

FIRST AID AND MEDICAL PROVISION POLICY

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

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Website	Yes

Wellington School strives to provide a safe environment for pupils, employees and visitors to the School. Wellington School endeavours to adopt a holistic approach to each individual embracing his or her social, physical and mental needs.

The School undertakes to promote good Health and Safety procedures commensurate with modern practice and advice within the context of a school and activities where there will be necessarily an element of risk.

First Aid and medical provision is made according to an assessment of the risk of each situation (classroom, playing fields, extra-curricular activities, trips, science laboratories etc.) and will be reviewed and altered as far as is reasonably possible according to changes in information and the medical needs of pupils and employees.

First Aid Provision

The School Health Centre (SHC) has 4 trained nurses who provide cover in the SHC for 10 hours (08.00 – 18.00) during Monday to Saturday and on call on Sunday. The remainder of the week is covered by an on-call system. A rota is circulated to all boarding houses, senior personnel and the common room.

Each boarding house has resident matrons and house staff who are First Aid trained and a current register is maintained in the SHC.

Other members of staff are first aid trained appropriate to the qualifications required for the activity or area of the School for which they are responsible.

For the Early Years Foundation Stage, at least one person with a current paediatric first aid certificate will be on the premises at all times when children are present, and at least one person with a current paediatric certificate will accompany any outing.

A list of those who have been trained in First Aid is available from the SHC. No member of staff is a qualified paramedic and therefore all serious incidents will be referred to the SHC staff and if required pupils will be accompanied to hospital (Appendix 1) or if appropriate, an ambulance called.

First Aid Training

First Aid training is available to all members of staff, who are updated every 3 years. The course, run by one of the nurses from SHC, covers basic first aid training; F.A.W. (First Aid at Work) certificate, Emergency First Aid at Work, Sports Injuries First Aid, Paediatric First Aid and ITC Outdoor First Aid.

Early Years and Key Stage 1 teaching staff at Wellington Prep School are trained in Paediatric First Aid to Level 3. Key Stage 2 have the option of being Paediatric or First Aid at Work trained.

All staff involved with external activities such as CCF and Duke of Edinburgh are required to have an up to date First Aid certificate. All CCF Cadets will undertake basic First Aid training as a syllabus requirement, and it is offered to those involved in the Duke of Edinburgh Award Scheme. Those involved in DofE expeditions must undertake the appropriate First Aid and emergency procedures as part of the expedition training. It is advisable that on all school trips the pupils are aware that there is a designated First Aider.

A list of those who have been trained in First Aid, including maintenance employees, is available from the SHC.

First Aid Equipment

The SHC is equipped to deal with first aid emergencies and placed round the School are basic first aid boxes, which all staff should be aware of through their First Aid training.

Portable kits are available for boarding activities, sporting and CCF events that occur off site. The SHC or the CCF provides these.

First Aid boxes in the boarding houses hold school and personal prescription medication. The house staff must follow the set procedure for administering and recording of these medications. This procedure is outlined in the Medication Book in all houses and in the Administration of Medicines Policy (Appendix 2).

All First Aid boxes and kits are maintained and stocked by the SHC.

The School has an Automated External Defibrillator (AED), which is kept by the front entrance of The Princess Royal Sports Centre and is checked and maintained regularly by the SHC.

Sports

All sports within the School have the assistance of the SHC. In addition to this there is regular pitch side cover for all senior school rugby matches currently provided by either a nurse from the SHC, Paramedic and First Aider as appropriate and depending on the number of matches being played at any given time:

One game on one site: one nurse, paramedic or first aider.

Two games on one site: one nurse, paramedic or first aider.

Three games on one site: one nurse or paramedic plus first aider.

A First Aid trained member of staff is in attendance for Prep School matches.

For all away matches there will be a first aider accompanying the teams with a basic first aid kit. Those accompanying senior teams to away matches have the right to withdraw teams if they feel that the provision of first aid cover at the host venue is not adequate.

All staff supervising swimming events are first aid trained and have an additional lifeguard qualification.

Any pupils visiting from other schools injured or ill will be seen by the SHC staff and treated appropriately.

As 'away' matches are confirmed, Wellington Prep School requires confirmation that comparable First Aid provision is present.

Contacts

If a pupil suffers from an illness or accident, when appropriate, attempts will be made to contact next-of-kin, but if it is deemed that emergency action is required, the

School undertakes to refer the patient to the appropriate professionals without prior consent.

It is imperative that all contact numbers are kept up-to-date in the school office and within the boarding houses.

Provision and Administration for Medicines in the Senior School

The Wellington School Administration of Medicines policy can be found in full in Appendix 2.

Due to prescribing restrictions in schools it is necessary for all medication, prescribed or over-the-counter to be handed into the SHC, this includes antibiotics, etc. They should be clearly labelled with the pupil's name, name of medication dose and timing.

For all day pupils under the age of 16, all other medication, including over-the-counter medication should be handed into the SHC for safekeeping and administration.

New and returning boarding pupils should give medications, both prescription and over the counter drugs, to house staff. Prescription medications may only be given to the pupil for whom they are prescribed. All medication administered in School by either SHC or House Staff must be recorded in the blue Medical Book kept in the House First Aid cupboard. House staff must inform the SHC of any medication given and vice versa. Provision is made for boarders to self-administer medication if agreed with the SHC. Such medication must be safely stored in a locked drawer or cupboard and the SHC staff must be satisfied that the individual understands the nature of the medication, dose and timing. The SHC staff will periodically review these individual arrangements when pupils make requests for repeat medication. It is the responsibility of the parents to ensure that day pupils take their morning medication and to ensure that day pupils with daily medication take them home when leaving the school at the end of each day. Prep School staff do not administer medication as a rule and only with parental authorisation when necessary.

Day pupils requiring remedial pain relief for conditions such as menstrual pain or sports injuries can have it administered in the SHC, where supplies of simple pain relief (paracetamol & ibuprofen) are kept in stock.

Emergency Medication

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

Asthmatics are encouraged to carry an inhaler with them at all times. A generic Salbutamol (reliever) inhaler and spacer device is kept in the SHC for emergency use by known asthmatics whose parents have given prior consent (DofH, March 2015). Parents may wish to provide the SHC with a spare inhaler if they so wish.

Pupils with serious allergies requiring an Epipen should carry their own with them at all times and are asked to provide a second Epipen, which is stored in the SHC for individual use only. An individual emergency administration plan is attached to each pupil's spare pen. The second pen should be taken with the pupil when away from school so that they have two pens with them in the case of an emergency. A generic

Auto-injector is kept in the Senior Common Room and may be used in an emergency for specific named pupils (DofH 2017).

Training is given in house when required for specific medical conditions, such as diabetes.

A record of medical conditions, including allergies, is recorded on the individual's electronic school record as a 'Red Flag' and can be accessed by all teaching staff on a 'need to know' basis. Paper lists of those with serious food allergies are held by the catering department.

Medical Information

The School will keep medical information about particular pupils and all members of staff responsible for the pupil at any time should make themselves aware of his or her medical requirements. Separate forms are required for school trips and outdoor activities.

On all trips, members of staff are required to check the medical requirements of all those attending the trip and to carry the information with them.

It is the responsibility of parents to keep the School Health Centre (or the School Office) informed and updated of any changes to the health and medical requirements of their children in writing. The School cannot be responsible for any shortcomings in medical provision if this information is not forthcoming.

It is the responsibility of employees to keep the School informed and updated of any changes to their health and medical requirements that may pose a risk to the health and safety of themselves, the pupils and their colleagues during the everyday performance of their tasks.

All visits to the SHC are recorded in a daily diary and on individual records on the computer. These records are kept separate from the house records and are confidential; information will only be passed to third parties on a 'need to know' basis with the prior consent of the individual (Appendix 3). Confidentiality may only be breached if it is believed to be a matter of safeguarding or child protection and in these circumstances, further advice will be sought from the School Medical Officer, which will be followed up in accordance with the Safeguarding Policy and Child Protection Procedures.

Individual care plans are written for pupils with specific health problems, including chronic conditions and disabilities and these pupils will have a specific named nurse. These care plans are reviewed regularly.

The School provides a medical officer affiliated with a local GP practice with whom, all boarding pupils are registered. Boarders should be seen as a temporary resident if they need to see a GP in the holidays.

Dr Rachel Yates/ Dr Adedayo Awodiji, Luson Surgery
Fore Street
Wellington
Telephone No: 01823 662836

Twice weekly clinics are held at the SHC but GP cover is also provided throughout the week from Luson Surgery. Pupils may have access to a doctor of the same

gender if they wish (Children Act 1989). The SHC will arrange and advise house staff of appointments with other outside agencies such as dental, optometric and out patient appointments as necessary.

Vaccinations

It is the responsibility of the day pupils' parents to ensure that their vaccination programme is up-dated at their own GP surgery and to inform the SHC that vaccinations have been given. The SHC nurses work closely with Public Health and the Child Health Department assisting in national immunisation programmes which may take place at school.

Boarding pupils have their immunisation programme up-dated and are offered vaccinations in order to bring them in line with the current UK schedule by the SHC staff with signed parental consent, although those over 16 years of age may sign their own.

Wellington Senior School Procedures for pupil illness and accident during school hours

If a pupil becomes unwell during lesson time or a teacher considers a pupil is not well enough to continue working they are sent to the SHC where contact with parents will be made, if appropriate.

Any pupil sent from lessons needs to be accompanied by another pupil to the SHC. All pupils who are unwell must report to the SHC before going home so their absence can be recorded.

The pupil will remain in the SHC until the School nursing staff are satisfied either that he or she is well enough to return to lessons or the parents have been contacted and have taken the pupil home.

Boarders who are ill at School can be cared for satisfactorily and separately from other boarders either in the boarding houses themselves or in the SHC. If a boarder needs to be admitted to the SHC care will be provided by the on-call nurse or matron as appropriate. In some cases, the boarder may be asked to stay with their guardians until they are well enough to return to School. (See Procedure for Managing Unwell Boarders, Appendix 4)

Should the nature of the illness not enable the pupils to be seen at the SHC, the nurse on duty should be immediately phoned to attend on site. In the event of an acute emergency, any member of staff may call the emergency services. 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 see the School Health & Safety Advisor for further information.

Concussion Injury (Appendix 5)

Concussion injuries may occur as the result of any injury to the head or body such as a fall or collision in the playground or sports injury but are perhaps more common in impact sports such as rugby. Wellington School adopts a rigorous and strict policy regarding the management of concussion injuries, which is laid out in the Wellington School Concussion Guidelines.

Infectious Diseases (Appendix 6)

Parents are asked not to send their children to school if they have an infectious illness such as gastroenteritis and to inform the SHC. Please adhere to the medical advice given regarding the period of time pupils should stay away from school.

The sustained close living relationship of pupils in boarding accommodation increases the propensity to spread and boarding schools face greater challenges in managing outbreaks of infectious diseases.

Health Promotion and Education

The SHC and other staff provide health promotion and education both informally and in a more structured way through the PSHEE programme. Boarding pupils are given specific workshops e.g. on menstruation and healthy eating by the SHC staff as required.

School Trips and Activities Off-Site

Those taking trips and activities undertake a thorough risk assessment and are equipped with a First Aid kit and a mobile phone in case of emergency. Staff have emergency contact numbers and pupils are briefed thoroughly and given emergency contact instructions for any unsupervised time.

Wellington Prep School First Aid and Medical Provision

First Aid

Each class has a small first aid box. A well-equipped first-aid box is kept in the lobby by the playground and there are several boxes kept in the KS2 games store, which are taken over for games, and taken to matches. Basic medical supplies are also kept in the Medical Room.

All staff may administer basic first aid, but major incidents should be immediately referred to the Duty School Nurse. All incidents should be recorded in the Incident Book kept in the Medical Room. If a child is too ill to be in lessons parents will be informed by the school office and the child will be collected.

In those rare cases where either basic or major first aid is clearly inappropriate due to the severity of the accident, the Head of Prep School or a Deputy Head must be informed immediately, so that they can arrange for the child to be taken to hospital and the parents informed.

Provision and Administration for Medicines in Wellington Prep School

Requests for teachers to administer medicine to children during the school day must only be agreed when absolutely necessary, and must always be supported by a written request from the parents to be maintained in the Medical Room.

Named medication is handed in to the class teacher, who will store the medication securely. It is only administered with the written permission of parents and the class teachers maintain a record of this administration.

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

Epi-pens are stored in a locked cabinet in the classrooms but are taken with the individual if they move to other areas of the school or on school trips and a second pen is kept in the Medical Room. An emergency generic asthmatic inhaler and epi-pen are stored in the Prep School Medical Room and may be used for specific named pupils in an emergency.

Health Centre staff are called upon to support the care provided by the first aiders (all class teachers and LSAs) in the Prep School. The WPS Medical Room is used as a comfortable and safe place to look after the pupils until their parents are able to pick them up. Supervision is managed either by a member of staff or using the 2 way radio in the office, allowing a child to relax and rest whilst waiting for their parents.

A record of any medical incidents is kept with the current policies and medical records in the Staff Room. In line with current legislation, all records are kept for 25 years.

For the Early Years Foundation Stage, prior written permission for each and every medicine will be obtained before any medication is administered. Written records of all medicines administered to children will be kept for 25 years and parents informed.

For all pupils including those in the Early Years Foundation Stage, the SHC will, in consultation with parents and medical professionals, put in place individual management plans to support the medical needs of individual pupils.

On all trips, it is the responsibility of the parents of day pupils to liaise with the trip leader regarding the administration of any medication.

Medical Records

Medical record cards for each child are held in the class files in the Head of Prep School's office. It is the responsibility of each class teacher to be fully aware of any medical condition or allergy, and to familiarise him/her with the emergency symptoms and procedures involved.

Contagious disease/illness

If a child has, or is suspected of having, any contagious disease or illness, he or she (and their parents) should be referred to the Head of the Prep School and the School Health Centre informed.

Reporting Accidents

All accidents have to be recorded in one of the accident books located in the following places around the School: Senior School Reception, Prep School Reception, School Health Centre, Sports Complex, Science Block Medical treatment will be recorded in the record book in the Health Centre

Serious accidents have to be reported to the Health and Safety Executive (telephone 0845 300 99 23) according to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995). This will be done by the Health and Safety Advisor.

Appendix 1

Guidance For Accompanying Pupils to Hospital for Emergency Treatment.

Prior to escorting pupils to hospital all staff should ensure that they have either a mobile phone or change for coin phones with them. Money may also be needed for parking at hospital.

Staff must make sure that they have relevant phone numbers with them. These include the School phone number, House Staff, SHC and Headmaster. If out of hours, the phone number for the nurse on call can be found by phoning the SHC and listening to the recorded message.

It is good practice to carry identification with you when escorting (the school issues formal identification cards to all staff). Staff must make it clear who they are and that they are representing the School and not the parent.

1. It is school policy that pupils are always accompanied by an adult should they need to be taken to hospital following injury or acute illness. The escort should remain with the pupil until they are admitted or relieved by another responsible adult such as a parent or their representative or guardian.
2. Every attempt should be made to contact parents or the named emergency contact for day pupils but on occasions, it may be necessary for members of school staff, usually house matrons, to accompany pupils. Where possible, parents or their representatives will be asked to meet pupil and escort at the hospital to take on responsibility of care.
3. It is school policy that friends or siblings SHOULD NOT act as escorts or accompany the injured or unwell.
4. Wherever possible, information regarding personal details (date of birth, home address etc.), past medical history and any regular medication will be given to the person accompanying the pupil before leaving for hospital. Most pupils will be able to pass on this information themselves. If further information is needed by the hospital then this can be obtained from the SHC when open (0800hrs -1800hrs Monday- Saturday) or boarding house staff when closed.
5. On returning to school, with or without the pupil, please report back to the SHC staff and, in the case of boarders, the house staff. If it is after 6pm please contact the nurse on call.

Contacting Parents.

Generally, parents should be contacted by either duty House Staff or by nurses of the SHC. It may be considered pertinent to wait until pupils have been assessed by hospital before contacting them so that a clearer explanation of the situation can be given. However, one should also be mindful that given current technology, it is very easy for parents to be contacted by third parties, particularly when a pupil has a sibling at the school and the aim should be to cause minimal anxiety to parent and pupil alike. Due consideration should be given to time differences across the world and the possible need for parents to travel great distances. The rule of thumb is that

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parents of day pupils will be contacted by the SHC, but with boarding pupils, particularly if they are a long way from home, a 'wait and see' approach is adopted rather than contacting parents immediately although each situation must be judged accordingly. It is important to be guided by hospital staff in matters regarding contacting next of kin.

Consent and acting *in loco parentis*.

Should consent be required prior to surgery or medical intervention and the pupil is not considered able to give this, usually due to their young age, the House Master or Mistress should be contacted. If they are unavailable then the Headmaster or the Pastoral Deputy should be contacted. They are able to act *in loco parentis* and take responsibility for consent in the absence of parents.

Verbal consent from senior staff may be accepted over the phone or those accompanying pupils may be asked to sign consent forms after discussion with both senior staff and Hospital Staff. This fact must be recorded on the consent form. It should be noted that in extreme circumstances, where life is in danger, Senior Hospital Consultants will take responsibility for treatment where parental consent cannot be obtained.

Appendix 2

Wellington School Administration of Medicines policy

Aim: To ensure safe storage and administration of medication to pupils and staff by the nurses, house staff and secretarial staff.

Storage

All medications are kept in a locked cupboard in a room not normally accessible to pupils. In the Health Centre medications that require refrigeration are kept in a locked fridge. In boarding houses, such medication is kept in the Matron or housemaster/ mistress's own fridge.

Controlled Drugs

Controlled Drugs (CDs) are stored in the Health Centre in a CD cabinet. The Senior Nurse is the designated person responsible for controlled drugs and only the registered nurses of the Health Centre have access to the CD cupboard keys. The keys are kept in a secure place within the building.

The drugs are brought in by the parents for day pupils on a weekly basis or collected by the house matron from the pharmacy for boarding pupils.

Drugs are recorded in the Controlled Drug Register, a bound book with numbered pages. On the page relating to the drug/ pupil the following is recorded:

- The date the drug was obtained
- By whom
- The quantity and form of the drug

It is not always practical for two staff members to be present when administering CDs. However, the date, time, pupils name, drug and dose, any wastage and remaining balance are recorded and the entry signed by the person administering the medication. Any deficit in the running balance must be reported immediately to the Senior Nurse. The action taken when a discrepancy occurs should be recorded and a Significant Incident Form completed.

Regular stock checks are taken at the end of each half term. Surplus medication is collected by the parents of day pupils prior to school holidays or returned to the local pharmacy in the case of boarding pupils.

Medication no longer required by boarding pupils will be returned to the pharmacy.

Disposal of medicines

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

Replacing Stock of homely medicines in boarding houses

A record is kept in the House Medical Book of all stock supplied to boarding houses, including the amount issued, date of issue and expiry date.

Non-prescribed medicines

These are available to all pupils and staff. Boarding house staff have access to medication stored in their houses and may administer the medications listed in the

blue medication record books stored in the drug cupboards. They must sign the agreed Homely Medication Protocol attached to the book.

All medication given by house staff to boarding pupils must be recorded in the blue medication record book. Medications listed in the agreed protocol should be entered in black ink; other prescribed medication in red. House staff should notify the nursing staff by phone that medication has been administered. Outside of school hours, a message must be left on the answerphone.

The nurses administer non-prescribed medication under a homely remedies protocol. Any medication administered to day pupils is recorded in the daybook and in the individual's electronic medical record. All medication administered in school and issued by staff is entered in the pupil's electronic medical record by nursing staff.

Prescribed Medications

Medication prescribed by a doctor should only be administered according to the instructions on the individual medication and is given only to the person for whom it was prescribed. The medication must be kept in its original container and the original dispensing label must not be altered.

Adverse reactions

If a pupil experiences an adverse reaction to medication it must be stopped and no further doses given until instructed to do so by a doctor. If a serious reaction occurs, medical attention should be sought immediately.

Medication given in error

If an error is made with any medication, advice must be sought immediately. House staff must contact the Health Centre. During the day, the duty nurse should contact the school doctor, the out-of-hours service (NHS111) outside working hours. The duty nurse should complete a Significant Incident Form.

Medication brought in to school by pupils

Day pupils below the age of 16 are requested to hand over any prescribed medication to the Health Centre on a daily basis where it will be administered as prescribed.

Pupils are asked not bring OTC medication into school and parents are advised that medication such as paracetamol, ibuprofen, anti-histamines are held in the Health Centre for administration.

Self- administration of medication by boarders

Boarders assessed as being able to self- medicate by nursing staff must sign the appropriate form. Pupils must be aware that they should keep medication safely in a secure place and not give their medication to anyone else.

The criteria used to assess the pupils are:

- The age of the pupil.
- Whether the medication is long term or a short-term course and the nature of the medication.
- The pupil's own choice.
- Whether a pupil has proven them self to be reliable in general and will remember to take the medication as prescribed.
- That the pupil understands why they are taking any medication, any side effects and the risks associated with overdose.

Administration of drugs to save life

In extreme emergencies such as anaphylactic reaction, certain medication, such as adrenalin may be given without the direction of a doctor or without a Patient Group Directive (PGD) under Article 7 of the Prescription Only Medicines (Human Use) Order 1997). For further guidance on Anaphylaxis management see Appendix 7 (below)

Administration of Salbutamol inhaler to known asthmatics.

A generic Salbutamol inhaler and spacer device is held in the School Health Centre for use in an emergency if a pupil known to be asthmatic needs it and does not have their own device with them. Written consent to use this is sought from parents when pupils join the school or when the SHC is advised of a new diagnosis of asthma and is kept with the pupil's School Medical Record card and recorded on the computer.

Asthmatic pupils from year 6 and above are requested to keep an inhaler with them at all times. In the Prep School inhaler devices are kept in a secure but known location in each classroom for named pupils.

Administration of Adrenalin auto- injectors to known anaphylactics

Those pupils with known anaphylactic allergies are requested to keep an in-date adrenalin auto-injector with them at all times and to have a spare injector at school which is kept in the SHC for senior pupils and Prep School Medical Room for Prep pupils. Generic auto-injectors are also kept in the SHC emergency bag, Senior School Staff Common Room and Prep School Medical Room for emergency use. Pupils are required to take two auto-injectors on school trips.

Recording

Medication given to boarding pupils is recorded in the blue medication book kept in the house drug cupboards. House staff should phone the Health Centre and inform nursing staff of medication given (an answer-phone message may be left).

Nurses must inform boarding houses of all medication given in the Health Centre and house staff must record this in the blue book.

All medication given to pupils or staff whilst in school is recorded by nurses in the day book. All pupils and staff **MUST** be asked if they have taken any medication, particularly paracetamol, within the previous 4-6 hours.

All medication administered to pupils at school is recorded in the computer record, thus creating an audit trail for treatment.

Appendix 3

Wellington School Medical Centre - Confidentiality Policy and Statement

Confidentiality is the cornerstone of health care and central to the work of everyone who works in the Health Centre. It is enshrined in the Declaration of Geneva (Physician's Oath) and repeated in professional codes of conduct and standards, such as that issued by the Nursing and Midwifery Council (NMC, 2015)

The basis of confidentiality is that the nurse/health practitioner will keep all information divulged to them, or discovered by them in examination, secret. Thus, patients will be able to fully disclose all their symptoms and problems and so aid diagnosis, treatment or help.

The legal obligation of confidentiality arises as part of a contract, whether implied or explicit, by virtue of a general legal duty and as a part of common law. It could be considered a form of negligence if harm were to result from a breach of confidence. It is generally accepted legally that a healthcare practitioner owes a duty of confidence, in respect of information concerning their patients, which they acquire in their capacity as a healthcare practitioner. For nurses, 'The Code' (NMC 2015) makes additional obligations with regard to the nurse's duty regarding confidential information.

Medical confidentiality is an important legal principle that serves public interest. Specific issues arise with regard to children that are related to the information passed to their parents and those acting *in loco parentis*. Although the healthcare practitioner should attempt to persuade the child or young person to inform parents the duty of confidentiality owed to a person under 16 years of age is as great as that owed to any other person.

The starting point for the healthcare practitioner is that of the competence of the child or young person; whether they are 'Gillick competent'. Gillick competence refers to the legal principal that in certain circumstances a child under the age of 16 years can give consent to medical intervention in their own right subject to the child having the necessary emotional and intellectual maturity to understand the proposed intervention. (*Gillick v West Norfolk & Wisbech Area Health Authority* [1986] AC112). Where the child is assessed to be 'Gillick competent' then the healthcare professional should act as advocate for the child and protect their information, unless there is a compelling reason for not doing so. The compelling reason has to be one that can be legally justified, e.g. the welfare of the child requires it and there are concerns about child protection. There is a balance to be made between the child's autonomy and protecting the child from harm and acting in their best interest.

To summarise:

1. All information passed to health care professionals about patients is confidential.
2. The duty of confidentiality owed to a person under 16 is as great as the duty owed to any other person.
3. All patients can expect that their personal information will not be disclosed without their permission except in the most exceptional of circumstances such as when somebody is at grave risk of serious harm to them self or others, or where disclosure is ordered by a court of law (Children Acts 1989 & 2004, Data Protection Act 1998)

4. All health professionals will follow their professional codes of practices and the law. Nurses are bound by the Nursing & Midwifery code of conduct. All health professionals are individually accountable for their own actions.
5. Health professionals must work together to maintain standards of confidentiality.
6. Standards of confidentiality apply to all health professionals, administrative and ancillary staff.
7. They must not reveal to anyone outside of the school medical team, personal information they learn in the course of their work, without the patient's consent.
8. Breach of confidentiality may only occur in exceptional circumstances, if the patient or another person is at grave risk of serious harm and where there are safeguarding and child protection concerns.
9. The relevant health professional will counsel the patient about the benefits of disclosure and record in the individual's medical records that they have done so.
10. If the patient refuses to allow disclosure, the health professional can take advice from colleagues within the School medical team, or from a professional regulatory or defence body, in order to decide whether a disclosure without consent is justified. Refusal to disclose must be recorded in the individuals' medical records.
11. If the decision has been taken to disclose, the patient should be informed before disclosure is made, unless to do so could be dangerous, and it must be recorded in their medical records.
12. If at all possible, any such decisions should be shared with another member of the School medical team.
13. Any decision to disclose information to protect health, safety or wellbeing will be based on the degree of current or potential harm, not on the age of the patient.

All new members of the Medical Centre team should sign the confidentiality agreement. Named School Administrators for iSAMS also sign the confidentiality agreement and are bound by it. They will be taken through the confidentiality policy in detail and shown how it works in practice and allowed to discuss it with colleagues.

Appendix 4

Procedure for managing unwell boarders.

1. The House Matrons will inform the School Health Centre (SHC) each morning of pupils who are unable to attend lessons because of illness.
2. If a boarder is unable to attend lessons for more than 2 days, the SHC will inform parents & guardians by either phone or e-mail and this is to be recorded in the pupil's electronic medical records.
3. In the event of an infectious illness it is School policy that boarding pupils should be sent home or to their guardian as soon as possible and until they are considered well enough to resume lessons by a medical professional (GP, Practice Nurse/ Nurse Practitioner). This may mean that they need to be transferred to the SHC prior to collection by parent or guardian. The responsibility for making this decision lies with the duty SHC Nurse and is based on her clinical judgment and is assessed case by case. All episodes of diarrhoea and/or vomiting MUST be reported to and discussed with the SMC as isolation procedures may need to be instigated although, again, judgement is formed on individual cases.
4. If the boarder is prescribed medication by a doctor this will be handed to the House Matron who will store and administer it as per prescription, noting particularly the dose, timing and duration of the treatment. If a pupil returns to school from holiday with prescribed medication the SHC must be informed of the name of the medication, dose & duration of treatment. This will be recorded in the pupil's electronic medical record.
5. Similarly, if a pupil has been unwell, admitted to hospital or undergone medical treatment in the school holiday, Matrons are to inform the SHC.
6. Any changes to the pupils/ parents contact details should be reported to the SHC as soon as possible so that the medical computer system can be updated.
7. All medication, other than asthma inhalers and the contraceptive pill, is to be stored in the locked House First Aid box. Pupils may only self-administer medication with the prior consent of the SHC. If agreed, the appropriate self-medication form will be completed and signed by the SHC nurse and the pupil. Asthmatic pupils or those taking the contraceptive pill may self-administer but the SHC must be informed that the pupil is taking such medication.
8. ALL medication dispensed to pupils must be recorded in the blue medication log, which is kept inside the locked First Aid Box. Medication routinely held in the Houses should be entered in BLACK ink stating the date, time of administration, pupil's name and the dose given. Prescribed or 'over the counter' medication belonging to the pupil and sent from home, must be entered in RED. If a pupil refuses to take a prescribed medication or a dose is missed, for whatever reason, the SHC must be informed. This should be entered in the blue book as 'refused' or 'missed'.

9. All medication held in the House First Aid Boxes, prescribed or otherwise, must be accounted for. Any surplus medication that is no longer required should be returned to the SHC for safe disposal.
10. If a pupil has been unwell in the week prior to school holidays, or if they are still taking regular medication, parents and/or guardians (whoever the pupil is returning to) will be informed in writing by the SHC, either by letter or email. Letters will be given to the responsible adult collecting the pupil by either the Matron or House staff. If a pupil is travelling to their holiday destination on their own they will be given the letter but the receiving responsible adult (parent, guardian or other) will be informed by the SHC by telephone or e-mail. This will be recorded in the pupil's electronic medical record.
11. Matrons should inform the SHC of any 'over the counter' medication, paracetamol or Ibuprofen given to a pupil out of hours when the SMC is closed at the earliest opportunity.
12. If medication is administered by other House staff when the Matron is absent then the same procedure should be followed.

Appendix 5

Concussion Guidelines

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

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

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

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

[This guidance has been adopted by all major sporting governing bodies.](#)

The RFU summary principles are as follows:

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

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

Wellington School Concussion Guidelines.

Home matches and rugby training

1. Pupils should be accompanied by a responsible person and brought to the SHC or a nurse should be asked to attend an injured player if necessary.
2. Any player suspected of having concussion must be medically assessed by a Healthcare Professional (Nurse or Paramedic) and if necessary transferred to A&E.

3. Pitch-side medical personnel (Nurse, Paramedic or First-Aider) will notify the School Health Centre (SHC) of any pupil suspected of or having concussion following a home match. It is the team coaches' 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 if 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. Parents (or House Parents) will be given written post –head injury instruction sheet stating that the individual **must not participate in any form of sport or training for at least 14 days post injury and after symptoms have ceased. They may not participate in full contact sport until medical clearance is given, usually by the School Medical Officer and no sooner than 23 days after the concussion injury. This is following RFU concussion guidance.**
6. If pupils play sport with clubs outside of school, the SHC may contact them to inform them of the injury.
7. Pupils will be asked to report to the SHC when they return to school following concussion to arrange follow-up and regular assessment.
8. The SHC will notify Sports and House staff of the decision to remove a pupil from sporting activity for at least 14 days. House staff will be requested to inform the SHC of any problems noted that might be due to the injury such as:
 - Drop in academic performance, difficulties with school work or problem solving
 - Poor attention and concentration in class
 - Unusual drowsiness or sleeping in class suggesting sleep disturbance
 - Inappropriate emotions
 - Unusual irritability
 - Feeling more nervous or anxious than usual
9. The pupil will be seen at least twice a week during the 14 day stand down period by SMC nurses and any concerns will be passed on to parents, the School Medical Officer and, in the case of day pupils, the individual's G.P.
10. All pupils, day and boarding, will be seen and assessed 14 days after symptoms have resolved, or as close as is practical, by a SHC nurse or School Medical Officer and if symptom-free may begin a Graduated Return To Play programme, overseen by the Sports & Well-being Department following the Graduated Return To Play Protocol (GRTP). If seen by a SHC nurse for the return to sporting activity assessment and the pupil is not symptom –free or there are concerns at the time of assessment, the pupil will be referred to the SMO at the earliest opportunity. During the GRTP the pupil will be seen frequently by SMC nurses who will report any concerns to the parents, the SMO and the coach overseeing GRTP.
11. All pupils, day or boarding, will be seen on or around seven days after the beginning of the GRTP by the SMO for clearance for full return to play. If any

symptoms or signs occur while going through the GRTP protocol, the player must return to see a medical practitioner.

12. Medical clearance will be recorded in the pupil's school medical records. Pupils will not be allowed to return to play until medical clearance has been granted.

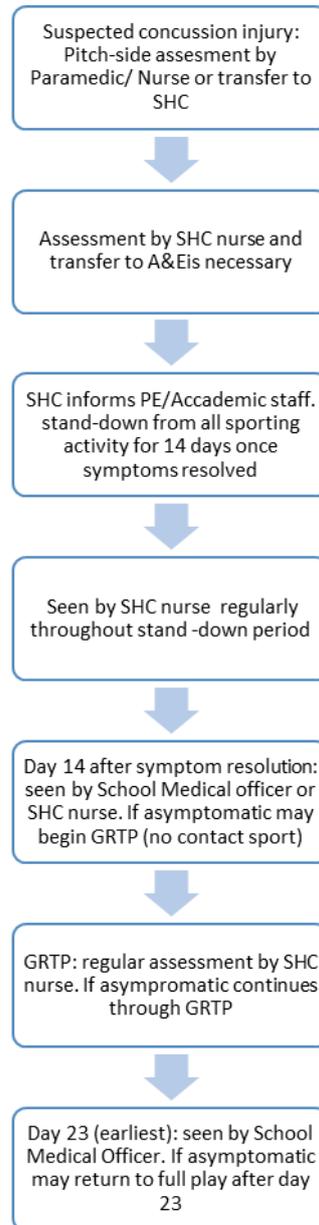
Away matches.

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

1. Pupils may have to be taken to hospital near the location and should be accompanied by a responsible adult.
2. Parents must be contacted and told what has happened and that the individual needs to be seen by a medical practitioner immediately and prior to returning to play. The SMC staff are happy to contact parents and explain the procedure on the behalf of coaches.
3. Team coaches **MUST** contact the SMC 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.

Note that if a pupil does not participate in any form of contact sport and is completely asymptomatic after the GRTP they do not necessarily need to be cleared by the SMO.

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



Appendix 6

Infectious diseases policy and guidance

Introduction

Boarding schools have a legal duty to look after the health, safety and welfare of pupils in their care and the staff they employ. The steps taken in boarding school to protect pupils and staff from infection are an important element in the quality of care they provide. They have an obligation to ensure the environment is safe for pupils, staff and visitors.

Care of the infectious boarder

A boarding school has a duty of care, which extends beyond the classroom and the school day. House Staff will exercise personal judgement about when medical advice should be sought for an individual pupil and work closely with the School Health Centre (SHC) staff. If a pupil is diagnosed with an infectious disease, a number of options should be considered:

- The pupil returns to the care of the parents/guardians
- Admission to the health centre
- Care in the boarding house

The preferred option will be that which is safest for the pupil whilst minimising the spread of infection to others. If remaining on school premises the advice from Public Health may be to ensure that the pupil is not sharing a room or toilet facilities. Such advice may be extended to contacts of a case for certain infections but this is not routine. Infection control guidance is available from Public Health but in most circumstances the sensible hygiene precautions recommended for all school activities, coupled with the recommended exclusions, will be adequate.

Pupils with their own kitchen facilities should be advised not to use these if they have had (infectious) vomiting or diarrhoea in the last 48 hours.

Impact of Shared Living Accommodation on Infectious Disease

General

The sustained close living relationship of pupils in boarding accommodation increases the propensity of infections to spread. Boarding schools may face greater challenges in managing outbreaks that occur in all school settings, such as viral gastroenteritis, but also are more likely to be affected by outbreaks of diseases uncommon in non-residential settings, for example Group A streptococcal disease, or meningococcal disease. In addition, the boarding school, as a semi-closed community, can suffer higher attack rates of infections that establish and as a result may need to review their ability to carry on providing education and residential services. In a major out-break it may be necessary to close the school or cancel sporting fixtures.

The SHC currently has facilities to isolate a maximum of four pupils in two bedrooms with two beds in each room. If there are many cases and in an emergency then the care of pupils will be transferred to the Sports Complex, upper floor, where adequate accommodation can be provided and isolated, including accommodation for staff caring for the sick.

It is the responsibility of the Senior Nurse to inform the Headmaster, Pastoral Deputy Head, School Medical Officer and Bursar of any outbreaks of infectious diseases.

Meningitis

If a pupil is diagnosed with meningococcal disease, classroom contacts are not usually considered to be “close contact” requiring medical prophylaxis. However, roommates would be considered as close contacts and it is likely that Public Health would wish to offer preventative antibiotics and, if appropriate, vaccination to such pupils. Early discussion with Public Health is essential. If more than one case was diagnosed this contact group may be extended further and teaching and residential support staff may be included in identifying social and study groups to assist Public Health in making informed decisions. Staff at the school should be available to support the response to such incidents out of school hours, e.g. at weekends. Advice may be sought from Public Health regarding the content of communication with parents. Any media response should ideally be done in partnership.

Group A Streptococcal Disease

This bacterial infection can manifest in several ways but most commonly as a moderate to severe pharyngitis (throat infection) or a skin infection. Sometimes other clinical conditions can result from this infection such as scarlet fever and occasionally renal problems. Outbreaks (particularly of pharyngitis) are observed in boarding schools. If an increased number of pupils are noted to have severe throat infections, throat swabs should be sent to the local hospital laboratory. If an outbreak is suspected or recognised Public Health may recommend extending throat swabs to a defined contact group following discussion with the school. In this instance antibiotics may be prescribed for symptom-free students who are found to have the bacteria in their throat.

Influenza

Influenza is an infectious respiratory infection. Typically it occurs seasonally in the winter months. In the general community most respiratory infections are not influenza but an assortment of other viruses causing similar but often milder symptoms. However, once influenza is introduced into a boarding school it is recognised that spread easily occurs resulting in a significant number of cases amongst pupils and staff. Suspected outbreaks should be notified to Public Health; they may advise on management, which occasionally may involve offering prophylactic treatment to pupils or staff judged to be at high risk from influenza.

There is vaccination against influenza, which is modified each year to reflect the circulating strains predicted for that winter. The vaccination is offered to those with underlying medical conditions which would make them more susceptible to the complications of influenza.

Viral Gastroenteritis

Outbreaks of viral gastroenteritis occur throughout the community, including schools. When it occurs in boarding schools it can present additional challenges in control. Standard rules of exclusion from school apply, i.e. until a 48-hour symptom free period has elapsed. This exclusion should also apply to social activities. Wherever possible, affected pupils should be accommodated individually or with other affected pupils. Meals should be taken separately from unaffected students. Attention to thorough environmental cleaning is paramount; hand washing practices should be reinforced.

Pupils from Overseas Immunisation

Each country develops its immunisation programme based upon the prevalence of different infections in its population. Just as the disease profiles vary, so do the immunisation schedules. Pupils arriving to study in the UK may not have been vaccinated in accordance with the UK policy and this can leave them exposed to diseases which are more common in the UK.

Information regarding previous immunisation is requested from parents, both day and boarding, before pupils enter the school. All boarding pupils will be offered immunisation to bring them in line with the UK schedule. The SHC works closely with the Health Authority in determining the immunisations required for each pupil. Routine immunisation sessions are arranged and carried out at the SHC. From time to time, there may be whole school programmes involving the Health Authority School Nursing team & Public Health coming in to school working with the SHC.

It is particularly important to check that pupils have been vaccinated against meningitis C and measles, mumps and rubella (MMR); in the event of an outbreak, the un-immunised may need to be excluded from school.

Tuberculosis (TB)

The Home Office has issued guidance on the need to obtain TB tests in the home country for overseas students before arriving in the UK, this being a condition of the student visa. There is more information on the Home Office website, including a list of countries to which this requirement applies:

<https://www.gov.uk/tb-test-visa>

Residents of those countries who are applying for a UK visa (valid for longer than six months) require a certificate to show that they are free from infectious pulmonary TB. Public Health England recommends that schools ask parents to provide evidence that their child has been tested and are clear **before** they take up their place at school.

New and Re-emerging Diseases

Sometimes pupils arrive from countries experiencing outbreaks of serious infections. Staff should remain vigilant to symptoms which might indicate a serious imported infection in a pupil. In circumstances where infections such as Avian influenza or, more recently, Ebola virus are a consideration and schools will be issued with specific guidance to advise them how to proceed. Suspected cases must be notified to Public Health as a matter of urgency. In most instances, the possibility of these infections can be quickly excluded. However early notification for risk assessment to be carried out is essential.

Appendix 7

Anaphylaxis Management, Guidance & Procedures

Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings), however contact with animals and products may cause a reaction. Allergies can develop at any age and there may be a risk that if a pupil feels unwell this may be due to an allergic reaction. Not all reactions are immediate but can develop after exposure to the allergen.

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline auto-injector (such as an EpiPen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis. Delays in administering adrenaline are associated with poor outcomes; if anaphylaxis is suspected then the adrenalin auto-injector should be given promptly.

Purpose

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy/guidelines in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Health Care Plans

The School Health Centre will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

- annually, and as applicable,
- if the student's condition changes,
- immediately after the student has an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- work with the school to produce a suitable Action Plan with support from the child's medical practitioner along with a current photo,
- inform the school if their child's medical condition changes, and where necessary, work with the school to produce an updated Action Plan.
- Ensure that medicines are supplied in date and replace as appropriate.

It should be recognised that there may be occasions when a child has a reaction when there is not a diagnosis.

Communication

The information will be made available to all staff as a Red Flag on the school's computer system.

A photo list of pupils with anaphylactic allergies is available in the staff Common Room. Staff should familiarise themselves with any medical condition, including anaphylaxis and their role in responding to a reaction, that any pupil under their care may have.

Parents are encouraged to raise concerns or issues with relevant staff and the School Health Centre.

Staff training and emergency response

Teachers and other school staff who have contact with the student at risk of anaphylaxis, are encouraged to undertake training in anaphylaxis management including how to respond in an emergency. At other times while the student is under the care or supervision of the school, including trips out, break duty, camps and special event days, the person leading the trip must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis. Pupils should have two auto-injectors available for school trips.

Training will include how to use an auto-injector. Re-familiarisation training should be repeated on a yearly basis so that staff are confident in its use. Wherever possible, training will take place before the student's first day at school. The school's first aid procedures and student's Action Plan will be followed when responding to an anaphylactic reaction.

Pupils with anaphylactic allergies are required to carry an adrenalin auto-injector and emergency action plan with them at all times whilst in school or on school trips and a second device is to be kept in the School Health Centre for emergency use or to be taken in addition on school trips.

In the Prep School the class teacher is responsible for ensuring the auto-injector is with the child as they move around the school. Second devices are stored in the Prep School Medical Room.

Spare, generic auto-injectors are kept in the School Health Centre, Senior Staff Common Room and the Prep School Medical Room with a photo list of those pupils they may be used on.

Once a month, the School Health Centre staff have to sign to say that they have checked and seen the epipens and that they are in date. This will be done for all the spare epipens held in the School Health Centre, Prep School, Common Room and all other locations around the school. If an epipen belonging to a Senior School pupil, or a Prep School pupil needs to be replaced, the School Health Centre will contact parents and request a replacement 1 month before the expiry date. If a boarding pupil requires a new epipen then School Health Centre staff will organise this with the School Medical Officer.

Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. To this end it is important that parents and guardians liaise with the school and the school will endeavour to minimise the risk when planning school trips or food related activities in school.

The school external catering contractors are provided with a photo list of pupils with significant food allergies and this is displayed in the catering department as a

reminder to staff. Peanuts and tree nuts are not served in the dining room and pupils are encouraged to ask about ingredients if they have concerns. The catering staff are trained in the management of anaphylaxis by the SHC nurses.