

<b>First Aid &amp; Medication Policy and Procedure</b>			
<b>Current Status:</b>	Operational	<b>Last Review:</b>	February 2023
<b>Policy Owner:</b>	Regional Director SEND & Outdoor Learning	<b>Next Review:</b>	February 2026
<b>Roles Responsible for Review:</b>		<b>Originated:</b>	March 2022
<b>Approved by:</b>	SET Curriculum	<b>Committee:</b>	Educational Excellence Committee
<b>Type of Policy:</b>	Staff / Students / External	<b>Quality Assured by:</b>	Policy Team

## 1. Summary

This policy applies to all staff, volunteers and any other personnel associated with Eastern Education Group Trust (EEGT), which includes:

- Chalk Hill
- Duke of Lancaster School
- Exning Primary School
- Priory School
- Stone Lodge Academy
- Sunrise Academy

## 2. Responsibilities

- 2.1 Heads of School and their staff, in accordance with EEGT Health and Safety Policy and the relevant Health and Safety at Work Regulations, must take appropriate action when a student in their care becomes ill. In most cases appropriate action will be to secure either the attendance of a parent/carer or medical assistance, but in a few rare instances staff may need to take some limited direct action.

EEGT supports all students in all aspects of school life, regardless of medical diagnosis, encouraging them to achieve their full potential.

- 2.2 Information about long-term conditions should be recorded on the Education, Health and Care Plan (EHCP), for example allergies/anaphylaxis: asthma: ADHD: epilepsy etc. EHCPs are updated annually. All diagnosed medical conditions and medication taken is recorded under the individual student's Risk Benefit Assessment (RBA) and all RBAs are monitored termly or more often if changes are needed to ensure as far as possible that the information is correct.

### **3. First Aid**

- 3.1 First Aid is immediate assistance or treatment given to someone injured or suddenly taken ill before the arrival, if necessary, of an ambulance, doctor or other appropriately qualified person.

First Aid is a skill based on knowledge, training and experience. The term 'first aider' is usually applied to someone who has completed a theoretical and practical instruction course and passed a professionally supervised examination (Level 3 Award in First Aid at Work).

Any staff member administering first aid will have completed Educare course 'First Aid Essentials', and if necessary, will seek guidance from a Level 3 qualified First Aider. An up-to-date list of qualified first aiders is displayed in the first aid room at each school/ provision.

When students require first aid treatment to private parts of their body, staff should try to seek the assistance of an additional adult. (Ref. **Intimate and Personal Care Policy and individual RBAs**).

- Each setting will have a First Aid Risk Benefit Assessment (**Appendix A**) and a Ligateure Risk Benefit Assessment (**Appendix B**).
- SEND schools have staff trained in the use of an Automated External Defibrillator (AED) which is located in the main office. Ref. (**Appendix E**) - AED guide for schools.
- Disposable non-latex gloves will be worn whenever there is any risk of contamination from body fluids.

### **4. Parent/Carer Responsibility**

- 4.1 It is the responsibility of parents/carers to administer medication to their children or supervise the self-administration of medicine to their children where possible. 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 practical if 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.

While there is no legal requirement for the Head of School or staff to administer medication or supervise a student taking it, EEGT aims to remove barriers to education, including in relation to medication. Therefore, school staff can be asked to assist students who are taking medication, and some staff may have the administration of medication written into their contract.

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 students at school

- Cases of chronic or long-term conditions, such as asthma, diabetes, epilepsy.
- Cases where students recovering from short-term illness are well enough to return to school but are receiving a course of prescribed medication,

such as antibiotics, that require administration during the school day.

Following a period of illness, a child's doctor is the person best able to advise whether they are fit to return to school. It is the responsibility of the parent/carer to obtain such advice as is necessary.

The fact that a student may need to take medication is not normally sufficient grounds for them to be deprived of any schooling.

- 4.2 If Parents/Carers would like to make a request for medication to be administered within school by staff, they must complete and sign a "Request for School to Administer Medication" form (**Appendix C**). All forms include a legal disclaimer.
- 4.3 **All** medication brought in to school must be in its original packaging, clearly identifying the student's name, the dosage and instructions for use, together with the completed and signed "Request for School to Administer Medication" form (**Appendix C**). Please do not obscure the name of the medication or the expiry date. All medication should be delivered to the school office staff, **wherever possible** by the parent/carer or other responsible adult. If, for specific reasons, this is difficult/not possible parents/carers should contact the school to discuss alternative arrangements.
- 4.4 Parents/carers should ensure, subject to age and physical and mental ability, that their child is familiar with the dosage and able to self-administer the medication under adult supervision, if this is appropriate.
- 4.5 Any change in the dosage, timing, or other arrangements must be made in writing by completing and signing a new "Request for School to Administer Medication" form (**Appendix C**).
- 4.6 **Prescription medication normally administered at home**  
When parents/carers give permission for their children to attend school activities outside the normal school day, any medication that is required will be administered by staff providing parents/carers discuss with the school and complete a "Request for School to Administer Medication" form (**Appendix C**).
- 4.7 **Complex/long-term conditions**  
It is parents/carers' responsibility to inform the school of any complex/long term conditions or new diagnoses. Information will then be added to the students' RBA, with input from parents/carers, school staff and medical professionals where necessary. This will support the students' regular attendance and optimum participation in normal school activities and help staff to ensure everyone's safety.
- 4.8 **Parental consent for treatment**  
Parental consent is required for any surgical medical or dental treatment.

**4.8 Parental Wishes**

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

Parents who reject aspects of 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. The nature of this information will be recorded on the individual students RBA under the Medical section.

EEGT staff will not seek to override parental wishes around medical treatment. Should an emergency involving a student occur in the normal course of school life, the school should contact the emergency services in the usual way, informing them of the parent's wishes.

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 is uncontactable and an alternate course of action may be required.

**4.9 Off-site activities/school trips**

If a student is being taken on a school trip where medical treatment may be needed, and the parent/carer is not prepared to give written instructions and an indemnity about medical treatment, the school may decide that the student cannot attend.

**4.10 Guidance for Parents/Carers**

Guidelines of the school's organization and arrangements for the administration of medication should be given to parents. Where any doubt exists about whether or not to agree to the administration of a particular course of medication in school, each Head of School may seek advice from the School Nursing Team, the Consultant Community Paediatrician or the child's GP.

**5. Training**

5.1 An appropriate number of staff (dependant on the size of the provision) will complete the Level 3 Award in First Aid at Work, and subsequent re-qualification training as necessary. Other staff will complete online training in 'First Aid Essentials'.

5.2 Appropriate numbers of staff will be trained in the administration of medication and monitored until they feel competent and confident to administer medication without senior staff overseeing. The staff will regularly retrain. This will include online training.

Staff only give medicines that they are trained to give and must not undertake the following unless they have satisfactorily completed additional training:

- Rectal administration, e.g. suppositories, diazepam etc..
- Injectable drugs e.g. Insulin, Hydrocortisone, growth hormone etc (**Ref: Appendix D – Safe use of Sharps**)
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)
- Giving oxygen
- Supporting use of catheters
- Under no circumstances should an untrained person attempt any of the above.

## **6 Routine administration of medicines**

Medication is to be given in a calm and controlled environment.

Wherever possible, arrangements should be made for the medicine to be self-administered, under the supervision of a named adult which is recorded on Medical Tracker. Where this is not possible all medication must be checked and recorded by two members of staff, both staff witnessing the preparation and administration using the Medical Tracker system.

Medication should not be masked or disguised (although in very exceptional circumstances this may be the written advice from the medical profession and/or parents/carers).

Staff must regularly check students Health Care Plans and/or Emergency Medication Protocols to ensure medical records clearly state any change to medication/dosage.

If a student is self-medicating, then the staff must be alert to notice if they are taking too much or not enough.

Staff should follow the information included in the 'Request for School to Administer Medication' form (**Appendix C**) which is also uploaded to Medical Tracker. Hard copies remain with the medication.

Adverse Drug Reactions – If you give a new medication and the student become unwell, this may be caused by the medication. You must get medical help immediately and inform parent/carers.

### **6.1 Staff will follow the '7 rights' of medication use when administering medication:**

- The right patient
- The right drug
- The right time
- The right dose
- The right route
- The right reason
- The right documentation

### **6.2 Errors and inconsistencies**

Medicines that have been prescribed and dispensed for one person, should not, under any circumstances, be given to another person or used for a purpose that is different from the one they were prescribed for.

It is always possible that human error may occur, and staff must feel able to report any mistakes. The school will examine systems whenever human error occurs and take action to ensure these mistakes are minimized in future.

If a member of staff neglects to give medication at the prescribed time, they will take medical/parental advice what to do about this.

### 6.3 **Refusal to take medication**

If a student refuses their medication staff will attempt to support students understanding of why it's important and any consequences that may occur should they refuse. It must be clearly recorded if a student refuses their medication.

It may be worth waiting and offering the medication again later to see if they have changed their mind.

In some cases, refusal may mean that the student returns home. NEVER force a student to take their medication and take advice from the GP or the NHS Helpline if you are concerned. Let a senior member of staff and Medical Lead know immediately.

## 7. **Prescribed Medication**

EEGT follows the Royal Pharmaceutical Society's "Handling of Medicines in Social Care 2007 Principles which states:

- People who use social care services have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines.
- Care staff know which medicines each person has and the social care service keeps a complete account of medicines.
- Care staff who help people with their medicines are competent.
- Medicines are given safely and correctly, and care staff preserve the dignity and privacy of the individual when they give medicines to them.
- Medicines are available when the individual needs them and the care provider makes sure that unwanted medicines are disposed of safely.
- Medicines are stored safely.
- The social care service has access to advice from a pharmacist.

- Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish.
- Medication is prescribed by clinical practitioners where benefits have been identified.

EEGT also follow the guidelines set out in 'Supporting students at school with medical conditions' - August 2017.

### 7.1 **Controlled Drugs**

Controlled drugs (CDs) are prescribed medicines that are usually used to treat severe pain, induce anaesthesia or treat drug dependence and they have additional safety precautions and requirements. Some are also used in other situations, for example, methylphenidate (Ritalin™) is used in the treatment of attention deficit hyperactivity disorder (ADHD).

Some people abuse CDs by taking them when there is no clinical reason to do so.

There are legal requirements for the storage, administration, records and disposal of CDs. These are set out in the Misuse of Drugs Act Regulations 2008.

Since there has been a high profile given to managing CDs since the Shipman Inquiry published the fourth report in 2004.

All social care services are recommended to have special arrangements for CDs even though the law does not currently require it.

**Controlled drugs** should never be brought in by the student.

- a. The adult receiving the medication will ensure it is passed on to the appropriate person (i.e. Office staff or Medical Lead).
- b. Office staff or the Medical Lead will ensure the medication is logged onto the on-line system (Medical Tracker) and securely stored.
- c. Under no circumstances must any form of medication be left unattended.
- d. All medication must be entered into the medical system prior to administration.
- e. All medication will be kept safe until required e.g. in a locked cupboard/the lockable medical fridge. If the medication needs to be readily available, for example an inhaler, Epi-Pen or other emergency medication, then it will be carried by the student or an adult around the school site.
- f. All controlled drugs will be stored in a lockable container within the locked medical cupboard.
- g. The keys for the medicine area or cupboard should not be part of the master Key system. EEGT schools keeps it's keys to the medical cabinet in the key safe in the medical room.
- h. Under no circumstances should medication be kept in first aid boxes.
- i. All storage areas must be clearly labelled.



Controlled drugs are administered in the same way that other medicine is given except that the drugs are kept separately from other medication and that the administration of the medication is witnessed by another appropriately trained member of staff. CD records are completed in medical tracker.

## **7.2 Handling non-prescribed controlled drugs and their disposal**

Sometimes students bring illicit substances into schools. Schools will take advice from local police and if necessary, the Serious and Organised Crime Agency concerning appropriate procedures for dealing with this.

### **Further information about controlled drugs:**

Royal Pharmaceutical society - Professional guidance on the safe and secure handling of medicines:

The safer management of controlled drugs:

<https://www.cqc.org.uk/publications/safer-management-controlled-drugs-annual-update-2021>

NICE guideline - Controlled drugs: safe use and management:

<https://www.nice.org.uk/guidance/ng46/chapter/recommendations>

## **8. Non-Prescribed Medication**

### **8.1 Administration of analgesics and other over the counter medications**

If students regularly require pain relief, for example for headaches or during their menstrual cycle the parent/carer will be asked to provide the appropriate medication for sole use by that child.

Parents/carers will also have to complete a "Request for School to Administer Medication" form (**Ref Appendix C**). These medications will be labelled, stored, administered and recorded in the same way as all other medication. Schools do not provide pain relief medication for use by students for safety reasons.

### **8.2 Aspirin**

On no account should aspirin, or preparation containing aspirin, be given to children/young people unless it has been **prescribed**. The exception to this statement is first aid treatment for a heart attack. Schools have one box safety stored for this eventuality.

### **8.3 Ibuprofen**

Ibuprofen can only be given when a GP has authorised its use, unless it is an over the counter, age specific preparation.

### **8.4 Other over the counter medications such as cough medicine, bonjela, throat lozenges etc provided by the parent carer can be given under supervision if the correct paperwork is in place.**



## **9. Disposal of medication**

- 9.1 Any medication that is not suitable for consumption, e.g. tablets that have fallen on the floor, will be sent home to parent/carer in person or via an appropriate adult for disposal or returned to the supplier so that they may be disposed of in accordance with current waste regulations. Parents/Carers will be informed.
- 9.2 Medication no longer required should not be allowed to accumulate at the school. All surplus medication, including control drugs, will be returned to the parent/carer in person or via an appropriate adult for disposal or returned to the supplier so that they may be disposed of in accordance with current waste regulations.
- 9.3 If it is not possible for medication to be returned to parent/carer a staff member will return it to the pharmacist or dispensing doctor who supplied them at the earliest opportunity for safe denaturing and disposal. When controlled drugs are returned to a pharmacy or dispensing doctor for disposal, a record of the return should be made. Staff will obtain a signature for receipt from the pharmacist or dispensing doctor, and upload this to Medical tracker.
- 9.4 All medications should be returned to parents/carers at the end of each academic year.
- 9.5 Empty medication boxes will be returned to parents/carers via the student. If for any reason this is not possible, the empty box/prescription label will be shredded onsite as the contact sensitive information (GDPR).
- 9.6 Medical Tracker automatically notifies the provision when medication is about to reach its expiry date. Expired medication will be sent home to parents/carers via an appropriate adult.

## **10. Medical conditions**

- 10.1 **Long term/chronic medical/health conditions:**  
Information about long-term conditions should be recorded on the Education, Health and Care Plan (EHCP), for example allergies/anaphylaxis: asthma: ADHD: epilepsy etc. EHCPs are updated. annually. These conditions will also be recorded on their RBAs.
- 10.2 **Students with Asthma:**  
When a student requires asthma treatment (e.g. inhalers) while at school, parents/carers must complete and sign the "Request for School to Administer Medication" form (**Appendix C**) which identifies if it is student-administered or requires staff administration.

It is the responsibility of parents/carers to ensure their child has the

appropriate inhalers in school at all times, including when on school outings/trips.

All inhalers must be clearly marked with the child's name and be within the expiry date.

**Preventative inhalers:** are usually taken at regular intervals throughout the day e.g. morning and evening.

**Reliever inhalers:** e.g. for use during or after physical activity.

Students are to keep their **reliever inhaler** with them at all times to self-administer, with permission, as and when required. However, some students may not have the ability or understanding to self-administer safely, in this case staff will take responsibility for the inhaler. In some cases, for safety reasons, staff may carry the reliever inhaler for the student, this will be identified under the relevant section of the student's Risk-Benefit Assessment.

Staff should be aware of the need for asthmatics to have medication readily available when, for example, participating in outdoor physical education, any offsite visit or activity, or in the event of an evacuation or fire drill.

For residential students or overnight visits, staff will be responsible for ensuring inhalers are safely stored overnight and readily available if required.

Emergency reliever inhalers are kept on site.

Poorly controlled asthma can interfere with a student's school performance. Parents/carers must inform the school if there are any changes in their child's asthma, especially if sleep is being disturbed.

### 10.3 **Students with Epilepsy:**

EEGT recognises that epilepsy is a common condition affecting children and welcomes all children with epilepsy to the school.

EEGT supports learners with epilepsy in all aspects of school life and encourages them to achieve their full potential. All relevant staff and supply staff will receive training.

#### **What to do when a child with epilepsy joins a SEND school**

When a student with epilepsy joins a SEND school, or a current learner is diagnosed with the condition it is the parent/carer's responsibility to inform the school and provide an up-to-date epilepsy care plan from the epilepsy consultant.

When a student's epilepsy is managed positively by preventive medication, this and the procedures to take during an epileptic incident will be identified on the individual students' Risk Assessment.

When it is appropriate, epilepsy is covered in PHSE or Citizenship lessons. Learners in the same class as someone with epilepsy will be introduced to epilepsy in a way that they will understand. This will ensure the learner's

classmates are not frightened if they have a seizure in class.

**First aid and training**

All relevant staff and supply staff will receive training.

First aid for the students' seizure type will be included on their individual Health Care Plan/RBA and staff will receive basic training on administering first aid.

The following gives basic guidance:

- Stay calm and reassure.
- If convulsing, try to put something soft under their head.
- Protect them from injury (move harmful objects/furniture from nearby if possible).
- NEVER try to put anything in their mouth or between their teeth.
- Time how long the seizure lasts. If it lasts longer than usual or continues for more than five minutes, follow the Emergency Medication Protocol.
- When the seizure is over, place in the recovery position, stay with them and continue to reassure them.
- Do not give them food or drink until they have fully recovered from the seizure. Sometimes incontinence will occur during a seizure. If this happens, try to put a blanket around them when the seizure is finished to avoid potential embarrassment.

Sometimes incontinence will occur during a seizure. If this happens, try to put a blanket around them when the seizure is finished to avoid potential embarrassment.

The above epilepsy information applies to on-site and off-site activities and any overnight trips. Any concerns held by the student, parent/carer or member of staff will be addressed prior to the activity or overnight trip.

When it is appropriate, epilepsy is covered in RHSE/PHSE/Citizenship lessons. Students in the same class as someone with epilepsy will be introduced to epilepsy in a way that they will understand, this will ensure the student's classmates are not frightened if they have a seizure in class.

**10.4 Students with Anaphylaxis:**

Anaphylaxis is the term used to describe a severe allergic reaction, which can be 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 anaphylactic reaction may include:

- Nettle rash or hives
- Itching
- Sneezing
- Swollen lips or tongue
- Hoarse voice
- Feeling of lump in throat
- Wheezing 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 can often be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

If staff have any cause to suspect anaphylaxis, they must contact the office and request support from the Emergency Services in the normal way.

#### 10.5 **Emergency Medication procedures for various conditions:**

Students requiring emergency medication, for example: Epilepsy, Addison's, Anaphylaxis etc will have a Health Care Plan drawn up by health care professionals. We request that parents share a copy of this with the school. Parents/carers, must also complete and sign a "Request for school to Administer Medication" form **Appendix C**.

- A copy of the care plan will be kept with their emergency medication.
- Emergency medicine will be stored in a suitable location or move with the student around the school site and staff will be made aware of this.
- The use of emergency medication should be recorded on Medical Tracker every time it is administered.
- During off-site activities an adult will be responsible for carrying emergency medication.
- Storing additional emergency medication: Where necessary, emergency supplies of drugs can be stored in schools, e.g. Inhalers, to enable the provision to replenish medication carried with the student as and when necessary. These will be stored in a suitable place within the school to enable emergency accessibility.

## **11 Position of SEND School Staff**

- 11.1 Staff who volunteer to act in this context should be assured that they are covered by the Trust's insurance arrangements against any claim for negligence or other liability. The insurers have confirmed that, provided staff act in accordance with the requirements of EEGT's policy, reflecting any

relevant guidance, they are fully indemnified under the terms of the Trust's Employer's Liability and Public Liability policies. Staff 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.

## 11.2 **Invasive treatments**

Some students require treatment which 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 and early identification and careful planning by the appropriate medical/nursing practitioners 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.

## 11.3 **Paperwork**

The responsibility for keeping and updating records will be delegated to specific members of staff in each provision.

Signed "Request for School to Administer Medication" form (**Appendix C**) are scanned and saved to medical tracker. Only one paper copy held with medication. All out-of-date paperwork must be archived to avoid confusion.

## 11.4 **Stock**

Staff are responsible for physically checking the amount of medication held on site and ensuring new supplies are requested in a timely manner.

## Revision History – First Aid & Medical Policy and Procedure

Revision date	Reason for revision	Section number	Changes made
11/04/2025	Convert to EGT		Revised / Standardised Policy to become Eastern Education Group Trust Policy and Procedure for SEND schools.

## Appendix A – First Aid Risk Assessment

### Risk-Benefit Assessment

**Purpose of assessment:** To ensure appropriate first aid can be delivered as and when required.

<p><b><u>Risk</u></b> List here the <b>significant risks</b> you have identified. Consider the <b>venue</b> (and transport to and from if appropriate). Medical and behavioural should also be included.</p>	<p><b><u>Precautions</u></b></p>
<p><b>Inadequate provision of first aid</b></p>	<ul style="list-style-type: none"> <li>• The numbers of first aiders within the school establishment are monitored to ensure adequate provision is retained during the normal working hours.</li> <li>• Managers are responsible for ensuring staff working outside of normal working hours have adequate provision.</li> <li>• Managers are responsible for assessing whether the current arrangements within the school are adequate for their staff and the areas of work for which they are responsible and, if not, take action to fulfil any gaps in local arrangements e.g. arrange specialist first aider training.</li> <li>• An appropriate number of staff have completed the Level 3 Award in First Aid at Work training. First Aid lists displayed in office, staff room and medical room.</li> <li>• Regular specialist training for certain conditions or medication will be provided by specialist teams for the appropriate staff e.g. diabetes training, Auto-Adrenaline Injector for Anaphylaxis etc</li> </ul>
<p><b>Unaware of how to summon first aid provision or an ambulance</b></p>	<ul style="list-style-type: none"> <li>• Managers are responsible for ensuring any new staff are made aware of first aid arrangements by performing an induction which includes this.</li> <li>• Adequate information must also be provided to contractors and visitors for whom managers are responsible.</li> <li>• Managers are responsible for a list of first aiders to be prominently displayed in each work area. Office, staff room and medical room.</li> </ul>

	<ul style="list-style-type: none"> <li>• Employees' Responsibilities: In the event of someone being injured, if it is considered serious and that an ambulance is required, you must ring for an ambulance using the procedure laid out below.</li> <li>• Locate the nearest qualified first aider. If they are unavailable, select the next nearest first aider accordingly.</li> <li>• Give the location and symptoms if known to the first aider.</li> <li>• Keep the casualty warm, comfortable and above all as still as possible.</li> <li>• On arrival, the first aider will take control and issue instructions accordingly.</li> </ul> <p>Ambulance Procedure:</p> <ul style="list-style-type: none"> <li>• Dial 999 ask for ambulance service, give brief details of type of casualty and ask for the ambulance to attend main entrance.</li> <li>• Ensure reception/office staff and the Head of School are aware advising them that an ambulance has been called to an incident in the school.</li> <li>• Arrange for someone to meet the ambulance at the main reception and escort the ambulance crew to the location of the incident.</li> <li>• For any students with Anaphylaxis, during the phone call to ambulance inform them if their Auto-Adrenaline Injector has been administered.</li> </ul> <p>Students will individual specific written protocols in place for calling an ambulance or sharing information with a medical profession will have this identified on their RBA and emergency paperwork. E.g. Anaphylaxis, students emergency care plans, Jehovah witness etc.</p>
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<b>Insufficient first aid supplies</b>	<ul style="list-style-type: none"> <li>• Managers are responsible for providing first aiders with an appropriately stocked kit to enable them to undertake their role.</li> <li>• The supplies must be suitable to deal with the type of injuries likely to be received within that area. The H&amp;S web site provides advice and guidance on this subject.</li> <li>• Identified staff with each setting are responsible for keeping check on the stock levels and expiry dates of supplies within the school kits and for requesting any replenishments.</li> <li>• First aid kits are to be stocked with the contents of a protection kit as standard e.g. gloves &amp; resuscitator, to reduce the risk of transfer of contaminated bodily fluids.</li> <li>• In addition, first aid supplies are available at controlled points within the school establishment e.g. Office / Medical Room</li> </ul>
<b>Trips and falls</b>	<ul style="list-style-type: none"> <li>• Students can receive First Aid treatment for minor injuries by any staff member that has completed Educare course 'First Aid Essentials'.</li> <li>• If staff are concerned about the level of severity of injury they will seek advice from a First Aider with the Level 3 Award in First Aid at Work.</li> <li>• All injuries are recorded on Medical tracker and parents will receive an email or letter communication informing them of the injury and treatment given.</li> </ul>
<b>Bumps to the head</b>	<ul style="list-style-type: none"> <li>• All injured students to seek advice from a First Aider with the Level 3 First Aid at work qualification.</li> <li>• Award in First Aid at Work. Students will receive First Aid treatment as required.</li> <li>• All injuries are recorded on Medical tracker and parents will receive an email or letter communication informing them of the injury and treatment given.</li> </ul>

<b>Serious accidents e.g. broken bones etc</b>	<ul style="list-style-type: none"> <li>• Ensure area is safe and injured child/ren is not left unsupervised,</li> <li>• Seek advice from a First Aider with the Level 3 Award in First Aid at Work.</li> <li>• Head of school to be informed of serious accident or Senior member of Leadership in their absence.</li> <li>• Parents/Carers to be called and informed of the incident and any updated.</li> <li>• Staff to seek advise about if RIDDOR report needs to be completed.</li> </ul>
<b>Being unaware of medical conditions or emergency contact details.</b>	<ul style="list-style-type: none"> <li>• It is Parent/Carers responsibility to inform school of all medical conditions and emergency plans for their child/ren.</li> <li>• Parents/Carers should ensure there is a minimum of 2 up-to-date emergency contacts, who have the ability to attend school/hospital if required.</li> </ul>

## Appendix B – Ligature Risk Assessment

### Ligature Risk-Benefit Assessment

**Purpose of assessment:** To identify the ligature points/Hanging or Strangulation to reduce risk.

<b><u>Risk</u></b> List here the <b>significant risks</b> you have identified. Consider the <b>venue</b> .	<b><u>Precautions</u></b>
Woods, fences, play equipment any potential ligature points for hanging or strangulation. Cause asphyxiation and spinal damage.	<ul style="list-style-type: none"> <li>• SET to decide student is too high risk to access school site.</li> <li>• Staff to be made aware of any student at potential risk. The Risk will be clearly recorded on individual Risk and Benefit Assessment.</li> <li>• Any student at potential risk to have minimum one to one support around the site.</li> <li>• Identified staff working with individual to carry two-way radio.</li> <li>• Staff will request immediate assistance at the location over the radio or shout for urgent assistance. Staff responding to the radio call will then know to collect Ligature removal equipment, first aid kit and defibrillator. Emergency services to be contacted.</li> <li>• Staff to be aware of location of first aid kit, defibrillator and ligature removal equipment on the individual site.</li> <li>• Staff supporting student to be trained in rescue from ligature.</li> <li>• Limited access to wooded and outside areas if displaying high levels of anxiety.</li> <li>• Staff to perform an on-the-spot risk assessment to identify possible ligature points and make Premises Manager aware. Start at ground level and work up.</li> </ul>
For students identified as high risk, residential trips/residential department. Additional risks within bathrooms and bedrooms.	<ul style="list-style-type: none"> <li>• SET and Residential Manager/trip organiser to decide if student is too high risk to attend school trip/residential department.</li> <li>• Any student identified as high risk will be identified on their Risk Benefit Assessment.</li> <li>• Staff to perform dynamic risk assessment. Start at floor and work up.</li> <li>• If a student is attending residential or on a residential school trip, SET and Residential Manager/trip organiser to decide if it is appropriate for a student to be collected and sent home due to level of risk.</li> </ul> <b>Risk management within bathrooms:</b> <ul style="list-style-type: none"> <li>• Shower curtain to be removed.</li> </ul>

	<ul style="list-style-type: none"> <li>• Shower rail to be removed.</li> <li>• All clothes to be given to member of staff when in shower.</li> <li>• Towel to be handed to student when they have finished showering- respecting dignity and following intimate care procedures.</li> <li>• Student to be asked not to lock the door.</li> <li>• Staff to stay outside door. Regular checks for a response from student.</li> </ul>
	<p><b>Risk management within bedrooms:</b></p> <ul style="list-style-type: none"> <li>• Staff to perform dynamic risk assessment. Start at floor and work up.</li> <li>• Identify possible ligature points and ligatures, remove if possible. E.g. shoelaces, belts, high/bunk beds, electrical cables, pipes, sinks, fixed radiators etc.</li> </ul>
Discovering someone hanging or performing self-strangulation	<ul style="list-style-type: none"> <li>• Immediately call for support. "Urgent emergency assistance for ligature and location", for nearby staff. Ask for emergency services to be called.</li> <li>• Remove any bystanders from area.</li> <li>• Support to bring first aid kit defibrillator and ligature removal equipment.</li> <li>• Risk access area, if safe support weight of person until support arrives.</li> <li>• With support cut person down, cut ligature. Perform emergency first aid if required. Do not touch any knots during the process.</li> <li>• Cordon off area and preserve the scene until told otherwise by emergency services to preserve forensic evidence.</li> <li>• Cordon off area.</li> <li>• Debrief and additional support offered to all involved. Incident recorded and reported.</li> <li>• SET to be informed.</li> </ul>
Using, storage, maintenance anti- ligature scissors/knife	<ul style="list-style-type: none"> <li>• All Staff to be made aware of the locations of ligature removal equipment. Scissors and knives to be kept in a safe place but easily accessible. After use bag up knife and scissors as may be required as evidence.</li> <li>• Knives are single use and should be safely discarded after use. New knife to be ordered immediately.</li> <li>• If scissors are returned to be cleaned with disinfectant and returned to their location.</li> </ul>

## Appendix C – Request for School to Administer Medication

This policy should be read alongside the Trust Statement of Intent.

### Request for School to Administer Medication form

Staff at EEGT will be able to administer your child's medication when you have completed, checked and signed this form.

#### DETAILS OF STUDENT:

Surname:		Gender:	
Forename(s):		Date of Birth:	
Address:		Tutor Group:	
Postcode:			
NHS no.			

#### MEDICATION:

Name/Type of Medication (as described on the container):	
Date dispensed:	
Expiry Date:	
Reason this medication is being given: e.g. hay fever, epilepsy, ADHD, bowel condition etc.	

#### FULL DIRECTIONS FOR USE:

Dosage and method:	
Timing:	
Special precautions:	
Side effects:	
Self-Administration:	YES / NO
Procedures to take in an Emergency:	

**Note:** Medicines must be in the original container as dispensed by the pharmacy

#### CONTACT DETAILS:

Name of Parent or Carer:	
Day time contact no.:	
Alternative contact no.:	

#### GP DETAILS:

Name of GP:	
Surgery:	
Address:	

<b>Postcode:</b>	
<b>Phone no.:</b>	

My child's doctor has prescribed the medication described on this form. I understand that the medication must be given to a member of staff. I accept that this is a service which the school is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature: Date:

Relationship to student:

#### LEGAL DISCLAIMER

I understand that neither the Head of School nor anyone acting on their authority, nor the Board of Directors will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the Head of School, the person acting on their authority or the Directors as the case may be.

Signature: Date:

Relationship to student:

## **Appendix D - Safe use of sharps policy**

### **1. Purpose and scope of policy**

Eastern Education Group Trust (EEGT) recognises its duty to ensure, so far as reasonably practicable, the health, safety and welfare of all employees. The school has a duty to safeguard those not in their employment but affected by their undertaking. This includes members of the public, contractors, visitors, children and young persons.

Employees have a duty to take reasonable care for the health and safety of themselves and others affected by their acts or omissions and to co-operate with the employer and others to enable them to fulfil their legal obligations. Relevant legislation:

- The Health and Safety at Work Act 1974
- The Control of Substances Hazardous to Health Regulations (COSHH) 2002
- The Management of Health and Safety Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

A sharps injury is an incident, which causes a needle, blade (such as scalpel) or other medical instruments to penetrate the skin.

### **2. Legislative framework**

Under health and safety legislation employers have a duty to ensure that tasks and activities that involve potential exposure to blood-born viruses in the workplace are properly risk assessed and to take action to minimise the risk to staff, children and young people, and others using the premises. Whilst the ultimate responsibility for health and safety rests with the Senior Executive Team (SET), all managers have a responsibility to ensure a safe working environment.

It is every manager's responsibility to ensure that all staff who may be exposed to blood or body fluids have the appropriate training in the safe use and disposal of 'sharps' and are aware of any safety devices which are available for their use.

Staff are reminded of their individual obligations under health and safety legislation to safeguard the health and safety of themselves, as well as others, while at work. This means attending relevant training, using recommended procedures identified by risk assessment, making proper use of equipment provided for their safety and reporting any concerns about safety to their manager.

### **3. Role of relevant parties**

EEGT SET is responsible for ensuring that risk assessments for blood and body fluid have been carried out and appropriate control measures are in place. They should be aware of the procedure to follow after an occupational exposure incident and should ensure that each incident is properly reported and followed up, in order to prevent further incidents.

Employees should ensure that they safeguard the health and safety of themselves and others.



#### **4. Mandatory training**

Managers should ensure that all staff are trained in standard infection control precautions when joining as new employees or when undertaking new roles, and through regular updating. This training is provided through the appropriate induction programme and annual refresher training.

### **Safe practice when handling blood and body fluids**

#### **5. Use of Protective Equipment**

Suitable gloves must always be worn when handling blood and body fluid. Gloves cannot prevent percutaneous injury, but they may reduce the risk of acquiring a blood-borne virus infection.

Suitable protective clothing (eye and mouth protection) must be worn when handling human blood and body fluids, infectious agents and respiratory pathogens.

Exposed cuts or abrasions of the skin must be covered with a waterproof dressing or plaster.

Although punctured gloves allow blood to contaminate the hand, the wiping effect of the glove can reduce the volume of the blood to which someone's hand is exposed and also the volume inoculated in the event of a sharps injury. Single use gloves should conform to the requirements of the European Standards 455.

#### **6. Safe use of sharps**

The use of sharps should be avoided where possible. Where sharps usage is essential, particular care should be exercised in handling and disposal. It is the responsibility of staff supervising the use of any device to dispose of any sharps safely. Sharps should never be left lying around.

The following principles should be adhered to:

- Open footwear should not be worn
- Devices with sharps should only be used after staff have completed any relevant training.
- Sharps should be disposed of immediately after use, at the point of use, by the person who used it or supervised its use.
- Where there are two people working together, sharps must not be passed from one person to the other. Responsibilities must be clearly defined.
- Needles should not be bent or broken before use or disposal.
- Needles should not be re-capped or re-sheathed by hand prior to disposal.

#### **7. Supplies**

The following equipment must be available wherever there is a risk from sharps:

- Adequate supplies for effective hand decontamination, i.e. Alcohol hand gel, liquid soap and paper towels.
- Protective clothing as required i.e. gloves, aprons, eye protection
- Suitable sharps bins. This should be stored in a clean dry area to prevent potential soiling or contamination before use.

#### **8. Safe disposal of sharps**

- A sharps container (conforming to UN 3291 and BS 7320 standards) should be available wherever sharps are being used.
- Sharps containers should be placed at bench-top height or held in a wall bracket. They should not be placed on the floor. They must not be placed too high as staff must be able to see that the aperture is open when discarding sharps. Sharps containers must never be used for any other purpose e.g. storage.
- Used sharps must never be decanted from one container into another. If a sharps container is found to be incorrectly assembled or overfilled, the whole container should be placed inside a larger sharps container and the lid of the larger container assembled and locked.
- Sharps containers must not be filled above the 2/3 full marker line.
- When 2/3 full the container aperture must be close and the container stored in a secure locked storage area awaiting removal.
- Sharps containers should be carried by the attached handle and held away from the body.
- Full sharps containers must not be placed inside yellow clinical waste bags for disposal.

## **9. Risks**

The highest risk of transmission of blood-borne viruses from one person to another is via percutaneous exposure, i.e. skin puncture by a needle, blade, sharp or body fluid. There is also a risk of transmission of blood-borne viruses from mucocutaneous exposure i.e. slash to the eyes or mouth or over broken skin with blood or body fluid.

## **10. Protecting against blood-borne viruses**

Hepatitis B immunisation is recommended for all staff who have potential contact with blood and body fluid through their work.

Standard infection control precautions should be followed at all times. All staff should follow standard precautions. Standard infection control precautions include:

- hand hygiene
- the correct use and disposal of sharp
- Suitable protective clothing (eye and mouth protection) must be worn when handling human blood and body fluids, infectious agents and respiratory pathogens.
- Exposed cuts or abrasions of the skin must be covered with a waterproof dressing or plaster

## **11. Monitoring**

Incidents of accidental inoculation are recorded and reported to the Health and Safety Team and through the school Medical Tracker system.

## **12. Prevention of mucocutaneous exposure**

For procedures that carry a risk of splashing to the eyes, protective eyewear should be worn. Eyewear should prevent splashing (including lateral splashes) without discomfort or loss of visual acuity.

## **Further information**

An information leaflet is on the NICE website: <http://www.nice.org.uk/>

This includes information about:

- infection control
- hand hygiene
- protective clothing
- sharps prevention of infection for people who need a urinary catheter or a gastronomy tube for external feeding.

## Appendix E – AED guide for schools

DFE guidance

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/843393/AED\\_guide\\_for\\_schools\\_Sept2019\\_v2\\_accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843393/AED_guide_for_schools_Sept2019_v2_accessible.pdf)

Where schools have an AED it is stored in the main school office.

It is checked monthly as part of the first aid checks for battery warning. Records kept of monitoring and replacement equipment.

### Training

AEDs, as work equipment, are covered by the *Provision and Use of Work Equipment Regulations 1998 (PUWER)*, and as such this places duties on employers in respect of employee training and the provision of information and instructions in the use of such equipment. However, AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the AED at the time of use. It should therefore be sufficient for schools to circulate the manufacturer's instructions to all staff and to provide a short general awareness briefing session in order to meet their statutory obligations. Schools may want to use this opportunity to raise awareness of the AED in school and to promote its use should the need arise. Training will also be included in First Aid Training Sessions.

The awareness briefing may also be incorporated into any wider training on CPR and the chain of survival.