC nurses recognise and operate within the Nursing and Midwifery Council (NMC) The Code - Professional Standards and Behaviour. This code includes protecting confidentiality, rights, privacy and dignity. This includes protecting the rights of a pupil deemed to be 'Gillick Competent' to give or withhold consent for their own treatment without the need for parental permission or knowledge.

Gillick Competency:

The UK law states that people aged 16 or over are entitled to consent to their own treatment without their parent's/guardian's knowledge. This can only be overruled in exceptional circumstances, or if there is considerable evidence to suggest they cannot make a properly informed decision.

Children under the age of 16 can consent to their own treatment if they are believed to have enough intelligence, competence and understanding to fully appreciate what the treatment involves. This is known as "Gillick Competent" however we do encourage students to discuss with their parents the nature of the treatment, but we must also respect their decision to keep this confidential.

Fraser Competency:

The Fraser competency and guidelines apply specifically to advice and treatment about contraception and sexual health in young people. They may be used by a range of healthcare professionals working with under 16-year-olds if the child is deemed to have enough intelligence, competence and understanding to fully appreciate what the treatment involves.

Confidentiality:

As with all medical matters, confidentiality regarding medical information is strictly maintained. No medical information will be given to any other person, member of staff or parent/guardian without consent of your child unless there is a safeguarding, or best interest as indicated by the General Medical Council guidance. As with the issue of consent, we would always encourage your child to discuss this further with you and we will happily support them with this.

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

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. The Prep School inform the SHC of any medication that has been brought into school so that medication administered can be documented on iSAMS under the child's medical records.

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 to encourage pupils to take ownership of their medical condition and to foster independence.

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. 2 Adrenaline auto injectors must be available to the student at all times.

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 with consent from parents or legal guardians. Adrenaline Auto-Injector can be used on any student / staff who are displaying signs of anaphylaxis

Appendix 1

FIRST AID KITS

Areas of the school that hold First Aid Kits

Contents of kits will be checked on a 6-monthly basis (twice per academic year) by the health care assistant and nursing staff.

DEPARTMENT
ARC
Art/textiles
CDT
Drama/Great Hall
Library
Boarding Houses
Kitchen / Café / Prep kitchen / ARC / Van
Maintenance & Gardeners 1. Estates Greenacres 2. Grounds
Music
Outside areas/Pitches/Pavilion (Bulford, Gill, Pavilion, Astro turf, Tennis Hut)
Prep School
Reception
Science
Sixth Form Centre
PRSC 1. High Performance 2. Opposite reception 3. Upper level
Transport
Chapel
Hub
Laundry
Northside
Swimming Pool

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.

The Government and the Sport and Recreation Alliance published the UK Concussion Guidelines for Non-Elite (Grassroots) Sports April 2023 which will help players, coaches, parents, schools, National Governing Bodies and sports administrators to identify, manage and prevent head injuries and concussion. The guidance is intended to provide information on how to recognise concussion and on how it should be managed from the time of injury through to a safe return to education, work and playing sport. This information is intended for the general public and for individuals participating in all grassroots sports – primary school age and upwards - where Healthcare Professionals are typically not available onsite to manage concussed individuals.

<https://sramedia.s3.amazonaws.com/media/documents/9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf>

Wellington School also works in partnership with Return 2 Play, an online service led by head injury specialists to assess, diagnose and manage concussion in school aged children. All staff using this platform require training on concussion and how to refer the child to the

team for assessment. The online injury management system allows schools & clubs to document injuries, automatically communicate to parents and coaches, and track a player's recovery. The child is able to access the service as many times as needed over the 21 days process of returning to sports.

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. If any of the following 'red flags' are reported or observed, then the player should receive urgent medical assessment in (A&E) Department using emergency ambulance transfer if necessary:
 - Any loss of consciousness because of the injury
 - Deteriorating consciousness (more drowsy)
 - Amnesia (no memory) for events before or after the injury
 - Increasing confusion or irritability
 - Unusual behaviour change
 - Any new neurological deficit e.g. —Difficulties with understanding, speaking, reading or writing —Decreased sensation —Loss of balance —Weakness —Double vision
 - Seizure/convulsion or limb twitching or lying rigid/ motionless due to muscle spasm
 - Severe or increasing headache
 - Repeated vomiting
 - Severe neck pain
 - Any suspicion of a skull fracture (e.g. cut, bruise, swelling, severe pain at site of injury)
 - Previous history of brain surgery or bleeding disorder
 - Current 'blood-thinning' therapy
 - Current drug or alcohol intoxication

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.
5. If a pupil does not require treatment at A&E, the SHC team, sports coach, or anyone trained to refer to Return 2 Play are able to make the referral online. Parents must be informed of this process before the referral is made. If an incident occurred without a trained member of staff, the pupil must be sent to the SHC with an adult during the SHC opening hours for an assessment and for the referral to be made. Communication is important to inform the parents of the incident, advice on symptoms of concussion and when to access further medical support and the process of a consultation online with Return 2 Play.
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. The SHC team will monitor appointment and feedback from Return 2 Play to ensure that the pupil is following the guidance in participating activities throughout the school campus.
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 schoolwork 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

Return2 Play feedback will automatically be sent via email to the pupils' parents/legal guardians, boarding house parent, Head of Year, School Health Centre and Sports Department. SOCS will also update automatically to report that the pupil must not participate

in activities depending on the pupil's level of recovery. The SHC team will update iSAMS for the off-game's status.

9. The pupil's symptoms will be reassessed at day 14 following the incident by the Return 2 Play Specialist with further guidance on slowly reintroducing activities. At day 21, the pupil will have completed the 21-day protocol to return to full sports unless symptoms continue in which case the pupil will be offered further medical support by Return 2 Play.
10. 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.
11. All pupils must be cleared by Return 2 Play before they are able resume contact sports.

Away matches.

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

1. Pupils may have to be taken to hospital if they are displaying any red flag symptoms 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 Assessed by the Return 2 Play team for diagnosis and management of concussion 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.

Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 1	Relative rest period (24-48 hours)	Take it easy for the first 24-48 hours after a suspected concussion. It is best to minimise any activity to 10 to 15-minute slots. You may walk, read and do some easy daily activities provided that your concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	
	Return to normal daily activities outside of school or work.	<ul style="list-style-type: none"> • Increase mental activities through easy reading, limited television, games, and limited phone and computer use. • Gradually introduce school and work activities at home. • Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly. 	There may be some mild symptoms with activity, which is OK. If they become more than mildly exacerbated by the mental or physical activity in Stage 2, rest briefly until they subside.
Stage 2	Physical Activity (e.g. week 1)	<ul style="list-style-type: none"> • After the initial 24–48 hours of relative rest, gradually increase light physical activity. • Increase daily activities like moving around the house, simple chores and short walks. Briefly rest if these activities more than mildly increase symptoms. 	
	Increasing tolerance for thinking activities	<ul style="list-style-type: none"> • Once normal level of daily activities can be tolerated then explore adding in some home-based school or work-related activity, such as homework, longer periods of reading or paperwork in 20 to 30-minute blocks with a brief rest after each block. • Discuss with school or employer about returning part-time, time for rest or breaks, or doing limited hours each week from home 	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Light aerobic exercise (e.g. weeks 1 or 2)	<ul style="list-style-type: none"> • Walking or stationary cycling for 10–15 minutes. Start at an intensity where able to easily speak in short sentences. The duration and the intensity of the exercise can gradually be increased according to tolerance. • If symptoms more than mildly increase, or new symptoms appear, stop and briefly rest. Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptom exacerbation. • Brisk walks and low intensity, body weight resistance training are fine but no high intensity exercise or added weight resistance training. 	

Appendix 3 Care for an unwell or injured Boarder

1. The School provides effective emergency and on-going care arrangements and support for boarders who become ill or for those who are injured, as well as for those pupils with ongoing longer-term physical, emotional and mental health conditions. At times it may be necessary to care for boarders in separate accommodation, to prevent the spread of contagious illness, to protect other pupils or, if overnight nursing care and monitoring is required.
2. Separate accommodation with washing and toilet facilities is available in some boarding houses or in the School Health Centre (SHC). If a boarder needs to be admitted to the SHC, care will be provided by the on-call nurse or matron. If a pupil is unwell or injured in the boarding house then the duty house staff will oversee his or her care under the guidance and supervision of the SHC Duty Nurse; at times this may require a nurse to stay overnight in the boarding house.
3. In some cases, the boarder may be asked to stay with their guardians until they are well enough to return to School and, in such cases the SHC nurses will liaise with the pupil, guardians, and boarding house staff to facilitate necessary arrangements.

Out of hours and emergencies

1. Should the nature or timing of the injury or illness not enable the pupils to be seen at the SHC during opening hours the duty nurse should be immediately phoned for advice and triage. The Duty Nurse has a duty to attend on site if required.
2. If a pupil attends hospital or a Minor Injuries Unit for an emergency assessment at any time, then the Head of Boarding, parents and guardians and the Duty Nurse should, where possible, be informed prior to the visit and, in any event, as soon as possible thereafter.
3. In the event of an acute emergency or life-threatening injury (including serious suspected head injury), a member of staff must call 999 for an ambulance. This should be done before contacting the SHC or Duty Nurse, who should be contacted immediately afterwards.
4. In the event of the emergency services (999) being called, then the Head of Boarding, Duty Nurse and the Emergency Management Team contact must be informed immediately, including during night-time hours and weekends.
5. In the event of spillage of bodily fluids, any member of staff may call the Cleaning Manager. In the event of a chemical spill, the relevant COSHH assessment needs to be read and actioned

immediately. Please contact the School's Campus Manager & Health & Safety Advisor for further information.

Procedure for managing an Unwell or Injured Boarder

1. The House Matrons must inform the School Health Centre (SHC) each morning of pupils who are unable to attend lessons because of illness or injury.
2. House Matrons will mark the pupil as unwell on the school register using the designated code.
3. Boarders will be cared for in either the boarding house or the SHC.
4. All meals and refreshments will be provided for the unwell or injured boarder at their place of stay and will be organised by the designated person caring for the pupil.
5. If a boarder is not able to attend lessons due to illness for more than 1 day, the SHC will inform parents & guardians by either phone or e-mail; this will be recorded in the pupil's electronic medical records.
6. The school nurses will oversee all boarders who are unwell or injured. The school nurses may visit pupils in their respective houses for assessment or assess pupils at the SHC. Once assessed they will liaise regularly with House Matrons on the provision of care and welfare of those pupils until they return to school.
7. The school nurses will ensure that unwell pupils receive an appropriate level of medical care and medication to ensure comfort and wellbeing, and will liaise with school doctors, the local Surgery or other health care providers to seek medical triage or appointments where necessary.
8. At times it may be necessary to seek further advice from 111 about a condition, injury, or medication, or an out of hours medical appointment may be required. This task may be delegated to house staff caring for a pupil, this is the most practicable solution owing to long call back wait times and the 111-phone call service preference to speak directly with the pupil. Any information or appointment generated from this phone call service should be relayed back to the Duty Nurse via a phone call and parents/guardians informed.
9. In the event of a contagious illness, boarding pupils will be isolated away from other pupils in separate accommodation. Furthermore, consideration should be given to whether boarding pupils may prefer to be cared for at home or by their guardian and if so, whether this is practicable and suitable arrangements can be made.

10. In the event of contagious illness any return to shared accommodation or School will be guided by advice and timeframes given by The UK Health Security Agency. The school nurse will liaise with parents or guardians regarding an appropriate timeframe for return to school. Pupils should return to school after adhering to any advice given and when they are well enough to resume lessons.
11. Diarrhoea and vomiting episodes should be discussed with the school nurse prior to isolating a boarder in separate accommodation. As a general rule, and according to the UK Health Security Agency, those who have vomited more than twice and/or who have had 3 or more bouts of diarrhoea should be considered infectious until 48 hours after the last episode. Those boarders suspected of having contagious diarrhoea and/or vomiting should be cared for in separate accommodation away from other pupils. However, there may be exceptions to this rule and the decision to isolate a pupil with diarrhoea and/or vomiting, lies within the clinical judgement of the SHC Duty Nurse and is assessed on a case-by-case basis.
12. In the event of a serious illness or injury that requires admission to hospital or secondary care, parents, guardians, the Head of Boarding, and the duty nurse should be informed promptly. Following a serious illness or injury, boarders should only return to school on the advice and guidance of their consultant or doctor overseeing their care. Along with a consultation with Return 2 Play or the School Medical Officer will also need to deem the boarder fit to return to school and/or boarding and will be provided with any relevant medical information prior to the boarder's return in order to make an informed assessment. Prior to returning boarders should be deemed well enough to attend some lessons and to be involved in boarding life. The School may deem it necessary to carry out a separate risk assessment to assess the suitability of the environment and the pupil's needs prior to an individual returning to boarding from a serious illness or injury.
13. The School Medical Officer should be informed by the school nurse of all serious injuries and illness.
14. Parents and guardians should inform the SHC if a pupil has been unwell, injured admitted to hospital or undergone medical treatment in the school holidays.
15. Boarders who have chronic conditions including asthma, diabetes, epilepsy, or those boarders who have been prescribed regular medication for diagnosed conditions such as ADHD will have a care plan that will be written and reviewed by the SHC nurses and shared with appropriate members of house staff, parents, and the pupil. The purpose of the care plan is to inform house staff of the condition and give guidance on how to manage the condition and any associated medication.

16. All medication stored in house should be locked away in the House medicine cupboard or in the Controlled Drug cupboard. The exceptions to this rule are Adrenaline Auto Injectors, asthma inhalers and diabetic medication and equipment which must be always readily available in an unlocked location.
17. If a pupil either arrives in school or returns to school with ANY medication or supplements the SHC must be informed immediately, and the pupil and medicine should be sent to the SHC for assessment. All prescribed medication should be labelled with the name of the pupil, name of the medication, dose & duration of treatment. This will be recorded in the pupil's electronic medical record by a member of the SHC team.
18. ALL medication dispensed to pupils in the boarding houses or by the SHC must be electronically recorded on to the medication component of ISAMS, stating the date, time of administration, pupil's name, the dose given and reason. If a pupil refuses to take a prescribed medication or a dose is missed, for whatever reason, the SHC must be informed.
19. All staff administering medication to boarding pupils must undergo formal medications training that is regularly updated and is required to have read and understood the Administration of Medicines Policy and the Controlled Drugs Standard Operating Procedure. If further training is required then this can be provided by the SHC.
20. If a medication error occurs then the Duty Nurse must be contacted and informed immediately. It may be necessary to seek the advice of a doctor or call 111 following a drug error. A significant event form provided by the SHC should be completed and a copy sent to the school's health and safety team.
21. Pupils may only self-administer medication with the prior consent of the SHC. If agreed, the appropriate self-medication risk assessment form will be completed and signed by the SHC nurse and the pupil. All self-administered medicine should be stored in the pupil's own locked cupboard.
22. All medication held in the House medicine cupboards and self-administered medication, prescribed or otherwise, must be accounted for. Any surplus medication that is no longer required should be returned to the SHC for safe disposal.
23. If a pupil returns home with medication, other than their usual medication, then the SHC will inform the parents or guardians via email stating the date started, when the last dose should be, times and route of administration, the dose given and reason.

Guidance on making healthcare appointments and accompanying boarders to hospital or healthcare appointments.

1. Boarders may need to attend hospital or minor injuries units for emergency care for illness or injury, or they may need to access routine medical, dental, or ophthalmic appointments or secondary care referral appointments for new and ongoing medical issues.
2. Routine dental and ophthalmic appointments are made by the House Matron at a time convenient to the matron and pupil. The SHC should always be informed of the appointment, which should be recorded in the SHC diary. Consent from parents to arrange the appointment will be sought as these appointments will incur a charge to the student/parent
3. Medical referral appointments are made by the relevant hospital department or where House Matrons make 'choose and book' appointments and the SHC should always be informed of the appointment details.
4. Occasionally, the complexity of a medical problem dictates that a person with a medical background escorts the pupil and attends the appointment. In this instance, and where it is required, a school nurse will accompany the pupil. The pupil may choose who escorts them and the nurse will report any findings back to any relevant parties.
5. All pupils who attend hospital or other healthcare appointments should be escorted to the venue by a member of staff employed by the School. With agreement with both the SHC and the boarding house parents, students aged 16years+ can attend appointments in Wellington Town Centre i.e. Wellington Medical Centre as long as they are deemed competent to attend the appointment and are able to communicate effectively with the medical practitioner and provide effective feedback to the SHC. This must always be agreed by the SHC. Boarders attending hospital in an emergency including for 999 calls are usually escorted there by the duty matron. If the duty matron is already attending hospital, then another House Matron or boarding staff member attends. The Duty Nurse does not usually escort pupils because they are on call for the whole school and may need to be deployed elsewhere in the School.
6. A member of staff must remain with the pupil until such time as the accompanying staff member has been released by a parent or guardian or that their departure has been sanctioned by the Senior Team.
7. Please ensure prior to the appointment that you have your school ID badge, a phone with relevant contact numbers (plus charger), money for parking, the address of the appointment and any accompanying instructions/correspondence with you. The SHC will provide you with any relevant medical history or medication information prior to the appointment, if available.
8. At the appointment you must identify yourself as a representative of the School and not a parent/guardian.

9. A pupil has the right to privacy and medical confidentiality and may decide if the person escorting them goes into the actual appointment.
10. Pupils who require ongoing medical care and intervention, whether short term or long term, are consulted by the School Medical Officer or Duty Nurse and encouraged and supported to take ownership of their condition and any necessary interventions. House matrons and boarding staff oversee the daily activities of the pupil and will liaise with the pupil and the SHC nurses to ensure that the pupil is supported to follow any required medical instructions and to attend any medical follow up appointments locally or externally (including in the pupil's home country).

Emergency Visits

1. For the emergency care of a boarding pupil, members of staff should follow points stated in the Out of Hours and Emergencies as listed above as well as the procedures laid out in the School's First Aid and Medical Provision Policy, specifically in the section 'Procedures in the Event of Accident of Injury'.
2. If a pupil should need acute or emergency hospital care then this will be organised immediately by the school nurses either through the school doctor or directly with the matrons or boarding house staff on site. If the situation is a life-threatening emergency, then an ambulance must be called without delay.
3. If a boarder attends hospital as an emergency, then house staff must inform any relevant parties including parents or guardians, Head of Boarding, the duty nurse and where necessary the Head.
4. On returning to school the accompanying member of staff should report back to the SHC with an update and if the return is outside of opening hours, then the Duty Nurse should be updated. This may be by email.
5. If the pupil attended the appointment alone then the staff escort should ask the pupil to come to the SHC following the appointment to relay any information.
6. Parents and/or Guardians should have already been informed of the hospital visit. Escorting staff should liaise with the Head of Boarding and Duty Nurse as to who should provide updates to parents and guardians.
7. Boarding pupils who have sustained a head injury may need to attend hospital.

If a head injury has occurred staff should contact the Duty Nurse for further medical advice and advice on how best to get the pupil to hospital. Details are listed below of who is likely to need further medical assessment:

Suspected Concussion

If a pupil displays any of the following symptoms, then seek medical advice

- Headache
- Dizziness
- Nausea
- Appears slowed down or not quite right.
- Confused
- Drowsy
- Blurred or altered vision.

Serious Head Injury

If a pupil displays any of the following symptoms following a head injury, then they must attend hospital immediately

- Becomes confused or unaware of their surroundings.
- Loses consciousness, becomes drowsy or is difficult to wake.
- Develops difficulty speaking or understanding what you are saying.
- Develops problems with their eyesight.
- Has clear fluid coming out of their nose or ears.
- Amnesia (no memory) for events before or after the injury
- Increasing confusion or irritability
- Unusual behaviour change
- Any new neurological deficit e.g. difficulties with understanding, speaking, reading or writing, decreased sensation, loss of balance, weakness, double vision,
- Seizure/convulsion or limb twitching or lying rigid/motionless due to muscle spasm.
- Severe or increasing headache.
- Repeated vomiting
- Severe neck pain
- Any suspicion of a skull fracture (e.g. cut, bruise, swelling, severe pain at site of injury)
- Previous history of brain surgery or bleeding disorder
- Current “blood-thinning” therapy
- Current drug or alcohol intoxication

OR

If the head injury is significant enough to warrant assessment at the emergency department but an ambulance is not required, the matron on duty or another designated member of staff must attend the emergency department with the child.

Appendix 4. Documents used to support students with Chronic Medical Conditions

Individual Health Care Plans

a) IHCP

Initial Medical Care Plan Creation Date		Review Date	
Personal Information			
Name			
Date of Birth		Year Group	
Medical Condition(s) Please include when the condition was diagnosed and a brief description of the condition.			

Medication				
Medical Condition	Name of Medication	Dose	When is it Given	How is it Given

Emergency Care Plan	
What is considered an emergency situation?	
What are the signs and symptoms?	
What are the triggers for the condition? e.g. allergens,	
What action must be taken (including parental contact and responsible adult)	

Daily care/monitoring requirements (including break times and after school)

Impact of condition on learning including any physical or sporting constraints caused by the condition(s)

Instructions for School Nurses, Boarding Staff or Teachers

Additional information – e.g. other Health Care Professionals involved Please attach any further supporting information e.g. hospital / doctor’s letters when replying to the email

Please complete the following consents.

Anaphylaxis	
If your child has anaphylaxis and has been prescribed an EpiPen, please indicate if you give consent for them to be administered the emergency EpiPen should their EpiPen be unavailable.	
I consent for my child to be administered the emergency Auto Adrenalin Injector held in school.	..
I do not consent for my child to be administered the emergency Auto Adrenaline Injector held in school.	..

Asthma	
If your child has asthma/has been prescribed an inhaler, please indicate if you give consent for them to be administered the emergency inhaler should their inhaler be unavailable.	
I consent for my child to be administered the emergency salbutamol inhaler held in school should their inhaler be unavailable.	..
I do not consent for my child to be administered the emergency salbutamol inhaler held in school.	..

It is the parent/guardian’s responsibility to inform the school of any changes to any part of this medical plan and to pass copies of any new medical advice from health care professionals.

Parent/Guardian Signature		Staff Signature	
Print Name		Print Name	
Date		Date	

b) IHCP – Allergies

Initial Medical Care Plan Creation Date	Review Date

Personal Information			
Name			
Address		Contact Number for Parents / Guardian	
Date of Birth		Year Group	
GP Surgery Address			

What is the cause of your son/daughter’s allergy?
When was your son/daughter diagnosed with an allergy
What symptoms has your child ever shown when suffering from an allergic reaction? Please give as much information as possible

Medication			
Name of Medication	Dose	When is it Given	How is it Given

Emergency Medication

Has your child been prescribed an Adrenaline Auto-Injector i.e. EpiPen? Yes
No

Does your child require access to antihistamines to treat their allergy symptoms? Yes
No

Please provide any further information on medication that you child requires to manage their allergies:

Has your son/daughter ever required emergency admission to A&E / admission to hospital for their allergies?

Does your child's allergy have any impact on their learning including any physical or sporting constraints

Is there anything your son/daughter need to do in their day-to-day life to help manage their allergies and their safety

Treatment for an Allergic reaction

If your child experiences an allergic reaction whilst at school or on school trips, we will provide the following care and treatment:




- We will follow advice on your son/daughter individual health care plan to determine how they are usually managed for their allergy i.e. use of antihistamines or the use of an Adrenaline Auto-Injector (EpiPen) and the symptoms that they usually develop
- Your son/daughter will be continuously monitored to observe for any signs of anaphylaxis as below

● Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY <ul style="list-style-type: none">• Persistent cough• Hoarse voice• Difficulty swallowing• Swollen tongue	B BREATHING <ul style="list-style-type: none">• Difficult or noisy breathing• Wheeze or persistent cough	C CONSCIOUSNESS <ul style="list-style-type: none">• Persistent dizziness• Pale or floppy• Suddenly sleepy• Collapse/unconscious
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IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
  
- 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®)
- 3 Dial 999** for ambulance and say ANAPHYLAXIS ('ANA-FIL-AX-IS')
***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

- If your son/daughter displays any symptoms of an anaphylaxis reaction, we will administer an Adrenaline Auto Injector immediately. If your child is not currently an Adrenaline Auto-Injector carrier and we suspect any symptoms of anaphylaxis, an ambulance will be called and permission from the ambulance will be sought to allow us to administer adrenaline under their guidance.
- An ambulance will always be called when a student is displaying symptoms of an anaphylaxis reaction. If the symptoms have not eased after 5 minutes, the 2nd Adrenaline Auto-Injector will be administered.
- The school will make contact with parents/guardians in the event of your child experiencing any form of allergic reaction.

Advice for School Staff in managing an anaphylaxis reaction:

1. If the student has any symptoms of anaphylaxis, do not encourage them to move around. You should lie the student flat with their legs raised. If the student is struggling to breathe, they can be propped up, but this should be for as short a time as possible.



You must avoid any sudden change in posture to the student. You must not stand them up, or sit in a chair, even if they are feeling better. This could lower their blood pressure drastically.

2. As soon as you suspect anaphylaxis you must use one of the student's adrenaline auto-injectors (AAI) without delay.

The AAI should be given into the muscle in their outer thigh. It can be given through clothes if necessary, avoiding bulky pockets or seams. Specific instructions vary by brand – always follow the instructions on the device.



Note the time that the first Adrenaline Auto-Injector was administered so you can inform the ambulance crew and be aware if a second Adrenaline Auto-Injector is required after 5 minutes. Wait for the ambulance arrives before you move the child.

Additional Information for School Nurses, Boarding Staff or Teachers

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Additional information – e.g. other Health Care Professionals involved

Please attach any further supporting information e.g. hospital / doctor's letters when replying to the email

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For Students who are prescribed an Adrenaline Auto-Injector:

To comply with the Allergy and Anaphylaxis Policy, Wellington School Health would like to request additional information about your child's Adrenaline Auto-Injector Pen.

Name of Adrenaline Auto-Injector	
Dose of Adrenaline Auto-Injector	
Expiry Date of Adrenaline Auto Injector	

I understand that it is our responsibility as parents/guardian that our son/daughter comes into school every day with two Adrenaline Auto-Injectors and they must remain with them throughout the school day. Before your son/daughter leaves the school to attend a school trip/sports fixture, the trip leader will always check that your son/daughter has two Adrenaline Auto-Injectors with them. Unfortunately, if your child does not have their Adrenaline Auto Injectors, they are not allowed to attend the school trip / sports fixture.

Yes, I understand the school's guidance of managing Adrenaline Auto-Injectors for students

Anaphylaxis	
If your child has anaphylaxis and has been prescribed an EpiPen, please indicate if you give consent for them to be administered the emergency EpiPen should their EpiPen be unavailable.	
I consent for my child to be administered the emergency Auto Adrenalin Injector held in school.	..
I do not consent for my child to be administered the emergency Auto Adrenaline Injector held in school.	..

It is the parent/guardian's responsibility to inform the school of any changes to any part of this medical plan and to pass copies of any new medical advice from health care professionals.

Parent/Guardian Signature		Nurse Signature	
Print Name		Print Name	
Date		Date	

Please contact the School Health Centre if you would like to discuss any aspect of your child's allergy management

c) IHCP - Asthma

Initial Medical Care Plan Creation Date	Review Date

Personal Information			
Name			
Address		Contact Number for Parents / Guardian	
Date of Birth		Year Group	

When was your son/daughter diagnosed with Asthma	
GP Surgery Address	
Date of last asthma review	
Known triggers which exacerbates asthma symptoms:	
Personal Best Peak Flow Reading	
Has your son/daughter ever required hospital admission for their asthma?	

Children present with different asthmatic symptoms – to ensure we can identify when your child is experiencing difficulties with their asthma, please can you describe their main symptoms i.e. increased coughing, wheezy etc.

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Medication			
Name of Medication	Dose	When is it Given	How is it Given

Daily Asthma Routine
<p>The preventer inhaler is taken:</p> <ul style="list-style-type: none">• Every morning: puff(s)• Every evening: puff(s) <p>The reliever inhaler is used if these symptoms develop</p> <p>Other medicines and devices (e.g. spacers) your son/daughter uses for their asthma every day:</p>

Does your child's diagnosis of asthma have any impact on their learning including any physical or sporting constraints

Treatment for an Asthma Attack

If your child develops symptoms of an asthma attack whilst at school or on school trips, we will provide the following care and treatment:

Signs your child is having an asthma attack:

- The reliever inhaler is not helping their symptoms, or your child needs to use their inhaler more than every four hours
- Your child finds it difficult to walk or talk
- Your child finds it difficult to breathe
- Your child is wheezing a lot or will have a very tight chest or coughing a lot

Treatment Using Salbutamol Inhalers:

1. Sit the child up straight – try to keep calm
2. Take one puff of the reliever inhaler via a spacer (if available) every 30-60 seconds, up to a maximum of 10 puffs.
 - For each puff using a spacer, breathe in and out slowly and steadily for 5 breathes.
3. Call 999 if the child is not improving after 10 puffs or feels worse at any point
4. Repeat step 2 after 15 minutes whilst waiting for the ambulance.

Please be aware that the child may appear shaky and develops a fast heart rate as a side effect of the Salbutamol inhaler.

Treatment Using SMART/MART Inhalers

1. Sit the child up straight – try to keep calm
2. Take one puff of the MART inhaler every 1 to 3 minutes up to six puffs.
3. If the child feels worse at any point or they don't feel better after six puffs call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and the symptoms are not improving, repeat step 2.
5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

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Additional Information for School Nurses, Boarding Staff or Teachers

Additional information – e.g. other Health Care Professionals involved Please attach any further supporting information e.g. hospital / doctor’s letters when replying to the email

Parental Asthma Consent Form

Emergency Use of Salbutamol Inhaler

As part of the national guidelines for managing asthma in a school environment, we require parental consent to administer Salbutamol inhaler to your child in the event of your child experiencing an asthma attack, both in the school environment and during school trips. Each trip leader will hold a first aid kit which includes an emergency inhaler and spacer for known asthmatics.

- Please may you check and confirm that all the details are provided and up to date to ensure we have your child’s medical records up to date.
- I can confirm that my child has been prescribed a Salbutamol Inhaler/ MART inhaler (reliever) by our GP
- My child will bring an inhaler into school every day which is clearly labelled with their name and is in date

In the event of my child displaying symptoms of an asthma attack, I consent for my child to receive Salbutamol from an emergency inhaler held by the school, should their own inhaler be unavailable. For children who are usually on SMART/MART inhalers, the school will use a Salbutamol in replacement of this. Please inform us if there are any reasons why this may cause a problem with your child’s treatment

Please ensure that your son/daughter always has their inhalers on them during the school day. For school trips/sports fixtures, the trip leader will always check that your child has their inhaler with them before they leave the school. If your son/daughter does not bring in their inhaler they will unfortunately not be allowed to attend the school trip / sports fixture

It is the parent/guardian's responsibility to inform the school of any changes to any part of this medical plan and to pass copies of any new medical advice from health care professionals.

Parent/Guardian Signature		School Nurse Signature	
Print Name		Print Name	
Date		Date	

Please contact the School Health Centre if you would like to discuss any aspect of your child's asthma care

d) IHCP - Diabetes

Initial Medical Care Plan Creation Date	Review Date

Personal Information			
Name			
Address		Contact Number for Parents / Guardian	
Date of Birth		Year Group	

Diabetes Diagnosis	
Has your child been diagnosed with:	
<input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 Diabetes	
When was your son/daughter diagnosed with Diabetes	
GP Surgery Address	

Diabetes Team Contact Details	Diabetes Specialist Nurse: Hospital: Contact Details – Phone: Email:
Date of last diabetes review	
Apart from the initial diagnosis, has your son/daughter ever required hospital admission for their diabetes?	
Closed Loop System Information	
Name of Sensor: Manufacturer: Location of Sensor on the body, i.e. arm:	
Name of Pump: Manufacturer: Location of pump on the body: Insulin used in the Pump:	
How often does the sensor need to be changed?	
How often does the infusion set need to be changed?	
What is your son/daughter’s target range?	
Target Alerts: At what level will your son/daughter be alert for decreasing or increasing blood glucose levels?	Decreasing Blood Glucose Levels: Increasing Blood Glucose Levels:
Does your son/daughter’s diabetes pump have sports mode option?	

Is your son/daughter competent and confident at applying a new sensor if their current one needs replacing in school?	
---	--

Medication				
Name of Medication	Basal/Bolus Insulin	Dose	When is it Given	How is it Given

Daily Management of Diabetes	
<p>What is your son/daughter's carbohydrate to insulin ratio?</p> <p>Breakfast:</p> <p>Lunch:</p> <p>Dinner:</p>	
Recommended total amount of insulin per day	
How many minutes does your son/daughter need to receive insulin via their pump before their meal?	
What blood glucose reading should your son/daughter have before they can participate in sporting activities such as a rugby match?	
How often should your son/daughter check their blood glucose levels?	
<p>Is your son/daughter competent at calculating their carbohydrates whilst in school or on school trips.</p> <p><i>Please advise if they require additional support</i></p>	

Emergency Management of Diabetes – Information for School Staff
HYPOGLYCAEMIA
Does your son/daughter have any unusual triggers that can cause them to experience hypoglycaemia?

Hypoglycaemia occurs when blood glucose levels drop to 5.6mmols or below.

Symptoms of Hypoglycaemia include:

- feeling hungry
- feeling dizzy
- feeling anxious or irritable
- sweating
- shaking
- tingling lips
- heart palpitations
- feeling tired or weak
- changes in your vision such as blurred vision
- feeling confused

If the student has severe low blood sugar he may:

- *have a seizure or fit*
- *become unconscious*

Common triggers of low blood sugar in people with diabetes include:

- missing meals or snacks
- insufficient carbohydrate intake,
- excessive exercise
- alcohol consumption.
- Taking too much insulin or diabetes medication and/ or injecting insulin in the same place too often,

Management of Hypoglycaemia:

We recommend that the student receives 15 g of carbohydrates to eat or drink to treat hypoglycaemia. This can be done in the form of one of the following measures:

- 160ml (half 330ml can) Coke/Pepsi
- 200mls Fruit Juice
- 4-5 Jelly Babies
- 6 Fruit Pastilles
- 1 and half tubes of Glucagon

The student should then not do any strenuous activities until their blood sugar level has returned to normal.

If the blood sugar level is below 3.0 mmol/L, or if the student shows physical signs or symptoms of hypoglycaemia, immediate action is required. We will treat your son/daughter on the spot.

Continue to monitor blood glucose every 15 mins until blood glucose has increased. If the blood glucose level is below 5.6mmol/L, repeat steps 1 and 2 until blood glucose level is greater than 5.6mmol/L. Long-acting carbohydrate is not recommended in addition to fast acting rescue treatment.

If the blood glucose level is 5.6mmol/L or more no further action unless:

- the student is about to sport/physical activity – have an extra 15-20g carbohydrate snack before activity.
- If you or the student are concerned the blood glucose level may drop again because the hypo was caused by too much insulin.

If the student experiences a hypoglycaemia episode in school, the School Health Centre should be contacted and we will also inform you that your son/daughter has experienced a hypoglycaemia episode during the day.

HYPERGLYCAEMIA

Does your son/daughter have any unusual triggers that can cause them to experience hyperglycaemia?

Hyperglycaemia occurs when blood glucose levels are too high: above 13.9mmols.

Common symptoms include:

- feeling very thirsty
- peeing a lot
- feeling weak or tired
- blurred vision
- losing weight

Common triggers of high blood sugar in people with diabetes include:

- being unwell
- feeling stressed
- eating too much sugary or starchy food
- being less active than usual
- missing doses of diabetes medicine

Blood Ketone Monitoring

Ketones are produced when the body is not getting enough food (glucose) or is not able to use the glucose due to a lack of insulin. The presence of ketones can lead to a potentially fatal condition called Diabetic Ketoacidosis (DKA).

If the student's blood glucose level rises above 14mmol/L, their pump should give them a correction dose of insulin. The student should also test for ketones using a glucometer. If ketones are above 0.6, the school nurse should be called for advice.

- The student will need free access to the toilet, plenty of sugar free fluids and should be given a bolus dose of insulin if required.
- The student's Diabetes Management chart should be followed and restrictions to exercise may apply.

It's important that your son/daughter always carries a back-up diabetes kit with them, despite using a hybrid closed loop system. This includes:

- Rapid Acting Glucose Tablets
- Blood Glucose Monitoring supplies
- Urine and blood ketone monitoring supplies
- Extra infusion set and reservoir
- Spare batteries
- Insulin syringe and rapid acting insulin
- Adhesive dressing
- Glucagon

A Blood Glucose meter reading is required in the following situations: –

- Before a correction bolus is given in Manual mode.
- The SG reading is lower than expected.
- The SG reading is higher than expected.

- Suspected hypoglycaemia or symptoms of hypoglycaemia.
- Suspected hyperglycaemia or symptoms of hyperglycaemia.
- Suspected diabetic ketoacidosis or symptoms of diabetic ketoacidosis.

Does your child's diabetes diagnosis have any impact on their learning including any physical or sporting constraints

Additional Information for School Nurses, Boarding Staff or Teachers

Diabetes Spare Kit to be held in the School Health Centre

Please confirm that you are able to supply a full set of your son/daughter's diabetes kit which will be held at the School Health Centre. This would include:

- Rapid Acting Glucose Tablets
- Blood Glucose Monitoring supplies
- Urine and blood ketone monitoring supplies
- Extra infusion set and reservoir
- Spare batteries
- Insulin syringe and rapid acting insulin (can be stored in the School Health Centre's medical fridge)
- Adhesive dressing
- Glucagon

I confirm that I am able to provide a full set of my son/daughter's diabetes management kit	..
I am unable to provide a full set of my son/diabetes management kit and I have contacted the School Health Centre to discuss this further	..

It is the parent/guardian's responsibility to inform the school of any changes to any part of this medical plan and to pass copies of any new medical advice from health care professionals.

Parent/Guardian Signature		Staff Signature	
Print Name		Print Name	
Date		Date	

IHCP - Epilepsy

Initial Medical Care Plan Creation Date	Review Date

Personal Information			
Name			
Address		Contact Number for Parents / Guardian	
Date of Birth		Year Group	

When was your son/daughter diagnosed with epilepsy	
What type of epilepsy or epilepsy syndrome does your son/daughter have?	
GP Surgery Address	
Date of last epilepsy review	

Known triggers which may cause an epilepsy seizure	
Is your son/daughter epilepsy considered controlled?	

Children present with different characteristics to their seizures. Please may you provide further information on what does a typical seizure look like for your son/daughter, how long it normally lasts and how long your son/daughter usually take to recover once it has finished.

Medication				
Name of Medication	Dose	When is it Given	How is it Given	Side Effects
Emergency Medication				

Does your child's diagnosis of epilepsy have any impact on their learning including any physical or sporting constraints

Is there anything your son/daughter need to do in their day-to-day life to help manage their epilepsy and their safety

Treatment for an Epileptic Seizure

If your child experiences an epileptic seizure whilst at school or on school trips, we will provide the following care and treatment:

- Protect your child from injury and making sure the surrounding environment is safe
- Cushion your child's head
- Time how long the seizure lasts
- Once the seizure has stopped, we will place your child in the recovery position
- Stay with your son/daughter until they are fully recovered, providing lots of reassurance
- Contact parents/guardians to inform you of your son/daughter seizure

We will need to call for ambulance if your son/daughter:

- Is experiencing a seizure lasting for more than 5 minutes
- Is experiencing another tonic-clonic seizure after another without gaining consciousness between seizures
- Has sustained an injury during their seizure
- Having difficulties breathing during their seizure or after their seizure has stopped

Parents will be contacted in the event that your son/daughter has experienced a seizure

Additional Information for School Nurses, Boarding Staff or Teachers

Additional information – e.g. other Health Care Professionals involved

Please attach any further supporting information e.g. hospital / doctor's letters when replying to the email

Epilepsy Consultant:

Hospital:.....

Contact Details:.....

Epilepsy Specialist Nurse:

Hospital:.....

Contact Details:.....

It is the parent/guardian's responsibility to inform the school of any changes to any part of this medical plan and to pass copies of any new medical advice from health care professionals.

Parent/Guardian Signature		Nurse Signature	
Print Name		Print Name	
Date		Date	

Please contact the School Health Centre if you would like to discuss any aspect of your child's epilepsy care

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(if vomited, can repeat dose)

- Phone parent/emergency contact

● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- | | | |
|---|---|--|
| A AIRWAY <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | B BREATHING <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | C CONSCIOUSNESS <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious |
|---|---|--|

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)



- 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: mg)

- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")**

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

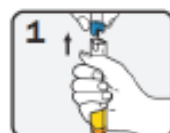
Signed:

Print name:

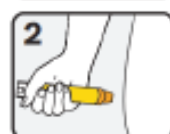
Date:

For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit: sparepensinschools.uk

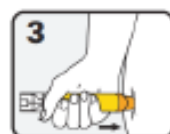
How to give EpiPen®



1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: 'blue to sky, orange to the thigh'



2 Hold leg still and PLACE ORANGE END against mid-outer thigh 'with or without clothing'



3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Signature:

sign & print name:

Hospital/Clinic:

Date: