

5.1 Introduction

This policy sets out the responsibilities and methods by which the College intends to make provision for first aid, along with the provision of medical care and support for pupils.

In the interest of clarity this policy applies to all staff and pupils including those at Early Years Foundation Stage (EYFS). This policy must be read in conjunction with Wycliffe Pre-Prep Department's EYFS and Key Stage One First Aid Policy. Medical

Should any member of the College have any concerns about the provision of first aid within the organisation, they should refer them to the Risk & Compliance Manager. If any member of the College has concerns about the provision of medical support, they should refer them to the Senior Deputy Head (Senior School).

5.2 First Aid

In line with the Health & Safety (First Aid) Regulations 1981, the College has carried out a First Aid needs assessment to determine:

- The number of first aiders required and the level of qualifications they need.
- The number, location and content of first aid kits
- The provision of other first aid equipment such as defibrillators, spare adrenaline auto injectors (AAIs) and spare asthma inhalers.

Full details are available from the Risk & Compliance Manager.

5.2.1 First Aiders

A qualified First Aider is up-to-date in knowledge and skills and holds a recognised certificate of competence. Our aim is to train staff to the most appropriate level for them in one of the following categories:

- Full Level 3 First Aid at Work Certificate (3 Day)
- Emergency First Aid at Work Certificate (1 Day).
- Paediatric First Aid training (2 day) .
- Staff can also take online training via iHasco, either as a refresher or as basic life skills. This course will be arranged through the Risk & Compliance Manager or any iHasco administrator. In the younger years, at least one person who has a current paediatric first aid certificate will be on school premises at all times when pupils are present.
- There will be at least one staff member on out of school visits who has a current first aid certificate. This will depend on level of risk and distance from the College and must be considered in the trip leader's risk assessment.
- To assist in the provision of First Aid during sports fixtures, external First Aid assistance will be available when deemed necessary by the Director of Sport.

5.2.2 Duties & Responsibilities

All First Aiders must:

- Notify the Designated Safeguard Lead at the College, as per the Safeguarding policy, where appropriate action/further investigation may be required in the event of related circumstances surrounding injury to or death of any child whilst in their care.
- Attend appropriate refresher training as required.
- Complete Evolve accident/incident reports as necessary and ensure that full details of any treatment and or advice given are recorded. Training on the use of EVOLVE is available on request from the Risk & Compliance Manager.
- Inform the Health Centre of any first aid items used (including defibrillator pads) so that they can be replaced.
- Sports staff in charge of pupils either on-site or off-site should ensure they have a first aid bag and that they carry a mobile telephone so they can obtain advice from the Health Centre or, if on site, request the presence of a nurse/Matron in the event of an accident.

- All staff administering first aid must take precautions to avoid infection. It is advisable for staff to wash their hands before and after treatment and for them to wear disposable protective gloves, especially when dealing with blood and other bodily fluids. Waste must be disposed of using the yellow clinical waste bags and any bodily fluid spillage cleaned in accordance with the Pre-Prep procedure for the Disinfection of Floors and other Surfaces after Contamination with Bodily Fluids.

Note: Where a Wycliffe employee administers first aid in the course of their duties, they will be indemnified by the College's insurers provided they have acted within the limitations of their training.

Pre-Prep

At Wycliffe Pre-Prep, all members of the EYFS staff and most other staff working in the department hold current paediatric first aid (PFA) certificates in accordance with the EYFS statutory requirements. All newly qualified entrants to the Early Years workforce must have a PFA certificate before they can be included in the statutory staff / child ratios in Early Years settings. These staff are qualified to take action to apply first aid treatment in the event of an accident or incident involving a child or an adult. At least one member of staff with PFA training is on the premises or on an outing at all times when children are present. School Matrons who have PFA training are also available and advice may be sought from the staff at the Wycliffe Health Centre.

5.2.3 Duties of Heads of Departments (HOD)

The HOD must ensure they maintain appropriate levels of first aid cover throughout the department(s) for which they have responsibility. Advice regarding which level of first aid training is required should be discussed with the Risk & Compliance Manager.

All staff should also familiarise themselves with the policy on the Management of Medication & Supporting pupils with Medical Needs at Wycliffe as set out in the Handbook. Advice can be obtained from the Health Centre and further training from the Risk & Compliance Manager. Staff likely to need to administer medication to pupils should complete iHasco Medication Awareness (Education) online course. This can be arranged by the Risk & Compliance Manager or other iHasco administrator on request.

5.2.4 Contacting a First Aider (In addition to Health Centre Staff)

To contact a First Aider in any area of the College see the green "Your First Aiders Are" sticker on or near the first aid kits or speak to reception.

Details can also be obtained from the Risk & Compliance Manager on 07540 725780 (Ext 424).

5.3 First Aid Kits & Equipment

First aid kits have been strategically placed around the College and in all College vehicles. Kits on campus are wall mounted so that they can be easily seen. Kits in vehicles are located either in the glove compartment or in the back of the vehicle. Their location is clearly marked with a sticker with a green background and white cross.

First aid kits for use in the workplace are green with a white cross. Some Departments i.e. practical areas, Sport, DT, Grounds & Gardens, Minibuses and Swimming Pool etc. may require additional First Aid supplies to reflect the activities and/or associated potential risks. Portable kit bags are also provided for sports staff and are also available for staff organising out of school trips or activities. Each kit contains a first aid instructional booklet and a contents checklist.

It is the responsibility of the First Aiders, and any other persons who have used the contents of a first aid box, to inform the Health Centre staff so that they can restock the kit if necessary. The Health Centre check all kits and replace any out of date items termly or on request

NB: Items such as Antiseptic liquids, creams, Aspirin, Paracetamol or other drugs must NEVER be stocked in first aid boxes as kit contents must be available to everyone irrespective of allergies or incompatibilities with other medications. These items will be kept in separate storage bags to be issued by trained staff.

Pre-Prep

First aid boxes are kept in the Reception/KS1 building. The first aid boxes are easily accessible to adults and are kept out of the reach of children. A number of portable bags are available for outings and playground duties. The content of the first aid boxes are appropriate to meet the needs of the children. All members of staff are responsible for ensuring that first aid supplies do not run out and should report any deficiencies to the Health Centre team for re-stocking.

All staff must familiarise themselves with the location of First Aid Boxes within the department(s) they work and the name of their local area first aiders.

5.3.1 Automated External Defibrillator (AED)

An automated external defibrillator (AED) is a portable electronic device that automatically diagnoses life-threatening cardiac arrhythmias in a patient. If you suspect someone is having a heart attack, or if a casualty has stopped breathing, immediately dial 999 for assistance and ask someone to bring the nearest AED.

With simple audio and visual commands, AEDs are designed to be simple for the layperson to use with little or no training. The use of an AED is taught on all first aid courses and training is also available to staff on request from the Risk & Compliance Manager.

AED Locations

There are four AEDs available on campus. They are located at the following points:

1. Prep School – Inside the entrance to Ryeford Hall
2. Senior School – Health Centre, on the wall outside the main entrance.
3. Senior School – Sports hall, adjacent to the Sports Supervisor's Office.
4. Senior School – Wycliffe Hall, on the wall inside the main entrance.

There are two sizes of pads available for the machine. Generally adult pads are loaded into the machine as standard. These can be used on any casualty from the age of 8. Paediatric pads are also available in the Prep School and are located in the back of the AED case) in the event of a child, under the age of 8, requiring assistance.

The Health Centre staff will carry out monthly checks of the AEDs and associated equipment and will hold a register of battery and pad expiry dates. The Risk & Compliance Manager will take over the checks during Summer holiday periods.

Where an AED is needed to accompany a pupil with a known heart condition on a school trip or other offsite activity such as CCF camp or DofE expedition, the trip leader must make a request to the Risk & Compliance Manager. The need for an AED must be documented in the individual's care plan and risk assessment.

If one of the AEDs is taken the following criteria apply:

- The AED should, as a preference, be taken from the Wycliffe Hall unless there is a function on in the hall during the planned trip, in which case either the Sports Hall or Health Centre AED should be taken.
- The trip leader should, in the first instance, check the availability of AEDs in the area that they are visiting to see if there is a need to take one from College.
- The trip leader must email all staff, including Holroyd Howe managers to inform them of the dates and times that the AED will be missing and to remind them of the alternative locations.

The trip leader must place a sign on the AED case to remind staff that the AED has been taken and where alternatives are located. The AED must be returned as soon as the group return to College. If the AED pads are used, the trip leader must inform the Health Centre and the Risk & Compliance Manager so that replacements can be obtained.

Oxygen & Entonox

Oxygen & Entonox are available for emergency use at both Prep and Senior Schools. They are supplied and maintained our Pitch Side Support contractor. Only trained staff are permitted to administer these medical gases. The Risk & Compliance Manager and Health Centre Manager can provide training.

The canisters and associated equipment are stored in the Health Centre (Senior School) and Matron's Office (Ryeford Prep School). All ancillary equipment (masks, airways, hoses) will be replenished as necessary by the Health Centre.

5.4 Minor Injuries

If a child sustains a minor injury, a member of staff with a current first aid certificate, must assess the injury and treat it. Following a minor injury to a child in Rec/KS1 that requires treatment from an adult, the member of staff in charge must complete the daily record sheet and the medical record sheet in the child's personal medical folder. A treatment slip must be completed to send home with the child. The member of staff must inform other staff who are working with the child.

If a child sustains a minor injury to their head that requires treatment, staff will observe the child for the remainder of the day. If other symptoms develop, the child's parent and/or carer must be informed, or if they are unavailable, their emergency contact named adult. A head injury advice sheet will be sent home with the child on the same day. The College's head injury policy must be followed.

If a child sustains an injury, that a first aider has assessed as requiring further specialist medical intervention, for example a deep cut or suspected broken bone, the patient should be triaged by Health Centre staff and the child's parent and/or carer must be contacted or if unavailable, the emergency contact named adult, to advise them of the injury and to request that they collect the child and take them to a medical practitioner to be examined. If it is not possible for a parent and/or carer or emergency contact named adult to collect the child then a staff member should take the child to Gloucester A&E or to Stroud Minor Injuries Unit as appropriate. Staff can also contact 111 for medical advice. An ambulance should only be called in an emergency situation. At no time must the injured child be left unattended and first aid must be given in accordance with training received.

Note: It may be necessary for two members of staff to accompany the child to hospital depending on their condition as the driver will not be able to assist the child enroute.

5.5 Major Injuries and Illness

Any injury or illness which is beyond basic first aid assistance, including serious head injuries, excessive bleeding or unconsciousness, must be treated as an emergency and a call for ambulance assistance must be made. Any member of staff can do this as haste is of the essence. The emergency services operator will need to know the exact location of the casualty including the gate number and postcode (See Appendix A).

- If the casualty is a child, The Senior Deputy Head at either School, or the most senior member of staff on the premises at the time) must be informed as soon as possible.
- If the casualty is a staff member, their line manager should be notified without delay.
- If the casualty is a contractor, the Estates Bursar should be informed.
- If the casualty is a visitor the Senior Deputy Head at either School, or the Director of Finance & Operations, should be informed.

In the case of a pupil, the member of staff in charge must arrange for the parents and/or carers to be informed or, if unavailable, the emergency contact named adult. A member of staff must be designated to accompany the child to hospital in an ambulance and remain with them until the parent and/or carer or emergency contact named adult arrives. Parents sign a consent form prior to their child entering the school consenting to emergency first aid treatment (including medical, dental and optical) if necessary. *Children are not admitted to the school until their completed pupil health form has been received by the Wycliffe Health Centre.*

Following the incident, a record must be created on the Evolve accident reporting system by the member of staff who dealt with the incident. Details of the incident must also be kept in the child's personal file. The injury must be logged on the daily record sheet, stating that an occurrence form has been completed. The Risk & Compliance Manager will report to the HSE under RIDDOR if necessary and will carry out a full investigation where needed.

The local Child Protection Agency and ISI will be informed of any serious accident or serious injury to, or the death of any child whilst in the care of the school and the action taken in respect of it as soon as possible and within 14 days of the incident occurring.

5.6 Existing Injuries Pre-Prep

If a child in Rec/KS1 has an existing injury, for example a bumped head or bruises, which has occurred while the child is not at school, parents and/or carers are requested to record the details on the child's medical record sheet. Staff must then be made aware and should report back if the injuries worsen.

5.7 The Health Centre

5.7.1 Introduction

The following information has been developed to ensure that all staff understand the role of the Health Centre. Wycliffe College Health Centre exists to safeguard and promote the health and welfare of all pupils within the school. It serves Pre-Prep, Prep and Senior Schools by ensuring that:

- Appropriate first aid and minor illness treatment is available
- Boarders have access to medical, emergency dental and emergency optical services as required
- pupils are adequately supervised and looked after when ill and any deviation from normal growth and development of the child is detected and appropriate treatment/advice sought
- pupils are supported in relation to any health or personal problems taking into account their spiritual and cultural needs
- Any pupil with medical needs is offered the appropriate support to lead as normal a life as possible with minimum disruption and minimal emphasis on illness
- All pupils are offered immunisations in accordance with current practice recommended by the Department of Health
- Support is offered to parents, Housemasters, Housemistresses and other staff concerning the physical and mental health and fitness of individual pupils
- The Health Centre is a resource for pupils and staff on any health related topic.

5.7.2 Location

The Health Centre is situated on the school boundary with Robinson House and Regent Street. Access can be gained from the senior school between Loosley Halls and Robinson House or via Regent Street..

5.7.3 Accommodation

The Health Centre is a detached house within its own grounds. On the first floor there is a staff room and a large room that can accommodate 2 pupils at any one time. Separate toilet facilities are available for male and female. There is also a bathroom with a shower and bath. On the ground floor there is a waiting room which is also used as a lounge, 2 consultation rooms for private consultation with the nurse and 2 single bedrooms for pupils with ensuite facilities. In addition, there is a small kitchen and utility area.

5.7.4 Staff

All nurses have current registrations with the Nursing and Midwifery Council (NMC), a regulatory body for health professionals. All Health Centre assistants have current first aid qualifications and all nurses have experience in working with children/young people. In addition, all nurses undertake regular training to maintain their professional competence. GP cover is provided by the school doctors at Five Valleys Medical Practice. The GP also visits the Health Centre to run a clinic, this visit is weekly, during term time only.

5.7.5 Confidentiality

For both doctors and nurses, clear guidelines are laid down regarding their obligation to maintain professional confidentiality. A duty of confidentiality is owed to all patients from birth to death and beyond, although there are clearly defined situations where a doctor or nurse may break that confidence.

In accordance with the school doctor's and nurse's professional obligations, medical information about pupils, regardless of their age, will remain confidential. However, in providing medical and nursing care for a pupil, it is recognised that on occasions the doctor and nurse may liaise with the Head, Senior Deputy Head (Prep or Senior as appropriate) and other academic staff, House Staff and parents or guardians, with the pupil's prior consent. With all medical and nursing matters, the doctor and nurse will respect a pupil's confidence except on the very rare occasions when, having failed to persuade that pupil, or his or her authorised representative, to give consent to divulgence, the doctor or nurse considers that it is in the pupil's better interests or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

The College recognises that a child has the right under Fraser Guidelines to be advised and treated in confidence if seen to be competent.

Surgeries

The nurse on duty is available in the Health Centre at the times below, Mon-Sat. There are no surgeries on Sunday, however if a pupil is unwell the member of House Staff on duty can call the nurse 'on-call' for advice. This facility is available for senior Day pupils and boarders. All pupils are offered a private consultation with the nurse during surgery times. When pupils arrive at the Health Centre during surgery time they are expected to wait their turn with other pupils in the waiting room.

5.7.6 Surgery Times

Senior School

08:00 – 08:45	For those boarders who feel too unwell for school and for those requiring medication (please note, this time is for boarders only)
Throughout morning break.	Pre-arranged appointments managed by Health Centre staff. There will also be an appointment for unwell pupils which can be booked by House Staff for the pupil.
13:00 – 13:45	General drop in session
16:15 – 17:00	General drop in session

Prep School

1 x Daily clinic Monday – Saturday

1 x Full day on Tuesday and half a day on a Thursday school nurse in attendance.

Health Centre on call at all other times for advice or to attend during School hours.

pupils are encouraged to visit the nurse within surgery times rather than during lessons. If they are unwell during the day and feel they require medical attention then they should speak to a member of staff who should telephone the Health Centre to ensure the nurse is aware the pupil is on their way. If a

pupil is unwell in Nursery or the Prep School then a member of staff can liaise with the nurse and arrange for them to be seen.

If a pupil needs to speak to the nurse about a personal matter and does not feel comfortable attending during surgery times, they are able to attend the Health Centre outside of surgery hours. This can be arranged through their House Staff or via email or emailing Health Centre directly. Each house is allocated a Named Nurse who visits the house half termly so that pupils can also access the School nurse within house if preferred. A surgery is run in the Prep School daily in Matrons room to allow any Prep School pupil to see the nurse confidentially. A nurse is also available to visit prep boarding on a Saturday. The Nurse will liaise with the prep boarding house to establish if there are pupils to be seen.

Some pupils rely on extra support from the Health Centre or need to attend on a regular basis for treatment. Usually if this is the case, the nurse will arrange with the pupil a mutually convenient time outside of surgery hours so they have more time to spend with the pupil.

5.7.7 Out of Hours Emergency Treatment

Emergencies

If a pupil is very unwell or has an accident which requires urgent medical attention, parents / guardians and House Staff, will be informed as soon as possible.

Monday - Saturday (08:00 – 18:15)

The Health Centre should be contacted for advice from the nurse on duty. She may be out on site and be contactable by mobile telephone. If the member of staff feels it is a serious emergency and it is necessary for an ambulance to be called, this should not be delayed. Please call for emergency services then follow up with a call to the Health Centre and reception so the senior management team can be informed. If it is a minor emergency the nurse may request for the pupil to be brought to the Health Centre for assessment/treatment, or the pupil may be visited on site.

Monday - Sunday (18:15 – 08:00hrs)

During the evening/night the member of medical staff on duty will offer advice to staff over the telephone and will see emergencies or any pupil who is causing staff concern. Health Centre assistants are on call overnight and will also staff the Health Centre at night if necessary. The Health Centre mobile is switched on 24hrs a day 7 days a week, term time only and should be used to contact Health Centre staff if no one is in Health Centre.

Sunday / Exeat Weekends

An 'on-call' service is provided by the Health Centre during these times. One of the nurses/Health Centre assistants will carry a mobile telephone and will be able to offer advice to the member of staff.

5.7.8 Admissions

If a pupil is unwell it may be necessary for them to be admitted to the Health Centre to allow staff to monitor their condition. The House Staff will be informed so they are aware of the admission. The nurse will liaise with the Housemaster/Housemistress regarding contacting parents to ensure they are kept fully informed. It may be necessary, with medical conditions which require more than a few days absence from school, to arrange for a boarder to go home or to a guardian until they are well enough to attend school. Sometimes pupils are given permission by the nurse to 'rest in house'. The nurse will inform House Staff/Matrons of this decision and will liaise with them until the pupil is well enough to return to lessons.

5.7.9 Monitoring of pupils

All boarders are expected to register with the school doctor and then to consult their home doctor, if necessary during the holidays, as a 'temporary resident'. There are both male and female doctors available at the surgery, however currently the GP completing clinics in the school is female. If a male GP is requested the Health Centre will discuss this with the GP, pupil and parents to try to manage this

request. A completed Pupil Health Form is required for all pupils prior to them commencing at school. Failure to provide a completed Pupil Health Form results in the pupil not being allowed to leave the campus on trips. Information from the Pupil Health Form will be accessible to relevant staff from ISAMS. Health Centre will follow-up with parents and staff anything on the form which causes concern. The completed form will also enable the nurse to register all boarders with the school doctor. All pupils registered with the school doctor have a right to see them and can make appointments themselves without the Health Centre being involved. However, to ensure continuity of care and in some cases more prompt treatment, pupils are encouraged to see the nurse in the first instance. In exceptional cases the doctor may offer some advice to a Day pupil, however, they are usually advised to see their own GP. If appropriate their parents/guardians will be contacted to arrange an appointment.

5.7.10 Vaccinations

The Pupil Health Form requests a vaccination history from all Boarding pupils on entrance to Wycliffe and to be up-dated with further information from parents/guardians as it arises. The information is recorded and pupils are then offered vaccinations in accordance with current practice recommended by the Department of Health. Parental consent is obtained for each vaccination where necessary. This ensures that immunity levels are high enough within the school to reduce the risk of outbreak of infectious disease and ensures the Health Centre is aware of pupils where vaccination has been refused by parents and hence leaves them vulnerable to infection in the event of a local or national outbreak or pandemic. In the event of a local outbreak of infection, those pupils whose parents have declined vaccination, may have to be removed from the school until it is safe for them to return. In addition, if a parent refuses for their child to receive the recommended travel vaccinations for an overseas school trip, the school reserves the right to refuse to allow the pupil to take part.

If **travel vaccinations** are required the nurse will liaise with the Boarding pupil, parents and school doctor to arrange for them to be given. Please note the GP may not offer these vaccinations via the NHS, if this is the case arrangements may need to be made for a private vaccination clinic. Parents are responsible for the cost of these vaccinations.

5.7.11 Medication

Parents are asked not to send their children to Wycliffe with any medication, herbal or homeopathic remedies, unless accompanied by a letter by the prescribing doctor. A 'Request for School to Administer Medication' form needs to be completed by parents if they would like their child to have any medication administered, (including non-prescribed medical treatment) by the school staff. If a pupil is assessed by staff and parents as sufficiently responsible to administer and keep their own medication, then they should be encouraged to do so. All pupils should have suitable lockable storage for medication. The nurse will assess the pupil using a 'Self Medication Assessment Form' which demonstrates that the pupil has an understanding and level of responsibility which allows him or her to hold their own medications. Pupils who have prescribed medication from the doctor can either have this assessment or the nurse will liaise with House Staff to ensure the medication is administered. All medication administered should be entered onto electronic records at the time of administration to ensure the pupils' medical records are up-to-date and contemporaneous. A medication care plan is required if a pupil is going out on a trip or overnight stay the member of staff responsible must take this form with the medication and continue to follow the plan, returning both medication and plan to the House Staff or Health Centre on return. Please refer to the 'Wycliffe Management & Administration of Medications & Supporting pupils with Medical Needs' policy. Paracetamol and anti-histamine (cetirizine) is kept in houses and can be administered by House Staff using the guidelines provided by the Health Centre. All medication administered is recorded on ISAMS and is regularly monitored by the school nurse. The Health Centre supports and liaises regularly with the Matrons to discuss administration of medication.

5.7.12 Off-Games Notes

iSAMS 'off games' will be completed by the Health Centre to those pupils who Health Centre staff feel should be excused from specific or all games for a period of time, to allow for illness or injury recovery. iSams 'off games' may also be issued to advise restricted activity to reintroduce games less vigorously. As games staff need to be aware of those expected to be 'off-games' for lessons or matches a list is updated on iSAMS daily. Consequently, unless an emergency, assessment needs to be completed and iSAMS 'off games' updated by morning or previous afternoon surgeries. If outside of these times an email will be sent to head of games to ensure staff are aware.

5.7.13 Dental Care

Medical Officers for Schools Association (MOSA) recommends that for both day and Boarding pupils their routine dental care should, as far as possible, be carried out during holidays and periods of absence from the school. Emergency dental appointments can be arranged by the Health Centre with a local dentist. All dental fees should be paid directly to the dental practice. All pupils are covered by insurance for emergency dental care and this can be provided by our local dentist. Parents will be informed as soon as possible if their child requires emergency dental treatment.

5.7.14 Optical Care

The pupil health form asks for date of last visual assessment on entry to the school. For those who use prescription glasses or contact lenses optical care may be continued at home during holiday periods with regular visual assessments continued. The Health Centre has established a good relationship with a local optician who will see pupils for visual assessments and emergencies if necessary.

5.7.15 Counselling

Both the Prep and Senior School has a counselling service provided by Gloucestershire Counselling Service, a confidential counselling service for young people. To make an appointment with the counsellor the pupil can either speak directly to the nurse at the Health Centre or ask House Staff to make one for them. Sometimes it may be necessary for a pupil to be placed on a waiting list until there is an available slot.

The counselling service is confidential, and information regarding the pupil being on the waiting list or accessing current or previous appointments will only be shared with parents and House Staff if the pupil has given consent, providing the pupil is Gillick competent. If safeguarding concerns arise then information will be shared as per 5.7.5 confidentiality section of this policy.

5.7.16 Physiotherapy

On a weekly basis a registered physiotherapist visits the School Health Centre to see pupils who have been referred for physiotherapy, either via the Health Centre, parents or school staff. The first assessment is half price, and advisory exercises may be all that is necessary but consent from parents will be sought, in order for appointments to take place as following the initial half price assessment further sessions are charged at full price.

5.7.17 Health Education

The school nurse provides health education for pupils and staff in a variety of ways. These include: one to one advice, group work and nurse-led education sessions in the classroom. The Health Centre displays a range of leaflets on health matters and uses posters to promote themes on health and well-being.

5.8 Arrangements for Medical Conditions

5.8.1 Introduction

The following policy has been developed to ensure that all staff understand what their responsibility is regarding medications in school and the supervision of pupils with health care needs. The following documents have been consulted:-

- Department for Education (2016) *Supporting pupils at School with Medical Conditions*
- The Boarding Schools' Association Briefing papers: An A to Z of Medical Matters (2015) & Medical Protocols and Practice (2005).
- Medical Officers of Schools Association (MOSA) Administration of Medicines in Schools (2017)

Monitoring and evaluation of this policy, against the statutory requirements of the EYFS, is completed through regular review by the EYFS Lead. It is the responsibility of the EYFS Lead to ensure that this policy is being applied effectively throughout the department.

5.8.2 pupils with Medical Needs

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short term; perhaps finishing a course of medication. Other pupils have medical conditions that, if not properly managed, could limit their access to education. For example: epilepsy, diabetes, severe allergy, chronic asthma and so on. Such pupils are regarded as having **medical needs** and have the same rights of admission to school as other children. Most children with medical needs are able to attend school regularly and, with an individual HCP and support from the Health Centre and school staff, can take part in most normal school activities.

5.8.3 Health Care Plans and Asthma Action Plans

Where a pupil has or develops a medical condition, an individual HCP will be drawn up by the Health Centre in consultation with the pupil, parents, and if appropriate the pupils medical team and relevant school staff. The aim of the plan should be to enable the child to lead a normal life with minimal disruption and minimal emphasis on illness. The plan will clarify for staff, parents and the child, the support that can be provided; also the role and responsibilities of the member(s) of staff. A review date will be set, this will be annually; but depends on the child's particular needs. The health care plan can be amended at any time, at parents request, if the pupil's circumstances or treatments change. A copy of the plan will be held by parents and be placed on the school's management information system, iSAMS along with a medical alert, so all staff are aware that the child has a HCP which they can print off if necessary. The Health Centre will provide or arrange relevant training to members of staff who provide support to the pupil.

5.8.4 Asthma

Asthma is the most common chronic childhood condition. Its effects on daily life range from mild to severe. Childhood deaths from asthma, though rare, still occur.

Wycliffe College:

- Recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma.
- Will ensure that pupils with asthma participate fully in all aspects of school life including sports.
- Recognises that immediate access to reliever inhalers is vital.
- Will keep records of pupils with asthma and the medication they take.
- Ensures the school environment is favourable to pupils with asthma.
- Will ensure all staff know what to do in the event of an asthma attack.

The information contained in this document is based on information provided by Asthma UK.

Aims

The asthma policy at Wycliffe College seeks to:

- Ensure that there is communication between pupils, parents and, if necessary any healthcare professionals, to establish the causes and treatment for each pupil with asthma.
- Liaise with parents of pupils with asthma in order to create an Asthma Action Plan.
- Provide information for staff on asthma issues, such as, guidance on how to deal with a pupil(s) suffering an asthma attack.
- Communicate to staff, parents and pupils the procedures for dealing with medication and inhalers.
- Generally raise the awareness of asthma in school.
- Indicate how Wycliffe may reduce or eliminate pupil exposure to asthma triggers.
- Reassure parents and pupils we are a caring establishment.

Definition

Asthma is a condition that affects the airways. Symptoms include coughing, wheezing, a tight chest and getting short of breath – but not every asthma sufferer will experience these symptoms.

Children with asthma have airways that are almost always inflamed. These airways can react badly when someone with asthma has a cold or other viral infection or comes into contact with an asthma trigger. A trigger is anything that irritates the airways and causes symptoms of asthma to appear. Common asthma triggers include colds, viral infections, house-dust mites, pollen, cigarette smoke, furry or feathery pets, exercise, air pollution, laughter and stress.

When someone with asthma comes into contact with a trigger that affects their asthma, the airways will do three things. The airway lining starts to swell, it secretes mucus, and the muscles that surround the airway start to get tighter. These three effects combine to make the tubes very narrow, which makes it hard to breathe in and out normally. When this happens asthma symptoms appear (cough, wheeze, a tight chest, and shortness of breath). This is called an asthma attack.

Medication

Asthma medication is usually given by inhalers although some people with asthma might be prescribed extra treatments known as 'add-on treatments' as well as their usual inhalers. Common ones include treatments for hay fever, and medicines known as leukotriene receptor antagonists (LTRAs), theophylline, or long-acting reliever inhalers. If further medications are required these will be listed in the pupil's Asthma Action Plan.

Reliever (Rescue) inhalers

Relievers are usually blue. This is the inhaler that children need to take immediately when asthma symptoms appear. Relievers work quickly to relax the muscles around the airways. As these muscles relax, the airways open wider and it gets easier to breathe again.

Preventer inhalers

Preventers are usually brown, orange, red, purple or pink and they contain a low dose of steroid medicine called corticosteroids. This medicine works over time to help prevent asthma symptoms by reducing sensitivity, swelling and inflammation in the airways. The preventer is the inhaler that should be taken every day (usually first thing in the morning and last thing at night), even when asthma seems well controlled. Note that preventer inhalers are not effective for treating an asthma attack.

Spacers

Spacers make metered dose inhalers (spray inhalers) easier to use and more effective. They allow more of the medication to be breathed straight down into the lungs where it is needed most. Because of the co-ordination needed, children under 12 often find it difficult to use the MDI (spray) inhalers properly without a spacer.

Nebulisers

Normally children should not need to use a nebuliser in school. The Health Centre should be informed if a pupil has been advised by their GP to use a nebuliser during school hours so that staff can receive appropriate training.

Emergency Situation

All First Aid at Work and Paediatric First Aid qualified staff are trained in the recognition and treatment of asthma and will be able to deal with the majority of incidents in the College. However, emergency situations can arise and you must call an ambulance immediately if:

- The reliever has no effect after five to ten minutes.
- The child is getting distressed or unable to talk.
- The child is getting exhausted.
- You have any doubts at all about the child's condition.

THE PUPIL SHOULD ALWAYS BE TAKEN TO HOSPITAL IN AN AMBULANCE. SCHOOL STAFF SHOULD NOT TAKE THEM IN THEIR CAR AS THE PUPIL'S CONDITION MAY DETERIORATE VERY QUICKLY.

Supply of Medication

Once the school is informed that a pupil has asthma, it will be recorded by the Health Centre on the school's management information system, iSAMS and an alert created. It is the responsibility of every member of staff to be aware of the identity of those pupils in their care with asthma. All parents will be contacted to supply the school with a spare reliever (rescue) inhaler which will be kept in house for senior school pupils, by Matron in staff room in Prep School and by class teacher in the Nursery Class.

Boarders will have an asthma assessment carried out by the GP surgery and a spare inhaler will be supplied for each one. Once the spare inhaler is used the Health Centre should be informed so another one can be ordered. All new boarders with Asthma will be required to arrive at school with 2 x reliever (rescue) inhalers. Once registered with the GP, and an asthma review has taken place, replacement inhalers will be obtained from the GP.

Access to Inhalers

The school acknowledges that a delay in taking reliever (rescue) inhalers can result in severe asthma attacks and in very rare cases could prove fatal.

Consequently, staff must:

- Allow unrestricted access to reliever (rescue) inhalers.
- Encourage pupils to keep their reliever (rescue) inhalers with them at all times, in their pocket or in a bag. For younger children the child's parents, doctor or nurse and teacher can decide when they are old enough to do this (usually by the time they are seven).
- Keep younger children's inhalers in an accessible place in the classroom. Make sure they are clearly marked with the child's name. At break time, in PE/games lessons and on school trips make sure the inhaler is still accessible to the child.
- **Reliever (rescue) inhalers must never be locked up.**

Spare Reliever (rescue) (Salbutamol) Inhalers

The Health Centre will obtain written parental consent for their use from parents of pupils who are known to have asthma and will place the names of the pupils on a register which will be kept alongside the emergency inhaler. The emergency inhalers can only be used by pupils who are on the register and are only to be used as a spare or back up device and not a replacement for a pupil's own prescribed medication.

Senior School:

They are stored, along with spacers, in clearly labelled boxes in the following locations:-

- Every House – in Matron's office
- Sports Hall – next to the defibrillator
- Work Room – next to the first aid box
- Dining Hall – next to the first aid box
- Health Centre – consultation rooms

Prep School

They are stored, along with spacers, in clearly labelled boxes in the following locations:-

- Boarding house – medical room
- Matron's office – Ryeford
- Staff rooms – basket behind door

The boxes are sealed and will be monitored on a regular basis by the Health Centre. Staff must inform the Health Centre as soon as possible if they have had to open and use an emergency inhaler.

To avoid possible risk of cross-infection, the plastic spacer and inhaler should not be reused

NOTE: Reliever (rescue) medication is extremely safe. Although reliever (rescue) inhalers should be treated as medication, school staff should not worry that a child may overdose on their reliever inhaler. If another pupil experiments with another child's reliever (rescue) inhaler it should not be harmful. If a child takes very many doses, they may experience an increased heart-rate or tremor, please seek medical advice.

pupils

At Wycliffe all pupils are taught to respect others and as they progress through the school, to take a responsible approach to medication. Pupils are involved with decisions about their care and treatment and older pupils have a responsibility to look after their inhaler, not remove or use anyone else's and, to ask for a replacement in reasonable time.

Sports/PE Staff

Exercise may trigger an asthma attack and in such cases pupils, acting on their doctor's advice, may need to use their inhalers before such activities take place. Games staff should be aware, through iSAMS, which pupils have asthma and remind them to keep their inhalers within reach during exercise. An Asthma Action Plan will be created and attached to the documents and files section of pupil manager on iSAMS. All staff in contact with a child with asthma needs to ensure they are aware of the contents of the Asthma Action Plan.

Off-site Activities

It is the responsibility of all staff to ensure they are aware of any pupil who has asthma before they are taken off site. The Asthma Action Plan should be printed from the documents and files section of iSAMS and must be taken on the trip along with all relevant emergency medication.

Environment

Wycliffe does all it can to ensure the school environment is favourable to pupils with asthma. The school has a strict non-smoking policy and access to animals/pets is limited. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

5.8.5 Allergies (and Anaphylaxis)

Wycliffe is committed to a whole school approach to the health care and management of those members of the school community suffering from allergies. The school is unable to guarantee a completely allergen free environment, but will aim to minimise the risk of exposure, encourage self-responsibility and plan for an effective response to possible emergencies.

The school recognises that a number of pupils may suffer from potentially life threatening allergies and seeks parent, staff and pupil support towards maintaining a minimised risk environment, whilst also concentrating on ensuring effective medical response to potential anaphylactic episodes.

The intent of this policy is to minimise the risk of any child suffering allergy-induced anaphylaxis whilst at school or attending any school related activity, and to ensure staff are properly prepared to manage such emergency situations should they arise.

The School is committed to proactive risk allergy management through:

- The encouragement of self-responsibility and learned avoidance strategies amongst pupils suffering from allergies.
- Providing training to staff on how to manage anaphylaxis and the use of adrenaline auto-injectors.
- The creation of individual Health Care Plans (HCP) for children with anaphylaxis or those with allergies which require treatment.
- Liaison with parents of children who suffer with serious allergies.

Responsibilities:

Parents are responsible for:

- Providing health information to the school, initially via the pupil health form which will ask for details of any allergies their child may have.
- Keeping the school updated of any changes to their child's health which may occur whilst their child is a pupil at the school.
- Providing necessary medications for their child, including monitoring their expiry dates and replacing medication if necessary.

The School Nurse is responsible for:

- Ensuring the School receives appropriate information from parents regarding child's allergy.
- Placing a medical alert on iSAMS to ensure staff are aware.
- Creating an individual HCP in the case of an allergy which requires treatment and ensuring relevant staff, such as House Staff and Matrons, are aware.
- Ensuring the HCP is regularly reviewed and updated when necessary.
- Ensuring that the catering staff are aware of any child with a severe food allergy and providing a poster, with pictures of pupils with serious allergies, which will be given to the catering department and placed on the staff common room notice board. This is updated half-termly.
- Providing training for staff on the management of severe allergy and anaphylaxis and the use of adrenaline auto-injectors, as requested.
- Ensuring boarders emergency medication and auto-injectors are replaced once they have reached their expiry dates, or if they are used.

Catering Staff are responsible for:

- Ensuring supplies of food stuffs are nut free or labelled "may contain nuts"
- Being aware of pupils and staff who have such food allergies and or intolerances.
- Clear labelling of items of food stuffs that may contain allergens.

House staff are responsible for:

- Ensuring the house team, including Matrons and duty staff, are aware of a pupil with a serious allergy which requires treatment.
- Ensuring all the house team have received relevant training by the school nurse. For example, if a pupil has been prescribed an adrenaline auto-injector, all staff will need to receive training on how to manage anaphylaxis and how to administer an adrenaline auto-injector.
- Regularly reminding those pupils who carry adrenaline auto-injectors, to make sure they have them with them at all times.

- Ensuring that the emergency pack containing a 2nd adrenaline auto-injector, for those pupils with anaphylaxis, is kept in an unlocked room and is accessible at all times.

School staff are responsible for:

- Ensuring that they are aware of any child in their care that may have a serious allergy. This can be done by referring to iSAMS and also to the staff common room notice board where a list of pupils with serious allergies is displayed.
- Ensuring that, if they are arranging to take a pupil who has been prescribed an adrenaline auto injector (AAI) on any out of school activity, this condition should be considered as part of the risk assessment process and measures put in place to minimise the risk. It is important to ensure that there is at least one member of staff accompanying the pupil who has received Anaphylaxis training by the School Nurse or Risk & Compliance Manager and that staff have access to each pupils two AAIs at all time.
- For pupils in the senior school, staff will need to ensure that the pupil is carrying their AAI with them at all times and that their emergency pack containing a 2nd AAI and any further emergency treatment as detailed in their HCP, also accompanies them.
- For pupils in the Prep School, staff will need to ensure that a member of staff collects the pupils two AAIs and HCP from Matron and ensure that these accompany the pupil at all times. The member of staff may also have to inform another food provider about a pupil's allergy to ensure that an effective control is in place to minimise risk of exposure.

Spare AAI's in School

There are four emergency AAI's in the Senior school. They are in clearly labelled boxes and are placed in the following locations:

- Sports Hall – next to the defibrillator
- Work Room – next to the first aid box
- Dining Hall – next to the first aid box
- Health Centre – consultation room

There are two emergency AAI's in the Prep school. They are in clearly labelled boxes and are placed in the following locations:

- Boarding house – medical room
- Staff rooms – basket behind door

Emergency AAIs are available for anyone (Pupil, Staff, Visitor) suffering an anaphylactic reaction if they do not have their own device with them or their device fails for some reason.

999 must be called in all cases of suspected anaphylaxis.

The Health Centre will obtain written parental consent for their use from parents of pupils who are diagnosed with anaphylaxis.

The spare AAI is a spare or back up device and not a replacement for a person's own prescribed medication. The boxes are sealed and will be monitored on a regular basis by the Health Centre staff.

If another pupil experiences the signs of what may be a severe allergic reaction, but does not have a known allergy, the [Department of Health Guidance](#) advises:

"In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate."

5.8.6 Diabetes

Each pupil with diabetes will have an individual Health Care Plan via the Management Information System and all staff will be trained during their First Aid course training to recognise the signs, symptoms and treatment of hypoglycaemia.

5.8.7 Epilepsy

An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time and can happen for many reasons. Most pupils with diagnosed epilepsy will not have a seizure during the school day. Epilepsy is a very individual condition and any pupil with epilepsy will have a Health Care Plan found on the College Management Information System. Seizures can take many different forms and each child may have an individual trigger, all information will be on their individual Health Care Plan.

Most pupils with epilepsy will take anti-epileptic medicines to stop or reduce their seizures. In a convulsive seizure putting something soft under the pupil's head will help protect it. Nothing should be placed in their mouth after a convulsive seizure has stopped. The pupil should be placed in the recovery position and a member of staff should remain with them whilst advice from the Health Centre is sought.

5.9 Medication in School

5.9.1 Staff Training/Monitoring

It is recommended that every member of staff, who is likely to be involved in the administration of medication, ensures they have received the relevant training by the school nurses or the iHasco online training 'Medication Awareness (Education)'. Staff should speak to the Risk & Compliance Manager to be enrolled on iHasco courses. The school nurse will liaise with the Senior Deputy Head in both the Senior and Prep School to ensure that all relevant staff are trained. The school nurses will review the drug registers and inspect the drug cupboards in all areas each term.

5.9.2 Drug Register

Each boarding house in the Senior School and Prep School as well as day Matrons in prep school will document their drug stock levels and administration of medication to pupils using iSAMS medical module. Where controlled drugs are being held, a controlled drug register will be used as well as ISAMS to record drug stock and administration

The following forms may also be used for some pupils requiring medication:

- A copy of the self- medication assessment sheet.
- Guidelines, provided by the Health Centre, for the administration of paracetamol.
- A staff specimen signature sheet, which all staff administering medication will be required to provide.
- A 'Request for School to Administer Medication' form.
- A 'Care plan to Administer Medication'.
- Individual conditions reports in iSAMS with treatment section to be followed.
- Guidelines for administering controlled drugs.
- School 'Care Plan for Administering Medication and first aid on trips'

Additional guidelines for pupils aged 5 years and under

- The early years foundation stage (EYFS) sets standards for the learning, development and care of children from birth to 5 years old. For pupils in Nursery and Reception, only medicines that have been prescribed by a doctor, dentist, nurse or pharmacist, will be administered.

5.9.3 Storing Medication

The school should not store large volumes of medication. All medication in school should be stored in a locked medicine cabinet, strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. If the medication requires storage in a refrigerator that contains food, then it should be put into an airtight container, clearly labelled and placed

in a refrigerator that pupils cannot gain access to. All emergency medicines, such as asthma inhalers and adrenaline auto-injectors, should be readily available to children and not locked away. All medication should be clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Pupils should know where their medicine is stored and who holds the key. Staff should **never** transfer medicines from their original containers. Staff must contact the Health Centre if they have any concerns regarding the safe storage of medication or if any medication goes missing. Controlled drugs should be kept in a locked container within a locked cupboard or, in a separate drug cupboard with the key stored in a locked cupboard.

5.9.4 Disposal of Medication

Staff should not dispose of medication. Parents of day children should be encouraged to collect the medication and dispose of it. If this has not been possible, and in the case of expired medication for boarders, all medicines should be returned to the Health Centre.

5.9.5 Administration of Prescribed Medicines and Medicines provided by Parents

The Health Centre keeps strict control of all medications that are kept in the school, this includes prescription, non-prescription and complementary substances such as herbal or homeopathic remedies, including vitamins. The school will not accept or administer any medications or complementary remedies that are not recognised or licensed in the UK. The school will also not administer any vitamin type substances/preparations unless they are prescribed by a doctor and accompanied by a doctor's letter.

If parents request that a member of staff administer, or supervise administration of a medicine, then parents must complete and sign a request to administer medication form. Parents of pupils in Nursery and the Prep School should be informed on the same day that their child has been given the medication, or as soon as reasonably practicable. For boarders, if a medicine is prescribed by the school doctor, then staff are authorised to administer the medicine without having to gain a permission slip from parents. For the Senior School, medication may be administered by Health Centre or House Staff. In the Prep School, this will be completed by boarding House Staff or Matrons.

All members of staff giving medicine to a pupil should check:-

- The pupil's name
- Written instructions provided by parents, doctor or Health Centre
- Prescribed/recommended dose
- Expiry date
- Reason for the medication and any side effects (If unsure please contact the Health Centre for advice)

A record of all medication given to a pupil should be documented using iSAMS medication module and in addition a paper record to be completed in EYFS settings. If there are any concerns regarding the administration of medication, then the Health Centre should be consulted for advice.

5.9.6 Administration of Medication Supplied by the Health Centre

The Health Centre supplies and authorises staff to administer paracetamol and cetirizine to pupils in Year 3 and upwards. Houses have a stock of paracetamol and cetirizine (antihistamine) should contact Health Centre if they need re stocking. Before administering paracetamol or cetirizine, the member of staff must refer to and check:

- The administration of paracetamol guidelines provided by the Health Centre.
- Date and time of last dose if appropriate using iSAMS medication module. In the case of a Day pupil, the member of staff may have to telephone parents to confirm this if they are unsure about the last dose given.
- Name of any other medication taken in the last 24 hours. (Please check iSAMS medication module).

A record of all medication given to a pupil should be documented in iSAMS **by the member of staff administering the medication** If administering to a Day pupil then the parent(s) should be informed.

If there are any concerns regarding the administration of this medication, then the Health Centre should be contacted for advice.

5.9.7 Self Administration of Medication

According to the DfES it is good practice to support and encourage children, who are able to take responsibility, to manage their own medication from an early age. If a pupil is assessed by the Health Centre, school staff and, where possible parents, as sufficiently responsible to administer and keep their own medication, then they should be encouraged to do so. Each pupil should have suitable lockable storage for their medication and they will be asked to visit the Health Centre with their medication. Using the Self Medication Assessment form, the nurse will allow the pupil to self-medicate if they regard their medication in a responsible manner and they can demonstrate knowledge and understanding of the following:

- Name of medicine and reason for use.
- Dose, frequency and any special precautions or side effects.

The form should then be signed by the nurse and the pupil and a copy is forwarded to House Staff for them to keep in the child's individual record in their drug register. If at any time a member of staff and/or parent is concerned that a pupil does not appear to be acting responsibly with their medication, the pupil will be sent to the Health Centre and the nurse will discuss with them whether it is appropriate for them to continue to self-administer.

pupils are requested to bring all their medicines, which they intend to self-administer, to the Health Centre. Sometimes it is necessary for the Health Centre to remove medicines from the pupil, particularly if the medicine is not licensed in the UK. Advice from the school doctor may be sought in this instance and, in the case of a boarder, it may be necessary for the school doctor to prescribe a different medication. Day pupil's parents will be advised to seek advice from their prescribing doctor. Parents/Guardians will be requested to collect the unlicensed/unauthorised medicines from the Health Centre before the end of term. If any medicine is not collected then the Health Centre will take all medicines to the local pharmacy to be disposed of. House staff will also report to the school nurse any pupil who appears to be using medicines that the Health Centre may not be aware of. The pupil will then be sent to the nurse with their medicine for assessment.

5.9.8 Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act (1971). Controlled drugs may be prescribed as medication for children, e.g. methylphenidate. The Health Centre should be informed immediately if a member of staff becomes aware of a pupil who is taking this type of medication. If the member of staff is unsure then they must always check with the Health Centre for clarification. If a pupil is prescribed a controlled drug then a HCP will be drawn up (see Health Care Plan section). The school GP may be able to set up a shared care agreement with a boarder's existing prescriptions often communicating with the pupil's regular Doctor from overseas, however due to changes in legislation the pupil would need to be referred to NHS services before the GP will consider shared care. If a member of staff administers a controlled drug then the 'Guidelines for Administering Controlled drugs' should be followed and a medication care plan will be supplied by the Health Centre. Staff must also complete 'controlled drugs training' given by Health Centre prior to administering any controlled drug (See Appendix H). The controlled drug register needs to be completed and signed with a recording of the balance of the medication, reporting any discrepancy in the balance, or in the documentation, to the Health Centre who will report it to the Senior Deputy Head (Senior School) for them to investigate.

Controlled drugs will only be taken to boarding houses once all paperwork has been received and Health Centre have checked that the medication has arrived in the correct format with required labelling. Only once all is in order will it be taken to boarding house. All effort will be made for 2 members of staff to be present, one to administer the controlled drug and one to witness, both will sign the controlled drugs book. Health Centre staff will assess a pupil to see if they are Gillick competent regarding their controlled

drug administration, if so, they can also counter sign for the medication if a 2nd member of staff is not available to do so. If a pupil is not deemed to be Gillick competent regarding their medication, then it will be administered in Health Centre only and not by boarding House Staff. When administering medication there should only be 1 pupil in the room at a time to limit disruption and to maintain confidentiality.

On a weekly basis the balance of the controlled drug will be cross-checked in the controlled drug register and signed by two members of staff. One of the members of staff should be the manager of the department, for instance, in a boarding house this would be the Housemaster/Housemistress.

5.9.9 Refusal of Medication

If a pupil refuses medication staff should not force them to do so but note it on the pupil's records. Advice should be sought from the Health Centre who will seek further guidance as appropriate.

5.9.10 Missed Medication

If a member of staff has accepted the responsibility of administering a medication to a pupil then they must take all reasonable steps to carry out this responsibility. If the pupil fails to take their medication, for example, they do not report to a member of staff to collect the medicine, it must be documented on their records, stating the reason why the medication was missed. The Health Centre should be kept informed of any missed medications.

5.9.11 Medication Errors

If a member of staff administers the incorrect dose of medication to the pupil, or if the pupil reports to the member of staff they have self-administered the wrong dose, please report immediately to the Health Centre. If unable to contact the Health Centre, such as during holiday periods, then please contact NHS111 or overseas equivalent, for advice.

5.9.12 Administering Medication On or Off Site

Medication must only be administered by Wycliffe College Staff to ensure that the correct training has taken place. This also limits health information being shared with staff not directly employed by Wycliffe College. Staff taking pupils on trips will have access to a conditions report detailing the pupils known medical diagnoses.

In the event a pupil is administered medication on a trip with no access to medical iSAMS, then the member of staff administering the medication must ensure all other members of staff on the trip are aware the pupil has been administered medication to avoid the risk of overdose.

Health Centre Contact Details

Wycliffe College Health Centre
46 Regent Street
Stonehouse
Gloucestershire
GL10 2AD

Tel: +44 (0) 1453 820440
Mobile: 07730 208094
Email: Healthcentre@wycliffe.co.uk

**WYCLIFFE COLLEGE
HEALTH & SAFETY HANDBOOK
SECTION 5 – FIRST AID & HEALTH CENTRE POLICY**



GP Contact Details

Five Valleys Medical Practice
1a King Street
Stroud
GL5 3BS

Tel: +44 (0)1453 764222
Website: <https://fivevalleysmedicalpractice.co.uk/>

**WYCLIFFE COLLEGE
HEALTH & SAFETY HANDBOOK
SECTION 5 – FIRST AID & HEALTH CENTRE POLICY**



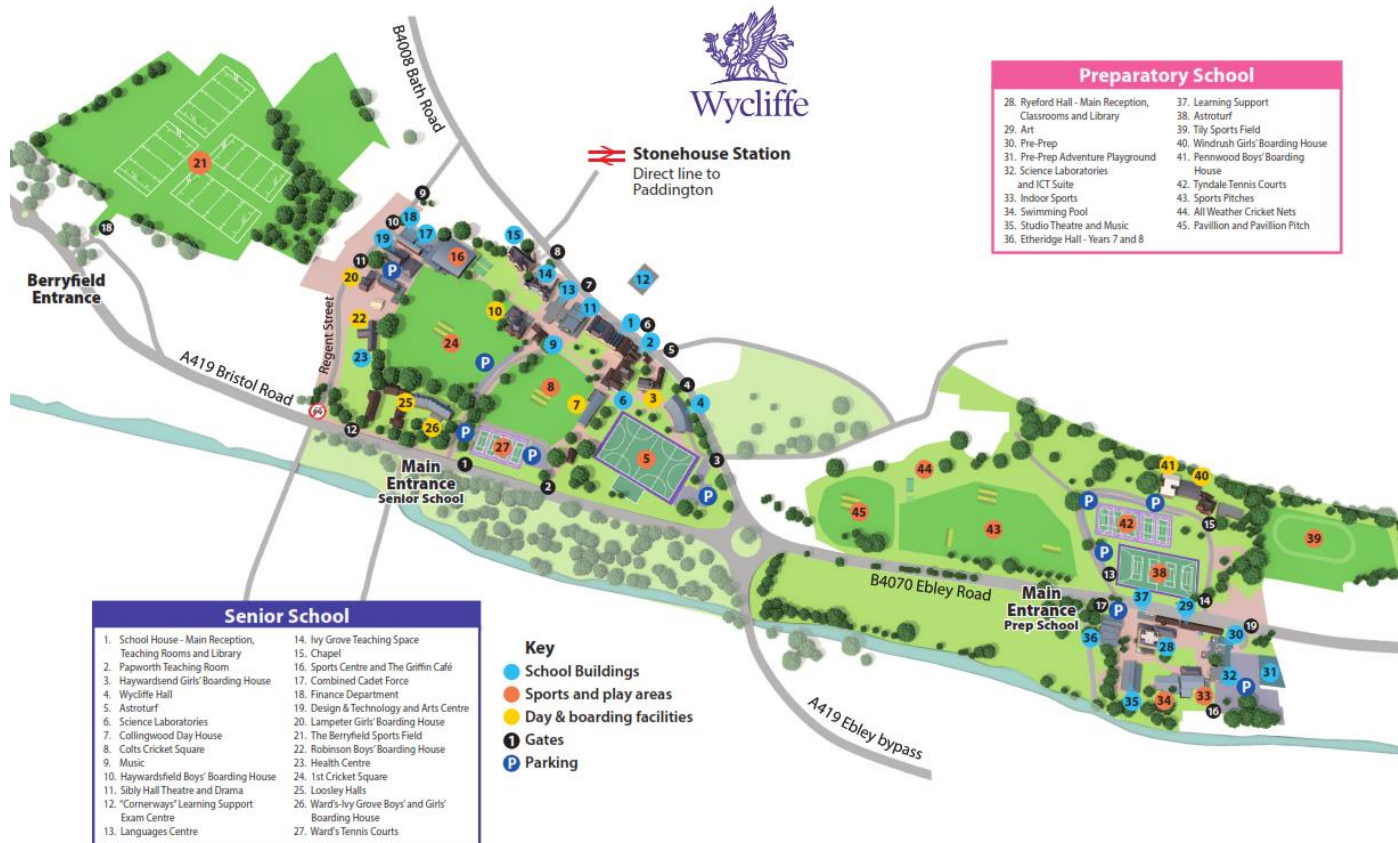
APPENDIX A: LOCATION OF THE INCIDENT

The Emergency Operator will require:

Where you are – Full address including the Wycliffe Gate Number (if appropriate) and your contact telephone number. (Plans of the Senior and Prep Schools are illustrated below):

Senior School - GL10 2JQ

Prep School Site Plan - GL10 2LD



APPENDIX B

PROCEDURE IN EVENT OF BLOOD BORNE BIOHAZARDS EXPOSURE

First Aid Procedure

Splash to Mouth and Skin:

- Wash contaminated area thoroughly with soap & water and dry the area.

Splash to Eyes

- Remove contact lenses if worn, rinse thoroughly with copious amounts of warm water – discuss decontamination of lenses with your optician before re-inserting.
- Complete an Occurrence Report Form
- Contact the Health Centre for further advice.

For puncture wounds:

- Gently encourage wound to bleed, ideally holding under running water
- Wash wound in running water with plenty of soap
- Do not scrub the wound whilst you are washing it.
- Do not suck the wound
- Dry the wound and cover it with a waterproof plaster or dressing
- Inform the Health Centre for urgent medical advice.
- Report the injury to your employer who will complete the paperwork

It is **not** necessary to keep any needle/sharp instrument to send to the laboratory for testing for the presence of blood-borne viruses. Any needle should be isolated to prevent exposure to others then removed safely (using a non-touch technique) into a sharps proof container. Arrange onward removal to the Health Centre for correct disposal.

CONTACT NUMBERS

Health Centre 01453 820440
Health Centre on call mobile 07730 208 094
NHS helpline 111

In the event there is no medical help available on site (such as during the holiday period), please report to the nearest A&E Unit*, with a copy of the College' Needle stick Policy

* The nearest main A&E unit to Wycliffe is *Gloucester Royal Hospital*

NEEDLE STICK POLICY

Duties and Responsibilities

Management

Ensuring all staff receive suitable and sufficient information, instruction and training for the work, including discussion of workplace risk assessments and preventative measures to be taken. Managers will ensure that all staff have training in using the spill kits and what to do if exposure occurs.

All Staff

Are responsible for complying with the College's policies and procedures and undertaking safe working practices, reporting any hazardous situations, including accidents, incidents and near misses. Staff are also to use PPE provided for them in the course of their work and report any defects to their line manager.

Risk & Compliance Manager

Will undertake the necessary steps to ensure suitable and sufficient assessment of workplace activities, a rigorous reporting system is in place and records of incidents and trends are maintained. Any injury is to be investigated and action plans established. The duty to inform the HSE as a RIDDOR and Public Health England falls within this scope of practice.

Testing and Counselling

Will normally be undertaken by the A&E unit or they may refer on to through the injured person's primary care provider who hold the relevant details of their health and have the clinical treatment setting to perform the necessary investigations.

Prevention and Control

The principles of risk assessment should be used:

- Elimination – working practices should be regularly reviewed to wherever possible eliminate the use of unnecessary sharps
- Engineering controls – wherever possible staff or pupils who need to use needles for medical purposes should do so in agreed areas (and in the case of pupils under appropriate supervision) where sharps can be safely disposed of.
- Safe systems of work – managers will ensure safe systems of work are in place and staff/pupils adhere to College's policy and procedures. Sharps collection units must be provided.
- Personal protective equipment – staff should use the appropriate PPE such as gloves, goggles, apron for procedures where there is a risk of blood or body fluid exposure.
- Information, instruction and training by a competent person is to be given to all staff working in areas where needle stick injury or exposure to body fluids/biohazards are a risk.

Prevention of Blood and Body Fluid Exposures

The Risk Manager will ensure there has been an assessment of risk performed in all pupil houses and clinical areas and will seek to eliminate risks as far as reasonably practicable.

Prevention of Needle stick/Sharps Injuries

All staff who undertake work which requires them to use, oversee or collect sharps must follow the guidance for the Prevention of Sharps Injuries and Eye/Skin Splashes below.

Disposal of Clinical waste

Clinical waste includes, blood soiled first aid dressing, vomit, faeces and known infected medical dressing (pus). This type of waste should be disposed of in a yellow clinical waste bag and should be placed in the yellow clinical waste bin situated in the Grounds yard.

Procedure in Event of Injury

Immediate First Aid Requirements

Splash to Eyes, Mouth and Skin:

Where the mouth or skin have been exposed to blood or body fluids, wash the contaminated area thoroughly with soap and water and dry the area. If eyes contaminated (remove contact lenses if worn) rinse thoroughly with copious amounts of warm water – *discuss decontamination of lenses with your optician before re-inserting*. Report incident to manager, complete an Occurrence Report Form then contact the Health Centre for further advice.

For puncture wounds:

- Gently encourage the wound to bleed, ideally holding it under running water
- Wash wound in running water and plenty of soap
- Don't scrub the wound whilst you are washing it.
- Don't suck the wound
- Dry the wound and cover it with a waterproof plaster or dressing
- Report the injury to your employer

It is **not** necessary to keep any needle/sharp instrument to send to the laboratory for testing for the presence of blood-borne viruses. Any such sharp instruments should not be re-sheathed but disposed of directly into an appropriate container.

SUN SAFETY POLICY

Aim

The purpose of the Wycliffe Sun Safety policy is to protect staff and pupils from sunburn. Sunscreen products are not classified as a medicine. However, the implications for sunscreen use in school are analogous to that of medicines.

The use of sunscreens is a preventative measure that will help to prevent the painful and often long-term effects of exposure to the sun. The application of sunscreen should therefore be promoted to pupils of all ages. The College has a duty of care, especially to younger pupils of Pre School or Reception age who are unable to administer sunscreens to themselves. Where a pupil is unable to apply sunscreen themselves, a member of staff may assist. It must be noted that staff are under no legal obligation to administer sunscreen and would do so voluntarily and with written consent of the parents.

Physical contact with children can put teachers and support staff at risk of allegations of abuse but physical contact is not, itself, unlawful. This policy will provide guidelines for staff to follow which will minimise the risk of abuse allegations.

Introduction

Skin cancer is one of the most common cancers in the UK and is almost always caused by the sun. Skin cancer is therefore preventable and by protecting the skin of young children and teenagers it is possible to reduce the risk of sunburn and cumulative damage caused by the sun. There is evidence that sunburn in childhood increases the risk of skin cancer later in life.

Sunscreens

The use of sunscreens in school is only one of a range of sun safety measures to prevent sunburn during summer months but should be encouraged when other preventive measures, such as shade or protective clothing, are unavailable or impractical, or as additional protection. Sunscreen is usually available as a cream, lotion or spray. It acts either as a physical barrier to the sun, reflecting the sun's harmful ultraviolet (UV) radiation, or it contains chemical absorbers that soak up UV radiation, reducing the amount that reaches the skin. Some products combine both methods. Parents should be asked to supply sunscreen for their child. The container should be clearly labelled with the child's name. A limited supply of a high factor, sensitive skin sunscreen will be kept in Prep Boarding and Pre-Prep buildings for use by pupils who may have forgotten to bring their own.

Sun Factors

The ability of sunscreens to protect against the amount of UV radiation that reaches the skin is measured in terms of the sun protection factor (SPF). All products sold in the UK carry a SPF rating that ranges from 2 to 30+. The higher the factor, the greater the protection. The SPF number indicates **how long a person can stay in the sun without burning**, compared with the length of time it takes to burn without sunscreen.

For example, if a person normally starts to burn after about 10 minutes, then it will take that person approximately 150 minutes to start to burn if they use sunscreen with a SPF of 15 (i.e. 10 x 15).

When is Sun Protection Necessary?

The potential for prolonged exposure to the sun and the risk of sunburn while at school or on school outings should be considered as part of the risk assessment process and measures put in place to minimise the risk. Teachers of pupils of all ages need to be aware of the amount of time spent in the sun for those who may have an outdoor lesson and also have games within their lesson programme. Protection against the sun is necessary when UV radiation levels are at their highest.

In the UK this is:

- Between April and September
- Between 11 am and 3 pm
- On cloudless days even when the temperature is not high or there is a cooling wind (although cloud reduces UV levels, it is still possible to burn under light cloud)
- When UV is also reflected, adding to the overall intensity that reaches the skin; light surfaces like concrete, water, sand and snow reflect UV.

Protective Measures

Sun protection measures include the provision of shade, appropriate clothing and hats, and the use of high factor sunscreens. During sports events and school excursions pupils and staff who are most at risk of sunburn should be encouraged to cover up at all times. Pupils should be encouraged to wear a hat at all times whilst outside in sun during prolonged periods, such as when participating in games.

Supply of Sunscreens

Parents of children in Nursery and the Prep School will be sent a reminder, either by letter or via the parent portal, asking them to supply their child with a sunscreen product with an SPF of at least 15. See Appendix H1. Senior school pupils will be reminded, by staff, to bring sunscreen into school during the summer term.

Applications of Sunscreens

The protective effect of sunscreen products is reduced over time as the sunscreen is absorbed and/or rubbed-off. Sunscreen applied before school provides insufficient protection for a whole day.

Therefore, when UV radiation levels are at their highest (see above), staff must ensure that pupils either apply sunscreen themselves, or assist with application.

Most pupils will be able, with some direction, to apply sunscreens themselves **Self-application is recommended**. This prevents allegations of abuse and encroachment into learning time. Pupils may help each other if wished.

It is important to apply sunscreens correctly and teachers need to advise pupils to:

- Use about a dessert spoon of the cream/lotion for a child. (for adults about 1 tablespoon)
- Spread it evenly over the exposed areas of the body (face, neck, arms and legs) with particular attention to those areas that burn easily, such as the ears and neck
- Rub it in well.

Young children may need assistance and teachers must use their professional judgement when they feel a pupil needs this kind of support.

Permission for teachers/support staff to apply sunscreen must be gained from parents

CHILDHOOD & ADOLESCENT MENTAL HEALTH DISORDERS

Some of the most commonly diagnosed forms of mental health problem are:

Depression

Depression lowers your mood, and can make you feel hopeless, worthless, unmotivated and exhausted. It can affect sleep, appetite, libido and self-esteem. It can also interfere with daily activities and, sometimes, your physical health. This may set off a vicious cycle, because the worse you feel, the more depressed you are likely to get. Depression can be experienced at different levels e.g. mild or severe and can be related to certain experiences; for example, postnatal depression occurs after childbirth. Depression is often associated with anxiety.

Anxiety

Anxiety can mean constant and unrealistic worry about any aspect of daily life. It may cause restlessness, sleeping problems and possibly physical symptoms; for example, an increased heartbeat, stomach upset, muscle tension or feeling shaky. If you are highly anxious you may also develop related problems, such as panic attacks, a phobia or obsessive compulsive disorder.

Obsessive-compulsive disorder

Obsessive-compulsive disorder (OCD) has two main parts: obsessions and compulsions. Obsessions are unwelcome thoughts, ideas or urges that repeatedly appear in your mind; for example, thinking that you have been contaminated by dirt and germs, or worrying that you haven't turned off the oven. Compulsions are repetitive activities that you feel you have to do. This could be something like repeatedly checking a door to make sure it is locked or washing your hands a set number of times.

Phobias

A fear becomes a phobia when you have an exaggerated or unrealistic sense of danger about a situation or object. You will often begin to organise your life around avoiding the thing that you fear. The symptoms of phobias are similar to anxiety, and in severe forms you might experience panic attacks.

Bipolar disorder (formerly known as manic depression)

If you have bipolar disorder you will experience swings in mood. During 'manic' episodes, you are likely to display overactive excited behaviour. At other times, you may go through long periods of being very depressed. There are different types of bipolar disorder which depend on how often these swings in mood occur and how severe they are.

Schizophrenia

Schizophrenia is a controversial diagnosis. Symptoms may include confused or jumbled thoughts, hearing voices and seeing and believing things that other people don't share. If you have these symptoms you might also become confused and withdrawn. There is debate about whether schizophrenia is actually one condition or more a collection of symptoms that are not clearly related.

Personality disorders

Generally speaking, personality doesn't change very much. Yet it does develop as people go through different experiences in life, and as their circumstances change. If you have a personality disorder, you are likely to find it more difficult to change your patterns of thinking, feeling and behaving, and will have a more limited range of emotions, attitudes and behaviours with which to cope with everyday life.

Eating disorders

Eating disorders can be characterised by eating too much, or by eating too little. If you have an eating disorder you may deny yourself anything to eat, even when you are very hungry, or you may eat constantly, or binge. The subject of food, and how much you weigh, is likely to be on your mind all the time. An eating disorder is likely to develop as a result of deeper issues in your life and is possibly a way of disguising emotional pain. Anorexia, bulimia, bingeing and compulsive eating are some of the most common eating disorders.

Common behaviours

In addition to the more formal diagnoses above, there are some behaviours and feelings which are strongly associated with mental health problems.

Self-harm

Self-harm, or self-injury, describes a wide range of things people deliberately do to themselves that appear to be harmful but usually do not kill them. Cutting the arms or the back of the legs with a razor or knife is the most common form of self-harm, but self-harm can take many forms, including burning, biting, hitting or taking overdoses. A young person may self-harm to help them cope with negative feelings, to feel more in control or to punish themselves. It can be a way of relieving overwhelming feelings that build up inside, when they feel isolated, angry, guilty or desperate.

Suicidal thoughts

It is common to have suicidal thoughts if you are experiencing mental health problems – especially if you have a diagnosis of depression, borderline personality disorder or schizophrenia. The deeper your depression, the more likely it is that you will consider killing yourself. However, you can help yourself and you can get help from other people. A great many people think about suicide, but the majority do not go on to kill themselves.

Panic attacks

These are sudden, unexpected bouts of intense terror. If you experience an attack you may find it hard to breathe and feel your heart beating hard. You may have a choking sensation, chest pain, begin to tremble or feel faint. It's easy to mistake these for the signs of a heart attack or other serious medical problem. Panic attacks can occur at any time, and this is what distinguishes them from a natural response to real danger.

A risk assessment may be required for pupils with known mental health disorders, this will be assessed on a case by case basis. Staff will liaise with the DSL and the Risk and Compliance manager.

MENTAL HEALTH POLICY

Introduction

Definitions:

- **A mental health problem** is defined as: 'a disturbance of function in one area of relationships, mood, behaviour or development of sufficient severity to require professional intervention' (Dept. of Health 1995).
- **A mental health disorder** is defined as: 'a severe problem (commonly persistent) or the cooccurrence of a number of problems, usually in the presence of several risk factors' (Dept. of Health 1995).

Mentally healthy pupils have the ability to develop emotionally within the normal range. Some pupils develop behavioural problems that are outside this normal range and these pupils could be described as experiencing mental health problems or disorders. These disorders can seriously impair academic performance.

Schools are uniquely placed to influence the mental health of children and young people. An important key to promoting children's mental health is therefore an understanding of the protective factors that enable children to be resilient when they encounter problems and challenges.

'Resilience seems to involve several related elements. Firstly, a sense of self-esteem and confidence; secondly a belief in one's own self-efficacy and ability to deal with change and adaptation; and thirdly, a repertoire of social problem solving approaches.'

As well as being in a position to recognize the symptoms of mental health difficulties at an early stage, they can enhance the social and emotional development of children and foster their mental wellbeing through their daily responses to pupils.

The purpose of Wycliffe's Mental Health Policy is to help ensure that the school provides a coherent institutional approach when responding to pupils with mental health problems.

The school has specific legal responsibilities towards pupils whose mental condition falls within the definition of disability under the Equality Act. This requires us to ensure that pupils with a well-recognised mental illness are not discriminated against and that reasonable adjustments are put in place to support their learning.

The school aims to provide a supportive environment that will help pupils with mental health difficulties to realise their full academic potential and to successfully complete their course. It also aims to facilitate and promote positive mental health and well-being by:

- Providing a range of support services such as a counselling service and a learning support service.
- Encouraging pupils with mental health difficulties to seek support.
- Having in place effective procedures for the disclosure of information in respect of pupils with mental health difficulties.
- Ensuring that the sources of support are clearly communicated to both prospective and current pupils.
- Promoting understanding and recognition of mental health difficulties.
- Providing guidance and training to staff involved in the support and care of those with mental health difficulties.
- Providing clear guidance on the confidentiality of personal information provided by pupils.

However, whilst the school is committed to providing a supportive environment, it is important to recognize its limitations in providing a therapeutic environment with sufficient monitoring. Sometimes, it may be recommended that a pupil leave school temporarily on medical grounds to seek more intensive care.

Risk Factors influencing the mental health of children

There is no easy way of telling whether children will develop mental health problems or not. Some children maintain good mental health despite traumatic experiences, whilst others develop mental health problems even though they live in a safe, secure and caring environment.

There are, however, some common risk factors that increase the probability that children will develop mental health problems.

These include individual factors, such as:

- having a long-term physical illness or learning disability
- family factors, such as parental conflict and inconsistent discipline
- having parents who separate or divorce
- having a parent who has had mental health problems, problems with alcohol or has been in trouble with the law
- having been severely bullied
- child abuse and neglect (physical abuse, neglect, sexual abuse, emotional abuse)
- experiencing the death of someone close to them /bereavement (grief, aggression, regression and adjustment difficulties)
- experiencing discrimination, perhaps because of their race, sexuality or religion
- acting as a carer for a relative, taking on adult responsibilities
- having long-standing educational difficulties
- post-traumatic stress (caused by an event involving intense fear, helplessness or horror)
- environmental factors such as socio-economic disadvantages – living in poverty or homelessness (Mental Health Foundation, 1999)
- taking certain prescribed drugs such as *Roaccutane* (generic name, isotretinoin) where there have been recorded side effects including bad headaches, blurred vision, dizziness, nausea, vomiting, seizures, stroke, diarrhoea, and muscle weakness. Additionally, serious mental health problems, such as depression and suicide, have been reported with isotretinoin use. All pupils treated with isotretinoin will be observed closely for symptoms of depression or suicidal thoughts, such as sad mood, irritability, acting on dangerous impulses, anger, loss of pleasure or interest in social or sports activities, sleeping too much or too little, changes in weight or appetite, school or work performance going down, or trouble concentrating, or for mood disturbance, psychosis, or aggression.

Childhood and adolescent mental health disorders

These may include:

- Conduct disorder (e.g. aggression, destroying or losing of property, deceitfulness or theft, truanting or running away etc.)
- ADHD (inattention, hyperactivity and impulsivity)
- Deliberate self-harm (suicidal behaviour) **see Appendix F1**
- Eating disorders (e.g. anorexia, bulimia and obesity) **see Appendix F2**
- Obsessive-compulsive disorder (obsessions, compulsions and personality characteristics verging on the panic threshold all the time)
- Anxiety disorders (e.g. anxiety, phobias, panic, and school-phobia)
- Soiling and wetting
- Substance abuse (abuse and dependence)
- Depression and bipolar disorder
- Schizophrenia (abnormal perceptions, delusional thinking, thought disorders)

Prevention

Wycliffe College has the following in place to help pupils to cope with school life with the aim of helping to prevent problems from developing. These systems also enable staff to recognize and help pupils with mental health problems.

- **Whole-school organization:** policies, curriculum, tutorial system, pastoral care, management of behaviour, home-school liaison, anti-bullying and SEN provision.
- **Pastoral provision:** organisation of Life Skills/PSHEE, pastoral care system, ability for early intervention, support and training for staff, support for vulnerable pupils and liaison with the school Health Centre, school counsellor and external agencies.
- **Classroom practice:** Facilitative teaching, guidance and Life Skills/PSHEE.

Procedures for Identification of Disorders

Recognising when a child is suffering from mental health problems is not always easy but staff are often the 'front line' of identification.

As an integral part of their pastoral role, staff should be alert to the signs of possible mental health difficulties and bring to the attention of the pupil's Housemaster/Housemistress, Health Centre and/or Senior Deputy Head (Prep or Senior School as appropriate) any cases that they feel may be a cause for concern.

Many children exhibit occasional episodes of disruptive or withdrawn behaviour or occasional bouts of 'naughtiness'. These are not necessarily cause for mental health concern.

Intervention Protocol

It is recognized that it is important to give support to young people with mental health problems as soon as the problems are seen to affect the child. The longer the young person struggles, the more complex the problem could become.

Supporting a distressed pupil can be extremely time consuming and stressful to the member of staff.

- Think carefully what you can and cannot do to help.
- Ask yourself whether you have the time and skills to support them.
- Consider whether there might be a conflict with any of your other responsibilities e.g. disciplinary
- Explain clearly to the pupil the limits of your role.
- Be prepared to take a firm line about the extent of your involvement.
- **DON'T DEAL WITH THE SITUATION ON YOUR OWN.**

If you have concerns for a pupil:

- Don't avoid the situation, be proactive not reactive and don't allow the situation to get worse.
- Gather more information from colleagues to see if your concern is shared.
- Express your concerns in private to the pupil and be prepared to listen.
- Explain to the pupil that it may not be possible to keep any information given confidential, but that you would discuss with them if you felt that you needed to share any of the information. (see later paragraph on confidentiality).
- If you are concerned that you may not have the skills to deal with the pupil's problems, or if there is no improvement in the pupil despite your intervention, speak again to House Staff or to the Health Centre or Senior Deputy Head (Prep or Senior School as appropriate). It is important that you err on the side of caution and not get drawn into situations which you may not be able to manage. If in doubt always refer the pupil on.

[see flow chart in **Appendix F3**]

The 'Team'

House Staff, the school nurses or the Senior Deputy Head (Prep or Senior School as appropriate) will call a case meeting with the appropriate members of staff to discuss whether:

- There are any safeguarding issues
- Who information needs to be fed on to, for example, a referral to CYPS
- The next steps to be taken
- Actions will be set in place to arrange appropriate support
- Each case will have to be evaluated and an appropriate course of action chosen.

The team will be made up of the relevant members of staff from the following:

- Senior Deputy Head (Prep or Senior School as appropriate)
- House Staff
- Tutor
- School Nurses
- relevant teaching staff (if appropriate)

Health Centre

The Health Centre provides general medical services to all its registered pupils and this includes the provision of services and care for pupils with mental health concerns. Information is never disclosed to a third party, including the school without a pupil's permission. The only exception to this would be if it was considered to be in the pupil's better interests, or necessary for the protection of the wider school community. If a breach of confidentiality was felt necessary, where possible, the pupil would be informed about this, if appropriate.

Counselling Service

Wycliffe's Counselling Service offers free confidential advice to all pupils. All pupils are entitled to an initial meeting with the school counsellor where they are invited to discuss their difficulties, some of the background to these and the kind of help they think they need. If the counsellor feels that the pupil would benefit from being referred to CYPS and/or the GP, this will be passed onto the school nurse who will arrange a referral.

Confidentiality / Disclosure of Information

pupils who disclose a mental health difficulty, either upon application or subsequently, or who are referred for an assessment, will be invited to a meeting with the staff in the Health Centre.

In accordance with nurse's professional obligations, medical information about pupils, regardless of their age, will remain confidential. However, in providing medical and nursing care for a pupil, it is recognised that on occasions the nurse may liaise with the Headmaster (SS), Head (Prep), Senior Deputy Head at either School as appropriate, House Staff and other academic staff plus parents and/or guardians, with the pupil's prior consent. The nurse will always respect a pupil's confidence except on the very rare occasions when, having failed to persuade the pupil, or his or her authorised representative, to give consent to divulgence, the nurse considers that it is in the pupil's better interests or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

However, pupils are encouraged to disclose their needs at the earliest opportunity to ensure that appropriate support will be made available. These support needs are communicated on a need to know basis and access to this information is restricted to the Senior Deputy Head (Prep or Senior School as appropriate) and House Staff and/or staff responsible for teaching the pupil. The purpose of the information is to ensure that appropriate staff are aware of the pupil's support needs and can put in place any reasonable adjustments that have been recommended.

Whilst we wish to respect pupils' wishes to keep issues confidential we also recognize that mental health problems may mean that the pupil involved does not have the ability to recognize the need for help.

pupils who are over the age of 16 will be encouraged to tell their parents about their problems or to give permission for a member of staff to do so. If it is felt that they are at risk to themselves or the wider school community, confidence will be broken and the parents informed.

pupils under the age of 16 will also be encouraged to talk to their parents or allow a member of staff to do so. In the case of refusal they will be treated on an individual basis with the final decision being taken by the team as to whether the parents should be involved.

On departing Wycliffe to enter Higher Education, pupils will be encouraged to share information regarding any mental health /anxiety concerns with the relevant personnel at their Higher Education institution/university and/or sign on with a GP at the Higher Education institution/university, in order that may access any support/extra time/examination breaks etc. plus any medication, should they require it in the future.

Monitoring and Evaluation

- **The policy is a living document, which will be evaluated, refined and updated on a regular basis.**
- There will be a continuing programme of INSET as deemed necessary.

Reference to other legislation and relevant school policies

The Mental Health Policy is regularly updated in order that Wycliffe complies with new legislation and good practice. Currently the School's policy is consistent with, and so reinforces:

- NHS/MOSA/BSA guidelines regarding mental health in Schools
- GDPR 2018

Other Policies/Staff Guidelines, which have relevance to the *Mental Health Policy*, are:

Safeguarding

- Health Centre
- Mental Health
- Pupil Confidentiality

APPENDIX F1

Self-harm Guidelines

Wycliffe believes that any form of self-harm is serious and it is essential that it is addressed. Self-harm is a coping mechanism. An individual physically harms themselves to deal with emotional pain or to break feelings of numbness by arousing sensation. Self-harm is any intentional behaviour that inflicts physical harm on someone's own body without suicidal intent. It is aimed at relieving emotional distress. Self-harm can include cutting, burning, banging, bone-breaking, overdosing on medications and self-poisoning.

It is right and appropriate for the school to set clear boundaries and expectations of behaviour and for the pupils to realise that overstepping these boundaries will have consequences. As part of our Life Skills/PSHEE programme, in addition to pastoral discussions in House, we endeavour to educate against such behaviour, but we recognise that a number of factors may lead to a pupil wanting to harm himself or herself and we need to be prepared to deal with this when the situation arises.

Risk factors associated with self-harm (*this is not an exhaustive list)

- Mental health disorders including depression and eating disorders
- Drug/alcohol abuse and other risk-taking behaviour
- Recent trauma e.g. a bereavement or parental divorce
- Bullying
- Abuse

- Sudden changes in behaviour and academic performance
- Social media

It is important to consider the self-esteem and unhappiness of any person who is self-harming.

Guidelines and Protocol

- The management of a pupil with any form of self-harm issue will be largely undertaken by the school nurses and GP with appropriate liaison with the Senior Deputy Head (Prep or Senior School as appropriate).
- In the first instance, it should be ascertained if any medical attention is required by the pupil.
- Any member of staff who has concerns regarding a pupil self-harming can discuss them with the school nurses.
- Staff should listen to pupils in emotional distress calmly and in a non-judgemental way.
- Staff must not make promises assuring confidentiality but should reassure pupils that in order to seek health and happiness people need to know about their problems so that they can help. Staff should immediately inform the Housemaster/Housemistress if appropriate and the Senior Deputy Head (Prep or Senior School as appropriate) after disclosure – details of the conversation should be written down and the notes passed through to the Health Centre team, the Housemaster/Housemistress and the relevant Senior Deputy Head.
- In the case of both boarders and Day pupils, the Housemaster/Housemistress and relevant Senior Deputy Head in consultation with the medical staff will decide on further actions, which would usually involve informing the parents.
- Concerns over any pupil, boarding or day, will be reported to the school nurses. If an injury has occurred that requires treatment or if the pupil has taken an overdose, the pupil should always be escorted to the Health Centre by a member of staff.
- For boarders, the school doctor may be involved in order to assess and if necessary refer the pupil for counselling or to outside agencies. The Housemaster/Housemistress would normally inform the parents. The pupil would be expected to receive some form of counselling and the Health Centre would normally arrange this.
- If the pupil seeks independent help from the Health Centre/Counsellor then the pupil would be encouraged to allow the Health Centre to liaise with the pupil's parents and appropriate staff. However, parents, Housemaster/Housemistress and the relevant Senior Deputy Head would normally be informed if it was felt that the pupil was a danger to themselves or if their behaviour was seriously affecting others or the pupil was uncooperative with the Health Centre regarding treatment.
- Support should be provided to other pupils in helping them understand the self-harm behaviour as often a pupil will disclose to a peer.
- All information should be recorded appropriately as soon after the disclosure/noticing markings etc. as possible.
- pupils that self-harm may be required to leave school temporarily for the following reasons:
 - Their condition is not improving.
 - They do not realise/acknowledge their self-harm is an issue.
 - They or their parents are refusing to co-operate with the management of their condition.
 - If, in the judgment of medical, academic or pastoral staff, their behaviour is having a detrimental impact on other pupils in the school.

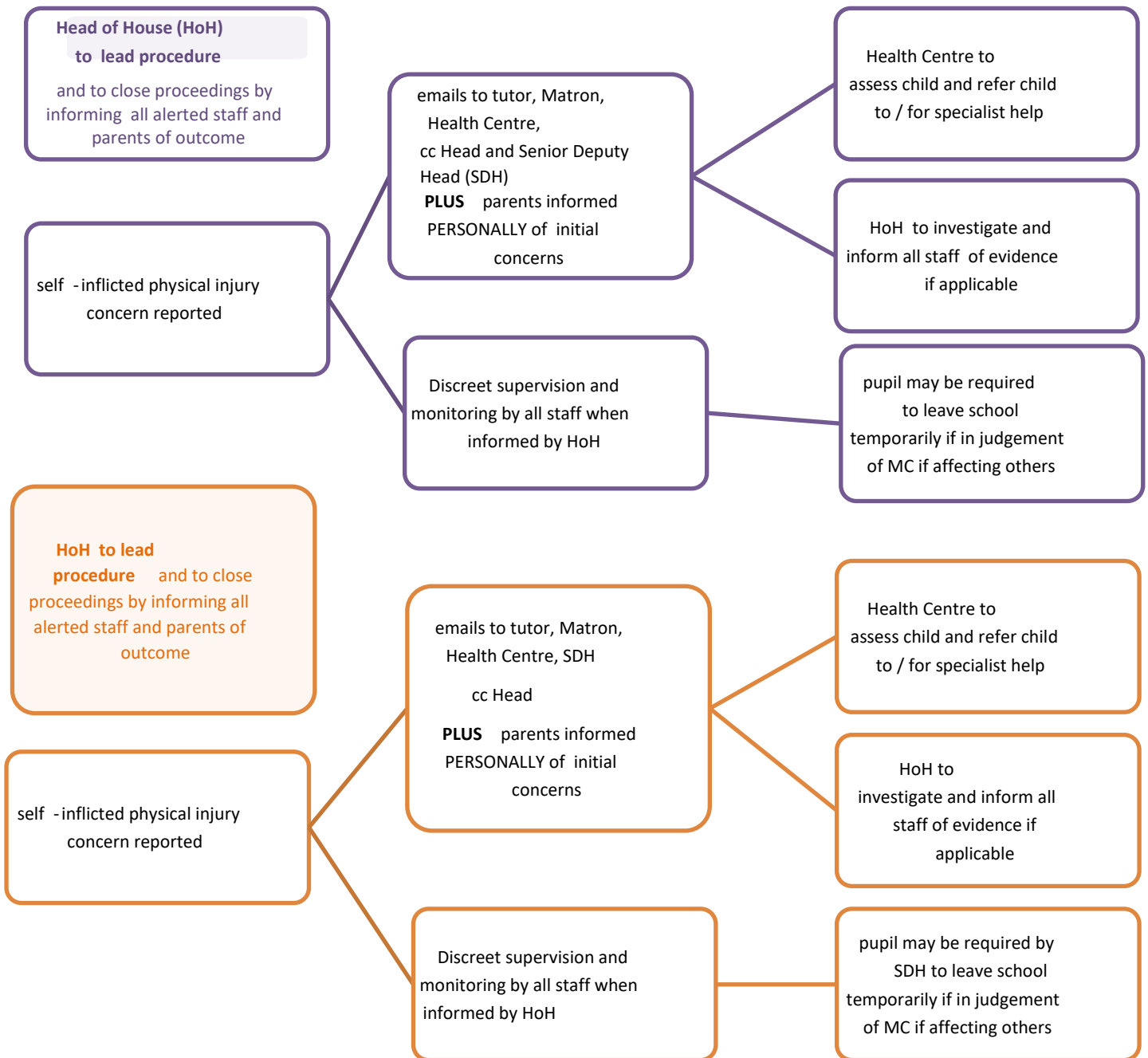
The school will give parents full support in trying to find appropriate medical help and will continue to liaise closely with the family during this period.

The pupil will be allowed back to school when the Head is satisfied that the reasons for the temporary departure no longer apply.

- Members of House Staff working closely with a pupil who self-harms should also be offered support. In the first instance this support may be via the school nurse or via their GP.

In accordance with statutory guidance every pupil who self-harms, must be reported to the Designated Safeguarding Lead for Child Protection (DSL).

**WYCLIFFE COLLEGE
HEALTH & SAFETY HANDBOOK
SECTION 5 – FIRST AID & HEALTH CENTRE POLICY**



APPENDIX F2

The following information has been taken from the BEAT (Beating eating disorders) website. For further information: <https://www.beateatingdisorders.org.uk>

Types of Eating Disorder

Eating disorders are a range of conditions that can affect someone physically, psychologically and socially. They are serious mental illnesses and include anorexia, bulimia and binge eating disorder. Over 725,000 men and women in the UK are affected by eating disorders.

Although serious, eating disorders are treatable conditions and full recovery is possible. The sooner someone gets the treatment they need, the more likely they are to make a full recovery.

Anyone can develop an eating disorder, regardless of their age, sex or cultural background. Young women are most likely to develop an eating disorder, particularly those aged 12 to 20, but older women and men of all ages can also have an eating disorder. Children as young as seven can develop anorexia and there is a greater proportion of boys in this younger age group.

Eating disorders claim more lives than any other mental illness – one in five of the most seriously affected will die prematurely from the physical consequences or suicide.

Eating disorders are complex and there is no one single reason why someone develops an eating disorder. A whole range of different factors combine such as genetic, psychological, environmental, social and biological influences. A number of risk factors need to combine to increase the likelihood that any one person develops the condition.

Eating disorders are complex and not everyone will experience the same symptoms. People will respond differently to treatment and can take different amounts of time to recover. Some people can be affected by more than one type of eating disorder or find their symptoms changing type as they recover.

Anorexia

Anorexia is a serious mental illness where people keep their body weight low by dieting, vomiting, using laxatives or excessively exercising. The way people with anorexia see themselves is often at odds with how they are seen by others and they will usually challenge the idea that they should gain weight. For example, they often have a distorted image of themselves, thinking that they're fat when they're not. People affected by anorexia often go to great attempts to hide their behaviour from family and friends.

Often people with anorexia have low confidence and poor self-esteem. They can see their weight loss as a positive achievement that can help increase their confidence. It can also contribute to a feeling of gaining control over body weight and shape.

As with other eating disorders, anorexia can be associated with depression, low self-esteem, alcohol misuse and self-harm.

Anorexia is a serious condition that can cause severe physical problems because of the effects of starvation on the body. This can lead to loss of muscle strength and reduced bone strength in women and girls; in older girls and women their periods often stop. Men can suffer from a lack of interest in sex or impotency.

The illness can affect people's relationship with family and friends, causing them to withdraw; it can also have an impact on how they perform in education or at work

Behavioural signs

- Fear of fatness or pursuit of thinness
- Pre-occupation with body weight
- Distorted perception of body shape or weight, for example they think they are overweight when actually they are underweight
- May underestimate the seriousness of the problem even after diagnosis
- May tell lies about eating or what they have eaten, give excuses about why they are not eating, pretend they have eaten earlier
- Not being truthful about how much weight they have lost
- Finding it difficult to think about anything other than food
- Strict dieting
- Counting the calories in food excessively
- Avoiding food they think is fattening
- Eating only low-calorie food
- Missing meals (fasting)
- Avoiding eating with other people
- Hiding food
- Cutting food into tiny pieces – to make it less obvious they have eaten little and to make food easier to swallow
- Taking appetite suppressants, such as slimming or diet pills
- Rigidity
- Obsessive behaviour
- Excessive exercising
- Vomiting or misusing laxatives (purging)
- Social withdrawal and isolation, shutting yourself off from the world
- Compromise of educational and employment plans
- Can be associated with depression and Obsessive Compulsive Disorder (OCD)

Physical signs

- Severe weight loss
- In girls and women, periods stop or are irregular (amenorrhea)
- Lack of sexual interest or potency
- Difficulty sleeping and tiredness
- Feeling dizzy
- Stomach pains
- Constipation and bloating
- Feeling cold or have a low body temperature
- Growth of downy (soft and fine) hair all over your body (called Lanugo)
- Hair falls out
- Getting irritable and moody
- Setting high standards and being a perfectionist
- Difficulty concentrating
- Weakness, loss of muscle strength
- Effects on endocrine system
- Swelling in their feet, hands or face (known as oedema)
- Low blood pressure

Long term effects

- Physical effects of starvation and consequences of purging behaviour. Starvation effects every system in the body
- In children, puberty is delayed and growth and physical development usually stunted.
- Loss of bone density (osteoporosis)
- Purging can result in erosion of tooth enamel
- Difficulty conceiving, infertility

Bulimia

Bulimia is a serious mental illness where people feel that they have lost control over their eating and evaluate themselves according to their body shape and weight. People with bulimia are caught in a cycle of eating large quantities of food (called 'bingeing'), and then vomiting, taking laxatives or diuretics (called purging), in order to prevent gaining weight. This behaviour can dominate daily life and lead to difficulties in relationships and social situations. Usually people hide this behaviour pattern from others and their weight is often in a healthy range. People with bulimia tend not to seek help or support very readily and can experience swings in their mood as well as feeling anxious and tense.

They may also have very low self-esteem and self-harm. They may experience symptoms such as tiredness, feeling bloated, constipation, abdominal pain, irregular periods, or occasional swelling of the hands and feet. Excessive vomiting can cause problems with the teeth, while laxative misuse can seriously affect the heart. Bulimia in children and young people is rare, although young people may have some of the symptoms of the condition. Bulimia usually develops at a slightly older age than anorexia. In some instances, although not all, bulimia develops from anorexia.

Behavioural signs

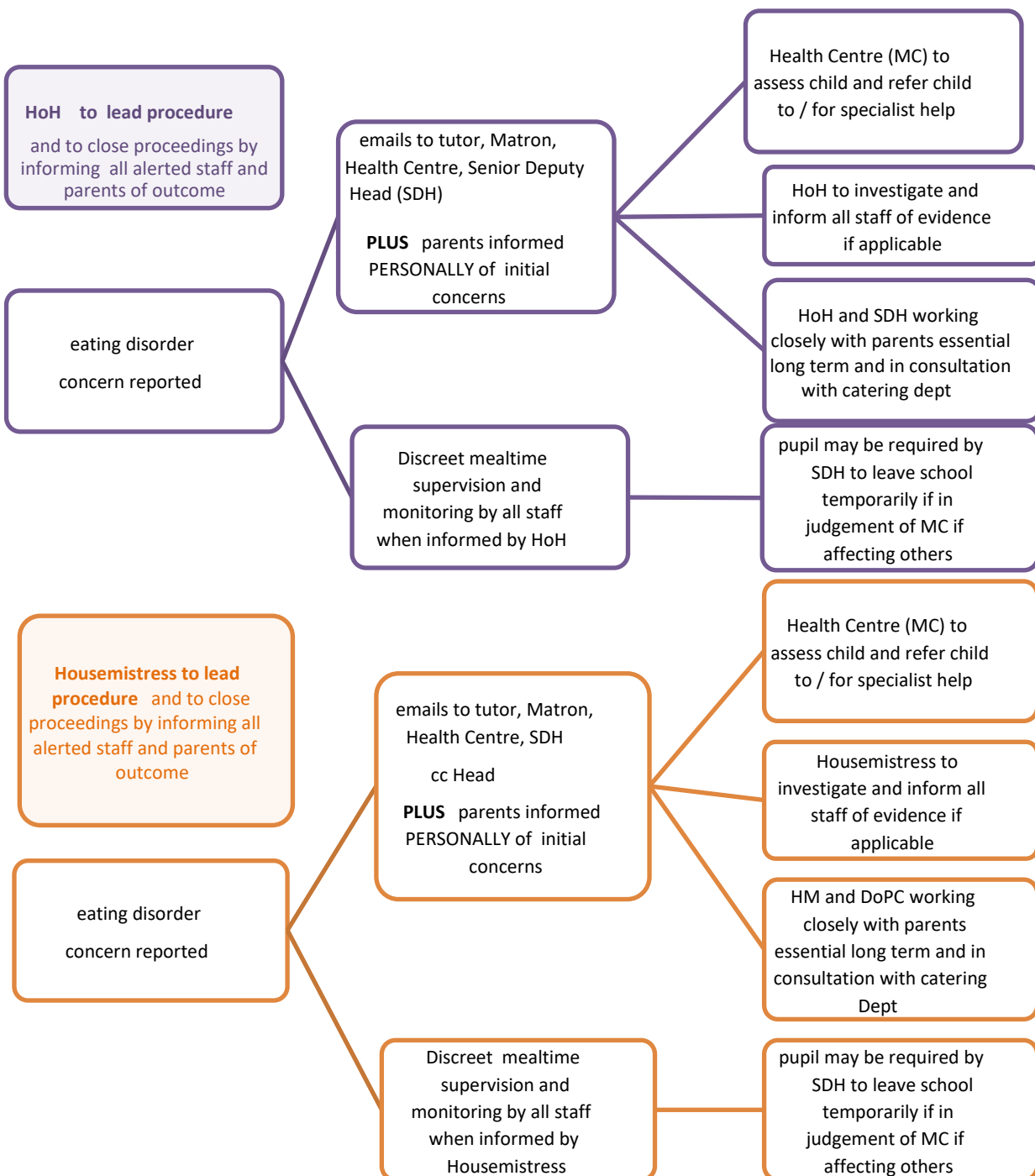
- Bingeing – eating large amounts of food
- Purging after bingeing – vomiting, over exercising, using laxatives or diuretics, fasting
- Preoccupied with thoughts of food and life may be organised around shopping, eating and purging behaviour
- Usually secretive about bulimic episodes
- Mood swings
- Feeling anxious and tense
- Distorted perception of body shape or weight
- Feeling of loss of control overeating
- Feelings of guilt and shame after bingeing and purging Isolation
- Can be associated with depression, low self-esteem, misuse of alcohol and self-harm

Physical signs

- Vomiting
- Excessive exercising
- Misuse of laxatives and diuretics
- Disappearing soon after eating
- Fatigue, lethargy
- Feeling bloated
- Constipation
- Stomach pain
- Swelling of the hands and feet
- Periods stop or are irregular (amenorrhoea)
- Enlarged salivary glands
- Calluses on the backs of the hand from forcing down throat to vomit
- Electrolyte abnormalities/ imbalance
- Gastric problems
- Regular changes in weight

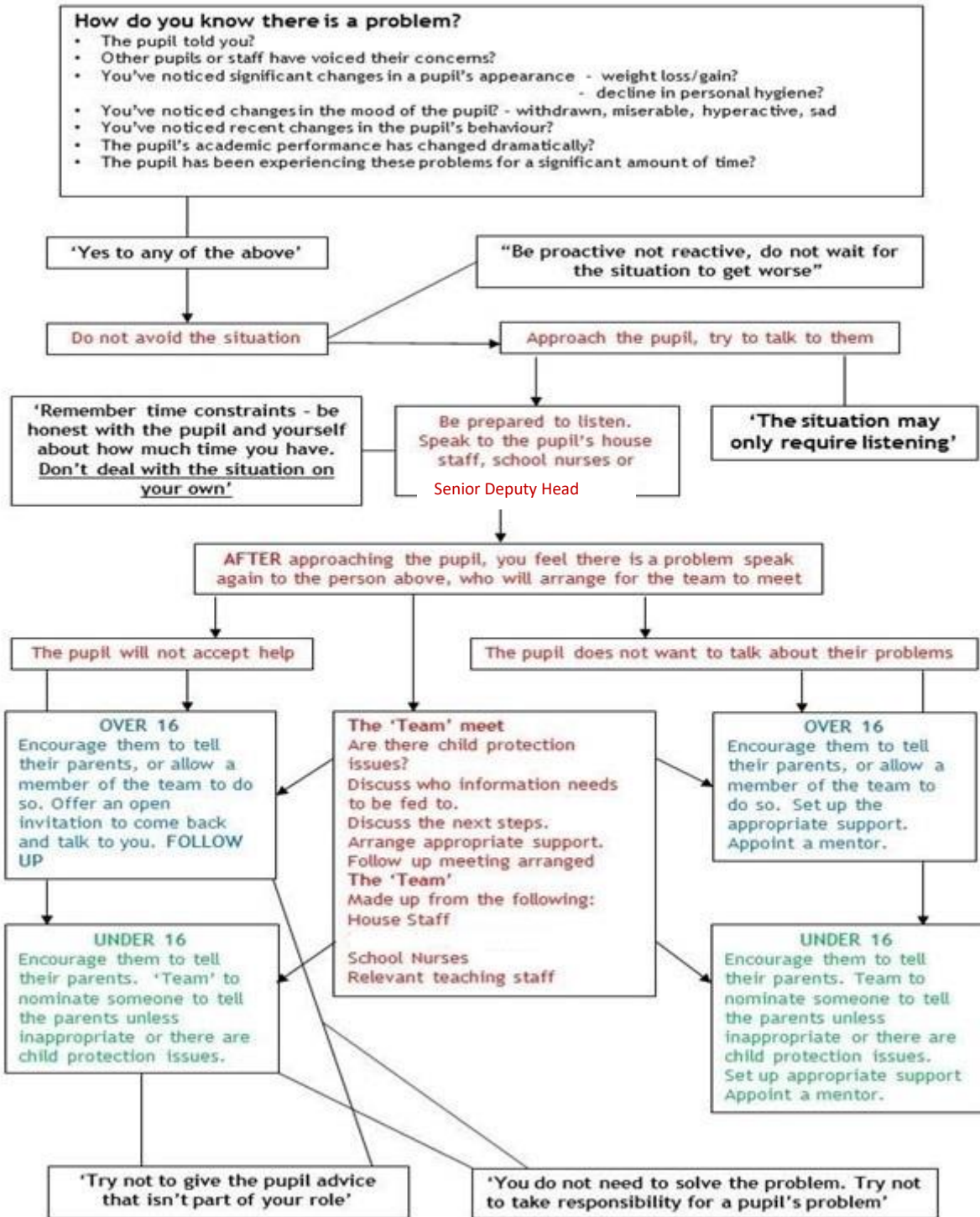
**WYCLIFFE COLLEGE PREPARATORY SCHOOL SELF-HARMING PROCEDURE
 EATING DISORDER**

'VICTIM' DETERMINES THE ROUTE	Day pupils and boarders involved, route = purple
boarders ONLY involved; route indicated= orange	Day pupils involved; route indicated = purple



APPENDIX F3

Practical guidelines for staff supporting Day pupils with possible mental health problems



It can be stressful helping a pupil, remember to look after yourself and seek support and help from others within the team.

APPENDIX F4

Roles and Responsibilities of Wycliffe Staff and pupils

Responsibility for the wellbeing of pupils is defined in general by a 'duty of care' for the welfare and safety of pupils. The school will exercise its duty of care in respect of all pupils, including those with mental health difficulties and to the staff involved in supporting pupils. This involves ensuring that neither pupils nor staff are put at risk or required to provide pastoral care for which they have not been appropriately trained.

The school will provide necessary training and support to all relevant staff to enable them to undertake their roles and responsibilities.

The school should ensure that all staff and pupils who have been affected by a pupil's distress are supported, either through the line-management structure, or by referral to appropriate professional services.

The Roles and Responsibilities of Staff

- All staff should respond to pupils with mental health difficulties in a non-discriminatory, non-stigmatising and positive manner.
- All staff involved in teaching must access and act upon the information provided in respect of individual pupils. If they are in any doubt about the implications of this information for their own practice, they must seek advice from the Health Centre.
- All staff should be aware of their own personal and professional limitations. If they are concerned that a pupil has mental health problems and requires additional academic support they must refer the pupil to the Health Centre. Under no circumstances should a member of staff accompany a pupil manifesting symptoms of serious disturbance off-campus, e.g. to the A & E department of the local hospital. If someone appears to be in immediate danger of seriously harming themselves or other people, staff must access immediate emergency help via the Health Centre or relevant Senior Deputy Head and the pupil should be kept safe until medical assistance arrives. If a pupil has a Children and Adolescent Mental Health Services (CAMHS) appointment then the HSM or other staff member can take them. If the staff member feels uncertain, they should contact the Health Centre for advice. In certain cases, it may be prudent for two members of staff to accompany the child so that one can be with the child whilst the other is driving.

The Roles and Responsibilities of pupils

- pupils need to take responsibility for communicating their needs and seeking support within the school as without this information there can be no offer of support.
- pupils are encouraged to take care of their own mental health, for example ensuring that they get adequate rest, take prescribed medication and access appropriate support, including support available through the Health Centre.
- pupils should be aware that any behaviour which impacts negatively on fellow pupils or staff, or is in any way disruptive or offensive, is not acceptable within the school community and will be subject to school procedures for the maintenance of good order.
- pupils concerned about a fellow pupil's mental well-being should be aware of their personal limitations; they should encourage their fellow pupil to seek specialist support at the earliest opportunity.
- If someone appears to be in immediate danger of seriously harming themselves or other people, pupils should contact staff immediately. If the situation arises off-campus, the police should be contacted directly.

CONTROLLED DRUGS STAFF TRAINING AND COMPETENCY CHECK

Why are Controlled Drugs different to other drugs?

Some prescription drugs are controlled under the Misuse of Drugs legislation which means that stricter legal controls are applied to prevent them being misused, being obtained illegally and causing harm.

A drug or other substance that is tightly controlled by the government because it may be abused or cause addiction. The control applies to the way the substance is made, used, handled, stored, and distributed. Controlled substances include opioids, stimulants, depressants, hallucinogens, and anabolic steroids.

Also, more stringent recording and error reporting procedures need to be in place- both ISAMS and Controlled drugs book

Safety and Confidentiality factors

- Staff to be aware that any ADHD/ADD medication may be a form of Methylphenidate which is a controlled drug. Any pupils known to have ADHD /ADD then staff to be aware that is receiving medication for this it is likely to be a controlled drug
- Controlled drugs must always be stored inside a locked cupboard of a locked cupboard. 2 key process to access
- Any controlled drug in school to first have gone through a checking procedure in Health Centre. Only taken to boarding houses when all necessary documentation from Health professional received, dose checked, medication is in a format that can be easily counted in and out (i.e., blister pack), certainty established that the medication is what it says it is, name, dose, administration instructions and expiry date readable in English
- Health Centre will not bring medication to houses unless consent from parent to administer received
- Controlled drugs in house to only be administered by Housemaster/Housemistress (HSM), Assistant HSM or Matron in order to limit staff accessing controlled drug cupboard. Staff can only administer controlled drugs with training.
- Only Health Centre staff to transport controlled drugs to and from houses and collect from pharmacy
- Controlled Drugs named nurse to perform weekly checks of House documentation and stock
- Where possible Controlled drugs will be administered to a pupil with 2 staff members present, 1 to administer and 1 to witness, stock check and counter sign in documentation all efforts will be made for 2 staff members to be present. If absolutely not possible then pupil can be a witness signature.
- Part of Health Centre checking procedure involves checking pupils Gillick competence to self-administer medication and take responsibility for correct administration.
- Medication will not be held in Boarding houses if Health Centre feel not competent to take responsibility for correct administration of medication. As a result, and only where cannot be avoided then pupil can be a witness signature, as long as they have been deemed Gillick competent.
- Controlled drug cupboard key to be separate to drug cupboard key. Key to access both Drug cupboard and Controlled drug cupboard to be kept on staff member person at all times – ideally lanyard. Never leave keys accessible to pupils.
- When unattended room where drug cupboard situated to always be locked.
- One pupil in room for administration of medication at one time
- No one other than staff member to access drug cupboard
- Do not pass pupil box of controlled drugs to dispense their own dose.
- Medication should be in a blister pack and can be popped into pupil's hand correct dose. If in 'dosset box' ideally 2 staff members (or staff and pupil) to witness pupil taking correct dose from box.

- Ensure pupil has taken medication while in the room.
- Have a drink ready before or anything else needed before medication removed from cupboard
- Medication to be put straight back and locked away after administration
- Controlled drug book to be locked away for confidentiality purposes
- If a log of the medication is written in the diary be mindful not to let other pupils see diary entry
- Do not allow anyone other than Wycliffe Staff to have access to the drug's cabinet at any time.

What should I do if I pick up on missing medication or make an error when dispensing controlled drugs?

The importance of reporting errors to the appropriate authority should never be underestimated. The immediate and honest disclosure that an error has occurred results in the pupil receiving the required emergency treatment.

If an error, unintentional omission or unforeseen incident (loss/incorrect count of CD's in the CD Cupboard) occurs when administering any CD then this should be reported.

Email both Health Centre and Senior Deputy Head (Senior School) immediately with explanation and follow up with phone call.

Fill in an accident form on Evolve.

Health Centre nurses are the 'designated controlled drug authority' within the school and will follow correct reporting procedures.

If a pupil has taken an excess of their prescribed dose of Controlled drug, then call NHS 111 service for advice or 999 if they are displaying any concerning ill health symptoms.

Administration

Follow all safety advise as above.

When Controlled drugs received into boarding house ensure documented on both ISAMS and in Controlled drug book.

The following are necessary checks which must be made prior to administering the controlled drug to the pupil.

The 7 "R's"

Right person – match the name on the prescription label to the pupil. If the pupil unknown to you check the photo on iSAMS matches the pupil before you

Right drug – see iSAMS conditions and prescription label – is the medication due

Right form – tablet or liquid to be dispensed

Right dose – read prescription label and can double check on iSAMS under condition

Right time – check prescription label that due. **MUST CHECK NOT ALREADY BEEN DISPENSED ON ISAMS - MEDICATION**

Right count of correct controlled drug – along with Witness count all remaining named controlled drug for recording of total left in house

Record – to be entered into ISAMS – under medication – controlled drug (demonstration) and into controlled drug book. Clear documentation in book of pupil's name, name of medication given, dose in MG/MLS, serial number and expiry. Reduce down stock

Documentation

Document administration of controlled drug to a pupil in a contemporaneous manner. Both in controlled drug book (with witness signature) and on ISAMS. If not adequately documented, then high risk of error and duplicate administration and potential overdose

Clear documentation of pupil’s name, medication given, date, time, exact dose in MG/ML, expiry. Remaining medication to be counted rather than simply reducing stock by administered amount – this results in multiple counted stock checks and increases security.

How do I order more Medication?

- Please email Health Centre for re prescription requests or parent dependent on who is responsible for sourcing medication
- Please be mindful that this process involves Health Centre picking up email, calling/emailing the GP surgery, Doctor authorizing request, sending to pharmacy and pharmacy processing order.
- Please do not let stock fall below **10** without requesting further stock as above.
- Check can be made on ISAMS – medical history whether Health Centre have processed request.

	Action	Rationale	Guidance for witness
1	Consult the pupil’s prescription label and ISAMS conditions – treatment information, and ascertain the following: <ol style="list-style-type: none"> 1. Right patient 2. Right drug, 3. Right form 4. Right dose 5. Right time 6. Right count of correct controlled drug 	To ensure that the pupil is given the correct drug in the prescribed dose and by the correct route at the right time.	Read the prescription and ISAMS condition information.
2	Select the correct drug in the CD cupboard / drawer and check the stock against the record in the CD register (Record Book). Check the expiry date of the drug. Check the quantity and dosage dispensed.	To ensure the correct drug is given and is in date, and that the stock balance is correct.	Check that the person administering the medication has selected the correct drug. Count the quantity in stock and confirm. Confirm the drug is in date. Sign in Controlled drug book
3	Check the appropriate dosage against the prescription chart.	To ensure the correct dose is being administered.	

WYCLIFFE COLLEGE
HEALTH & SAFETY HANDBOOK
SECTION 5 – FIRST AID & HEALTH CENTRE POLICY



4	Confirm the pupil's identity prior to administering the medication to the pupil – either known to staff member of check against picture on ISAMS.	To prevent error and confirm pupil's identity.	Confirm the administering staff member gives it to the correct named pupil.
5	Once the drug has been given record on ISAMS stating that the drug administered is a 'controlled drug'. Record the date, time, dose and location administered. Ensure put straight onto iSAMS immediately after administration	To adhere to record keeping and drug administration standards and to ensure documented in a contemporaneous manner	
6	Once the drug has been administered staff member will record the date, dose and stock balance of the drug in the CD Record This will be signed by the witness to the administration process – either 2nd staff member of if unavoidable the pupil	To adhere to record keeping and drug administration standards and to ensure record keeping is complied with	Counter sign as a witness in the controlled drug book that you have observed the administration of the medication to the named pupil, confirming date, time, pupil name, drug name, dose given and stock remaining.

HEAD INJURY POLICY

Introduction:

Wycliffe College prioritises the well-being of our pupils, both during activities and in everyday life. Our school maintains thorough protocols to ensure that any injury sustained by a pupil is promptly and adequately addressed. This policy, specifically tailored to manage head injuries, underscores our commitment to pupil safety. Head injuries can occur in various school settings, but this policy primarily targets sports activities, including both contact and non-contact sports, where the likelihood of head injuries is elevated. However, it is applicable for this policy to be used when head injuries occur in other contexts. The contents of this policy are provided for educational and advisory purposes and should not be regarded as a replacement for professional medical advice or treatment. If you suspect that someone under your care has experienced a concussion or head injury, we highly advise seeking assistance from a qualified healthcare professional for proper diagnosis and treatment.

Aim of this Policy:

- To recognise the importance of addressing head injuries regardless of their occurrence context;
- Promoting awareness that premature return to sports post-Head Injury poses significant risks to the immediate and long-term health of the affected individual;
- Acknowledging the potential impact of Head Injuries/Concussion on cognitive functioning for several days following the injury;
- Establishing a protocol for addressing Head Injuries sustained by pupils on the sports field;
- Implementing a recovery protocol to ensure pupils remain "off games" for a sufficient duration to facilitate a complete and safe recovery;
- Ensure understanding of the key terms and the link between head injury and brain injury;
- Identify sport activities which carry a risk of head injury;
- Underscore the importance of creating suitable risk assessments for sport activities being undertaken by the School; and
- Provide clear processes to follow when a pupil does sustain a head injury.

This Policy Applies To:

- School staff (including part time or occasional employees or visiting teachers);
- pupils of the School
- Parents of pupils at the School; and
- Any other individual participating in any capacity in a School activity. For example, this would include a contractor providing sports coaching, or a volunteer on a School trip.

A head injury could happen in any area of School life. This policy focuses on sport activities (both contact sports and non-contact sports) where the risk of head injuries happening is higher but can be used for head injuries which occur in another context.

In this policy, the following terms are defined:

- **Head injury:** means any trauma to the head other than superficial injuries to the face.
- **Traumatic Brain Injury (TBI):** is an injury to the brain caused by a trauma to the head (head injury).
- **Concussion:** is a type of traumatic brain injury (TBI) resulting in a disturbance of brain function. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.
- **Transient Loss of consciousness:** is the sudden onset, complete loss of consciousness of brief duration with relatively rapid and complete recovery. It can also be referred to as 'being knocked out' or a 'blackout.'
- **Persistent loss of consciousness:** is a **state of depressed consciousness where a person is unresponsive to the outside world.** It can also be referred to as a coma.

- **Chronic Traumatic Encephalopathy (CTE):** is one type of degenerative and progressive brain condition that's thought to be caused by TBIs and repeated episodes of concussion. CTE usually begins gradually several years after receiving TBIs or repeated concussions. The symptoms affect the functioning of the brain and eventually lead to dementia.
- **Contact sport:** is any sport where physical contact is an acceptable part of play for example rugby, football and hockey.
- **Non-contact sport:** is any sport where physical contact is not an acceptable part of play but where there are nonetheless potential collisions between players and between players and the ball, for example cricket and netball.

Notification Protocol for Head Injuries

In the event of a pupil sustaining a head injury during sporting activities or due to trauma elsewhere within or outside of Wycliffe College, it is imperative to inform the Health Centre (HC) promptly.

The risks:

- Playing contact and non-contact sport increases an individual's risk of collision with objects or other players.
- Collisions can cause a head injury, which can cause a traumatic brain injury such as a concussion.
- It is very important to recognise that a pupil can have a concussion, even if they are not 'knocked out'. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.
- Children and young adults are more susceptible to concussion than adults because their brains are not yet fully developed and thus more vulnerable to injury.
- The current evidence suggests that repeated episodes of concussion, even where there is no transitory loss of consciousness, can cause significant changes to the structure and function of the brain in a condition known as Chronic Traumatic Encephalopathy (CTE).

Preventative steps to reduce the risks:

- Any person responsible for the undertaking of a sporting activity must ensure a suitable risk assessment for the specific sport activity is created.
- This risk assessment should be tailored to the specific School environment and should:
- Identify the specific risks posed by the sport activity, including the risk of players sustaining head injuries;
- Identify the level of risk posed;
- State the measures and reasonable steps taken to reduce the risks and;
- Identify the level of risk posed with the measures applied.

The governing bodies of most sports played in Schools have each produced head injury guidelines that are specific to their sport. Those responsible for risk assessing sport activities in School should have regard to the relevant and latest guidelines when carrying out their risk assessment. For example:

- The Sport and Recreation Alliance includes members from the major sports governing bodies, including the RFU, ECB, FE, RFL and England Hockey. Together they have produced 'Concussion Guidelines for the Education Sector', which can be viewed here: [UK Concussion Guidelines for Grassroots Sport](#)
- Football:
 - General FA concussion guidelines: [FA concussion guidelines if in doubt sit them out](#)
 - FA Heading Guidance: [FA Updated heading guidance](#)
- Rugby:
 - [RFU's HEADCASE programme](#)
 - RFU Graduated Return to Play guidelines: [Graduated Return to Activity & Sport](#)

- Hockey:
 - GB & England Hockey Concussion Policy [GB & ENGLAND HOCKEY CONCUSSION POLICY](#)
 - England Hockey 'Safe Hockey' guides [Safe Hockey - Everything you need to ensure Hockey is safe and fun for everyone](#)

Potential measures to reduce the risk of players sustaining head injuries while playing sports might include:

- Structuring training and matches in accordance with current guidelines from the governing body of the relevant sport (see above);
- Removing or reducing contact elements from contact sports, for example removing 'heading' from football;
- Removing or reducing the contact elements of contact sports during training sessions;
- Ensuring that there is an adequate ratio of coaches to players in training;
- Ensuring that pupils are taught safe playing techniques;
- Ensuring that pupils are taught to display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally;
- Using equipment and technology to reduce the level of impact from collision with physical objects (e.g. using padding around rugby posts, using soft balls, not overinflating footballs etc.);
- Using equipment and technology to reduce the level of impact from collision between players (e.g. gumshields, helmets etc);
- Coaching good technique in high risk situations (such as rugby tackles);
- Ensuring that the playing and training area is safe (for example, that it is not frozen hard, and there are suitable run-off areas at the touchlines);
- Ensuring that a medical professional is easily accessible during training and matches.

Head injuries sustained outside of school:

- As noted above, repeated concussions can cause significant changes to the structure and function of the brain, in particular the child's brain.
- It is therefore very important that the School, pupils and their parents take a holistic approach to the management of head injury causing concussions and cooperate with regards to sharing information.
- Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of the School, the parents of the pupil concerned should promptly provide House staff and Health Centre with sufficient details of the incident, and keep the School updated of any developments thereafter. This would apply, for example, if a pupil suffers a concussion playing rugby for an external rugby club or if a pupil sustains a head injury while taking part in an informal game of sport, for example in the local park.
- The School will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any return to play plan already established by the external club, or if no such plan has been put in place, considering whether a return to play plan should be established under this policy.
- In turn the School will inform parents where a pupil has sustained a head injury causing a concussion at School.

Procedure to follow where a pupil sustains a head injury at School:

- The welfare of pupils is of central importance. Any person to whom this policy applies should adopt a cautious approach if they are in any doubt as to whether a head injury has occurred and/or whether the head injury has caused a concussion.
- Where a pupil sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the pupil from play where it is safe to do and seek appropriate medical advice from Pitch Side Support or Health Centre.

- Those individuals to whom this policy applies should be aware of the symptoms of a concussion. The British Medical Journal has published a one page 'Pocket Concussion Recognition Tool' to help identify concussion in children, youth and adults. The tool available for download (here: [Pocket Concussion Recognition Tool](#)). The tool identifies the following signs and symptoms of suspected concussion:

- Loss of consciousness	- Seizure or convulsion
- Balance problems	- Nausea or vomiting
- Drowsiness	- More emotional
- Irritability	- Sadness
- Fatigue or low energy	- Nervous or anxious
- "don't feel right"	- Difficulty remembering;
- Headache	- Dizziness
- Confusion	- Feeling slowed down
- "Pressure in head"	- Blurred vision
- Sensitivity to light	- Amnesia
- Feeling like "in a fog"	- Neck pain
- Sensitivity to noise	- Difficulty concentrating.

Where a pupil displays any of the symptoms above, they should not be permitted to return to play and should be assessed by the medical professional.

- The medical professional should determine whether the pupil is displaying any "red flag" symptom in which case the ambulance services should be called on 999. The Pocket Concussion Recognition Tool at Schedule Two identifies the following red flags:
 - Athlete complains of neck pain;
 - Increasing confusion or irritability;
 - Repeated vomiting;
 - Seizure or convulsion;
 - Weakness or tingling/burning in arms or legs;
 - Deteriorating conscious state;
 - Severe or increasing headache;
 - Unusual behaviour change; and
 - Double vision.
- The School will liaise with the medical professional to ensure that the pupil's parents are notified of the head injury as soon as reasonably possible, and in any case on the same day of the incident.
- Anyone sustaining a head injury and showed symptoms of concussion will not be allowed to drive themselves or travel home unaccompanied by either school or public transport, and alternate arrangements should be made.

- The School will liaise with the medical professional to ensure that a concussion recognition tool is completed as soon as reasonably practicable whenever a pupil suffers a suspected head injury.

Sporting Events and Fixtures:

Home and Away Fixtures/Training/Practices:

If Pitch Side Support is present, they will assess and are required to notify the Health Centre and the respective House staff at the conclusion of the session / return to school.

If Pitch Side Support is not present at the fixture the coach is responsible for informing the Health Centre and House Staff at the conclusion of the session / return to school.

In situations where Pitch Side Support are not travelling back to school with the team they will liaise with the coach to delegate this task of liaising with Health Centre and House Staff.

Following handover House Staff must monitor the pupil, if the pupil report new symptoms or an escalation of their initial reported symptoms Health Centre must be contacted. If the pupil reports any red flags, at any time (see Appendix H1) emergency services, Health Centre and senior management team must be contacted. See Appendix H2, for do's and do nots following a head injury / suspected concussion.

When the Health Centre is closed, House Staff taking handover must email Health Centre to inform them. If the pupil develops new symptoms or if symptoms escalate Health Centre must be contacted on the Health Centre mobile - 07730 208094. Health Centre are contactable via the Health Centre mobile 24 hours a day, 7 days a week during term time only. Our opening hours for drop in's is Monday – Saturday 08:00-18:00.

In every instance, the parents of the injured pupil should be notified by their House Staff to inform them of the injury, Health Centre must also be copied into this email.

If Pitch Side Support are not at the fixture the Health Centre must be contacted either by telephone or by visiting the Health Centre directly. In an emergency situation (red flags, please refer to Appendix H1) please call emergency services and the Health Centre mobile number – 07730 208094.

If Health Centre are completing initial assessment they will inform the parents of the pupil about the injury using Appendix H3. Health Centre will liaise with House Staff and teachers, Health Centre will also sign the pupil off of games for 7 days.

Further management of head injuries and suspected concussion will follow the senior head injury flow chart – see Appendix H4.

Evolve accident form to be completed by the member of staff who was first made aware of the injury. Please note Pitch Side Support do not have access to the Evolve system therefore the form must be completed by the member of staff taking handover from Pitch Side Support.

Pupil to complete a daily symptoms tracker, this should be held by House Staff and the pupil should complete this during morning registration. See tracker – Appendix H7.

Head Injury Sustained At Wycliffe College:

Staff are required to promptly notify both the Health Centre and the respective House staff if a pupil sustains a head injury.

The parents of the injured pupil should be notified by Health Centre, to inform them of the injury.

If the head injury has not been assessed by Pitch Side Support or any other health professional you must initially contact the Health Centre via telephone on 01453 820440, in emergencies the Health Centre mobile number should be contacted, please refer to Appendix H1 for red flags and contact 999 if these occur.

Evolve accident form to be completed by the member of staff who was first made aware of the injury. Please note Pitch Side Support do not have access to the Evolve system therefore the form must be completed by the member of staff taking handover from Pitch Side Support.

Head injuries and suspected concussion will be managed following the senior head injury flow chart – see Appendix H4.

Pupil to complete a daily symptoms tracker, this should be held by House Staff and the pupil should complete this during morning registration. See tracker – Appendix H7.

Prep School

Home and Away Fixtures/Training/Practices:

If Pitch Side Support Staff are present, they will assess and are required to notify the Health Centre and the Matrons at the conclusion of the session / return to school. For boarders the coach will also liaise with boarding House Staff.

If Pitch Side Support is not present at the fixture the coach is responsible for informing the Health Centre and Matrons at the conclusion of the session / return to school. For boarders the coach will also liaise with boarding House Staff.

In situations where Pitch Side Support are not travelling back to school with the team they will liaise with the coach to delegate this task of liaising with Health Centre and Matrons. For boarders the coach will also liaise with boarding House Staff.

In all situations a yellow band must be given to the pupil. An email must be sent to all staff Prep notifying them of the head injury. This is the responsibility of the member of staff taking handover.

Following handover boarding House Staff or Matrons must monitor the pupil, if the pupil report new symptoms or an escalation of their initial reported symptoms Health Centre must be contacted. If the pupil reports any red flags, at any time (see Appendix H1) emergency services, Health Centre and senior management team must be contacted. See Appendix H2 for do's and do nots following a head injury / suspected concussion.

When the Health Centre is closed, House Staff taking handover must email Health Centre to inform them. If the pupil develops new symptoms or if symptoms escalate Health Centre must be contacted on the Health Centre mobile - 07730 208094. Health Centre are contactable via the Health Centre mobile 24 hours a day, 7 days a week during term time only. Our opening hours for drop in's is Monday – Saturday 08:00-18:00.

In every instance, the parents of the injured pupil should be notified by Matron or their House Staff to inform them of the injury, Health Centre must also be copied into this email.

If Pitch Side Support are not at the fixture the Health Centre must be contacted by telephone. In an emergency situation (red flags, please refer to Appendix H1) please call emergency services and the Health Centre mobile number – 07730 208094.

If Health Centre are completing the initial assessment they will inform the parents of the pupil about the injury using Appendix H3 Health Centre will liaise with House Staff and teachers, Health Centre will also sign the pupil off of games for 7 days.

Further management of head injuries and suspected concussion will follow the Prep Head Injury flow chart – see Appendix H5.

Evolve accident form to be completed by the member of staff who was first made aware of the injury. Please note Pitch Side Support do not have access to the Evolve system therefore the form must be completed by the member of staff taking handover from Pitch Side Support.

Pupil to complete a daily symptoms tracker, this should be held by Matron. The pupil should have a daily check in with Matron to ensure the tracker is completed. See tracker – Appendix H7.

Head Injury Sustained At Wycliffe College:

Staff are required to promptly notify the Health Centre and Matrons if a pupil sustains a head injury. For boarders the boarding House Staff must also be notified.

The parents of the injured pupil should be notified by Health Centre or Matrons to inform them of the injury. Health Centre must be copied into this email.

If the head injury has not been assessed by Pitch Side Support or any other health professional you must initially contact the Health Centre via telephone on 01453 820440, in emergencies the Health Centre mobile number should be contacted, please refer to Appendix H1 for red flags and contact 999 if these occur.

In all situations a yellow band must be given to the pupil. An email must be sent to all staff prep notifying them of the head injury. This is the responsibility of the member of staff taking handover.

Evolve accident form to be completed by the member of staff who was first made aware of the injury. Please note Pitch Side Support do not have access to the Evolve system therefore the form must be completed by the member of staff taking handover from Pitch Side Support.

Head injuries and suspected concussion will be managed following the Prep Head Injury flow chart – see Appendix H2.

Pupil to complete a daily symptoms tracker, this should be held by Matron. The pupil should have a daily check in with Matron to ensure the tracker is completed. See tracker – Appendix H7.

Graduated Return to Play Programme (GRTP) - Managing a return to play following a head injury:

- Any pupil that has suffered a head injury and showed symptoms of concussion should be subject to a GRTP protocol.
- The GRTP should be developed in consultation with a suitably qualified medical professional and be tailored to the specific circumstances of the individual (including the type of injury sustained and the relevant sport). This will be initiated by Pitch Side Support or the Health Centre. The Health Centre/Pitch Side Support will oversee the GRTP process and will liaise with the House Staff and sports staff, regarding the pupil's progress.
- It is the responsibility of the parents to ensure that their child does not participate in any inappropriate physical activity outside of School whilst they are subject to a GRTP.
- A letter detailing the pupil's suspected concussion will be sent to parents, providing an explanation of the school's Graduated Return to Play (GRTP) process by the Health Centre.

- For GRTP extending across an exeat or during half-term/holidays, the GRTP plan will be evaluated on a case-by-case basis by the Health Centre or Pitch Side Support with parents being notified by the lead professional managing the head injury (Health Centre or Pitch Side Support).
- Once a pupil has been placed onto the GRTP process they are not able to be removed from it by any other member of staff or health care professional.
- If a pupil is placed onto the GRTP process 2 or more times within a year must be assessed by a medical practitioner experienced in concussion.

Please refer to Appendix H6 for further information on graded return to play.

What Should Staff be Aware of?

Common Early Signs of Concussion:

Concussion is a type of traumatic brain injury, can occur due to a blow or jolt to the head or body, causing the brain to move rapidly back and forth within the skull. While often associated with sports injuries, concussions can also result from falls, accidents, or other traumatic events.

Recognising the early signs of a concussion is crucial for prompt diagnosis and appropriate management. While symptoms can vary widely from person to person, there are common indicators to watch for:

1. **Headache:** A persistent or worsening headache following a head injury can be a sign of concussion
2. **Confusion or Mental Fog:** Difficulty concentrating, feeling mentally foggy, or experiencing confusion are common early signs.
3. **Memory Problems:** Forgetfulness or difficulty recalling recent events may indicate a concussion.
4. **Dizziness or Balance Problems:** Feeling unsteady on one's feet or experiencing dizziness can be indicative of a head injury.
5. **Nausea or Vomiting:** Persistent nausea or vomiting following a head trauma may signal a concussion.
6. **Sensitivity to Light or Noise:** Increased sensitivity to light or noise can accompany a concussion.
7. **Fatigue or Drowsiness:** Unusual tiredness or difficulty staying awake can be early indicators of a head injury.
8. **Speech Changes:** Slurred speech or difficulty speaking clearly can occur with concussion.
9. **Visual Disturbances:** Blurred vision, double vision, or seeing "stars" are potential signs of a head injury.
10. **Emotional Changes:** Mood swings, irritability, anxiety, or depression can develop following a concussion Understanding these early signs and symptoms of concussion is essential for identifying and responding to head injuries promptly.

Breaches of this policy

The College takes its duty of care very seriously and will take appropriate action against any person found to have breached this policy.

References

NHS (2024) Head injury and concussion. [Head injury and concussion](#)

RFU (no date) - [Headcase](#)

UK Government (2024) [UK Concussion Guidelines for Grassroots Sport](#)

worldrugby.org (2021) Concussion Guidance | World Rugby. [Concussion Guidance for non-medical professional](#)

Appendix H1

Red Flags as per RFU Guidance

- 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

Appendix H2 - Dos and Don'ts as per NHS head injury / concussion advice website

Do

- hold an ice pack (or a bag of frozen peas in a tea towel) to the area regularly for short periods in the first few days to bring down any swelling
- rest and avoid stress – you or your child do not need to stay awake if you are tired
- take painkillers such as paracetamol for headaches
- make sure an adult stays with you or your child for at least the first 24 hours

Don't

- do not go back to work or school until you are feeling better
- do not drive until you feel you have fully recovered
- do not play contact sports for at least 3 weeks – children should avoid rough play for a few days
- do not take drugs or drink alcohol until you are feeling better
- do not take sleeping pills while you are recovering unless a doctor advises you to

Appendix H3 – Email to Parents

I am writing to inform you that [Child's Name], sustained a head injury at school today. We understand that this can be concerning, so we want to provide you with all the necessary information and guidance to ensure [Child's Name] receives appropriate care.

Incident Details

- **Date and Time of Incident:** [Date and Time]
- **Location:** [Location of Incident]
- **Description of Incident:** [Brief description of how the injury occurred]
- **Immediate Actions Taken:** [Actions taken by the school staff, such as applying first aid, monitoring the child, etc.]

Observations and Current Condition

- **Initial Symptoms Observed:** [Symptoms observed immediately after the incident]
- **Current Condition:** [Child's current condition and any ongoing symptoms]

- **Additional Notes:** [Any other relevant information]

NHS Head Injury Advice

Head injuries can vary in severity, and it is important to monitor your child for any signs of complications. According to NHS guidelines, please be aware of the following symptoms that require immediate medical attention:

- Unconsciousness or lack of full consciousness (such as problems keeping eyes open)
- Any clear fluid running from the ears or nose
- Any bleeding from one or both ears
- Bruising behind one or both ears
- Any signs of a skull fracture or penetrating head injury
- Seizure or convulsions
- Difficulty speaking, such as slurred speech
- Vision problems, such as double vision
- Difficulty understanding what people say
- Balance problems or difficulty walking
- Loss of power in part of the body, such as weakness in an arm or leg
- Amnesia (memory loss) or difficulty remembering things that happened before or after the injury

Management and Monitoring

Please monitor [Child's Name] closely over the next 24-48 hours. Ensure they rest and avoid any strenuous activities. If you notice any of the symptoms mentioned above, seek medical attention immediately.

For more detailed information on head injury management, you can refer to the following NHS resources:

- [NHS Head Injury Advice](#)
- [NHS When to Go to A&E](#)

Graduated Return to Play Programme (GRTP)

[child's name] will now commence the GRTP protocol, please see attached the stages of the GRTP process. Now they are on the GRTP process they must not take part in any physical activity within or outside of school.

Follow-Up

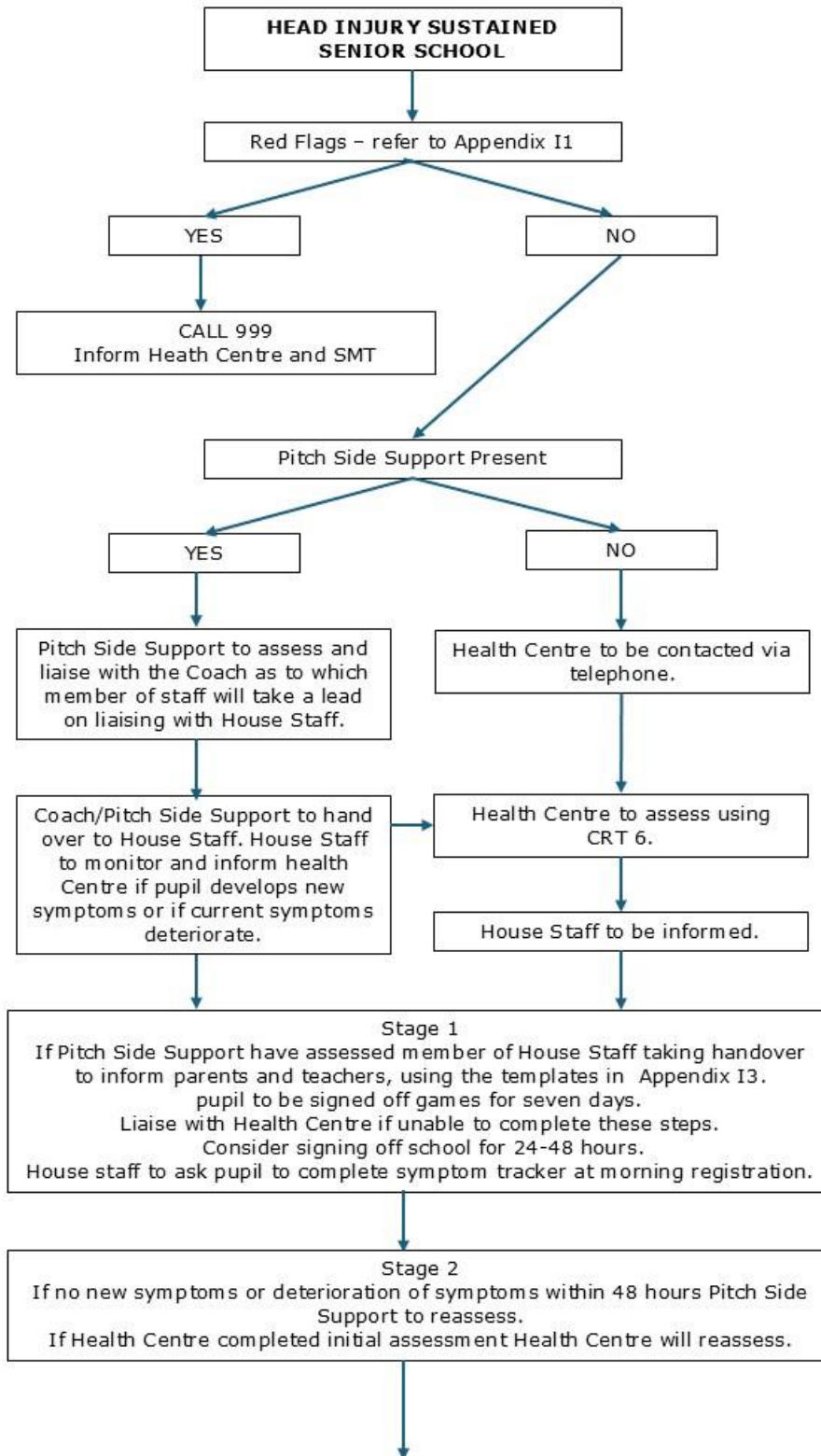
We recommend scheduling an appointment with your GP or visiting the nearest A&E department if you have any concerns about [Child's Name]'s condition. Please inform the school of any updates regarding their health.

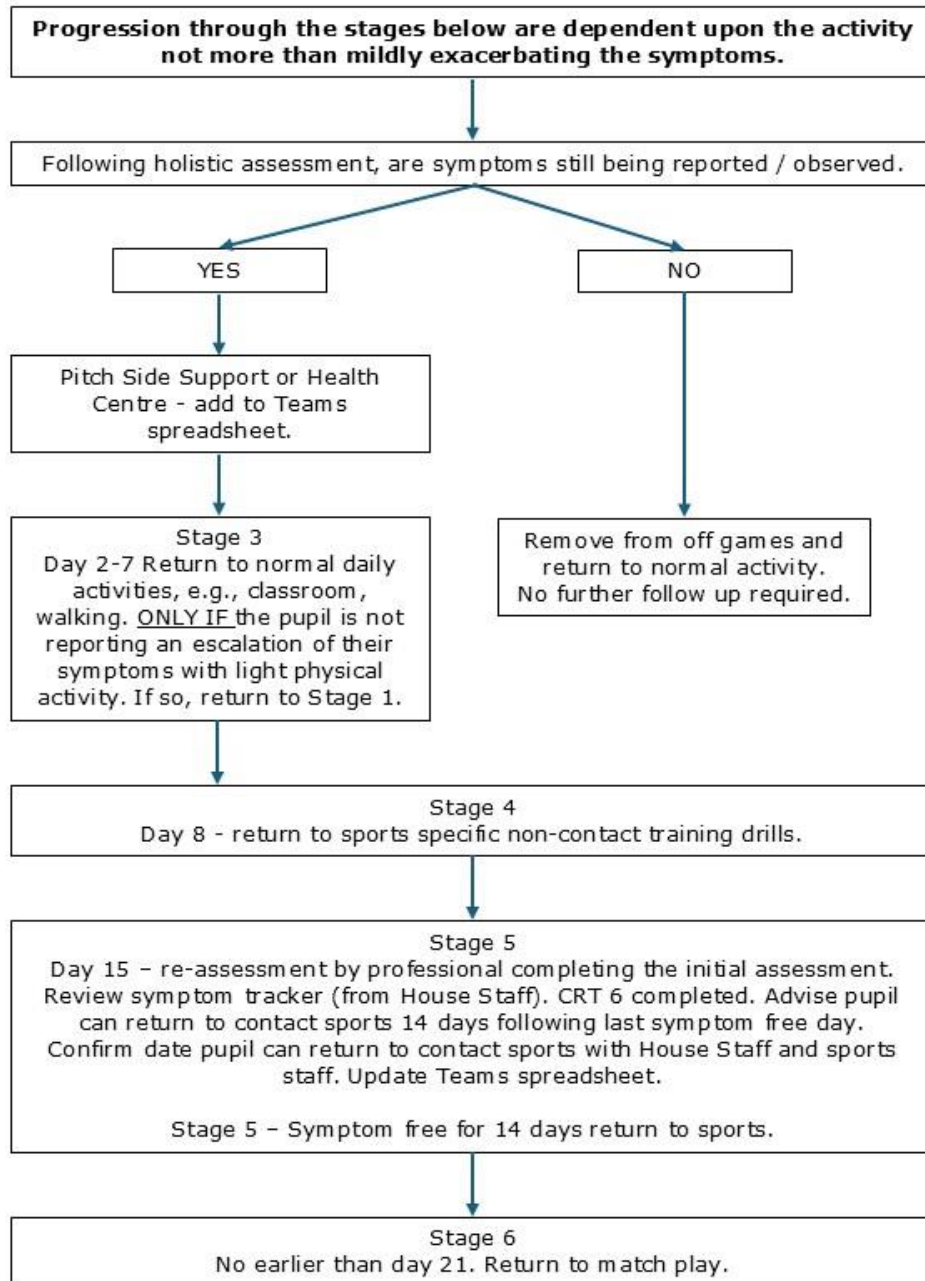
Your child's well-being is our priority, and we are here to support you during this time. If you have any questions or need further assistance, please do not hesitate to contact us via return email, or via telephone on +44 (0)1453 820440.

Kind Regards

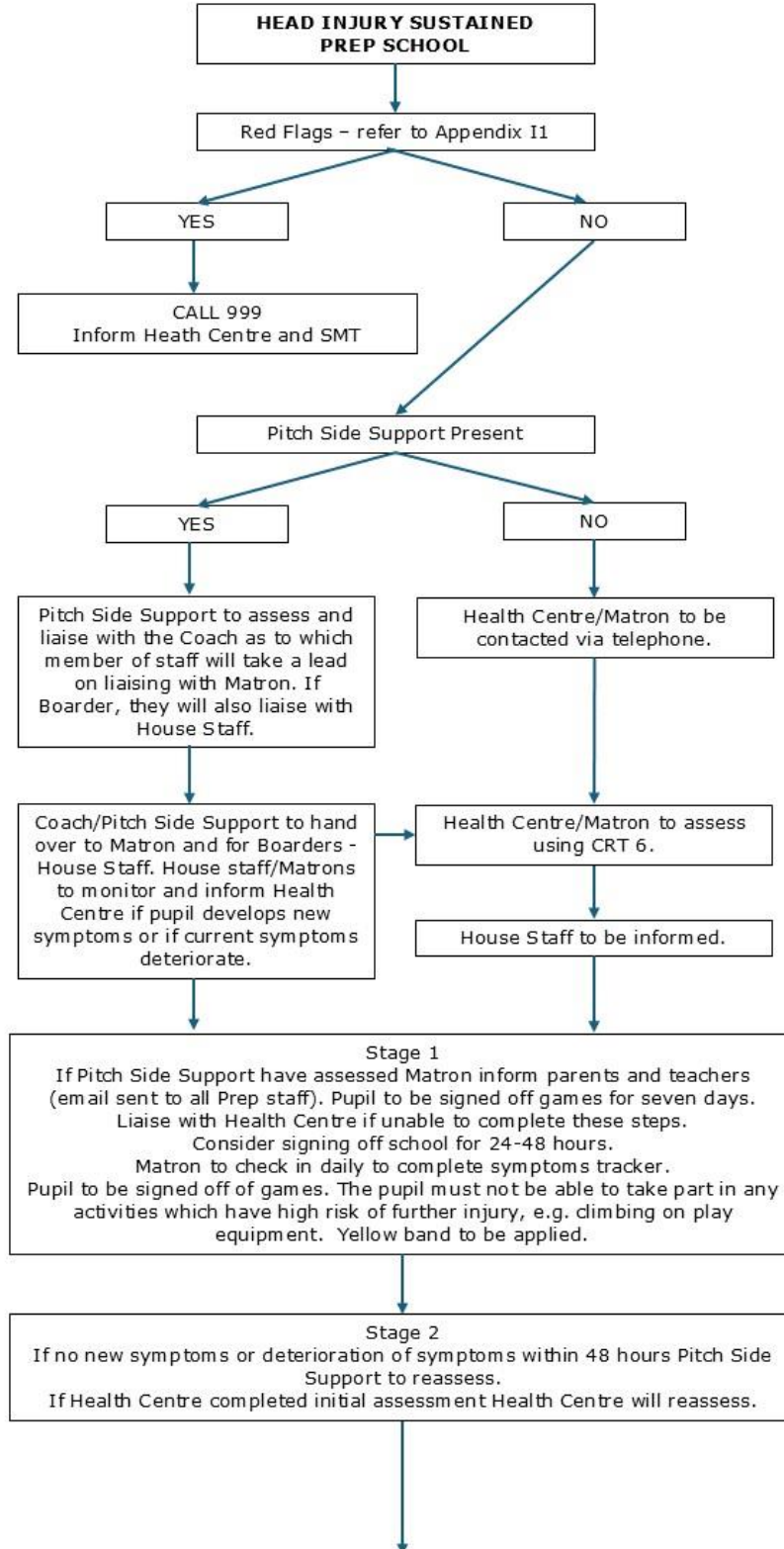
The Health Centre Team
Wycliffe College
+44 (0)1453 820440

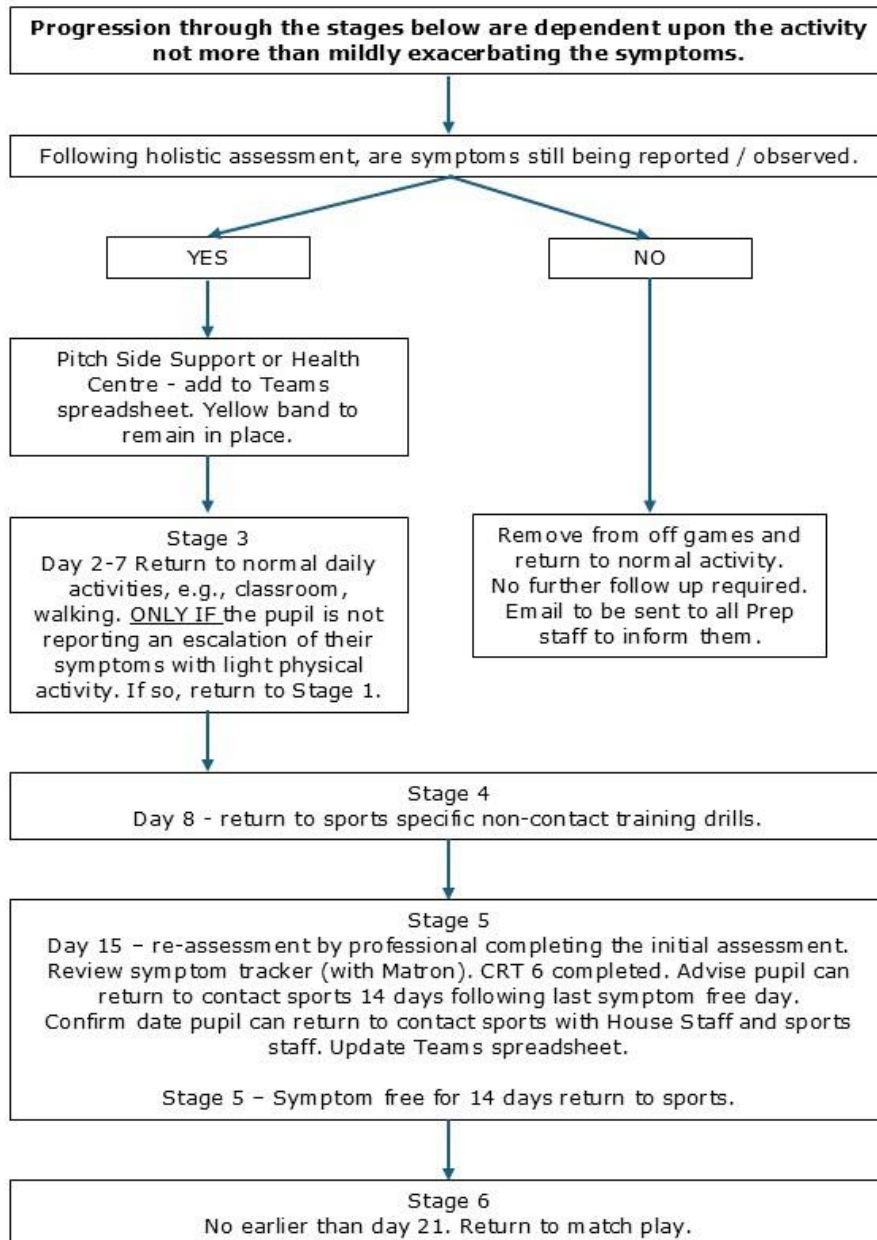
Appendix H4 – Senior Flow Chart





Appendix H5 - Prep Flow Chart





Appendix H6 – Taken from RFU Headcase

STAGE 1 Initial Relative Rest

Timeline

24 - 48 hours after concussion.

Daily Living & Return to Activity

- Take it easy for the first 24 - 48 hours after a suspected concussion.
- You may do some easy daily activities (e.g., walking or reading) 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.
- It is best to minimise any activity to 10 - 15 minute slots.
- Consider time off or adaptation of study/work (liaise with school or work if needed).

Return to Sport / Rugby

- You may do some gentle activity (walking and easy daily activities) provided that your concussion symptoms are no more than mildly increased.
- Rest until the following day if these activities more than mildly increases symptoms.
- No rugby-specific or organised sporting activity during the initial rest period.

Comments / Practical Considerations

Initial rest should be a minimum of 24 - 48 hours.

STAGE 2 Return to Daily Activities & Light Physical Activities

Timeline

Following 24 - 48 hours initial rest period (min 24 hours after concussion event).

Daily Living & Return to Activity

- Increase daily activities.
- Increase mental activities e.g., easy reading, limited television, phone, and computer use.
- Gradually introduce school and work activities at home.
- Rest if these activities more than mildly increase symptoms.
- Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly.

Return to Sport / Rugby

- Gradually introduce very light physical activity e.g., 10 - 15 minutes of walking.

Comments / Practical Considerations

- There may be some mild symptoms with activity, which is OK.
- If any symptoms become more than mildly worsened by any mental or physical activity in Stage 2, rest until they subside.

STAGE 3 Aerobic Exercise & Low Level Body Weight Resistance Training

Timeline

Start Stage 3 when symptoms allow e.g., mild symptoms are not worsened by daily activities/light physical activities.

Daily Living & Return to Activity

- Once short periods of normal level of daily activities can be tolerated then look to increase the time e.g., **20 - 30 minutes** then brief rest.
- Discuss with school or employer about return; consider initially returning part-time, including additional time for rest or breaks, or doing limited hours each day from home.

Return to Sport / Rugby

- Introduce physical activity e.g. **10 - 15 minutes** of jogging, swimming, and stationary cycling at low intensity (able to easily speak during exercise).
- Gradually introduce low level intensity body weight resistance training e.g., pilates/yoga
- Use exercises from the [Activate programme](#) to reintroduce functional conditioning and movement control exercises.
- The duration and the intensity of the exercise can gradually be increased according to tolerance
- No high intensity exercise or added weight resistance training.

Comments / Practical Considerations

- If symptoms more than mildly increase, or new symptoms appear, stop, and rest briefly until they subside.
- Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptoms occurring.

STAGE 4 Rugby-Specific Non-Contact Training Drills & Weight Resistance Training

Timeline

No earlier than **Day 8**.

Daily Living & Return to Activity

- Continue to review return to school/work and/or reduced activities in the workplace (e.g., half-days, breaks, avoiding hard physical work, avoiding complicated study).

Return to Sport / Rugby

- You may start non-contact training activities in your chosen sport once you are not experiencing symptoms at rest from your recent concussion.
- Progress the duration and intensity of aerobic exercise training e.g., increase in **15 minute** increments.
- Use the [Activate programme](#) to develop functional conditioning and movement control.
- Return to normal resistance training (if applicable).
- Introduce non-contact static rugby specific skills e.g., kicking, passing drills.
- Only non-contact rugby training activities with **NO** predictable risk of head injury.
- Look to progress non-contact training in terms of intensity and duration, and to more complex training drills (still non-contact) that combine aerobic and non-contact rugby specific skills e.g., running whilst passing/kicking.
- Work on skills to get ready for contact (such as positioning).

Comments / Practical Considerations

- If symptoms more than mildly increase, or new symptoms appear, stop, and rest briefly until they subside.
- Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptoms occurring.

A player should ONLY move on to Stage 5 (return to contact training) when they have NOT experienced symptoms at rest from their recent concussion for 14 days.



STAGE 5 Full Contact Practice

Timeline

No earlier than **Day 15**.

Daily Living & Return to Activity

- Daily activities, school/work have returned to normal.

Return to Sport / Rugby

- Return to normal rugby training activities including contact.
- Use the [Activate programme](#) to develop functional conditioning and movement control.
- Exposure to activities involving head impacts or where there may be a risk of head injury should be gradual, which could include:
 - Walk-throughs of various tackle types.
 - Practice of tackles using shields & tackle bags.
 - Slow increase in difficulty with moving players.
 - Slow introduction of decision making drills, ensuring good technique throughout.

Comments / Practical Considerations

- Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.
- Should continue to be symptom free.
- Any occurrence of symptoms will require moving back to a previous stage where level of activity/exercise does not more than mildly worsen symptoms.

STAGE 6 Return to Play

Timeline

No earlier than **Day 21**.

Daily Living & Return to Activity

- Return to normal level of daily activities.

Return to Sport / Rugby

- Return to normal game play.
- Continue to use the [Activate programme](#) to reduce the potential risk of concussion.

Comments / Practical Considerations

Symptom free at rest for **preceding 14 days** AND continue to be symptom free during pre-competition training (stages 4 - 5).

Appendix H7 – Symptoms Tracker

pupils Name:

Date added to GRTP:

Day 1 – Please tick all that apply

Headache		Dizziness		More Emotional or Irritable	
Pressure in head		Blurred Vision		Sad, Nervous or Anxious	
Balance Problems		Sensitivity to light		Difficulty Concentrating	
Nausea / Vomiting		Sensitivity to noise		Difficulty Remembering	
Drowsiness		Don't Feel Right		Feeling Slowed Down	
Fatigue / Low Energy		Neck Pain		Feeling like 'in a fog'	

Day 2 – Please tick all that apply

Headache		Dizziness		More Emotional or Irritable	
Pressure in head		Blurred Vision		Sad, Nervous or Anxious	
Balance Problems		Sensitivity to light		Difficulty Concentrating	
Nausea / Vomiting		Sensitivity to noise		Difficulty Remembering	
Drowsiness		Don't Feel Right		Feeling Slowed Down	
Fatigue / Low Energy		Neck Pain		Feeling like 'in a fog'	

Day 3 – Please tick all that apply

Headache		Dizziness		More Emotional or Irritable	
Pressure in head		Blurred Vision		Sad, Nervous or Anxious	
Balance Problems		Sensitivity to light		Difficulty Concentrating	
Nausea / Vomiting		Sensitivity to noise		Difficulty Remembering	
Drowsiness		Don't Feel Right		Feeling Slowed Down	
Fatigue / Low Energy		Neck Pain		Feeling like 'in a fog'	

Day 4 – Please tick all that apply

Headache		Dizziness		More Emotional or Irritable	
Pressure in head		Blurred Vision		Sad, Nervous or Anxious	
Balance Problems		Sensitivity to light		Difficulty Concentrating	
Nausea / Vomiting		Sensitivity to noise		Difficulty Remembering	
Drowsiness		Don't Feel Right		Feeling Slowed Down	
Fatigue / Low Energy		Neck Pain		Feeling like 'in a fog'	

Day 5 – Please tick all that apply

Headache		Dizziness		More Emotional or Irritable	
Pressure in head		Blurred Vision		Sad, Nervous or Anxious	
Balance Problems		Sensitivity to light		Difficulty Concentrating	
Nausea / Vomiting		Sensitivity to noise		Difficulty Remembering	
Drowsiness		Don't Feel Right		Feeling Slowed Down	
Fatigue / Low Energy		Neck Pain		Feeling like 'in a fog'	

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Day 6 – Please tick all that apply

Headache		Dizziness		More Emotional or Irritable	
Pressure in head		Blurred Vision		Sad, Nervous or Anxious	
Balance Problems		Sensitivity to light		Difficulty Concentrating	
Nausea / Vomiting		Sensitivity to noise		Difficulty Remembering	
Drowsiness		Don't Feel Right		Feeling Slowed Down	
Fatigue / Low Energy		Neck Pain		Feeling like 'in a fog'	

Day 7 – Please tick all that apply

Headache		Dizziness		More Emotional or Irritable	
Pressure in head		Blurred Vision		Sad, Nervous or Anxious	
Balance Problems		Sensitivity to light		Difficulty Concentrating	
Nausea / Vomiting		Sensitivity to noise		Difficulty Remembering	
Drowsiness		Don't Feel Right		Feeling Slowed Down	
Fatigue / Low Energy		Neck Pain		Feeling like 'in a fog'	

Day 8 – Please tick all that apply

Headache		Dizziness		More Emotional or Irritable	
Pressure in head		Blurred Vision		Sad, Nervous or Anxious	
Balance Problems		Sensitivity to light		Difficulty Concentrating	
Nausea / Vomiting		Sensitivity to noise		Difficulty Remembering	
Drowsiness		Don't Feel Right		Feeling Slowed Down	
Fatigue / Low Energy		Neck Pain		Feeling like 'in a fog'	

Day 9 – Please tick all that apply

Headache		Dizziness		More Emotional or Irritable	
Pressure in head		Blurred Vision		Sad, Nervous or Anxious	
Balance Problems		Sensitivity to light		Difficulty Concentrating	
Nausea / Vomiting		Sensitivity to noise		Difficulty Remembering	
Drowsiness		Don't Feel Right		Feeling Slowed Down	
Fatigue / Low Energy		Neck Pain		Feeling like 'in a fog'	

Day 10 – Please tick all that apply

Headache		Dizziness		More Emotional or Irritable	
Pressure in head		Blurred Vision		Sad, Nervous or Anxious	
Balance Problems		Sensitivity to light		Difficulty Concentrating	
Nausea / Vomiting		Sensitivity to noise		Difficulty Remembering	
Drowsiness		Don't Feel Right		Feeling Slowed Down	
Fatigue / Low Energy		Neck Pain		Feeling like 'in a fog'	

Day 11 – Please tick all that apply

Headache		Dizziness		More Emotional or Irritable	
Pressure in head		Blurred Vision		Sad, Nervous or Anxious	
Balance Problems		Sensitivity to light		Difficulty Concentrating	
Nausea / Vomiting		Sensitivity to noise		Difficulty Remembering	
Drowsiness		Don't Feel Right		Feeling Slowed Down	
Fatigue / Low Energy		Neck Pain		Feeling like 'in a fog'	

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Day 12 – Please tick all that apply

Headache		Dizziness		More Emotional or Irritable	
Pressure in head		Blurred Vision		Sad, Nervous or Anxious	
Balance Problems		Sensitivity to light		Difficulty Concentrating	
Nausea / Vomiting		Sensitivity to noise		Difficulty Remembering	
Drowsiness		Don't Feel Right		Feeling Slowed Down	
Fatigue / Low Energy		Neck Pain		Feeling like 'in a fog'	

Day 13 – Please tick all that apply

Headache		Dizziness		More Emotional or Irritable	
Pressure in head		Blurred Vision		Sad, Nervous or Anxious	
Balance Problems		Sensitivity to light		Difficulty Concentrating	
Nausea / Vomiting		Sensitivity to noise		Difficulty Remembering	
Drowsiness		Don't Feel Right		Feeling Slowed Down	
Fatigue / Low Energy		Neck Pain		Feeling like 'in a fog'	

Day 14 – Please tick all that apply

Headache		Dizziness		More Emotional or Irritable	
Pressure in head		Blurred Vision		Sad, Nervous or Anxious	
Balance Problems		Sensitivity to light		Difficulty Concentrating	
Nausea / Vomiting		Sensitivity to noise		Difficulty Remembering	
Drowsiness		Don't Feel Right		Feeling Slowed Down	
Fatigue / Low Energy		Neck Pain		Feeling like 'in a fog'	