



This statement is issued in accordance with the Health and Safety at Work Act (1974). It supplements the statements of health and safety policy which have been written by Suffolk County Council and by the Education Department. The general aims of these policy statements are accepted and the arrangements set out below are designed to implement the general aims of Barningham CEVC Primary School.

General Guidelines

It is the policy of the Governing Body, so far as is reasonably practicable, to:

1. Establish and maintain a safe and healthy environment throughout the school.
2. Establish and maintain safe working procedures among staff and pupils.
3. Make arrangements for ensuring safety and absence of risks to health in connection with the use, handling, storage and transport of articles and substances.
4. Ensure the provision of sufficient information, instruction and supervision to enable all employees and pupils to avoid hazards and contribute positively to their own health and safety and to ensure that they have access to health and safety training as appropriate or as and when provided.
5. Maintain all areas under the control of the Governors and Head Teacher in a condition that is safe and without risk to health and to provide and maintain means of access to and egress from that place of work that are safe and without risk.
6. Formulate effective procedures for use in case of fire and for evacuating the school premises.
7. Lay down procedures to be followed in case of accident.
8. Teach safety as part of pupils' duties where appropriate.
9. Provide and maintain adequate welfare facilities and to make recommendations to the Suffolk Authority as appropriate (See safeguarding policy).
10. There is regular, effective communication to inform staff, pupils and other stakeholders of health and safety matters, and effective mechanisms that allow for the reporting to the Head Teacher any concerns relating to health, safety, welfare and hazardous issues.
11. In addition to the information given to staff and pupils, all contractors and visitors will be made aware of the general policy at the earliest opportunity, and will be informed of any specific requirements before commencing activities.
12. This policy will be kept up to date to take account of changes. To ensure this, the policy and the way that it has been implemented will be reviewed every year.
13. All employees have a duty to care for each other. The school is part of the Employee Assistance Programme – stress management, financial issues and work-life balance.

Responsibility of the Governors and Head Teacher

The Governors and Head Teacher are responsible for implementing this policy within the school (The Organisational Responsibilities are outlined in Appendix 1). In particular they will:

1. Monitor the effectiveness of the safety policy and the safe working practices described within it and shall revise and amend it, as necessary, on a regular basis.
2. Prepare an emergency evacuation procedure and arrange for periodic practice evacuation drills (normally at least once a term) to take place and for the results of these to be recorded in the Fire Log Book.
3. Make arrangements to draw the attention of all staff employed, pupils and other users at the school, to the safety policies and procedures and of any relevant safety guidelines and information issued by the Authority.
4. Make arrangements for the implementation of the Authority's accident/incident reporting procedure and draw this to the attention of all staff at the school as necessary.
5. Ensure that regular safety inspections are undertaken. A Health & Safety team (taken from the Premises Committee) will inspect all school premises and property once a term. Annual inspections will also be carried out by Safety Boss
6. Arrange for the withdrawal, repair or replacement of any item of furniture, fitting or equipment identified as being unsafe by the Health and Safety inspection team.
7. Report to the Suffolk County Council Property Department any defect in the state of repair of the buildings or their surrounds which is identified as being unsafe and make such interim arrangements as are reasonable to limit the risk entailed.

N.B. The Governing Body will deal with all aspects of maintenance which are under their control. Report to the Director of Children and Young Peoples Services any other situation identified as being unsafe or hazardous and which cannot be remedied within the financial resources available to them.

8. Monitor, within the limits of their expertise, the activities of contractors (in liaison with the staff of the Suffolk County Council Property Department), hirers and other organisations present on site, as far as is reasonably practicable.
9. If any member of staff has direct responsibility for particular safety matters for such delegated responsibility must be defined as appropriate.

Duties of the Premises Committee to Assist in the Management of Health and Safety

The Premises Committee shall:

1. Assist the Head Teacher in the implementation, monitoring and development of the safety policy within the school.
2. Monitor general advice on safety matters given by the Authority and other relevant bodies and advise on its application to the school.
3. Co-ordinate arrangements for the design and implementation of safe working practices within the school.
4. Investigate any specific health and safety problem identified within the school and take or recommend (as appropriate) remedial action.
5. Order that a method of working ceases on health and safety grounds on a temporary basis subject to further consideration by the Governors and Head Teacher.
6. Assist in carrying out regular safety inspections of the school and its activities and make recommendations on methods of resolving any problems identified.
7. Ensure that staff with control of resources (both financial and other) give due regard to safety.
8. Ensure that arrangements are made for the dissemination of information and for the instruction of employees, students, pupils and visitors on safety matters and to make recommendations on the extent to which staff are trained.

Responsibilities of Staff towards Pupils and Others in their Care

All staff are responsible for the health and safety arrangements in relation to staff, students, pupils and volunteer helpers under their supervision. In particular, they will monitor their own work activities and take all reasonable steps to:

1. Exercise effective supervision over all those for whom they are responsible, including pupils;
2. be aware of and implement safe working practices and to set a good example personally. Identify actual and potential hazards and introduce procedures to minimise the possibility of mishap.
3. Ensure that any equipment or tools used are appropriate to that use and meet accepted safety standards.
4. Provide written job instructions, warning notices and signs as appropriate.
5. Provide appropriate protective clothing and safety equipment as necessary and ensure that these are used as required.
6. Minimise the occasions when an individual is required to work in isolation.
7. Evaluate promptly and, where appropriate, take action on criticism of health and safety arrangements.
8. Provide the opportunity for discussion of health and safety arrangements.
9. Investigate any accident (or incident where personal injury could have arisen) and take appropriate corrective action.
10. Provide for adequate instruction, information and training in safe working methods and recommend suitable "off the job" training.
11. Where private hire vehicles are used to transport children to and from school functions, staff should ensure that child restraints and seats appropriate to the age of the children concerned are used.
N.B. When any member of staff considers that corrective action is necessary but that action lies outside the scope of their authority, they should refer the problem to the Head Teacher.
12. Teaching staff are not permitted to use vehicles in their charge to transport children.

Responsibilities of all Employees

All employees have a responsibility under the Act to:

1. Take reasonable care for the health and safety of themselves and of any person who might be affected by their acts or omissions at work.
2. Co-operate with the Director of Children and Young Peoples Services and others in meeting statutory requirements. Not interfere with or misuse anything provided in the interests of health, safety and welfare.
3. Make themselves aware of all safety rules, procedures and safe working practices applicable to their posts; where in doubt they must seek immediate clarification from the Head Teacher.
4. Ensure that tools and equipment are in good condition and report any defects to the Head Teacher.
5. Use protective clothing and safety equipment provided and ensure that these are kept in good condition.
6. Ensure that offices, general accommodation and hire vehicles are kept tidy.
7. Ensure that any accidents, whether or not an injury occurs, and potential hazards are reported to the Head Teacher and recorded as appropriate.

Whenever an employee is aware of any possible deficiencies in health and safety arrangements she/he must draw these to the attention of the Head Teacher. They should also record their concern in the health and safety book that is located in the school office

Please note the following:-

1. It must be realised that newly appointed employees could be particularly vulnerable to any risk and it must be ensured that all relevant health and safety matters are drawn to their attention at an early stage.
2. Whilst it is a management responsibility to instruct all employees in safe working procedures in relation to their posts and work places, employees may from time to time find themselves in unfamiliar environments.

In such cases, the employee concerned should be particularly alert for hazards, and whenever possible, ensure they are accompanied by a person familiar with the environment or that they are advised of specific hazards;

3. All volunteer helpers will be expected, as far as reasonably possible, to meet the same standards required of employees.

Responsibilities of Pupils

All pupils are expected, within their expertise and ability, to:

1. exercise personal responsibility for the safety of themselves and their fellow pupils;
2. observe standards of dress consistent with safety and/or hygiene (this would preclude unsuitable footwear, knives and other items considered dangerous);
3. observe all the safety rules of the school and in particular the instructions of the teaching staff in the event of an emergency;
4. use and not wilfully misuse, neglect or interfere with things provided for safety purposes.

N.B. The Governors and Head Teacher will make pupils (and where appropriate the parents) aware of these responsibilities through direct instruction, notices and the school handbook.

Visitors

Regular visitors and other users of the premises (e.g. contractors and delivery men) are expected, as far as reasonably possible, to observe the safety rules of the school.

The Governors and Head Teacher must ensure that:

1. The means of access and egress are safe for use, and that all plant and equipment made available to and utilised by users is safe. If the Head Teacher knows of any hazard associated with the above, she/he should take action to make users aware of it;
2. Fire escape routes and exits are clearly marked for the benefit of unfamiliar users of the building, particularly during the hours of darkness;
3. Users of the building are briefed about the location of the telephone, fire escape routes, fire alarms and fire fighting equipment. Notices regarding emergency procedures should be prominently displayed;
4. Users of any equipment or facility provided by the school are familiar with its safe use and, if necessary, briefed accordingly;
5. Arrangements are made for checking the security and condition of the premises and equipment used after vacation by the users or his staff.

Fire and Emergency Evacuation Procedures

1. The school's procedures for fire and emergency evacuation are appended.
2. These procedures will be updated as appropriate.
3. The log book for the recording and evaluation of practice and evacuation drills is available.
4. A Fire Risk assessment was written by Safety Boss in December 2009 and reviewed annually. An Action Plan was drawn up and implemented by the Head Teacher and Premises Committee following this report. (See Appendix 4)

Action in the Event of a Fire

The following notice is posted in every room:

Fire Safety Check

Fire safety check
guidelines laid out

Lone Working

(Also refer to Lone
caretakers; teaching
evacuation plan
Emergency Services
safe and that a

Fire Prevention

Arrangements at
the regular visual

ACTION IN THE EVENT OF A FIRE

If you notice a fire you should immediately raise the alarm
by sounding the fire alarm located in every classroom

On hearing the alarm you should immediately leave the
building by the quickest route, closing doors as you leave

On leaving the building you should assemble on the upper
playground, next to the car park, at the rear of the school

ce to the

l: school cook;
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then informing the
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Electrical Equipment

Electrical equipment will be PAT tested every year. The school has a five year Fixed Working Test. This grades the school and provides an Action Plan. All category 1 and 2 work will be carried out as soon as possible from the date of publishing. The school will perform the required changes, rectify errors and test. Any staff who bring in personal electrical items from home will be required to have them PAT tested to be acceptable and safe in school.

First Aid and Accident Reporting Procedures

1. General First Aid Procedures are outlined in Appendix 2
2. The arrangements for first aid for sports, outdoor pursuits and field trips are the responsibility of the supervising staff.

N.B. Any employee rendering first aid to the best of their ability is indemnified by the County Council.

Administering Medicines in School

The school follows the procedures outlined by the Local Authority document:

Supporting Pupils with Medical Needs and Administering Medicines in School (Appendix 3)

Child Protection

- 1 The Head Teacher and, in her absence, Dawn Pipe, is responsible for Child Protection in the school.
- 2 Any member of staff who suspects that a child may be a victim of abuse must follow the guidelines set out in the School's Safeguarding Policy.

School Security

- 1 While it is difficult to make the school site totally secure, we do all we can to control access.
- 2 All visitors must report to reception which is clearly signed.
- 3 All visitors must sign in and out of the premises.
- 4 Members of staff should challenge any visitor on site who they believe should not be on site.

Emergency Closure

If there are adverse weather conditions, heating problems, floods etc. the following criteria are used:

- 1 Can Staff get to school safely?
- 2 Will the children get to school safely?
- 3 Can we provide a school meal?
- 4 Will the children get home in the evening?
- 5 Are the conditions in school warm and comfortable?

If the answer to any of the above is doubtful it is the responsibility of the Head Teacher to make the decision to close the school. In the event of a closure the Head Teacher must communicate this fact to the 'Emergency Zone Officer'

If there is prior warning of weather conditions, the Head Teacher should consult with other Head Teachers and L.A. Officers.

In the event of a school closure, there is a communication pyramid in place, but in the morning staff, parents and children need to listen to BBC Radio Suffolk for announcements. If you hear nothing then assume the school is open. The notice is also posted on the school website: www.barningham.suffolk.sch.uk . The school uses a text messaging service to contact stakeholders.

This policy will be reviewed every year and discussed at a meeting of the staff.

Signed:

Head Teacher

Chair of Governors

Appendix 1: ORGANISATION

The Head Teacher has **responsibility** for day-to-day management of health and safety issues and is known as the **Local Health and Safety Coordinator**.

All staff should have regard to their own **H & S** and that of others including pupils, clients, visitors and colleagues. They should communicate any concerns to the appropriate person(s) (see below) so that hazards can be dealt with quickly.

Individual members of staff are responsible for the particular areas as follows:

Task	Name of person responsible	Job title of person responsible
H&S Policy review	Frances Parr	Head Teacher
Health and safety committee and/or governor committees	Karl Sagers	Finance and Premises Committee
Communication and information management	Frances Parr	Head Teacher
Critical Incident Management	Frances Parr	Head Teacher
H&S Induction Training	Frances Parr	Head Teacher
Programmed updating training	Frances Parr	Head Teacher
Personal safety procedures (also Schoolsafe)	Frances Parr	Head Teacher
Planned checks (procedures)	Karl Sagers	Finance and Premises Committee
Planned checks (equipment)	Karl Sagers	Finance and Premises Committee
Planned checks (premises)	Karl Sagers	Finance and Premises Committee
Incident reporting/investigation	Frances Parr	Head Teacher
Coordination of risk assessment work	Frances Parr	Head Teacher
Fire procedures including personal emergency evacuation plans	Frances Parr	Head Teacher
Locally organised premises maintenance, repair and improvement	Frances Parr	Head Teacher
First Aid (training and equipment)	Dawn Pipe	Office Manager
Vehicle control and pedestrian safety	Frances Parr	Head Teacher
Educational visits coordinator (EVC)	Frances Parr	Head Teacher
Stress and Wellbeing	Frances Parr	Head Teacher
School Minibus	N/A	
Child Protection Co-ordinator	Frances Parr	Head Teacher
Supporting pupils with medical needs	Dawn Pipe	Office Manager
Premises Security	Dawn Pipe	Office Manager
Contractors on site	Dawn Pipe	Office Manager
Outside lettings	N/A	

Appendix 2: First Aid Procedures

BARNINGHAM CEVC PRIMARY SCHOOL FIRST AID PROCEDURES

These Procedures are effective from 10.01.18

Dedicated First Aiders = Paige Lowe, Mandy Griffiths, Philippa Bailey, Nicky Saggars, Dawn Pipe, Kate Shelton, Sarah Yarrow, Sheree Morris, Claire Dear and Sally Garland.

- 1) If a pupil requires First Aid attention, please take to one of the dedicated First Aiders listed above.
- 2) First Aider to deal with patient
- 3) Details of incident/accident to be recorded in Medical Book located in a plastic sleeve in First Aid Area by staff room. This includes patient's name, date and time of incident/accident, injuries and treatment provided and by whom. The First Aider will also sign and date book.
- 4) After treatment for injuries such as head injury/bump or bruise/Cut or Graze letter template to be completed (copies held in First Aid Folder). Once completed copy twice. 1 copy to be sent home to parent/guardian same day, and 1 copy for pupil file.
- 5) If pupil has suffered with bump to head/head injury a call to the parent also needs to be made and annotated on the letter.
- 6) If an injury is deemed serious enough to warrant hospital treatment, the emergency services should be contacted and then the parents should be informed immediately.

Please consult with Dawn Pipe, Office Manager, if further guidance is required

Signed by Chair of Governors Julie Surridge

Appendix 3



Suffolk County Council

Education

**SUPPORTING PUPILS WITH
MEDICAL NEEDS AND
ADMINISTERING MEDICINES
IN SCHOOL**

A Policy Framework for Suffolk Schools

Issued 2001

SUPPORTING PUPILS WITH MEDICAL NEEDS

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SUPPORTING PUPILS WITH MEDICAL NEEDS

1. INTRODUCTION

1.1 General

This county document contains information and advice which will be helpful to schools drawing up their policies on supporting pupils with medical needs.

1.2 The Legal Framework

The relevant legal framework is summarised in Section 3 below, and is set out more fully in DfEE Circular 14/96 *Supporting Pupils with Medical Needs in School*. This was distributed to all schools in October 1996.

1.3 Other Advice

Schools may also find it helpful to refer to the DfEE's folder entitled *Supporting Pupils with Medical Needs*, which accompanies this policy framework. This contains a useful good practice guide and a series of sample forms which can be adapted to suit local needs.

2. MEDICATION IN SCHOOLS

2.1 Responsibility for Administering Medicines

The administration of medicines to children is the responsibility of parents, and there is no legal or contractual duty on Head Teachers or school staff to administer medicine or supervise a pupil taking it. However school staff are often asked to assist pupils who are taking medication, and DfE guidance emphasises the need for each school to have a clear policy to guide staff and parents on such matters. This County Council Policy Framework has been prepared to assist schools in the development of their own policies.

2.2 When this may be required

There are two main sets of circumstances in which requests could be made to school staff to deal with the administration of prescribed medicines to children at school:

- (a) cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy;
- (b) cases where pupils recovering from short-term illness are well enough to return to school, but are receiving a course of prescribed medication such as antibiotics.

In addition, school staff may find it necessary in an emergency to take action which in exceptional circumstances might extend to administering medicine.

Following a period of illness, a child's own doctor is the person best able to advise whether or not the child is fit to return to school, and it is for the parents to seek and obtain such advice as is necessary.

Very few courses of medication are likely to require medicine to be taken during school hours. Doctors will be encouraged to prescribe medication that can be administered out of school hours.

However, the fact that a child does need to take medicine will not normally be sufficient grounds for that child to be deprived of a period of schooling, however short. Children with medical needs have the same rights of admission to school as other children, and cannot generally be excluded from school for medical reasons.

There are additional considerations which apply to pupils educated in residential settings, and supplementary guidance for staff who work with them will be prepared.

3. THE SCHOOL'S RESPONSIBILITY

3.1 The Legal Position

Schools' responsibilities in relation to pupils with medical needs derive from two principal sources:

- (a) the Health and Safety at Work Act (HSWA) 1974, which makes employers (the LEA in County and Controlled schools, the Governing Body in Aided Schools) responsible for the health and safety of employees and anyone else significantly affected by work activities; in schools this covers the head, teaching and non-teaching staff, pupils and visitors;

- (c) the common law duty of care which teachers and other school staff owe to the pupils in their charge; this duty requires them to act as any reasonably prudent parent would to make sure that pupils stay healthy and safe at school and during activities away from the school site (educational visits, school outings, field trips etc).

In Suffolk schools, the employer's responsibilities under the HSWA are shared with Governing Bodies and Head Teachers; the general allocation of responsibilities is set out in the LEA's booklet Safety Organisation.

3.2 The School's Health and Safety Policy

The school's health and safety policy and arrangements, endorsed and adopted by the Governing Body, should include procedures for supporting pupils with medical needs, and for managing medication. The implementation of the policy is the responsibility of the Head Teacher.

3.3 The Management of Health and Safety at Work Regulations 1992

These require employers of staff at a school to:

- make a written assessment of significant risks;
- introduce measures to control these risks; and
- consult and inform staff about these measures.

A clear school policy, based on this framework, and understood and accepted by staff, parents and pupils, will meet these requirements. It will also form a sound basis for the formal systems and procedures needed to turn good intentions into practice.

3.4 Direct Action

In accordance with this framework of responsibilities Head Teachers and their staff must take appropriate action when a child in their care becomes ill. In most cases appropriate action will be to secure either the attendance of a parent or of medical assistance, but in a few rare instances the teacher may need to take some limited direct action.

3.5 Routine Administration of Medicines

Teachers share the general legal duty of care towards their pupils, but they have no obligation either to administer drugs routinely or to supervise children taking medicines. However, there is no reason why teachers cannot help if they are willing to volunteer and have been given appropriate training, and are acting with the written approval of parents and in accordance with the school's policy.

School staff who volunteer to act in this context should be assured that they are covered by the County Council's insurance arrangements against any claim for negligence or other liability. The insurers have confirmed that, provided teachers act in accordance with the requirements of their school's policy, reflecting the guidance of the LA, they are fully indemnified under the terms of the County Council's Employers' Liability and Public Liability policies. Teachers who are in any doubt about their position may wish to contact their professional association, which is well-placed to offer guidance and resolve queries.

3.6 A Written Statement for Parents/ Carers

A clear written statement of the school's organisation and arrangements for the administration of medicines should be given to parents; this should include an explanation of parents' own responsibilities and of how to make a request for medicines to be given at school. The best way to do this may be to include a suitable paragraph in the school brochure. Parents should be asked to advise the school of any medical condition which may affect their child during the school day. Parents should do this at the time of first admission, and in respect of any conditions which arise subsequently.

3.7 A Named Person to Take Responsibility

Where medicines are to be administered at a school, the Head Teacher should ensure that a named person is responsible for medicines, together with a nominated deputy. These members of staff should be suitably trained to undertake the responsibility.

Where any doubt exists about whether or not to agree the administration of a particular course of medication in school, Head Teachers may seek advice from the School Nurse, School Doctor, the Consultant Community Paediatrician, or the child's GP (see Section 9 below and Appendix E).

4. THE PARENTS' RESPONSIBILITY

4.1 Parental or Self-Administration

It is preferable that parents administer or supervise the self-administration of medicine to their children. This could be done by the child going home during the lunch break or by the parent visiting the school. However, this may not be practicable if, particularly in rural areas, the child's home is a considerable distance from the school. In such cases parents may ask for medicine to be administered to the child in school.

Where such a request is made to the school by parents, it should be in writing and to the effect that the child's doctor considers it necessary for the child to take medicine during school hours. The school may wish to give parents a form for this purpose which they can complete and return; an example is given in Appendix A.

4.2 A Legal Disclaimer

The request should include a legal disclaimer from the parent in favour of the staff involved in administering the medicine. The form at Appendix A contains suggested wording for use when the administration of specific prescription medication is requested.

The medicine, in the smallest practical amount, together with the completed and signed disclaimer, should be delivered to school, wherever possible by a parent or other responsible and informed adult, and should be handed personally to the Head Teacher or to the member of staff with identified responsibility for medicines (see Section 3.7).

4.3 Labelling Medicines

Parents should ensure that the medicine is within its "use by" date (where relevant) and that the container (the pharmacist's original container) is clearly labelled with the contents, the child's name, and the dosage and/or other instructions from parents or doctor. The receiving member of staff should check the intelligibility of the instructions. Any concerns about the supply, transportation or storage of a suitable container should be discussed with the School Nurse, School Doctor or the Consultant Community Paediatrician.

4.4 Parents Duties with Self-Administration

Parents should also ensure that the child is familiar with the dosage and, subject to age and physical and mental capacity, is able to self administer the medicine under adult supervision.

In cases where children require medication over long periods of time, any change in the dosage or other arrangements should be notified by parents, in writing, to the Head Teacher.

4.5 Prescription Medicines in an Emergency

Where there is an obvious possibility that the administration of prescription medicine may be required in an emergency (for example, on a school visit which requires an overnight stay), parents should be asked to sign a suitable authorisation/indemnity. An example is given at Appendix B.

4.6 Parents and the School's Legal Duty of Care

If the parents refuse to sign the indemnity, the Head Teacher should make it clear to the parents (in writing) that the school has a legal duty of care to its pupils, and that the staff are therefore entitled and obliged, in an emergency, to take whatever action they think best in the light of the facts then known to them. (See also Section 8)

5. GENERAL GUIDELINES

5.1 Long Term Illnesses

Information about long-term illnesses, such as epilepsy or asthma, should be recorded on the child's school record card, together with appropriate instructions, and dated. Assistance in doing this can be obtained from the School Doctor where the child is suffering from a serious illness or requires an individual health care plan. The record card should be updated periodically, and particular care taken to delete entries which are no longer relevant. In special schools, it may be necessary to adopt alternative record-keeping systems as advised by the School Nurse or School Doctor.

5.2 Intermittently Prescribed Medicines (e.g. Antibiotics)

These must be kept in a locked cupboard, preferably in an office or staff room. Under no circumstances should medicines be kept in first aid boxes.

5.3 Supervision of Self-Administered Medicines

Wherever possible, arrangements should be made for the medicine to be self-administered, under the supervision of a named adult. It is vital that a written record of the dates and times of the administration of the medicine is made in a book, or other recording system, kept for that purpose. (A sample record form is attached as Appendix C).

5.4 Clerical Staff

In some schools, duties concerned with the administration of medicine in the school may best be undertaken by the school secretary/clerical assistant within the terms of their job description. However, the Head Teacher must ensure that this person has appropriate information and training to undertake these duties, and must continue to exercise the ultimate responsibility for the administration of medicines within the school.

5.5 Chronic Medical Conditions

Pupils with diabetes, asthma, cystic fibrosis or other chronic medical conditions should be encouraged to look after their own medical needs at secondary school level. It is generally appropriate for such pupils of secondary school age to take responsibility for the administration of their own medication. Other than in exceptional circumstances, pupils with asthma should be allowed to keep their inhalers with them in school and be encouraged to use them as necessary.

5.6 Inhalers Used by Primary Aged Pupils

Where pupils of primary school age might need to use an inhaler in school, it is advisable to have a flexible approach. After discussion with the parent, the child and the doctor, some primary age children will be considered sufficiently responsible to have charge of their own inhalers at all times. In other cases the inhaler should be kept in a secure place, preferably in the classroom by the teacher, or in a central secure place such as an office or staff room. It is essential, however, that wherever it is stored, the teacher or other member of staff has immediate access to the inhaler whenever it is required by the child.

Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action to ensure its accessibility) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill. (See Barningham CEVC Primary School Asthma Policy).

5.7 Storing Emergency Supplies of Drugs

Where a pupil's case makes it necessary, emergency supplies of drugs can be stored in schools, but only on a single-treatment named patient basis. Examples include adrenaline and rectal valium. The use of such drugs, however, is extremely rare and in these cases specific training on how and when to administer will be provided by the Health Authority.

5.8 Surplus Medicines

Medicines no longer required should not be allowed to accumulate at the school. They should be returned to the parent in person for disposal. Where medicines for emergency use are held in school at parents' request, they should be returned to parents at the end of each term, with a request to check and replace them as necessary. Any supplies still required should be returned to the school at the start of the new term.

5.9 Review and Monitoring

The review and monitoring of individual long term cases, and the necessary liaison with General Practitioners, will be undertaken by the School Doctor or the Consultant Community Paediatrician.

6. CIRCUMSTANCES REQUIRING SPECIAL CAUTION

6.1 The Position for School Staff

Some children require treatment which school staff may feel reluctant to provide, for example, the administration of rectal valium, assistance with catheters, or the use of equipment for children with tracheotomies or gastrostomies. The number of such cases will be very small, except in special schools, and early identification and careful planning by the relevant Health Authority should result in detailed discussion with the receiving school and the formulation of a carefully designed individual programme to meet the needs and circumstances of each case.

There is no legal requirement for Head Teachers and staff to undertake these responsibilities, other than in the case of support staff employed specifically to help such children where the terms of their contract of

employment identify the need to assist with medication. Only those who are both willing and appropriately trained should administer such treatment. Administration must be in accordance with instructions issued by a doctor. Training in invasive procedures must be conducted by personnel with appropriate medical qualifications. The school nurse may provide advice on nursing matters.

For the protection of both staff and children, a second member of staff should be present while the more intimate procedures are being followed, and appropriate personal protection (e.g. disposable gloves) must be worn.

6.2 Injections

Injections may only be administered by a qualified nurse or doctor, or by a person who has been trained to undertake this task. Under no circumstances should an untrained person attempt an injection.

6.3 Allergic Reactions

Pupils who may experience an extreme allergic reaction (anaphylaxis), triggered by food stuffs or wasp stings, for example, will require an individual care plan (see below). This will include immediate contact with the Emergency Services and/or local medical practice and the administration of drugs as previously agreed. Schools requiring guidance on dealing with potential cases of anaphylactic shock should approach the School Doctor or the Consultant Community Paediatrician. (Supplementary information on anaphylaxis is set out in Appendix D).

6.4 Complex Conditions

In certain circumstances where pupils have complex and/or long term medical conditions, it may be helpful to draw up an individual health care plan. The purpose of the plan will be two-fold:

- to support the pupil's regular attendance and optimum participation in normal school activities;
- to help staff to ensure the pupil's safety and that of other pupils.

6.5 Individual Care Plans

Individual care plans should be drawn up in consultation with the parents, the child where appropriate, and the child's medical carers. The Consultant Community Paediatrician can give further advice and help to resolve queries. The plans may include:

- details of a pupil's condition (including symptoms of any condition which requires prompt action);
- special requirements e.g. dietary needs, pre-activity precautions;
- medication and any side effects;
- what to do, and who to contact in an emergency;
- the role the school can play.

An example of a form which can be adapted for this purpose is provided at the back of the accompanying DfEE folder.

7. ADMINISTRATION OF ANALGESICS TO PUPILS

7.1 Paracetamol

Tablets, which should be standard paracetamol for pupils aged 12 and over, or preparations of paracetamol designed specifically for children under 12, must be kept in a secure place and certainly not in First Aid boxes.

7.2 Aspirin

On no account should aspirin, or preparations containing aspirin, be given to pupils. This is particularly important where pupils under 12 years of age are concerned.

7.3 Pupils Bringing Analgesics

In order to avoid the risk of improper use, pupils should not bring their own supplies of unprescribed analgesics to school, and parents should be advised of this as part of the information given to them about the school's policy on the administration of medicines (see Section 3.6).

8. PARENTAL CONSENT FOR TREATMENT

8.1 Age Differentiation

A pupil who is over 16 years of age may give consent to any surgical, medical or dental treatment. For younger pupils, obtaining parental consent does not normally constitute a difficulty.

8.2 Rejecting Medical Treatment

Sometimes, however, a pupil may belong to a group which rejects aspects of medical treatment, for example on cultural or religious grounds.

Normally the parent will make the decision and this should be regarded as the most desirable course of action. However, the problem may be urgent or the parent may be out of contact, for example when the pupil is abroad on a school journey.

Parents who reject medical treatment should make their views and wishes known to the school in writing so that the implications of their beliefs can be discussed and, wherever possible, accommodated.

8.3 School Journeys

If a child is being taken on a school journey where medical treatment may be needed, and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school may decide that the pupil should not go on the journey.

8.4 Parental Wishes

The channels of healing desired by the parent may not always be available and it is a proper and responsible decision for the Head Teacher, acting within the legal framework set out in Section 2, to have recourse to ordinary medical treatment if the circumstances make it absolutely necessary. However, the Head Teacher should not seek to override parental wishes and if agreement cannot be reached on this issue the pupil should not be taken on a school journey. Should an emergency involving such a pupil occur in the normal course of school life, the school should contact the emergency services in the usual way, informing them of the parents' wishes.

9. SOURCES OF ADVICE OR EXPERTISE

9.1 Within the Local Education Authority

Advice on policy in respect of the administration of medicines in schools should be sought, in the first instance, from the Area Education Manager or the Senior Education Officer (Pupil Services) at the Area Office.

9.2 Advice From Sources Outside the Education Department

Advice should, when required, be sought direct from the School Doctor or the Consultant Community Paediatrician, who will liaise with General Practitioners where appropriate. Where the school has established a relationship with a local GP practice, advice may be obtainable in some circumstances from GPs or practice nurses direct. However, schools should be aware of the restrictions on what GPs can say about individual cases, and will normally find the assistance of the Consultant Community Paediatrician helpful where there are concerns about supporting individual pupils. (A list of useful contacts is included as Appendix E.)

10. REVIEW AND MODIFICATION OF POLICY STATEMENT

This Policy Statement will be kept under review and may be modified from time to time, after appropriate consultation.

N.B. *This document acknowledges the work done by Norfolk Health and Education Departments, and the contributions of the Suffolk Teachers' JNC and the County Consultative Group of Head Teacher.*

Appendix A

Medical Form 3A Parent Consent
Medical Form 3B Parent Consent

Medical Form 4 Head Teacher Form
Medical Form 5 Medical Record Form

Appendix D

ANAPHYLAXIS (Allergic reaction)

Anaphylaxis is the term used to describe a severe allergic reaction which is life-threatening.

A mild reaction may result in a nettle rash or hives.

A moderate reaction may result in swelling of the larynx leading to breathing difficulties.

Either may progress to a severe reaction or a severe reaction may occur without warning.

Peanuts, nuts, cow's milk and eggs are the most common causes. Other causes may include shellfish, insect stings and strawberries.

In general, symptoms start immediately after contact.

Features of an anaphylactic reaction include:

- Nettle rash or hives
- Itching
- Sneezing
- Swollen lips or tongue
- Hoarse voice
- Feeling of lump in throat
- Wheeze or difficulty breathing or swallowing
- Feeling of dizziness
- Loss of consciousness
- Lack of breathing and absence of pulse

In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Further information and advice for drawing up guidelines for particular pupils can be obtained from the consultant community paediatrician or school doctor. Where appropriate, suitable training will be offered to staff.

List of Useful Contacts

Public Health Medicine

(Dr Buttery)

Telephone: (01223) 218829

Medical Director

Local Health Partnership NHS Trust

Elm Street Clinic

Ipswich

Suffolk IP1 1HB

Telephone: (01473) 275200

Programme Manager (Children & Families)

Suffolk Health

PO Box 55

Foxhall Road

IPSWICH IP3 8NN

Telephone: (01473) 323323

Child and Adolescent Family Consultation Service

Ivry House

23 Henley Road

Ipswich

Suffolk

IP1 3TF

Child and Adolescent Mental Health Service

Local Health Partnerships NHS Trust

Child Health Information Department

Child Health Centre

Hospital Road

Bury St Edmunds

Telephone: (01284) 775000

Community Paediatrician *(former Mid Anglia Community Health NHS Trust)*

Local Health Partnerships NHS Trust

Child Health Information Department

Child Health Centre

Hospital Road

Bury St Edmunds

Telephone: (01284) 775075

Drug Advisory Service

Blomfield House

Looms Lane

Bury St Edmunds

Telephone: (01284) 77527

Issue	Action	When?	Who?
Who is the Fire Safety Monitor? Dawn Pipe	<ul style="list-style-type: none"> • Fire Safety Monitor appointed • Fire Safety Monitor works alongside HT to ensure that Fire Safety is always a priority in school 	Ongoing	PG
Annotated plan showing location of all equipment i.e. alarm call points, exit doors, emergency lights, smoke detectors ACHIEVED	<ul style="list-style-type: none"> • Draw up a fire plan • Put in Reception and Staff Room • Plans reviewed by SCC Property and Fire agencies 	Autumn 2011	PG
Do we satisfy the Fire Safety Regulations? YES – SAFETYBOSS INSPECTION DEC 2012	<ul style="list-style-type: none"> • Assess whether the regulations are satisfied 	Spring 2014	PG
Ensure that the fire marshal is in place and suitably equipped ACHIEVED PURCHASE WIND UP TORCH TO AVOID BATTERIES REPLACE GATE KEY	<ul style="list-style-type: none"> • Appoint a Fire Marshall and Alternate • Purchased Fluorescent jacket • Ensure that a whistle and working torch is kept in a Fire Marshal box in the office • Check the batteries of the torch on a regular basis as part of the fire checks 	Spring 2014	FP/DP DP DP PG
Check SCC Condition Report to ensure no fire related recommendations outstanding CHECKED	<ul style="list-style-type: none"> • Check latest SCC Condition Report 	Spring 2012	PG
Ensure that all Fire Exit Points are kept clear of obstructions CHECKED	<ul style="list-style-type: none"> • Staff to ensure that they do not block fire exits at any times. 	Ongoing	All staff
Spare batteries for smoke alarms always available NEW FIRE ALARM SYSTEM WITH SMOKE DETECTORS INSTALLED	<ul style="list-style-type: none"> • Purchase Spare Batteries for Smoke Alarms • Check that batteries are always available 	Spring 2012 Ongoing	DP
Fire Alarm checks carried out ACHIEVED	<ul style="list-style-type: none"> • Fire Safety Monitor to test smoke alarms each month • Record in the Fire Log Book • Change the batteries annually • Ensure that smoke alarms are kept free of dust by ensuring that they are vacuumed • Termly Fire Practices in place with varied times of day 	Each month Each week Each July March & September Termly	PG/ JM/ DP
Fire extinguishers in good order ACHIEVED	<ul style="list-style-type: none"> • Fire Safety Monitor to carry out a monthly visual inspection of all extinguishers and log in the Fire log book • Fire Safety Monitor to check to ensure that external Annual checks have been carried out and arrange as required • Staff trained to use Fire extinguishers 	Ongoing	PG/ DP/ FP

A fire blanket is needed for the Baby Belling Oven CHECKED	<ul style="list-style-type: none"> • Fire Safety Monitor check that this is present 	Ongoing	PG/ FP
Fire blanket in the staff room erected on the wall near the microwave (but not next to it) CHECKED	<ul style="list-style-type: none"> • Fire Safety Monitor to check 	Ongoing	PG/ FP
Fire Extinguisher in boiler room hung on the wall with a bracket CHECKED	<ul style="list-style-type: none"> • Fix the bracket and hang 	Spring 2013	PG/ KR
Keep Plant rooms clear CHECKED	<ul style="list-style-type: none"> • Cleaner to ensure that cupboards kept clear 	Ongoing	FP/ KR
All staff should receive Fire Safety training including new staff for induction and in staff handbook NOVEMBER 2013	<ul style="list-style-type: none"> • Carry out training on a regular basis and provide induction for new staff 	Ongoing	FP/DP
Contractors aware of fire procedures FILE	<ul style="list-style-type: none"> • All shown the fire plan in reception on arrival 	Ongoing	DP
Fire exit sign should be above the door in the kitchen CHECKED	<ul style="list-style-type: none"> • Get a fire exit sign • Display in the kitchen 	Spring 2014	DP/ JC
New classroom block to have full fire instructions and extinguisher PURCHASED	<ul style="list-style-type: none"> • Purchase signs and extinguisher 	Summer 2013	DP
Emergency Evacuation plan written CHECKED AND IN STAFF HANDBOOK	<ul style="list-style-type: none"> • Circulate to all staff 	Spring 2014	PG/ FP
Emergency Lighting checks carried out MONTHLY BY SCHOOL CARETAKER	<ul style="list-style-type: none"> • Check that the emergency lighting works and report any problems immediately • Fire Safety Monitor carry out the monthly checks 	Weekly Ongoing	KR/ DP