WREKIN
LOVE THE JOURNEY

WREKIN COLLEGE
HEALTH AND WELLBEING CENTRE AND FIRST AID POLICY AND GUIDELINES

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Document Updates

Date	By	Comments	Location of saved file
July 2015	SEC	This document/policy was created to bring together a number of existing and new pupil welfare/wellbeing policies.	Intranet and website
July 2016	SEC	● Removed Individual Welfare Action Plan and replaced with Individual Healthcare Plan. ● Added: information on permission to self-medicate. ● Updated protocol for pupils needing to visit the Health and Wellbeing Centre (now located more centrally on Constitution Hill). ● Changed ref to KCSIE July 2015 with KCSIE Sept 2016.	Intranet
July 2018		Updated with reference to KCSIE September 2018. Ref to: Suicide Intervention Policy; Peer-on-Peer Abuse Policy	Google Drive
January 2019	SEC	● Reporting accidents and injuries updated. ● Training updated.	Google Drive and Website
July 2019	SEC	Reporting accidents and injuries updated; Training updated;	Google Drive and Website

		Hours/cover updated; Accident Report and Concussion Policy include; ref to KCSIE 2019.	
March 2021	SEC/LM	Routine changes, including ref to KCSIE 2020. Changes to First Aid Training. Changes to the School Doctor on site owing to COVID-19 added.	Google Drive and Website
January 2023	AWr/MM	Routine changes, inc. ref. to new NMS and KCSIE 2022.	Google Drive and Website
January 2024	AWr/MM	Routine changes, inc. ref. to new KCSIE 2023	Google Drive and Website
Dec 2025	DBM/MM	Routine changes, inc. ref. to new NMS and KCSIE 2025.	Google Drive and Website
April 2026	DBM/MM	Changes to staff names/ titles	Google Drive and Website
September 2026	DBM/MM	Statutory updates, Sept. 2026	Google Drive and Website

Policies and procedures relating to pupils' health care are regularly monitored by the Senior Nurse Manager in charge of the Health and Wellbeing Centre.

The persons responsible for this policy, in consultation with key personnel are the Senior Nurse Manager and the Deputy Head (Pastoral)/Supervising Designated Safeguarding Lead (DSL).

This policy and guidelines need to be read alongside other school documentation including:

- Anti-Bullying and Child-on-Child Abuse Policies
- Behaviour, Rewards and Sanctions Policy
- Complaints Policy
- Conducting Interviews, Searches and Confiscation Procedures (Pupils)
- Controlled Drugs (and Misuse of Substances) Policy
- Data Protection Policy - Confidentiality of Information
- E-Safety and Online Safety Policies
- Equality and Diversity Policy
- Games and Sporting Activities Policy and Guidelines
- Health and Safety Policy
- Missing Pupil Policy
- PSHE Policy and Programme
- Safeguarding and Child Protection Policy and Guidelines
- Staff and governors' Code of Conduct)
- Welfare and Health Policies - Pupils (includes Alcohol and Smoking Policies)
- Wellbeing and Mental Health Policies and Guidelines - Pupils (includes depression, self-harm, eating disorders and suicide intervention)

Other relevant documentation:

- SENDA and Accessibility Plan
- Assistant Housemasters'/Housemistress' Job Description
- Boarding Mission Statement (available on the school's website and in the Parents' Handbook and Pupils' Handbook)
- Housemasters'/Housemistress' Job Description
- Keeping Children Safe In Education September 2026
- Medical Guidelines for House Staff - Handbook

- Parents' Handbook
- Pastoral Deputy Head's Job Description
- The School's Aims and Code of Conduct
- Pupil Handbook (accessible via the Pupil Homepage (eLearning Hub))
- Tutors' Job Description

Boarding Schools National Minimum Standards – 2026

Standard 7 Boarding Schools National Minimum Standards - Boarders, Health and Wellbeing, states:
7.1 The school has, and implements effectively, appropriate policies for the care of boarders who have medical conditions and/or are unwell, ensures that the physical and mental health and emotional wellbeing of boarders are promoted and prompt action is taken when health concerns are identified. The policies include first aid, care of those with chronic conditions and disabilities, dealing with medical emergencies and the use of both prescription and non-prescription medication (including controlled drugs). Policies for administration of medication should reflect, where appropriate, guidance provided by the Royal Pharmaceutical Society and the Royal College of Nursing.
7.2 Boarders are supported and educated to understand their health needs, how to develop and maintain a healthy lifestyle and to make informed decisions about their own health.
7.3 Effective arrangements are made to care for boarding pupils who are sick or injured. Boarders are accommodated away from other children where this is necessary to care for the child in question or to protect other boarders (e.g. from contagious conditions). Where boarders need to be cared for away from their usual accommodation, they are provided with good quality accommodation, including toilet and washing facilities. The accommodation is staffed appropriately and provides boarders with appropriate privacy, taking into account sex, age and any special requirements.
7.4 The school ensures boarders have access, as appropriate, to local medical, dental and optometric services and provision. In addition, the school engages effectively with health agencies, including specialist services (such as CAMHS, sexual health services and those providing support for victims of sexual abuse) when appropriate, responding in a timely manner to boarders' needs.
7.5 The school facilitates access to all relevant health, counselling and support services (set out above) as required. It should be clear who is responsible for making emergency and routine health care appointments for children, including where consultation between parents/carers and staff is necessary.
7.6 All medication is stored safely and securely and accurate records are kept of its administration. Staff are properly trained to provide the support that pupils need when administering medicines. Prescribed medicines are given only to the boarders to whom they are prescribed. Boarders allowed to self-medicate are assessed as being sufficiently responsible to do so. Where applicable, schools have regard to government guidance.
7.7 Borders' confidentiality, rights, privacy and dignity as patients is fundamental and is appropriately protected. This includes the right of a boarder deemed to be 'Gillick Competent' to give or withhold consent for their own treatment.
Gillick Competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. A child will be Gillick competent if he or she has sufficient understanding and intelligence to understand fully what is proposed. Fraser guidelines are a subset of Gillick competence and apply to advice and treatment relating to contraception and sexual health.

Boarding Schools National Minimum Standards - the full document may be viewed at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1102344/National_minimum_standards_for_boarding_schools.pdf

PART 1: HEALTH AND WELLBEING CENTRE POLICY

This policy should be read alongside the following:

- First Aid Policy
- Mental Health Policy
- Protocol for the Provision of Medication
- Welfare and Health Policy (Pupils)

The school has a Health and Wellbeing Centre (H&WC) with a State Registered Nurse available during the week from 7.30am until 6pm.

Since coronavirus restrictions, if pupils need to consult a Doctor, the H&WC will organise a telephone call-back appointment with one of the nominated School Doctors (from the local TelDoc Medical practice); if necessary an appointment will be made to go to the practice for a face-to-face consultation. To cater for the needs of pupils of both sexes - one male and one female doctor are employed.

The Health and Wellbeing Centre is staffed from 7.30am to 6.30pm Monday to Friday.

SCHOOL NURSE SURGERY TIMES MONDAY to FRIDAY INCLUSIVE	SCHOOL DOCTOR
8.00am to 9.00am	Please speak to a nurse at the Health and Wellbeing Centre. All appointments are initially via telephone; face-to-face appointments can be arranged by the nurses if required
11.00am to 11.30am	
1.00pm to 2.00pm	

Pupil Health Records

Full records of pupils' health are kept by the Health and Wellbeing Centre from the time of entry to the school, with parents being asked to fill in a questionnaire on their child's medical history at this time. The medical questionnaire must be completed and submitted to the H&WC prior to the pupil starting at the school. The Nurses liaise with staff, and (on a need-to-know basis) share known medical conditions of pupils as appropriate for school activities.

Parents are requested to keep their child's Medical Records up-to-date by notifying the H&WC of any changes to their child's mental health or physical fitness.

Appendix B of the National Minimum Standards for Boarding Schools, List of Records, states that the following (medical) records are required:

- Individual boarder's records (containing personal, health and welfare information)
- Administration of medication, treatment and first aid (kept confidentially)
- Significant illnesses
- Significant accidents and injuries

- Parental permission, where required, for medical and dental treatment, first aid and non-prescription medication
- Care plans for boarders with special needs (where applicable)

All boarding pupils are given a medical examination (including a mental health assessment) soon after their arrival at school. Thereafter there is close liaison between Nurses and all House Staff to ensure the future wellbeing of pupils.

Pupils can choose whether or not they are accompanied by staff when attending a consultation with a doctor, dentist or optician.

All Full-time Boarders are registered with the School Doctor.

The H&WC informs the relevant HsM of treatment or medication administered to pupils on a daily basis.

Houses have a part-time Matron working from 8.30am to 1pm on weekdays (timings vary slightly from House to House). Boarding matrons work longer hours on a Wednesday to support the Hsm. Amongst their other duties they collect prescriptions for pupils and take pupils to medical appointments when necessary. At other times of day and at weekends these duties devolve to the HsM (or to a Nurse, if available). A Nurse sees all of the Matrons virtually every day and informs Matron and the Hsm of all admissions to the H&WC.

The House Matron's role in medical matters is limited to maternal, non-specialist care. They keep no medical supplies except a first aid kit and keep a record with the HsM of any occasions when the first aid kit is used. First aid kits and House records are checked by the H&WC staff each half term or, if sooner, for supply.

HsMs are asked to liaise with Matrons in monitoring any medications brought from home or purchased whilst at school. Any worrying cases are referred to the H&WC staff.

Matrons will collect pupils' medication on Friday that needs to be administered in House, and return weekly with what is not administered for compliance.

Pupils are not allowed to keep their medication, including home remedies such as paracetamol. All medication must be handed into Matron.

Home/over-the-counter remedies in boarding Houses – the boarding HsM has over-the-counter remedies (such as paracetamol), which they may administer to pupils when the H&WC is closed. Over exeat weekends, when boarders remain at school, staff who are on duty also administer these same remedies. The H&WC staff monitor the stock of House home remedies and the administration of all medicines held by the HsM.

The House Matron may assist boarding pupils in making arrangements to see a dentist or optician if necessary.

Accidents are recorded by everybody and any of a serious nature are referred immediately to the H&WC staff. A record of accidents is added to SmartLogLog / iSAMS. Accidents are reported using a standardised template (see **Appendix 4** of this document).

All accidents noted at the H&WC should be passed on to the relevant HsM for their records. All accidents and incidents, however minor, are recorded electronically on the Smartlog software purchased by the school. **Accidents on the games fields or at any other location in the school** are initially handled by members of the staff on the spot, but where any serious injury or condition is suspected the H&WC staff and the emergency services can be summoned to attend the scene and will then take full responsibility for any action thereafter. Teams taking part in contact sports, such as rugby, carry first aid kits with them. There is an "off games" chit system (and conditions that warrant a pupil being off games are added to iSams for staff information) which ensures that those pupils with any kind of ailment do not take part in activities that could affect their health.

First aid and minor illness treatment are given at school by competent designated staff (qualified Nurses or First Aiders). Records of pupil medical information, including medications prescribed and treatments given to pupils are kept updated by the H&WC on iSams daily. Medical alert information from iSams also automatically appears in CPOMS. Extra information about more serious conditions, treatments or incidents, along with any pupil who is in receipt of counselling through the school counselling service, is also recorded on CPOMS (the school pastoral information/reporting system) in order to inform staff more widely.

See reporting accidents on page 14.

Care of Sick Pupils

Day Pupils
If a day pupil is taken poorly whilst at school, the Nurse on duty will notify the child's parent/guardian and they will be cared for by the Nurse until their parent is able to collect them and take them home.

Boarding Pupils
If a boarder is taken poorly the Nurse on duty will assess the child and take the appropriate course of action; this may involve the child remaining in their House, with the HsM receiving clear instructions, or the child may be taken to the H&WC if within the H&WC hours during the day (or nearby hospital). Out of Hours, the HsM will call the out-of-hours Nurse mobile or 111 for advice and follow their expert guidance. In the case of an emergency, staff should always ring 999. If it is deemed necessary that a Nurse is required to look after a child in the H&WC, out of hours, then that will be arranged.

Whichever course of action is taken the child:

- Will be regularly checked by a member of staff
- Will be able to summon assistance, readily and rapidly, when necessary

Extract from the Pupil Welfare and Health Policy:
'Boarders with bed-wetting problems are discreetly and appropriately supported'.

PART 2: FIRST AID POLICY

This Policy is aimed at the provision of health, welfare and safety for staff, pupils, and visitors to the school.

It is to be read in conjunction with the following school policies:

- Health and Safety Policy and Procedures
- Intimate Care Policy Welfare and Health Policy (Pupils)
- Health and Wellbeing Centre Policy
- Mental Health Policy
- Protocol for the provision of non-prescription medication

The arrangements within this policy (for example the number of First Aiders, Appointed Persons and first aid boxes and contents of first aid boxes) are based on the results of a suitable and sufficient risk assessment carried out by the school with regards to all staff, pupils and visitors. Details of all First Aiders are held in the Bursary with the Deputy Bursar (Operations)/Health and Safety Manager and at the H&WC. The trainer of the school's First Aiders is the H&WC Senior Nurse Manager/Nuco First Aid Trainer.

This policy complies with paragraph 13 and 14 in Part 3 of the Education (Independent School Standards) (England) Regulations 2014, the Health and Safety at Work Act 1974

Definitions

- **First Aid** is the initial treatment given to someone who is injured or sick, prior to professional medical assistance arriving and taking over from you. This does **not** include the administration of medication. Ref: Nuco, FAAW ISBN 978-1-908597-48-9 1st Edition 01/11/2020
- **First Aiders** A first-aider is someone who has undertaken training appropriate to the circumstances. They must hold a valid certificate of competence in either: first aid at work. emergency first aid at work, or any other level of training or qualification that is appropriate to the circumstances. https://www.hse.gov.uk/firstaid/first-aider.htm
- **Appointed Persons** are members of staff who are not qualified First Aiders who are responsible for looking after the first aid equipment and facilities and calling the emergency services if required. Appointed persons should not administer first aid.
- **The Nurse Manager is in charge of the school's Health and Wellbeing Centre**. She is responsible for the provision of medical care to pupils and ensuring that first aid equipment is located and maintained around the school. Nurses are primarily located in the school's H&WC. The school reserves the H&WC building exclusively for giving medical, first aid treatment or mental health support.

The school's H&WC is located beside Lancaster House on Sutherland Road and is open during term time between the hours of 7.30am until 6pm Monday to Friday. The school has a contract with TelDoc for telephone appointments, initially, and face-to-face appointments following the initial call with a clinician, if required. The school makes use of an out-of-hours Nurse mobile number or the NHS 111 Service for advice when there are no nursing staff on site.

Aims of this Policy

- To ensure that the school has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be appropriately looked after in the event of any illness, accident or injury, no matter how major or minor.
- To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency.
- Staff should always dial 999 for the emergency services in the event of a serious medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

Responsibilities

The Governing Body has overall responsibility for ensuring that the school has adequate and appropriate first aid equipment, facilities and first aid personnel and for ensuring that the correct first aid procedures are followed.

The Head delegates to the Head of Operations the day-to-day responsibility for ensuring that there is adequate and appropriate first aid equipment, facilities and appropriately qualified first aid personnel available to the school. In collaboration with the Health and Wellbeing Centre, the Head of Operations will regularly (at least annually) carry out a first aid risk assessment and review the school's first aid needs to ensure that the school's first aid provision is adequate.

The Head delegates to the Health and Wellbeing Centre responsibility for collating Medical Consent Forms (which are usually passed on by Admissions) and important medical information for each pupil and ensuring the forms and information are accessible to staff as necessary.

The Deputy Head (Pastoral) is responsible for ensuring that members of the academic staff have the appropriate and necessary first aid training as required and that they have sufficient understanding, confidence and expertise in relation to first aid.

The CFO is responsible for ensuring that support staff have the same expertise.

First Aiders

The Deputy Head (Pastoral) and the Head of Operations are responsible for ensuring that the school has the minimum number of first aid personnel (First Aiders and/or Appointed Persons). There will be an adequate number of First Aiders on the school site when children are present, in line with HSE Health and Safety First Aid at Work Guidance L74 (Third edition, published 2013 – reissued with minor amendments in 2018). During the school day there is at least one Registered School Nurse on site; this is also true on a Saturday, whenever there are School Contact Sports Fixtures in the calendar. In the evening and at weekends the school will make use of an out-of-hours Nurse mobile number or the NHS 111 Service if necessary. The details held in the Bursary with the Deputy Bursar (Operations)/Health and Safety Manager

list the members of staff who are qualified in first aid (link here).

The main duties of First Aiders are to give immediate first aid to pupils, staff or visitors when needed, and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their first aid certificates are kept up-to-date through liaison with the Bursary. The First Aiders will undergo update training at least every three years.

All staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of first aid. All staff will use their best endeavours, at all times, to secure the welfare of the pupils.

Anyone on the School's Premises

Anyone on the school's premises is expected to take reasonable care for their own and others' safety. All visitors on site are usually accompanied by a member of staff who knows the locations of first aid facilities.

First Aid Boxes

First aid boxes are marked with a white cross on a green background and are provided by the H&WC staff. It is their responsibility to ensure that they are fully replenished. The H&WC staff check first aid boxes at the beginning of each term.

- Every House and department are required to have a first aid kit and its location must be known to all who work there.
- Signs will be displayed in buildings indicating the location of where first aid kits can be found.
- The first aid boxes will be located as near to hand-washing facilities as is practicable.
- The first aid boxes should only be used by a qualified First Aider and can be used in the time it takes before a school Nurse or ambulance arrives.
- They can be used also for very minor injuries such as small cuts.
- If first aid boxes are used, they should be restocked by H&WC staff.

School Minibuses

The school's minibuses have a prominently marked first aid box on board which is readily available for use and which is maintained in a good condition.

The first aid box is stocked in accordance with part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078).

Off-Site Activities

Where activities are arranged off-site, staff are advised to take first aid kits or ensure one is available, should there be a risk of even minor injuries.

Information On Pupils

Parents provide written consent for the administration of first aid and medical treatment **before** pupils are admitted to the school.

Procedures for Pupils with Medical Conditions such as Asthma, Epilepsy, Diabetes, etc.

A record is maintained of pupils who need to have access to asthma inhalers, Adrenaline auto injectors (AAI's: brand name 'epipen' etc), or similar. This information is circulated to staff.

Information on pupils who use asthma inhalers, adrenaline auto injectors and injections is held by the H&WC and includes a record of pupils who need to have access to asthma inhalers, adrenaline auto injectors, injections or similar. Reserve adrenaline auto injectors and inhalers are kept in the H&WC and there are anaphylaxis boxes in the main buildings throughout the school campus containing ventolin, spacers, and AAI's. All first aiders are trained in the use of all equipment, as are all those working in the dining area.

Where appropriate individual pupils will be given responsibility for keeping life-saving equipment with them and their suitability for this arrangement will be reviewed on a regular basis. In other cases, the equipment will be kept, suitably labelled, in the H&WC.

Pupils with medical conditions, such as epilepsy and diabetes, will have an Individual Healthcare Plan (see Appendix 1).

Staff receive appropriate training to support children with medical conditions such as asthma, epilepsy, diabetes, etc. For example, each year the teaching staff is given a briefing and demonstration of the use of inhalers and administration of the adrenaline auto injector ('epipen') and a notification of which pupils may require them and routinely carry adrenaline auto injectors ('epipens') with them.

Procedure in the Event of Illness

If a pupil is unwell during lessons then he or she should consult the member of staff in charge who will assess the situation and decide on the next course of action. The pupil will, accompanied as necessary, be told to go to the H&WC. The member of staff, where possible, will telephone the H&WC to indicate that the pupil should be expected. The Nurse will decide on the next course of action and provide the first aid as required.

Pupils who have been injured and who are in obvious pain or distress should never be directed to make their own way to the H&WC. They should be accompanied by an adult at all times or a request made for the **Nurse to attend the pupil**.

A pupil, who has fainted, lost consciousness, or has sustained any degree of head injury should be monitored by an adult at all times and an adult should request that the nurse attend.

Any pupil sent to the H&WC after dark should always be accompanied.

Staff may visit the Nurse in the H&WC as and when necessary but must inform the cover supervisor to

arrange appropriate cover if a class needs to be supervised. Other staff should inform the Bursary if they will be away from their work station.

See Appendix 2: Protocol for pupils needing to visit the Health and Wellbeing Centre.

Procedure in the event of an Accident or Injury

If an accident occurs, then the nearest available adult should be informed. That person will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. If necessary, a nurse should be called for as soon as possible. Appointed Persons or First Aiders can also be called for if necessary, and should be called if a nurse is not available immediately.

In the event that the First Aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they should continue first aid treatment whilst another person summons immediate medical care.

Lists of qualified First Aiders are displayed in all buildings.

See reporting accidents on page 14.

See Appendix 5: Concussion Policy

Ambulances

If an ambulance is called, a Nurse or First Aider in charge should make arrangements for the ambulance to have access to the accident site. Arrangements should be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of staff, if it is not possible to contact the parents in time.

Spillage of Blood or Other Bodily Fluids

If a spillage of blood or other bodily fluids occurs, a Nurse must be informed. The Nurse will then arrange for the proper containment, clear up and cleansing of the spillage site.

Procedure in the event of contact with Blood or Other Bodily Fluids

The First Aider should take the following precautions to avoid risk of infection:

- Cover any cuts and grazes on their own skin with a waterproof dressing
- Wear suitable disposable gloves when dealing with blood or other bodily fluids
- Use suitable eye protection and a disposable apron where splashing may occur
- Use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation
- Wash hands after every procedure

If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- Wash splashes off skin with soap and running water

- Wash splashes out of eyes with tap water or an eye wash bottle
- Wash splashes out of nose or mouth with tap water, taking care not to swallow the water
- Record details of the contamination
- Report the incident to a nurse and take medical advice if appropriate

Defibrillators

The school has two defibrillators, which are kept in the Sports Centre and in the SMT Study Block. Staff received instructions in the use of the defibrillator in Lent 2019 and again in April 2023 (all teaching staff), led by the Head Nurse. (The Prep School also has a defibrillator in the main hallway of the building.)

The H&WC have registered the defibrillators with West Midland Ambulance Service and "The Circuit.uk" in order for the ambulance to find it quickly.

The advice given is:
If you think someone is suffering from a heart attack you should deploy the defibrillator and follow the instructions which the machine gives you e.g. on whether to shock or not.

First Aid in the Physical Education Department/Sports Hall

The H&WC is responsible for providing First Aid boxes and bags for the Sports Hall. They are located in the First Aid room adjacent to the Sports Hall foyer.

It is the responsibility of the Sports Hall Manager to inform the H&WC when first aid stock is used and requires re-stocking.

First aid bags are carried by duty Nurses around playing areas, on match days.

Away Fixtures

A first aid kit is always available in minibuses.

If a major incident occurs, medical treatment should be sought from the host school first aid staff. If necessary, the pupil should be taken to the nearest Accident and Emergency Department by a member of staff. A member of staff should remain with the pupil until treatment and after-care are agreed with those providing treatment. Treatment and after-care should then be followed up by the Wrekin College H&WC. Any incidence of treatment must be reported to the H&WC on return to school by the teacher in charge of the team.

See reporting accidents on page 14.

Head Injuries

Head injuries, however minor, must be reported to the H&WC and the person taken to the H&WC or a Nurse be summoned. Parents are also informed about any head injury (however minor), in case of concussion symptoms being delayed.

Teaching and appropriate coaching staff had online concussion awareness training in September 2017, which was updated in August 2021. Online "headcase"training as per RFU is undertaken by rugby coaches and nursing staff yearly.

See Appendix 5: Concussion Policy

Reporting

All injuries, accidents and illnesses and dangerous occurrences are recorded on the software package Assurity that the school uses. This is overseen by the School Nurse Manager, the Health and Safety Manager and the Bursar.

Protocol for Reporting of Accidents and Injuries

1. **An accident or injury which results in the person going to hospital** must be followed up as soon as possible with an email to the Head, Deputy Head (Pastoral), the relevant HsM and Deputy Bursar (Operations and Health & Safety Manager). This email should be completed by the adult witnessing the accident or injury.
    - This initial report can be quite brief, outlining the circumstances.
    - As soon as possible, which may be Monday morning, if the accident or injury occurred at the weekend, the official Accident Report MUST be completed by the adult witnessing the accident or injury.
2. **Other accidents or injuries** which do not require a visit to the hospital may need to be reported using the Assurity website, including those owing to faulty equipment, design or condition (of e.g. surfaces), inadequate supervision, or violence from another person. The simple rule is: if there is doubt, report it.
3. **The Accident Report must be completed as soon as possible via Smartlog**,
4. **Completed Accident Reports** are all kept online
5. **Please note:** The Head and Deputy Head (Pastoral) must receive a report within 24 hours of any accident or injury which results in medical treatment, that has been caused by foolish or malicious behaviour by another pupil. This may happen in any area of jurisdiction and the initial report can be brief, but it is essential that such incidents are reported.

Records are stored for at least 3 years.

The details of any minor accident reported to the H&WC will be recorded by H&WC staff on iSAMS. Injuries reported to the H&WC will be recorded on iSams (and potentially also on CPOMS, depending on the nature of the injury), as outlined above.

All accident reports (and near miss reports) are seen by the Head of Operations, who is responsible for reporting those incidents required by RIDDOR, to the HSE.

Reporting to Parents

In the event of accident or injury, parents must be informed as soon as practicable. If the pupils are referred to the H&WC, the H&WC will contact the parents at an appropriate time and also inform the relevant HsM what further steps are necessary. If any injury is not reported to the H&WC, then the pupil's parents

should be informed by the member of staff in charge of the activity directly or through the pupils' HsM.

Monitoring

The Head of Operations will organise a termly review of accident reports in order to take note of trends and areas requiring improvement. This will form part of the annual First Aid Risk Assessment. The information may help identify training or other needs and be useful for investigative or insurance purposes.

Appendix B of the National Minimum Standards for Boarding Schools: the school is required to keep records of significant accidents and injuries.

First Aid Training

First aid has been part of the school 's INSET programme for a number of years.

Specific Teaching Staff training at 3 yearly intervals. Records are kept electronically.

In the Houses, First Aid boxes are situated next to the Housemaster's/Housemistress's residence. First Aid boxes are also kept in all teaching areas and on each of the school minibuses.

PART 3: PROTOCOL FOR THE PROVISION OF NON-PRESCRIPTION MEDICATION

This policy needs to be read in conjunction with:

- First Aid Policy
- Health and Safety Policy
- Health and Wellbeing Centre Policy
- Mental Health Policy
- Welfare and Health Policy (Pupils)

It is important that the responsibility for pupil's safety is clearly defined and that each person involved with a pupil's medication and medical needs is aware of what is expected of them.

Day Pupils
The medical responsibility for a Day pupil lies with their parents. Day pupils will remain registered with their home doctors, who should be consulted on all medical matters. However, if a pupil becomes unwell or injured during the day they may attend one of the surgery times as posted by the Nurse in each House. If it is more serious they must go to the Health and Wellbeing Centre straight away, accompanied by a friend.

Boarders
All parents of boarders are required to complete a permission slip giving Boarding House staff permission to give their child paracetamol, or a simple linctus for a troublesome cough if necessary, or a plaster for a simple cut or abrasion. This is incorporated in the Admissions Forms for all parents. In addition, such permission is sought from parents prior to any school visit involving an overnight stay – please see the 'Medical Consent Form - Trips' (Appendix 3).

Medication from Home

At Wrekin pupils are not allowed to keep prescribed medication or home remedies. All medication and home remedies must be handed into Matron or the pupil's HsM.

Any pupil requiring medication, such as paracetamol, should visit the Health and Wellbeing Centre (H&WC).

If a pupil is prescribed medication such as antibiotics, or has a home remedy, which needs to be administered at school, the pupil's parents are required to put this in writing to the school. This should detail the medication prescribed, type, dosage, frequency, and duration of medication regime. This letter/email serves as written permission to the staff to administer the medication. The medication must be in its original packet/bottle. This medication MUST be handed into Matron in the morning and they will hand it over to the H&WC staff, who will oversee its administration.

Storage of Medicines and Recording of Medication Administered to Pupils

Home remedies and prescribed medications are stored inside the locked cabinets in the H&WC and in the Boarding HsMs' residence.

Medication that needs to be refrigerated **MUST BE** stored in the H&WC or in the Boarding HsMs' residence.

All medication that is administered is recorded on iSams.

In each Boarding House there is a medication administration sheet for boarding staff to hand it to boarders in the evenings.

The Medication Sheets detail the name of the pupil, medication prescribed/given, dose/frequency, method of administration, reason for administration (if not prescribed) and entry for signatures when administered.

- Prescribed medication is only given to a pupil for whom it is prescribed and in accordance with the instructions.
- At Wrekin, pupils are not allowed to keep prescribed medication or home remedies. The only exception to this rule is for those female boarders who have been prescribed the contraceptive pill – the female boarder must liaise with the school Nurse and their contraceptive pill must be kept in their lockable space. A Risk Assessment must be completed for the administration of this medication.

PART 4: INTIMATE CARE POLICY

Introduction

Generally, physical contact between staff and pupils is discouraged because it can lead to misunderstandings. However, some physical contact may be appropriate and necessary:

- To carry out first aid
- To provide comfort and reassurance to a pupil in distress
- To restrain a pupil in specific circumstances to prevent injury or damage
- To demonstrate a particular technique as part of a lesson

If required, intimate care would normally be provided by trained Health and Wellbeing Centre (H&WC) staff.

Definition

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of sensitive areas of the body including the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing, cleaning up after 'accidents' involving vomit, urine or faeces.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Wrekin work in partnership with parents to provide continuity of care to children wherever possible.

Wrekin is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Wrekin recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Our approach to best practice

- All children who require intimate care are treated respectfully at all times; the child's welfare and dignity are of paramount importance.
- Staff who provide intimate care are trained to do so (including Child Protection and Health, and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment.
- Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account developmental changes such as the onset of puberty and menstruation.
- There is careful communication with each child who needs help with intimate care. The child is aware of each procedure that is carried out and the reasons for it.
- As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves

as they can. This may mean, for example, giving the child responsibility for washing themselves.

- If it is known that a child will have regular need for intimate care, the school will draw up an individual healthcare plan (see Appendix 1) for that child, in discussion with parents and appropriate professionals.

General Principles

When giving intimate care, staff will:

- Treat children with respect and sensitivity
- Behave in a professional manner at all times
- Encourage the child to undertake as much as possible of their own care
- Respect the child's need for privacy and confidentiality, but ensure that all incidents are recorded and reported to the Designated Safeguarding Lead (DSL)/Deputy Head (Pastoral)

Appendix 1

Individual Healthcare Plan

Pupil's Name:	**Pupil's Date of Birth:**	
House:	**Year:**	**Boarding or Day:**
Contact Details: **Address:** **Telephone:**		
Doctor' Name:	**Medical Practice Address:** **Medical Practice Telephone:**	

Medical Condition(s) or Health Concern(s)
Symptoms this pupil is presenting:

Medication	**Drug**	**Dose**	**When**	**How is it administered?**
Asthma Inhalers		**Type:**	**Checked with parent:**	**Date:**
Does treatment of the medical condition affect behaviour or concentration?				
Are there any side effects of the medication?				

Is there any ongoing treatment that is not being administered in school? What are the side effects (if any)?	
Advice for teaching staff	
Outline of support in place at school - the support team	

Details of any external professionals involved (with telephone numbers)

Are there any other concerns for this pupil?

Is there any additional action required?

Member of staff responsible for this plan:	**Date:**

Plan shared with:

Date to be reviewed:

Appendix 2

Protocol for pupils needing to visit the Health and Wellbeing Centre

Staff cannot deny a pupil access to medical help and staff must use their common sense when giving permission for a pupil to go to the Health and Wellbeing Centre.

- A Lancaster pupil who is ill should be accompanied by another pupil
- Pupils may need someone to accompany them to the Health and Wellbeing Centre if they are feeling faint, dizzy or about to be sick.
- For a pupil who appears very poorly and/or in pain the member of staff may need to call out the Nurse.
- If a pupil needs to visit the Health and Wellbeing Centre outside lesson or games time, then they MUST seek permission from a member of staff.
- The Health and Wellbeing Centre staff should notify the HsM by email that the pupil visited the Health and Wellbeing Centre.
- The Health and Wellbeing Centre should, at their earliest convenience, email the member of staff who gave the pupil permission to visit the Health and Wellbeing Centre to say that the pupil has been seen by a Nurse.
- If the member of staff does not receive an email then they should confirm with the Health and Wellbeing Centre.
- Pupils must use their common sense so as to reduce the amount of lesson time missed to a minimum. For example, a pupil feeling unwell towards the end of Period 2 should go to the Health and Wellbeing Centre at the beginning of break rather than waiting until the beginning of period 3.

Contact Details

Health and Wellbeing Centre: 01952 265654 7.30am – 6pm weekdays
Mobile Number: 07786 105674
Health and Wellbeing Centre Email: healthandwellbeingcentre@wrekincollege.com

NHS 111 Service takes calls out-of-hours across Telford and Wrekin.

Appendix 3

MEDICAL QUESTIONNAIRE

PARENT/GUARDIAN		
Title:	**First name:**	**Surname:**
Relationship to pupil:		**Email address:**
Emergency contact number:		
Signature:		

PUPIL	
First name:	**Surname:**
Date of birth:	**House:**
Nationality:	**Home language**
GENDER:	
IF A DAY PUPIL, PLEASE SUPPLY DETAILS OF PUPIL'S OWN DOCTOR:	
Name of GP:	**Tel. No of surgery:**
NHS no. If known	
Address of surgery:	

We need permission for a member of staff to administer remedies for minor ailments, if required.

PAIN RELIEF	
If your child is suffering from a headache, or other minor pain which might be relieved by giving your child Paracetamol, do you give the member of Staff in charge of your child's House permission to give this treatment?	Yes/No
FIRST AID	
Do you give permission for the member of staff in charge to administer First Aid?	Yes/No
Do you also give permission for the member of staff in charge to give or to issue the following to your child–a simple linctus for a troublesome cough; Piriton (for allergic reaction); sun screen; after-sun lotion; insect bite cream; insect repellent; Redian B (muscle rub) and plasters (to cuts and grazes) - all to be applied by the pupil?	Yes/No

Has your child ever had, at any time, any of the following?	
Any allergies or intolerances eg food, medication	Yes/No
Asthma	Yes/No
Hay-fever	Yes/No
Eczema, dermatitis, psoriasis or other skin condition	Yes/No
Epilepsy, fainting attacks, convulsions, blackouts	Yes/No
Diabetes (Type 1 or 2)	Yes/No
Heart Conditions	Yes/No
Recurrent chest or throat problems	Yes/No
Blood disorders eg. Haemophilia, sickle cell, anaemia	Yes/No
Are you taking any medication at present, short or long term.	Yes/No
Depression, anxiety, phobias, nervous problems, stress	Yes/No
Any history of self-harm	Yes/No
An eating disorder (eg. Anorexia, bulimia) or unexplained weight loss or gain	Yes/No

Counselling, psychotherapy or psychiatric treatment	**Yes/No**
Eye conditions or defects of vision (inc. colour blindness)	**Yes/No**
Severe headaches, migraine	**Yes/No**
Spinal problems, neck pain, back pain, disc problems	**Yes/No**
Any form of joint problems eg. Arthritis	**Yes/No**
Have you ever had tuberculosis	**Yes/No**
Have you ever had malaria	**Yes/No**
Recurrent abdominal pain	**Yes/No**
Any menstrual problems	**Yes/No**
Any operations	**Yes/No**
Any other condition requiring hospital treatment or investigation	**Yes/No**

If you have answered yes to any of the above, please provide full details, including dates and any current or past medication:

In the event of a sudden illness or accident requiring immediate attention beyond the resources of the School Doctor and the School Medical Centre, the School Authorities would, of course, make every effort to get in touch with the parent. It is not always possible to make this contact and the decision would have to be left to the School. We should like guidance now to help us make that decision according to the general line of the parents' wishes.

Please sign the statement below after crossing out either A. or B. that is NOT in line with your wishes.

A. I wish use to be made of the free medical facilities under the National Health Service Scheme and do not wish to incur the expense of a private consultant or surgeon.

B. I am prepared to leave it entirely to the School to do the best under the circumstances at the time, including, if deemed desirable, calling in a private specialist, consultant and/or surgeon if necessary.

Signature of Parent/s.....

Address.....

.....

Telephone Number..... **Date**.....

Appendix 4

CONCUSSION POLICY

Wrekin College follows the International Rugby Board Graduated Return To Play (GRTP) programme across all sports/activities within the school setting, which have been adopted by the Rugby Football Union (RFU) and England Hockey for use by all schools and clubs.

We believe the benefits that sport brings to a pupil far outweigh the risks involved. However, it is important to recognise and mitigate those risks by implementing strategies and managing them effectively.

Concussion is one of the possible risks associated with sports and pupil welfare is the priority when managing any case of concussion. We trust and implore pupils, parents, staff and external coaches to collaborate with the school and be honest about reporting any issue with concussion that has either occurred in or out of school hours.

Research shows the significantly increased risk to children/adolescents if concussion is not managed appropriately as their brains are still developing. Repeat concussions before a full recovery has been made could significantly interfere with academic performance and have potential to result in permanent neurological impairment.

Summary Principles

a. All staff involved in games and sporting activities MUST complete the RFU online course annually.
b. Concussion must be taken extremely seriously to safeguard the long-term welfare of players.
c. Players suspected of having concussion must be removed from play and must not resume play in the match.
d. Players suspected of having concussion must be medically assessed.
e. Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP).
f. The minimum period it takes for a player to return to matches following concussion is 23 days.
g. Players must receive medical clearance from their GP before returning to full training and play.

What is Concussion?

A common misbelief is that concussion involves a loss of consciousness. This is only the case in 10% of concussions and actually the various symptoms of concussion can be far more subtle and harder to spot. Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary impairment of brain function. Its development and resolution are rapid and spontaneous. Concussion is associated with a graded set of clinical signs and symptoms that resolve

sequentially. Concussion reflects a functional rather than structural injury and standard neuro-imaging is typically normal.

Common early signs and symptoms of concussion

Onset of Symptoms

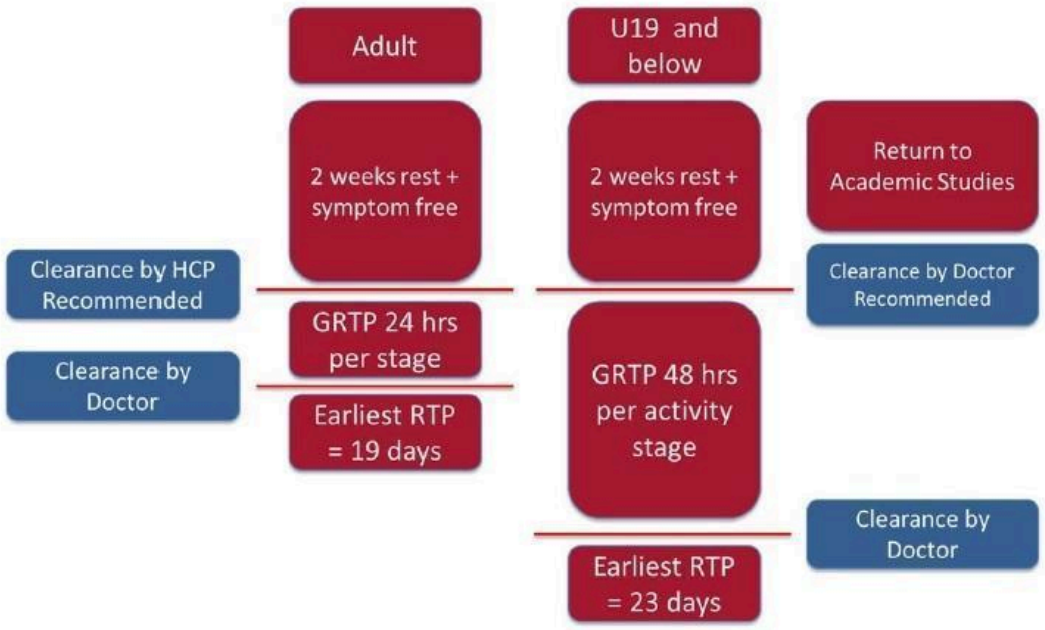
It should be noted that the symptoms of concussion can first present at any time (but typically in the first 24 – 48 hours) after the incident which caused the suspected concussion.

Symptoms	Evidence
Physical signs	Headache, dizziness, "feeling in a fog", loss of consciousness, vacant expression, stomach ache, vomiting, inappropriate playing behaviour, unsteady on legs, slowed reactions
Visual disturbances	Headache, dizziness, "feeling in a fog", Loss of consciousness, vacant expression, inappropriate playing behaviour, unsteady on legs, slowed reactions Visual disturbances such as blurred or "fuzzy" vision. Not feeling 'right'.
Behavioural changes	Inappropriate emotions, irritability, feeling nervous or anxious
Sleep disturbance	Drowsiness

If a pupil is suspected of concussion they will rest and if symptom free, progress in the Graduated Return To Play protocol (GRTP) stated below as recommended for ages U19 and below.

What should players do to return to play (RTP)?

The routine return to play pathway is shown in the diagram below:



A player's age is deemed to be their age as at 1st September.

Below is the GRTP Six-Stage process:

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

Rest (Stage 1)

Individuals should avoid the following initially and then gradually re-introduce them:

- Reading
- TV
- Computer games
- Driving

It is reasonable for a pupil to miss a day or two of academic studies but extended absence is uncommon. Start Graduated Return To Play (GRTP) once all symptoms have resolved and cleared to do so by the School Nurse.

As part of the process it is also prudent that HsM/Tutor consult with the players' academic teacher(s) to ensure that their academic performance has returned to normal prior to commencing their GRTP. The school environment obviously helps with this liaison with educational experts.

It must be emphasised that these are minimum return to play times and players who do not recover fully within these timeframes will need to longer.

Under the GRTP protocol:

1. The player can proceed to the next Stage if no symptoms of concussion are shown at the current Stage (that is, both the periods of rest and exercise during that 48-hour period).
2. Where the player completes each Stage successfully without any symptoms, the player would take 23 days to complete their rehabilitation (this includes the 14-day rest period).
3. If any symptoms occur while progressing through the GRTP protocol, the player must return to the previous Stage and attempt to progress again after a minimum 24-hour period of rest has passed without the appearance of any symptoms.
4. After Stage 4 the player resumes full contact practice. Full contact practice equates to return to play for the purposes of concussion.
5. However, return to play itself shall not occur until Stage 6.
6. The player must see their Doctor in order to proceed to Stage 5 and the School Nurse prior to being selected for matches.

CONCUSSION PROTOCOL – TRAINING AND MATCHES

1. If a player receives a knock on the head, in addition to obvious signs and symptoms, the coach will ask the player the following memory questions:
    - At what venue are we today?
    - Which day is it?
    - Who scored last in this game (or relevant question)?
    - Which team did you play last week/game?
    - Did your team win the last game?

2. If the player fails to correctly answer the five memory questions, the player should be removed from the field of play for a medical evaluation (coaches should use professional judgement if a player does not answer a question correctly i.e. in the heat of a match a player may genuinely not remember who scored last).

3. Headache, blurred or "fuzzy" vision should also be treated in the same way and professional judgement also used if the player does not seem "right" (slurred speech, odd behaviour such as anger or crying etc.)

4. Any player with suspected concussion, or if you have any doubt, they must be removed from play – the decision should not be left to the player as they are usually not thinking correctly. "IF IN DOUBT SIT THEM OUT"

5. The player must not be left alone and MUST be taken to the Health and Wellbeing Centre by a member of staff (they must NOT be allowed to be taken by another pupil).

6. The coach MUST inform the Head of their Sport if a bang on the head has occurred leading to a player needing to be removed from the field of play (even if concussion is not diagnosed and the player returns to play).

7. The coach must be responsible for handing over or communicating with parents what has occurred (and not rely on the player to do this).

8. Whilst the support of medical professionals in the crowd (parents and supporters) should not be discouraged, it is the decision of the member of staff in charge that must make the decision on future course of action i.e. returning to play, Health and Wellbeing Centre etc.

9. **If a player has a suspected concussion and there is no access to a nurse or medical practitioner pitch side or immediately after, the player must be removed and referred to a medical practitioner as soon as possible or taken to an emergency department for further assessment.**

10. We ask parents to inform the pupil's Director of respective sport, Tutor and Housemaster/Housemistress (HsM) if a concussion has occurred outside of school hours in order for it to be managed appropriately when returning to school.

11. We also ask parents to inform any club or external team for which a pupil plays, in order for the pupil to be managed appropriately in accordance with the GRTP protocol.

GRADUATED RETURN TO TRAINING PROTOCOL

1. All pupils/players who have had a suspected concussion have to see the School Nurse on the next school day morning for an assessment. They will advise on whether the GRTP is required to be followed (i.e. deemed to have suffered concussion).

2. The Health and Wellbeing Centre will email the Tutor, HsM and Head of respective Sport with the result of the concussion assessment i.e. GRTP to be followed or cleared to return to training. Pupils who have suffered a concussion are added to the Daily Cover list, shared with all teaching staff, so they are aware and can look out for any symptoms when the pupil is in school.

3. If placed on the GRTP, the player will be issued a GRTP card (shown below) by the School Nurse. A copy will be handed to the pupil and one copy will be kept by the Nurse.

4. If a pupil is placed on the GRTP, their name and stage of GRTP are added to daily cover.

5. The School Nurse will oversee the daily management of the GRTP by the pupil presenting their card and a pupil may then be moved up the protocol stages by the School Nurse if she is satisfied they are still symptom free.

6. The pupil will be asked to sign the card at each stage to reference their honesty in answering the nurse's questions.

7. If a pupil has any continuing symptoms they will be referred to their Doctor.

8. No pupil may return to full contact training (Stage 5) without approval by their Doctor. Therefore, in anticipation of completing Stage 4, an appointment will need to be made in advance with their GP to ensure a smooth transition to Stage 5. Parents will be required to email the School Nurse to confirm that the GP appointment took place and that the GP was happy for the pupil to return to full contact training.

9. The player will take their card to Games sessions to show their coach where on the GRTP they are and as such what activity they may take part in.

10. No pupil may return to matches until completion of the GRTP card.

Further information and training is available from the RFU Head case website.

All Wrekin staff/coaches will complete the online training.

All pupils and parents wishing their children to take part in sport at Wrekin are strongly advised to complete the relevant online course in order to ensure pupils' welfare is managed to the best of our ability.

Graduated Return To Play Following Concussion

Name …….

Date of concussion…….....

Symptoms displayed……

1. All players MUST be medically cleared to play if concussion has been noted.
2. This applies to all clubs/school sides a player belongs to and is their/parents responsibility to advise other school/clubs of concussion.
3. The earliest a player can return at U19 level and below is 23 days.
4. The start date must be at least 24 hrs after the initial concussion and to progress to the next Stage, the pupil must have the previous Stage signed off by the School Nurse and themselves.

6 stage GRTP	Date to be checked	Recommendation	Date completed	Nurse Signature to proceed	Pupil Signature
Start Date		Assessed by School Nurse (symptom free)			
		(Assessed by GP/A&E Doctor – only if referred by nurse)			
Stage 1		No activity 14 days			
		Report to School Nurse			
Stage 2		Light aerobic exercise 48 hours symptom free			
Stage 3		Sport specific exercise 48 hours symptom free			
Stage 4		Non-contact complex training 48 hours symptom free			
		Assessed by GP/A&E Doctor			
Stage 5		Full contact practice 48 hours symptom free			
		Report to School Nurse			
Stage 6		Return to play			

Provided the player remains symptom free, the above process will take 23 days.

The 14 days (Stage 1) of no activity is followed by 48 hours rest after each stage (Stages 2-5) with Stage 6 occurring on the 23rd day.

To the best of my knowledge, I have been honest when answering questions from the School Nurse and completed my GRTP.

Pupil Name: **Pupil Signature:**