

CATERHAM SCHOOL FIRST AID POLICY**CONTACT DETAILS:**

9/999 – in event of serious injury. Then inform Reception /security (0) in working hours.

Health Centre

Ext 250, Mobile 07930 177837 – in event of minor injuries or to report a serious injury once an ambulance has been called.

1 Introduction

- 1.1 This is the first aid policy of Caterham School. It is available to parents of pupils and of prospective pupils on request and to all members of School staff. This policy is applicable to all both the Senior and Preparatory School including all pupils in the EYFS setting. Caterham School recognises its legal duty to make suitable and sufficient provision for first aid to pupils, staff and visitors, including those travelling or working away from School premises and pupils within the Early Years Foundation Stages and to appropriately respect the confidentiality and the rights of pupils as patients. This includes the right of the pupil deemed to be 'Gillick competent' (Fraser Guidelines) to give or withhold consent for his/her own treatment.
- 1.2 The arrangements within this policy are based on the results of a risk assessment carried out by the School in regards to all staff, pupils and visitors.
- 1.3 This policy is drafted in accordance with regulation 13 of the Education (Independent School Standards) Regulations 2014 (SI 2014/3283), the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917), the First Aid at work: Health and Safety (First Aid) Regulations 1981 approved code of practice and guidance.
- 1.4 This policy can be made available in large print or other accessible format if required.

2 Definitions

Appointed Persons are members of staff who may not be qualified First Aiders but who are responsible for looking after the First Aid equipment and facilities and calling the emergency services if required.

Boarders: The School has and implements as appropriate policies for the care of boarders who are unwell and these include First Aid, care of those with chronic conditions and disabilities dealing with medical emergencies and the use of household remedies. Appropriate accommodation is available for boarders who are unwell. In additions to the provision onsite boarders have access to local medical, dental and optometric and other specialist services or provisions as necessary. Procedures are in place to ensure that prescribed medicine are only given to the boarder to whom they are prescribed. Procedures are in place to ensure that boarders are allowed to self-medicate are assessed as sufficiently responsible to do so. Procedures are in place to ensure the appropriate respect of the confidentiality and the rights of pupils as patients. This includes the right of the pupil deemed to be 'Gillick competent' to give or withhold consent for his/her own treatment. The procedures and policies relating to boarders healthcare, the provision of that care and the maintenance of non HS records are regularly monitored by the Deputy Head (Pastoral and Wellbeing) to enable them to identify whether review or change is needed.

EFAW: means Emergency First Aid at Work.

First Aid: means the treatment of minor injuries which do not need treatment by a medical professional as well as treatment of more serious injuries prior to assistance from a medical professional for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack or the administration of Adrenaline to those known to be Anaphylactic.

FAW: means **First Aid at Work**.

First Aiders:

- 4.3 The Bursar in conjunction with the Health Centre will regularly review the School's First Aid needs to ensure that the School's First Aid provision is adequate.
- 4.4 The Bursar delegates to the Health Centre Manager responsibility for collating medical consent forms and important medical information for each pupil and ensuring the forms and information are accessible to staff as necessary.
- 4.5 The Head and Principal Deputy are responsible for ensuring that Staff have the appropriate and necessary First Aid training as required and that they have appropriate understanding, confidence and expertise in relation to First Aid. This is co-ordinated and overseen in conjunction with the Health Centre.
- 4.6 **First Aiders:** The Head and Estates Bursar are responsible for ensuring that the School has as an adequate number of First Aid Personnel on site at all times. Charlotte Clark is the nominated first aid trainer for all school staff, she will organise training in conjunction with the HR team who hold the list of staff qualifications and renewal dates.
- 4.7

5.5

ambulance. If necessary, the Health Centre should be called as soon as is possible. Appointed Persons or First Aiders can also be called, if necessary, and should be called if the Health Centre is

10.4.2

- (c) cases of work-related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
- (d) certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

12.6.2 Accidents involving pupils or visitors

- (a) accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:
 - (i) any School activity (on or off the premises);
 - (ii) the way a school activity has been organised or managed (e.g. the supervision of a field trip);
 - (iii) equipment, machinery or substances; and / or
 - (iv)

14 Automated External Defibrillators (AEDs)

Locations:

Beechanger House

Hill Fields Pavillion

Pre prep ground floor hallway

Humph9598 0 7 s9sr3.0039611 haHwa/2.988032os E6.00803(Poki1.00177(watc.99003229598 0 7 sen ar

0e0

Source:

- b) [Asthma](http://www.nhs.uk/Conditions/Asthma/Pages/Treatment.aspx)
Source: <http://www.nhs.uk/Conditions/Asthma/Pages/Treatment.aspx>
- c) [Diabetes](#)

5. Medical Information

CATERHAM SCHOOL HEALTH CENTRE

The School Health Centre has the following roles:

POLICY FOR VISITING THE HEALTH CENTRE

Boarders may visit the Health Centre before or after school and at all times day pupils can visit.

All pupils may visit the Health Centre at **break times**, without a permission slip

During lesson times (including private study periods), no pupil may visit the Health Centre without obtaining permission slip from a member of staff.

18.00-07.45 – Any boarder feeling ill during this period of time must contact a member boarding staff who will discuss with the head of house and decide whether to contact the first responder on call.

Sundays- The same procedure as for overnight.

2. REGISTRATION OF NEW BOARDERS

All boarders will be registered with the Caterham Valley Medical Practice unless parents/guardians express, in writing, to the Health Centre Manager, a preference for their son/daughter to remain with their own GP.

3. DETAILS OF APPROPRIATE PERIODIC MEDICAL EXAMINATIONS

5. DETAILS OF PROVISION FOR DENTAL CARE

Boarders

Routine dental treatment should be carried out during school holidays.

If a boarder develops an emergency problem whilst in school, an appointment can be made under the

COMMUNICATION

1. PROCEDURE FOR CONTACTING THE HEALTH CENTRE

Telephone Numbers. Term time only

Direct Line 01883 335050

Internal extension number 01883 343028 ext. 250

HEALTH CENTRE STAFF

STEP	ACTION BY HEALTH CENTRE STAFF	DETAILS
1	On receiving notification of an accident.	Advise boarding staff of immediate action to be taken.
2	Transport to hospital.	Ensure that pupil is accompanied.
3	Phone SMT and keep them updated	07476 299036
4	Phone parents and guardians	Details on ISAMS

5

8. COMMUNICATION WITH BOARDERS' PARENTS/GUARDIANS WHEN A PUPIL

MEDICAL RECORDS

1. NEW PUPIL RECORDS AND EXAMINATIONS

Medical Records

1. Medical information is entered on to the parent portal by parent / guardian and on return is checked by Health Centre staff.
2. Medical problems, which may affect school life, are recorded on the ~~school's database~~. All teaching staff have access to relevant information on iSAMS- the school database
3. Every pupil has a computer record on which all visits and treatments are recorded.

Medical examinations

Medical examinations are given routinely to all new boarders and recorded by both Health Centre team and School Medical Officer on appropriate medical records.

2. DISEASE REGISTERS AND SPORTS INJURIES

Disease Registers

All illnesses are recorded by Health Centre staff and where appropriate, School Medical Officer.

The Health Authority will be informed of any notifiable illnesses.

Sports Injuries

Sports injuries are recorded when reported - online reporting system
Seen by School Sports Rehabilitator

Statistics are produced at the end of each term.

IMMUNISATIONS

1. POLICY AND RECALL

Boarders registered with the Caterham Valley Medical Practice are updated with immunisations as required. Boarders should be up to date following the schedule outlined on the next page. Vaccinations offered in the UK only will be updated by Health centre.

Details of previous vaccinations are recorded on the medical form.

Consent is required.

Due vaccines are noted.

As vaccinations become due, pupils will be called in to the Health Centre.

Boarders requiring vaccinations for travel need to visit the Health Centre to discuss requirements.

Appointments for Yellow Fever and Rabies vaccinations will need to be made at a registered travel clinic.

The Health Centre needs to be kept informed of any vaccinations given outside school.

All boarders are given a record of immunisations given/known on leaving Caterham School.

EMERGENCY CONTRACEPTION

Emergency contraceptive pill is available for boarders at the Health Centre. Day pupils will be signposted to appropriate sexual health services.

Girls need to speak to one of the Health Centre nurses who will check with the Pharmacist at Vitalone or the School Medical Officer that the dose is appropriate.

Risks and contra indications are discussed.

GENERIC POLICY FOR ASTHMA CARE

If someone is having difficulty breathing the following action should be taken.

Keep calm. Ask someone to contact the Health Centre (if during school hours) x250 or 07930 177837

Sitting position is most comfortable and aids breathing Loosen tight clothing ie tie & collar

Ask whether the person is asthmatic and whether they have their inhaler with them?

If they have an inhaler ask whether they have used it. Ensure they do use it as prescribed. (preferably with a spacer)

If no inhaler is available, as the person has a prescribed inhaler and an Asthma diagnosis, then the emergency inhaler can be used

Look at the person's colour, are they blue around the mouth? Do they have grey coloured face? Are they breathing very fast and shallow?

If the inhaler is making no difference to breathing within 5 minutes or condition is worsening ring (9) 999.

Stay with person and talk calmly to them while waiting for ambulance or whilst breathing returns to normal. A drink of water sipped often calms the breathing rate.

When emergency services are called try to note down how long the episode has been going on, any triggers or precipitating factors and give as much information to emergency services as possible and any treatment given.

POLICY FOR HEAD AND NECK INJURIES

Injury to the head

**Caterham School
Post Head injury Assessment Form**

Name:

Date:

Email Coach	Y	N		
CHIP	Y	N		
Email/Phone Parents	Y	N		
Concussion Diagnosed?	Y	N	Unsure	N/A
Full GRTP to be initiated?	Y	N	Unsure	N/A

Concentration

List A	List B	List C	List D	List E		
4-9-3	5-2-6	1-4-2	7-8-2	3-8-2	Y	0
6-2-9	4-1-5	6-5-8	9-2-6	5-1-8	N	1
					Y	
					N	
3-8-1-4	1-7-9-5	6-8-3-1	4-1-8-3	2-7-9-3	Y	0
3-2-7-9	4-9-6-8	3-4-8-1	9-7-2-3	2-1-6-9	N	1
					Y	
					N	
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	1-7-9-2-6	4-1-8-6-9	Y	0
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	4-1-7-5-2	9-4-1-7-5	N	1
					Y	
					N	
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	2-6-4-8-1-7	6-9-7-3-8-2	Y	0
					N	1
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	8-4-1-9-3-5	4-2-7-9-3-8	Y	
					N	

Months in Reverse order

Dec – Nov – Oct – Sept – Aug – Jul – Jun – May – Apr – Mar – Feb – Jan

Neurological Screening

Can the student read aloud and follow instructions without difficulty?	Y	N
Does the student have a full range of pain free PASSIVE cervical spine movement?	Y	N
Without moving their head or neck, can the student look side-to-side and up-and-down without double vision?	Y	N
Can the student perform the finger nose coordination test normally?	Y	N
Can the student perform the tandem gait normally?	Y	N

CONCUSSION GUIDELINES

Where a student has received an injury to the head, neck or face then concussion must be ruled out/assessed for.

Concussion

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common type of brain injury.

The medical term for concussion is minor traumatic brain injury.

Common Early Signs and Symptoms of Concussion

Indicator	Evidence
Symptoms	Headache, dizziness, 'feeling in a fog'
Physical Signs	Loss of consciousness, vacant expression, vomiting, inappropriate playing behaviour, unsteady on legs, slowed reactions
Behavioral Changes	Inappropriate emotions, irritability, feeling nervous or anxious
Cognitive Impairment	Slowed reaction times, confusion/disorientation, poor attention and concentration, loss of memory for events up to and/or after the concussion
(Ref IRB 2013)	

If a student is unable to answer questions about themselves such as date of birth, day of the week and where they are, they will need to visit A & E for a medical professional review. The School Medical Officer will see a boarder registered with Caterham Valley Medical Practice.

Anyone who complains of headache, poor concentration, tiredness and/or nausea who has had an injury outlined above should be suspected of having concussion. They should stop playing sport (if not already done so). If symptoms worsening they MUST seek medical attention.

Anyone who has concussion diagnosed (or repeated injury to the head) MUST NOT play for 2 weeks at least (if under 19 years old). They should then have a graduated return to play (GRTP) when symptoms have subsided. This begins with gentle exercise, moving onto harder training and finally, if symptoms do not return, to contact play (see below). GRTP follows strict guidelines administered by the Health Centre and laid down by Rugby Football Union. Rugby coaches have all been issued with pocket Concussion Recognition Tool™.

All students who have had an injury to their head or neck should be reported to the Health Centre so a central record can be kept, ensuring that pupils are not eligible for team selection while they are on a return to play protocol. This is managed by Alex Mills -sport rehabilitator.

<http://boarding.org.uk/userfiles/bsa/pdf/Advice%20and%20Guidance/MOSA%20Concussion%20guideline.pdf>

Caterham School

Graduated Return to Play (GRTP) Following Concussion

Name..... **Form**.....

Date of concussion/head injury.....

Symptoms.....

Parents may have been advised to take their child for further assessment.
If any symptoms occur while progressing through the GRTP protocol, the pupil must return to the previous stage and attempt to progress again after a minimum 48 hour period of rest, without the presence of symptoms.

6 stage GRTP	Date to be checked
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Name..... Date

YOU SHOULD TAKE YOUR CHILD TO THE NEAREST ACCIDENT AND EMERGENCY DEPARTMENT IF:

HEAD INJURY

IMPORTANT GUIDELINES FOR PARENTS OF CHILDREN WITH HEAD INJURIES

It is OK to allow your child to sleep, but check they respond to touch normally and that their breathing & position in bed is normal.

Headaches and vomiting are not unusual after a head injury. Paracetamol may be given for a headache and clear fluids such as water or squash will reduce the risk of vomiting

Give your child plenty of rest over the next 2-3 days and

- 1) There is increasing headache.
- 2) There is any prolonged complaints of blurred or double vision (after hydration)
- 3) There are 3 or more bouts of vomiting
- 4) There is increasing difficulty rousing your child
- 5) Your child becomes unconscious.
- 6) A fit/seizure (twitching of limbs) occurs

Name..... Date

YOU SHOULD TAKE YOUR CHILD TO THE

POLICY FOR ANAPHYLAXIS

There are a number of pupils in the whole School who carry adrenaline auto injectors for treatment of anaphylaxis shock reactions. The variety of allergens from nuts to wasp/bees and stoned fruit means that we cannot completely exclude one of these reactions occurring. We can minimise risks as far as possible by following good practice guidelines.

The School takes nut allergies very seriously indeed. Further details on policy and protocols regarding nuts can be found in the School's Nut Allergy Policy. Pupils need to be reminded and encouraged not to bring cakes, biscuits or sweets containing nuts to School. Some children may be allergic enough to have a reaction to inhaled allergens so if the allergen is in the vicinity of an allergic child it may be enough to cause a reaction.

Those pupils who have dietary allergies are all identified to the Catering staff.
Anyone who may have been exposed to their allergen may complain of...

Itchy skin/eyes or a rash may develop

Tingling of mouth (if ingested) +/- swollen tongue

Voice may change/ become croaky

Feeling faint/dizzy

Shortness of breath/ difficulty breathing

Many people describe a 'feeling of doom'

If the reaction is mild or slowly developing then anti-histamines may be given eg cetirizine or Loratidine (some children in prep have piriton as their first defence treatment) The drug may be tablet or liquid given as follows, 1 tablet (chewed) or in liquid form (5-10 mls depending on size of child). If the pupil has asthma, ventolin inhaler may also be used with a spacer (2 puffs).

If symptoms do not improve within 5-10 minutes OR symptoms are getting worse the pupil's adrenaline auto injectors must be used. Each pupil in the Senior School should have one adrenaline auto injector on their person at all times (Prep & Pre-Prep pupils may have them in their bags or nearest cupboard). The adrenaline auto injector is injected following instructions on side of tube (all staff should have training updated each year). At that point someone else should be calling (9)999 and stating 'anaphylaxis reaction'. School policy states that there should be

POLICY FOR STAFF TAKING STUDENTS ON TRIPS

ACUTE INJURIES POLICY - MANAGEMENT OF SPORTS INJURIES
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External First aiders attend all home matches during the Autumn and Spring terms and planned sports day events in the Summer Term.

At all home sporting fixtures, a registered nurse is available in the Health Centre if required.

In an emergency, a member of staff, at the site of an accident should summon an ambulance.

Parents / Guardians must be notified if at all possible, when a pupil is sent to hospital.

When an accident or injury occurs it is reported via the online system.

A medical professional will assess the injured person and call the necessary emergency services if not already done so.

Less serious injuries can be seen by at a minor injury unit or taken directly to a hospital with an accident and emergency department.

Private or NHS treatment is available. **evenilable in the -2.99783.ræ d ()Tj f988065244(st)-367502w106 T2 Td (me)**

POLICY FOR SUDDEN ILLNESS

1. GENERAL POLICY

All pupils

The Health Centre staff **must** be notified immediately in the event of sudden illness.

Pupils should be sent to the Health Centre.

If a pupil is too ill to visit the Health Centre the nurse will visit the pupil.

Depending on the severity of the illness, an ambulance may be called.

Parents/guardians will be notified as soon as possible as set out in the accident protocol.

No pupil should travel to hospital without an escort.

ALCOHOL ABUSE POLICY

If a boarder is clearly heavily under the influence of alcohol and it is felt that there is a pot

CRISIS MANAGEMENT POLICY

CONTINGENCY PLANS FOR MANAGING A MAJOR OUTBREAK OF ILLNESS e.g. FLU/SICKNESS/FOOD POISONING

Boarders

In case of a major outbreak of illness, every effort will be made to accommodate the sick children in the Health Centre.

In the event of the Health Centre becoming full, isolation dormitories will be set up in the boarding houses, where nursing staff will work alongside matrons.

If necessary, extra nursing staff will be available.

Parents/Guardians will be notified by the Health Centre Staff and where possible to take these children home (if in England) when fit to travel.

CONTINGENCY PLANS FOR MANAGING A MAJOR OUTBREAK OF ILLNESS e.g. FLU/SICKNESS/FOOD POISONING

	Action Required
Deputy Head (Pastoral and Wellbeing)	Inform Headmaster In consultation with The Health Centre Manager, Boarding HMMs and Senior Boarding Matrons implement the contingency plan as set out in the appendix.
Boarding HMMs and Matrons Health Centre	Set up isolation areas in the Boarding Houses – see appendix.

APPENDIX – ISOLATION AREAS IN THE BOARDING HOUSES

Stage	Accommodation Area	H.C.	House
1	Health Centre – two wards.	3 boys 3 girls	
2	Health Centre – additional available accommodation: 1 extra camp bed in each ward and a mattress in the counselling room.	4 boys 4 girls + 1 other additional space	
3	The pupils own single en-suite room in the boarding house is to be used.	3 boys 3 girls	26 boys 24 girls
4b	If the outbreak of illness involves mainly girls who do not have a single en-suite room then the two wards in the Health Centre are to be used for girls only.	6 girls	26 boys 10 boys 24 girls
4c	If the outbreak of illness involves additional girls who do not have single en-suite rooms then the four single rooms on the 1 st Floor nearest HoH's house are to be used (isolated toilet and washing facilities in the bathroom nearest these rooms). Pupils occupying these rooms will have to be transferred to other room	6 girls	26 boys 10 boys 24 girls 4 girls
5	In the event of the outbreak involving numbers above those that can be accommodated up and including stage 3 then further decisions will be made as this situation is approached.		

Daily update meetings will be held in the morning and as required with the Health Centre Manager and Deputy Head (Pastoral and Wellbeing). Additional meetings will be arranged as required (Boarding Housemasters and Housemistress and Senior Boarding Matrons are expected to be available as required by the Deputy Head (Pastoral and Wellbeing))

Drugs are then administered to Boarders at the times stated on chart.

Drugs are only to be given to the pupil for whom they are prescribed.

2. POLICY FOR ADMINISTERING NON-PRESCRIBED MEDICATION BY TRAINED NURSING STAFF OR HEALTH CARE ASSISTANT

The nursing staff or healthcare assistants can administer non- prescribed (over the counter) medication to any pupil with parents' consent. If a pupil is Fraser competent they may self-consent for medication.

Individual pupil records are checked for suitability of drug before administration.

x
x
(Th)-3.00641frha

Directions for the administration of prescribed drugs will be given in advance to house staff by the Health Centre staff.

Non Prescribed drugs that can be given by house staff:

Paracetamol

Paracetamol may be given every 4-6 hours. (maximum 4 doses in 24 hours)

Recommended dosages

Under 16 - One Paracetamol tablet(500mg) or 10mls 6+ Suspension

Over 16 - Two Paracetamol tablets (1000mg)

Record as above

Ibuprofen

Only to be given on instruction from the Health Centre.

Give after food or with drink of milk or biscuit.

Recommended dosages

Over 12 - One large tablet (400mg) 8 hourly or 3 times daily.

Record as above

Beechams Cold & Flu sachet

For cold and flu symptoms

It is recommended that Beechams Cold & Flu sachet is given only if a boarder has not had any other medication and is preparing for bed. It is not to be given with paracetamol.

Record as above

Throat Lozenges (not to be given if pupil in bed going to sleep)

Only for sore throats

One may be given 2-3 hourly.

Record as above

Cough Lozenges (not to be given if pupil in bed going to sleep)

For mild coughs

One may be given 2-3 hourly

Record as above

Cough Medicine

For mild coughs- 10mls every 4 hours if required.

Please check with the Health Centre that the boarder has not had any prior medication. Outside of surgery times check the drugs given template sent from the Health Centre.

Dosage: - Follow instructions on bottle.

Record as above

Cetirizine

Antihistamine used for rashes, itchinness or allergy symptoms.

6- 11 years old – 5mls twice a day or 10mls once daily

Over 12 –

Officer, will determine the action that needs to be taken in respect of the student immediately. The Poisons Unit at Guys may also be accessed 0844 892 0111. If a day pupil is involved parents must be informed. The Health Centre Manager will then review procedures to make sure procedure have been followed and communication has been adequate. Any changes that are needed will be implemented as soon as possible. A written record will be made and kept on student's school record.

PROCEDURE FOR DAY STUDENTS REQUIRING MEDICATION DURING THE SCHOOL DAY

Any student who brings medication into school that they require during the day, should deliver it to the health centre upon arrival. It should be clearly labelled with their name, what the medication is and when it is to be administered. If it is a prescribed medication then it must be kept i

APPENDIX 1

MEDICAL INFORMATION FOR PARENTS OF BOARDERS

National Health Service

All boarders are normally registered under the National Health Service with the School Medical Officer, Doctor Richard Wright, Caterham Valley Medical Practice, Eothen House, Caterham, CR3 6JU and they are entitled to medical treatment, including hospital care, under the NHS. The School Medical Officer holds a surgery in School twice a week, sees all new boarders as routine and is on call in the case of emergency. Pupils have access to a doctor of the same gender and appointments will be arranged if needed.

A pupil who is registered with the Caterham Valley Medical Practice and who needs to see another doctor in

He has been a full time medical practitioner at Caterham Valley Medical Practice since 1996, and has been involved

Dental Treatment

Routine dental treatment should be carried out during the School holidays. If a boarder develops an emergency problem whilst in School an appointment can be made under the NHS by the Health Centre Manager. Any expense incurred will be payable by the parents.

Optical Treatment

This can be arranged by the Health Centre but all expenses incurred are payable by the parents.

Glasses / Contact Lenses

All students who wear glasses must have two pairs with them at School in case of breakage. Glasses used for sports must be plastic.

Those students who wear contact lenses must have at least one spare pair of glasses with them at School in case of being unable to wear their lenses e.g. due to eye irritation/infection. It is also good practice for those under 16 years old not to wear their contact lenses for seven days a week and to have aens-tr.

