Pupil Care (First Aid & Accidents, Medicines, Intimate Care & Physical Intervention) Policy

Sir Edmund Hillary Primary School

November 2021	Review by Autumn 2024

Pupil Care Policy

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Pupil Care Policy

1. Aims and objectives

Here at Sir Edmund Hillary Primary School we aim to provide a safe, healthy, caring and friendly environment for all our pupils to allow them learn effectively, improve their life chances and help them maximise their potential.

The Governors are committed to the authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 2013.

We take the health and the safety of our pupils and staff very seriously. We believe that all pupils and staff have the right to be cared for appropriately and feel safe whilst at school or on a school-run activity.

This policy brings together some policies often held separately by schools, and should be read in conjunction with our Health & Safety, Behaviour, Child protection policies. Public Health England's document Promoting Children and Young People's Emotional Health and Wellbeing is also key to the development of this policy.

Record of Awareness Raising Updates and Training

a) This school holds updates on common medical conditions once a year. A record of the content and attendance of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive updates.

b) All school staff who volunteer or who are contracted to administer emergency medication are provided with training, if needed, by a specialist nurse, doctor or school nurse. The school keeps a register of staff who have had the relevant training; it is the school's responsibility to arrange this

c) School should risk assess the number of first aiders it needs and ensure the first aiders are suitably trained to carry out their responsibilities. It is recommended that Primary Schools and Early Years settings should have at least one first aider who has undertaken the paediatric first aid course.

2. First Aid & Accidents

The school will provide materials, equipment and facilities as set out in DfEE 'Guidance on First Aid for schools', as a minimum.
The location of First Aid Kits in school are;

- Main Office
- Foundation Unit Office
- Small kit in each Phase base
- Kit for Lunch time staff
- Kits for use on external trips are kept by the Appointed Person, to be loaned out to staff
- The contents of the kits will be checked on a regular basis by the Appointed Person.

The Appointed Person for First Aid is Anna Olafsdottir-Osko

The Appointed Person and the Before and After School Club Manager will undertake the First Aid at Work 3 day course. One member of each of the Early Years Foundation bases (Nursery, F1, F2), one member from each of the other Phase Bases, two members of the dinner support, and one other member of the After School Team staff will undertake Paediatric first aid training. These need annual refresher training. All staff will have training on Emergency First Aid at Work (1day) undertaken every three years. As many staff as practicable will undertake this course.

Off site activities

At least one first aid kit will be taken on all off site activities, along with individual pupil's medication such as inhalers, epipens etc. A person who has been trained in Emergency First Aid (1 day) must accompany all off site visits.

Major Accident Reporting

RIDDOR - LA internet incident notifications

The Governing body will implement the LA's Internet procedures for reporting:

• all accidents which require hospital treatment, death or serve injury.
• all incidents of violence and aggression.

The Governing body is aware of its statutory duty under RIDDOR in respect of reporting the following to the Health and Safety Executive as it applies to employees. We report such cases via the LA internet reporting system – The Well Worker system, advice can be sought from the LA Health and Safety team as required, but it is the school's responsibility to notify the HSE.

• An accident that involves an employee, pupil or school visitor being incapacitated from work or school for more than two consecutive days.
• An accident which requires admittance to hospital.
• An accident which requires treatment at hospital.
• Death of a person.
• A specified injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine; full list available on HSE website.

The Office Manager will upload the information onto the system with the aid of any relevant members of staff. The Head teacher will be informed when they have done so.

Minor Accident Reporting

Accidents and incidents which do not reach the thresholds above, will still be recorded by the school internally. (Appendix 1)

All accidents / incidents requiring First Aid of any kind are recorded in one of the six incident / first aid record folders. Reporting to Parent stickers and letters can be found in the same places.

These are located in-

- The Main Office – for serious incidents
- The Disabled Toilet along the Main School Corridor for lunch times
- The Foundation Unit Office
- KS1 Base
- Lwr KS2 Base
- Upr KS2 Base

This uses a set pro forma to record all first aid interventions. These files will be monitored regularly by the Headteacher and the Appointed Person and reported on to the governing body.

Reporting to parents

This will be on a graduated response according to the age of the pupil and the severity of the injury/ treatment.

For the children in Nursery and the Foundation Unit, all accidents, whether at lunchtime or during session time, will be reported upon via the Accident Reporting Book, which is a 'page per child' entry system to maintain confidentiality. Parents need to sign the entry to say they have seen it and receive, if necessary, the appropriate report to take away with them – be it a bumped head note or sickness and diarrhoea advice. Children in Club –Ed – whatever their age, will have this same procedure.

For KS1 children requiring first aid either a sticker will be given to alert their parents that a minor incident has occurred and they may also be given a letter to take home, informing the parent of their injury and treatment; depending on the reliability and language capability of the child.
For KS2 children requiring first aid either a sticker will be given to alert their parents that a minor incident has occurred and they may also be given a letter to take home, informing the parent of their injury and treatment; depending on the severity of the accident.
- For instance being examined following a trip and a bump may have no action recorded (as long as the head was unaffected) because the child was found to be fine, or just receive a sticker as the child will be able to explain how the incident occurred and what was done, whilst an application of a plaster for a dressing for a wound or graze, the child will still be able to verbalise the nature of the incident but the school is being proactive in its informing of parents as longer lasting First Aid has been applied and the child will be marked, bruised or sporting a dressing.

UPDATED

Pupil accidents involving head injuries

The Governing Body recognises that accidents involving the pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time. These will all be recorded and reported on to parents. Children will be given a dated wrist band that is to be kept on for the three days after the incident and then removed by school, if the parent hasn't already done so.

Whenever a child reports to an adult that they have had a bump, even if it is clear that the major area affected was a leg (for instance), if the bump wasn't witnessed by the adult, they should always check by asking, "Have you hit anywhere else? Have you bumped your head at all?"

Where emergency treatment is not deemed to be required, a notification letter will be sent home to the child's parents or guardians. This will detail the nature of the bump and give advice as to how to look out for the signs of concussions. Concussion may not become apparent until several days after the event. These are administered by the Appointed Person and Senior MDSA. A copy of this will be kept in school.

Emergency Treatment and Sending pupils home

- In all cases of emergency ANY member of staff may call directly for an emergency ambulance. If the casualty is in danger of death, not breathing, bleeding profusely or unconscious, then 999 should be called without delay and an ambulance requested specifically (otherwise the call will be directed automatically to the police). Unless the casualty is in the office the call should be made from a mobile phone and the caller should be as close to the person needing emergency treatment as possible so that the call-handler can direct first aid treatment remotely. The caller does not have to be first aid trained. A first aider, the Appointed Person and the head teacher should be called for after the 999 call is made.

- The same applies should a first aider be with the casualty. If in their trained opinion, a person requires an ambulance, they must call immediately and not wait for head teacher approval. The administration staff will comply with all such requests, and THEN inform the head teacher.
- In all other non-emergency cases, the head teacher, or if unavailable, the person with delegated responsibility for Pupil Care (Member of SLT, Senior MDSA, After School Club Lead), will determine what is a reasonable and sensible action to take.
- Where the injury is deemed an emergency an ambulance will be called following which the parent will be called. However, once the ambulance arrives, it is entirely up to the professional opinion of the crew when they leave and as such they may not wait for a parent to arrive.
- Where hospital treatment is required but it is deemed not to be an emergency, then the Head teacher, or their delegated representative, will direct for the parents to be contacted for them to take over responsibility for the child.
- If the parents can not be contacted then the Head teacher may decide to transport the pupil to hospital. Where the Head teacher makes arrangements for transporting a child then the following points will be observed:
    - only staff cars insured to cover such transportation will be used. No individual member of staff should be alone with a pupil in a vehicle. The second member of staff will be present to provide supervision for the injured pupil.

3. Allergies & Anaphylaxis – Nut Free School

Amongst the many allergies that children and adults may have one of the most common and life-threatening is an allergy to nuts. Although we recognise that this cannot be guaranteed, Sir Edmund Hillary Primary School aims to be a Nut-Free school. This policy serves to set out all measures to reduce the risk to those children and adults who may suffer an anaphylactic reaction if exposed to nuts. The school aims to protect children who have allergies to nuts yet also help them, as they grow up, to take responsibility as to what foods they can eat and to be aware of where they may be put at risk. We therefore manage the risk by reducing the possibility of exposure, preparing for incident management and education for the sensitised pupil and their community.

What is Anaphylaxis?

Anaphylaxis (also known as anaphylactic shock) is an allergic condition that can be severe and potentially fatal.
Anaphylaxis is your body's immune system reacting badly to a substance (an allergen), such as food, which it wrongly perceives as a threat. The whole body can be affected, usually within minutes of contact with an allergen, although sometimes the reaction can happen hours later.

Symptoms

The symptoms of anaphylaxis usually start between three and sixty minutes after contact with the allergen. Less commonly they can occur a few hours or even days after contact.
An anaphylactic reaction may lead to feeling unwell or dizzy or may cause fainting due to a sudden drop in blood pressure. Narrowing of the airways can also occur at the same time, with or without the drop in blood pressure. This can cause breathing difficulties and wheezing.

Other symptoms:

- Swollen eyes, lips, genitals, hands, feet and other areas (this is called angioedema)
- Itching
- Sore, red, itchy eyes
- Changes in heart rate

- A sudden feeling of extreme anxiety or apprehension
- Itchy skin or nettle-rash (hives)
- Unconsciousness due to very low blood pressure
- Abdominal cramps, vomiting or diarrhoea, or nausea and fever.

Anaphylaxis varies in severity. Sometimes it causes only mild itchiness and swelling, but in some people it can cause sudden death. If symptoms start soon after contact with the allergen and rapidly worsens, this indicates that the reaction is more severe.

Food in School:

Lunch boxes: We do not allow nuts or nut products in school lunch boxes. Being a "Nut-Free School" means that the following items should not be brought into school:

- **Packs of nuts**
- **Peanut butter or Nutella sandwiches**
- **Fruit and cereal bars that contain nuts**
- **Chocolate bars or sweets that contain nuts**
- **Sesame seed rolls (children allergic to nuts may also have a severe reaction to sesame)**
- **Cakes made with nuts**

We have a policy to not use nuts in any of our food prepared on site at our school both for curriculum and community purposes and through the school kitchen. Our school kitchen suppliers provide us with nut-free products. However, we cannot guarantee freedom from nut traces.

Staff -a duty of care

Staff and volunteers must ensure they do not bring in or consume nut products in school and ensure they follow good hand washing practice.

Caution must be taken at certain times of year such as Easter and Christmas. If Staff distribute confectionary, care must be taken to ensure that no nuts are included in the product. Fruit sweets such as Haribo are a better alternative. Particular products that are a cause for concern are: - Celebrations – Roses – Heroes – Quality Street. Staff should always check-"are you allowed x,y,z?" not just for allergens but also gelatine for instance, for diets based on religious grounds.

The principles apply whether there is a known allergy sufferer in the target class or group or not. This is to minimise risk because of the unpredictability of children.

All product packaging must be checked for warnings directed at nut allergy sufferers and if the following or similar are displayed, the product must not be used in school. Packaging must be checked for:

o Not suitable for nut allergy suffers;
o This product contains nuts;
o This product may contain traces of nuts;
All indicate this is unsuitable for consumption in school.

Epi Pen trained staff are named First Aiders- those who have done the First Aid at Work training.

<u>School Lunchtime Procedure</u>

A table will be reserved for children who suffer from food allergies and their friends, at the front of the dining hall. Children who sit at this table will have their food checked- school dinners are known to be safe, but for children bringing in packed lunches, each item will be assessed by the MDSA who is managing the cleaning and wiping station.

Any items found that may contain nuts will be taken from the child sensitively and handed to the class teacher. The Senior MDSA will be informed and the class teacher and Senior MDSA will determine the means by which the parent who sent in the item will be informed. A member of SLT will be informed.

Trips & Outings

Like wise on a school outing whereby children are bringing in their own packed lunches, an area will be determined for children who suffer from food allergies and a small group of friends. A member of staff will check the lunch boxes of those children sitting in the vicinity of a vulnerable child and remove items that may cause concern, to be handed back to the parent on arrival back at school.

Parents and Carers -responsibilities and advice

Parents and carers must notify staff of any known or suspected allergy to nuts and provide all medical and necessary information. This will be added to the child's care plan and if necessary a meeting organised with the school nurse. Homemade snacks or party food contributions must have a label detailing all ingredients present and the kitchen environment where the food was prepared must be nut free. If you are unsure about a selection please speak to a staff member before bringing the food item into school.

The school requests that parents and carers observe the nut-free policy and therefore **do not** include nuts, or any traces of nuts, in packed lunches.

If parents are sending in birthday treats these should be sealed packet sweets such as Haribo or Love Hearts and not homemade baking or chocolate assortments such as Celebrations or Miniature Heroes.

Termly reminders of policy are put out to parents via text to catch any children who are new to school or have changed their lunchtime arrangements and whose parents need prompting to think again about what the child's lunch may contain.

Children

All children are regularly reminded about the good hygiene practice of washing hands before and after eating which helps to reduce the risk of secondary contamination. Likewise, children are reminded and carefully supervised to minimise the act of food sharing with their friends. They will have been briefed by staff if one of their classmates needs looking after in the event of an allergic reaction and how we need to manage food carefully around their friend.

Health Plans and Emergency Response

We have individual Healthcare plans for children with allergies and Allergy Lists are displayed highlighting Healthcare plans in place, triggers, medication (Medication will be stored, administered and documented in accordance with our Administering Medicine Policy).

4. Medical Conditions, Illness & Medicines

Long Term Medical Needs

The school understands the importance of medication being taken as prescribed. Staff will understand the common medical conditions that affect children at this school and receive training on the impact medical conditions can have on children and young people. New

The school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. Such medical conditions identified under the Children and Families Act 2014 are:

- Asthma
- Cancer
- Diabetes
- Epilepsy

There is further guidance on each of these specific conditions annexed to this policy. Further guidance on the drawing up of Intimate Care and Health Plans to manage these and other similar conditions is given within this section of this policy.

Risk assessments

The school will have in place and keep risk assessments up to date covering the administration of medicines. Staff should be consulted to obtain their views, to ensure that they fully informed and understand, and training provided where identified and as required.

What to do when children are ill

- Children can often use illness as a short-hand for feelings of vulnerability and so we expect staff to provide a climate that builds understanding and resilience and engages children who may be learning to handle their state of mind. We do not encourage children to be off school just because they are feeling under the weather.
- Children can have diarrhoea & sickness for many different reasons and so we expect parents to use their discretion as to what sort of exclusion from school is needed- this could be up to 48 hours after the last incident of diarrhoea or vomiting. If there is a situation where there are more than three or four cases we may impose a 48 hr time period before returning to school.
- Staff should regularly brief their children on what to do when needing the toilet, feeling sick, infection control and they should supervise toileting to ensure good health practices are followed.
- Should there be an outbreak of diarrhoea the school will follow HSC Outbreak of Diarrhoea & Vomiting Outbreak Action Checklist.
- Sometimes parents ask for guidance (or require guidance) on what to do when their child has a specific illness. DO NOT work off your memory as guidance changes regularly. Refer to the HSC Guidance on Infection Control in Schools & Other Child Care Settings. There is always an up to date copy on the back of the School Office door and is supplied as Appendix 5 here.
- The school will **not** accept non-prescription medicines from parents to administer on an 'as and when required' basis (except for antihistamines for allergic reactions) unless otherwise advised by a GP. Generally, non-prescription medicines are to be administered for a short period, where a child or young person has returned to education following an illness or injury. New

The school will never administer Aspirin to children under 16 years of age unless prescribed by a doctor.

Procedures for handling and administering medicines

- Children taking prescribed medication must be well enough to attend school.
- Both prescription and non- prescription medicines can be administered, but there needs to be a specific reason for administering non-prescription medicines; ongoing management of a condition or specific problem and parents will be discouraged from requesting us to administer medicines just because a child has been feeling 'under the weather' in the morning. Medicines provided must be checked that they are in-date and prescribed for the current condition.
- Children's medicines are stored in their original containers, are clearly labelled to the child and are inaccessible to the children.
- Parents **MUST** give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form and complete the accompanying form. (See Appendix 2) No medication may be given without these details being provided.
- The administration of medicines requires **2 people**. The first, named on the form, to administer and the second one to check name, medicine and dose prior to administration. Then to check that it is recorded accurately, signed and countersigned by staff each time it is given.
- Prior to administering any medication, staff should take all appropriate hygiene precautions, wash their hands, and check the:
    - parental agreement form
    - expiry date of the medicine
    - child or young person's name tallies with the name on the medicine container
    - prescribed dose and the way it is to be taken
    - prescribed frequency of dose and confirm that this has not been exceeded.

New

- Children in KS2 are encouraged to self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell the adults around them what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- ***The child's or young person's voice:*** The school believes it is important that the child or young person, subject to their understanding, should be involved in discussions regarding the administration of their medicines in the school. It is the responsibility of all staff caring for a child or young person to be aware of the method and level of communication used. This could include signs, symbols, eye pointing or vocalisations.

New

- If a child or young person refuses medicine the parent / carer should be informed the same day and be recorded accordingly. Staff cannot force a child to take any medicine.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- Staff are informed of all children requiring medical support eg: asthma, allergies, etc on a form to be stored in the Black First Aid folder in each Phase Base, produced by the office staff. Each member of staff in that phase must initial the form to show they have read it.
- Teaching staff are responsible for transferring pertinent information to the Supply Teacher's Handbook.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated.
- Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The staff member signatory is responsible for ensuring medicine is handed back at the end of the day to the parent.

- For some conditions, medication may be kept in the setting. The staff member signatory checks that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.
- Asthma sufferers at KS2 should be in possession of their own emergency use inhalers and staff and children should know how and be able to access these at all times.
- Medicines that have expired or that are no longer required should be returned to parents to dispose of correctly (by returning them to the pharmacy). Otherwise, medicines should be routinely returned to parents at the end of each term and received back into the school or setting at the start of each of term. Updated

Children who have long term medical conditions and who may require ongoing medication Updated

- It is the responsibility of the parent / carer to inform the school or setting (after school club etc.) about any needs before a child or young person is admitted or when a child or young person first develops a medical need.
- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. The head teacher needs to determine who to involve in this process. It is likely to include the Teacher, the Parent, the Appointed Person and a Teaching Assistant. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around relevant areas of the school, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- The risk assessment is summarised into a Health Care Plan for the child and is drawn up with the parent and key health care professionals; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.
- Pro-forma Health Care Plans are available from the Local Authority and an example is provided at Appendix 3.

Asthma- and the emergency inhaler

- Children who are symptomatic with asthma and have been prescribed an inhaler should have access to these at all times.
- Asthma can kill and can be unpredictable when it strikes. It has been known for inhalers to get lost or damaged in school settings and therefore the school has an emergency back up.
- The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.
- The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

- The school will operate within the guidance of the Department of Health's March 2015 publication 'Guidance on the use of salbutamol inhalers in school'. A copy of the most up to date guidance will be kept with the inhaler in the safe storage space (Disabled Toilet First Aid Storage).

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include a key person who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning, the card is stapled to the medicine record book.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.
- Appendix 2b has the form a parent should fill in for non prescribed medicines.

5. Intimate Care

The Sir Edmund Hillary Primary School is committed to providing personal and intimate care where it has been recognised as an assessed need and indicated in the personal and intimate care plan, in ways that embrace 'Every Child Matters' and the united Nation Convention on the Rights of the Child.
We must:

- ensure that children and young people are consulted and encouraged to participate in decisions about their personal and intimate care. Particular attention must be given to those children and young people who have disabilities/conditions who may need additional support to be able to do this.

- safeguard the rights of children and young people, and staff who are involved in their personal and intimate care.

- guide and inform all staff, whose role includes personal and intimate care, of good working practice and procedures.

- ensure there is a system for producing Intimate Care Plans for children and young people who require personal and intimate care. (Example Personal and Intimate Care Plan proforma Appendix 4).

- ensure that all staff who are involved in personal and intimate care have access to training enabling them to implement the child or young person's intimate care plan and all relevant procedures.

- remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people.

- ensure the continuity of care through the sharing of information between parents/carers/legal guardian/involved professionals.

Definitions of Personal and Intimate Care

Personal Care is defined as those tasks which involve touching, which is more socially acceptable, as it is non-personal and intimate and usually has the function of helping with personal presentation and enhance social functioning. This includes skin care, applying external medication, feeding, administering oral medication, hair care, brushing teeth, applying deodorant, dressing and undressing, (clothing), washing non-personal body parts, prompting to got to the toilet.

Intimate Care is defined as those care tasks associated with bodily functions, body products, and personal hygiene which demand direct or indirect contact or with exposure to the genitals including dressing or undressing (underwear), helping with the use of the toilet, changing nappies continence pads (faeces and/or urine), bathing/showering, washing personal and intimate parts of the body, changing sanitary towels or tampons, inserting suppositories, giving enemas.

The Foundation Unit holds its own policy with respect to nappy changing.

Equality and Diversity

Children and young people with impaired personal development have the same rights of access to services as other children and young people and are protected from discrimination under the Disability Discrimination Act (DDA) 1995.

We must therefore ensure that all children's personal and intimate care needs are met.
Parents/carers/legal guardian have the prime responsibility for their child's health and must provide all services with information about their child or young person's intimate care needs. This information will be sought through an assessment of the child or young person's needs and subsequent personal and intimate care plans will be drawn up with review dates.

The personal and intimate care plan must be written in consultation with parents/carers/legal guardian, children and young people and appropriate consent given for procedures within it. Every effort must be made to assist those children and young people who are not able to communicate easily to participate in their care planning.

Where a personal and intimate care plan exists this information must be shared with all relevant services upon request.

Parents/carers/legal guardian must be consulted and their views respected in terms of the personal and intimate care provided for their child. Procedures must be discussed with the family to ensure consistency of care and support to encourage the development of personal and intimate care skills for their son or daughter.

There is no legal or contractual duty that requires all service staff to undertake personal and intimate care procedures. However, this may already be a specific requirement in an individual job description or staff may formally elect to support children and young people in this way. In these circumstances staff will be informed of the specific types of personal and intimate care that they will be required to carry out and be appropriately trained.

Relevant staff will have access to guidance and ongoing training that supports good working practice which complies with health and safety legislation.
Staff will have access to a set of procedures detailing individual personal and intimate care tasks including how to manage children and young people who refuse to comply with previously agreed interventions.

Each child's right to privacy must be respected. Careful consideration must be given to each child's situation to determine how many carers might need to be present and which carers may be involved when a child or young person needs help with personal and intimate care. Under normal circumstances, one child or young person will be cared for by one adult, unless there is a sound reason for having two or more adults present. If this is the case, the reasons must be clearly documented.

The number of staff required will be indicated in the child or young person's intimate care plan. The number of staff may also be influenced by the preference of the child or young person, or specified in a manual handling or behavioural risk assessment.

Provision needs to be made for emergencies i.e. a staff member on sick leave.

6. Physical Intervention

Minimising the Need to Use Reasonable Force

As a school we are firmly committed to creating a calm and safe environment which minimises the risk of incidents arising that might require the use of reasonable force. We will only use force as a last resort and strongly believe in de-escalating any incidents as they arise to prevent them from reaching a crisis point. Staff will only use reasonable force when the risks involved in doing so are outweighed by the risks involved by not using force.

Staff Authorised to Use Reasonable Force

Here at Sir Edmund Hillary Primary School the head teacher has empowered the following members of staff to use reasonable force:

- Teachers and any member of staff who has control or charge of pupils in a given lesson or circumstance have permanent authorisation.

- Other members of staff such as site management and administrative teams also have the power to use reasonable force if a circumstance should arise in which immediate action should be taken.

Deciding Whether to Use Reasonable Force

Under English law, members of staff are empowered to use reasonable force to prevent a pupil from or stop them continuing:

- committing any offence;
- causing personal injury to, or damage to the property of, any person (including the pupil himself); or,
- prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

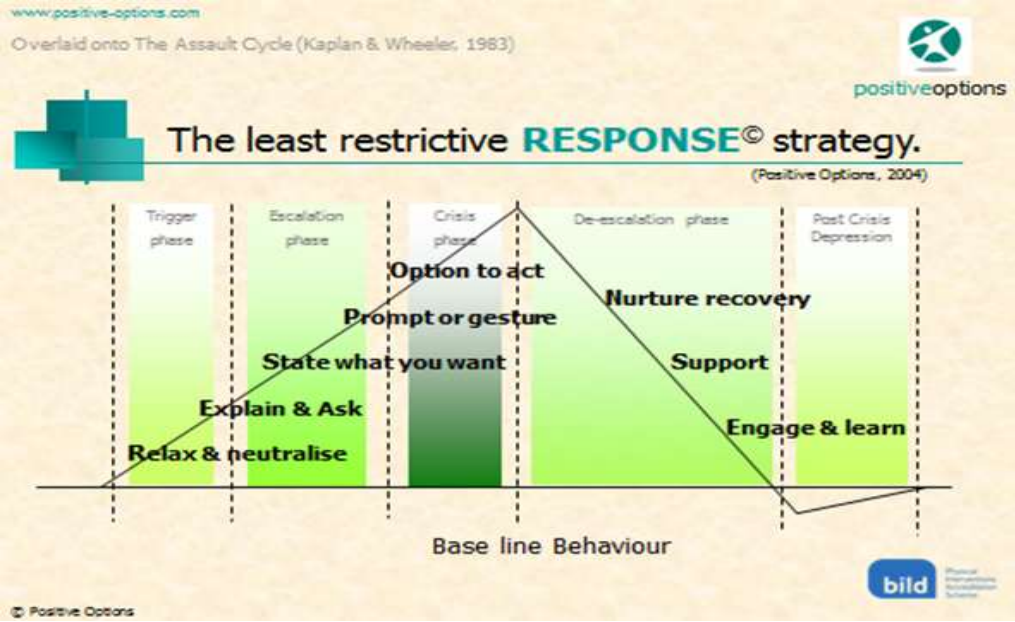
All members of staff will make decisions about when, how and why to use reasonable force. To help staff in making decisions about using reasonable force the following considerations may be useful:

- whether the consequences of not intervening would have seriously endangered the wellbeing of a person;
- whether the consequences of not intervening would have caused serious and significant damage to property;
- whether the chance of achieving the desired outcome in a non-physical way was low;
- the age, size, gender, developmental maturity of the persons involved.

Staff will be kept informed and have a duty to inform others about the plans around specific pupils who can present risks to themselves and others. This may include information about SEN, personal circumstance and temporary upset.

Using Reasonable Force

Staff should only use the minimum amount of force required and within the context of existing good practice in non-physical skills and techniques, such as in the RESPONSE© Strategy:



Staff should, where possible, avoid any type of intervention that is likely to injure a pupil, unless in the most extreme of circumstance where there was no viable alternative. Also staff should avoid using force unless or until another member of staff is present to support, observe or call for assistance.

Staff training

Staff at Sir Edmund Hillary Primary School, who have been identified as needing training in this area, will access Physical intervention and MAPA training through the County Council co-ordinator who delivers nationally accredited courses.

Staff who receive this training will be accredited to use the physical elements of MAPA for a defined period as stated on their certificate. Staff will be expected to attend a refresher course to update their skills and renew their certification every 12-15 months.

Recording and Reporting Incidents

The governing body will ensure that a procedure is in place, and is followed by staff, for recording and reporting, significant incidents where a member of staff has used force on a pupil. The record must be made as soon as practicable after the incident.

While ultimately only a court of law could decide what is 'significant' in a particular case, in deciding whether or not an incident must be reported, staff should take into account:

- an incident where unreasonable use of force is used on a pupil would always be a significant incident;
- any incident where substantial force has been used (e.g. physically pushing a pupil out of a room) would be significant;
- the use of a restraint technique is significant;
- an incident where a child was very distressed (though clearly not over reacting) would be significant.

In determining whether incidents are significant, schools should consider:

- the pupil's behaviour and the level of risk presented at the time;
- the degree of force used and whether it was proportionate in relation to the behaviour;
- the effect on the pupil or member of staff.

Staff should also bear in mind the age of the child, any special education need or disability or other social factors which might be relevant.

Sometimes an incident might not be considered significant in itself, but forms part of a pattern of repeated behaviour. The child will have a Behaviour Plan and a Specific Risk Assessment will be in place. In this case, although there is no legal requirement to record such incidents, schools are advised to let parents know about them.

Records are important in providing evidence of defensible decision-making in case of a subsequent complaint or investigation. Staff may find it helpful to seek the advice of a senior colleague or a representative of their trade union when compiling a report.

The school will use the Nottinghamshire County Council electronic health and safety recording system 'WellWorker'. This system enables members of staff to report, using a standardised format, any significant incident where force has been used, or any incident where violence to staff has occurred or been threatened. Staff can access Well Worker via the office administrator.

Post-incident support

Following the use of physical intervention staff and pupils will be supported, the immediate physical needs of all parties will be met and staff will ensure that positive relationships are maintained.

Complaints and allegations

We will ensure that mechanisms are in place for pupils, parents, carers and staff to voice their opinions, comments or concerns.

Complaints and allegations will be taken seriously and the head teacher and/or governors will keep all parties informed during an investigational process.

Further information

Can be found in the Nottinghamshire County Council's policy on the same subject, entitled 'Keeping Classrooms Safe for Learning and Teaching'

Equalities Statement

This policy is reviewed in light of both the school's firm commitment to provide a just and holistic institution that promotes community cohesion, and to support the Equality Act 2006. We are committed to providing a curriculum that promotes spiritual, moral, social, cultural development of pupils

We have a duty to eliminate unlawful racial, sexual, and religious discrimination, and discrimination based on sexual identity or against the disabled, making any reasonable adjustments for disabled persons to access the whole life of the school. We must therefore also promote equality of opportunity for all, promote good race relations and positive attitudes towards disabled persons, and eliminate any harassment or negativity directed at a person based on their race, sex, sexual identity, disability, or religious belief.

Signed :

Date :

Appendices & Annexes

Appendix 1a Foundation Accident, Incidents and First Aid Report

Appendix 1b KS1 & 2 Accident, Incidents and First Aid Report

ACCIDENTS, INCIDENTS AND FIRST AID RECORD

Date & Time	Name	Place of incident (be specific)	How it happened	Nature of injury	Treatment given	Reporting Action	Signature
						Sticker Parent Letter Yellow Form Phone Call	
						Sticker Parent Letter Yellow Form Phone Call	
						Sticker Parent Letter Yellow Form Phone Call	
						Sticker Parent Letter Yellow Form Phone Call	
						Sticker Parent Letter Yellow Form Phone Call	
						Sticker Parent Letter Yellow Form Phone Call	
						Sticker Parent Letter Yellow Form Phone Call	

Appendix 2a Medication Permission & Record

Sir Edmund Hillary Primary School

Medication Permission & Record

Name of School:	Sir Edmund Hillary Primary School	
Name of child:		
DOB		
Class and Year Group		
Date medication provided by parent:		
Name of medication:		
Dose and method: (how much and when to take)		
When is it taken (time)		
Where stored	Fridge	First aid cabinet
Quantity received:		
Expiry Date:		

Date/Time	Dose	Staff member	Date/Time	Dose	Staff member

Date and Quantity medication returned to parent:			
Any other information:			
Staff signature:		Print name:	
Parent signature:		Print name:	
Parent contact number:			

Appendix 2b – Prescription/Non-Prescription Medicine Form for Visits

Sir Edmund Hillary Primary School

Visits and Journeys

This form is to be returned by:		
School:	Sir Edmund Hillary Primary School	
Visit destination:		
Date of visit:		
Student/s details		
Name:		
Date of birth:		
Family Doctor/ Practice Name & Address		
Medical Information		
Does your child require medical treatment? (This may include non-prescription medicine)	YES ☐ NO ☐	
If medical treatment is required please describe:		
To the best of your knowledge has she/he been in contact with any contagious diseases or infectious diseases within the last 4 weeks?	YES ☐ NO ☐	If so give brief details:
Is she/he allergic to any medication?	YES ☐ NO ☐	If so give brief details:
Has your son/daughter received tetanus jab in the last 5 years?	YES ☐ NO ☐	
Has your child ever suffered from Asthma, Epilepsy, Diabetes, Heart Condition? If so, please give details.		
Please indicate any special dietary requirements:		

Parental declaration
I give my permission for my daughter/son to take part in the above visit as described and I understand the nature of all the activities undertaken. I undertake to inform the visit organiser or the Head teacher as soon as possible of any relevant changes in medical circumstances occurring before the journey. I hereby authorise any accompanying member of staff of the school to give consent to such medical treatment as is considered necessary for my child by a qualified medical practitioner during the visit.

Contact information	
Address:	
Home telephone number:	
Work telephone number:	
Mobile telephone number:	
Name of Family Doctor:	
Telephone numbers:	
Address:	
Signed parent/guardian:	
Print parent/guardian:	

Medication Permission & Record					
Date medication provided by parent:					
Name of medication:					
Dose and method: (how much and when to take)					
When is it taken (time)					
Where stored		Fridge		First aid cabinet	
Quantity received:					
Expiry Date:					
Date/Time	Dose	Staff member	Date/Time	Dose	Staff member
Date and Quantity medication returned to parent:					
Any other information:					
Staff signature:			Print name:		
Parent signature:			Print name:		
Parent contact number:					

Appendix 3a Health Care Plan- generic

Sir Edmund Hillary Primary School

Health Care Plan (Confidential)

Childs Full Name:	Date of Writing
DOB:	
Address:	
Medical diagnosis condition or illness:	
Family contact details **Name** Daytime no: Mobile no: Relationship to child:	**Name** Daytime no: Mobile no: Relationship to child:
Medical details: Name of hospital: Name of consultant: Name of GP:	Name of clinical dept: Daytime no:
Describe medical needs and symptoms:	
Medication: Name of medication: Amount of medication to be taken: Medication to be administered by:	
Members of staff trained to administer medication for this chid:	
Daily care requirements:	
Describe what constitutes an emergency and actions to be taken;	
Follow up care:	
Name of person responsible in an emergency:	

Parents Name: Signature Date
Head teachers name: Signature Date
Teacher's name: Signature Date
Paediatric Trained First Aider for Phase Name: Signature Date
Review date:
Form copied to:
The above details were agreed at a meeting with staff involved in the care of the child and the child's parents. Date
Ensure a copy of this form is given to the parent. The original form will be kept confidentially in the child's records. We will ensure confidence and training as appropriate within the staff team as agreed with parents and health professionals.

Appendix 3b Asthma Health Care Plan

Sir Edmund Hillary Primary School

Asthma Care Plan

Child's Full Name: DOB	Date of Writing
Address:	
Medical diagnosis condition or illness:	
Family contact details Name Daytime no: Mobile no: Relationship to child:	Name Daytime no: Mobile no: Relationship to child:
GP details:	Name: Address: Telephone:
Signs and symptoms: Triggers:	
Medication: Name of medication: Amount of medication to be taken: Medication to be administered by:	
Members of staff trained to administer medication for this chid:	
Daily care requirements:	
Describe what constitutes and emergency and actions to be taken; Medication to be taken in an emergency:	
Follow up care:	
Name of person responsible in an emergency:	

Parent Name:	Signature	Date
Head teacher Name:	Signature	Date
Teacher Name:	Signature	Date
Paediatric Trained First Aider for Phase Name:	Signature	Date
Review date:		
A copy of the "ADMIN MEDICATION FORM' has been completed and is kept with the child's inhaler: Date		
The above details were agreed at a meeting with staff involved in the care of the child and the child's parent. Date		
Ensure a copy of this form is given to the parent. The original form will be kept confidentially in the child's records. We will ensure confidence and training as appropriate within the staff team as agreed with parents and health professionals.		

What to do in an emergency (Asthma UK Guidelines)	
Common signs of an Asthma attack: • Coughing • Shortness of breath • Being unusually quiet • Wheezing • Tightness in the chest Difficulty in speaking in full sentences	• **KEEP CALM - DO NOT PANIC** • **ENCOURAGE THE CHILD TO SIT UP AND FORWARD – DO NOT HUG THEM OR LIE THEM DOWN** • **MAKE SURE THE PUPIL TAKES TWO PUFFS OF THEIR RELIEVER INHALER (USUALLY BLUE)** • **ENSURE TIGHT CLOTHING IS LOOSENED** • **REASSURE THE PUPIL** **TWO PUFFS OF THEIR RELIEVER EVERY 2 MINUTES UP TO 10 TIMES, OR UNTIL THEIR SYMPTOMS IMPROVE.** **<u>CALL 999 URGENTLY IF</u>:** **THEIR SYMPTOMS DO NOT IMPROVE IN 5 – 10 MINUTES THEY ARE TOO BREATHLESS TO TALK THEIR LIPS ARE BLUE OR IF IN ANY DOUBT** **CONTINUE TO GIVE 2 PUFFS EVERY 2 MINUTES OF THEIR INHALER UNTIL THE AMBULANCE ARRIVES.**

Specific Consent to use school emergency inhaler:

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler *[delete as appropriate].*
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: …… Date: .....

Appendix 3c Epilepsy Health Care Plan

Epilepsy Health Care Plan	
Name of Child:	Date of writing
D.O.B	
Home address:	
Telephone number:	
Parents Names and contact details:	Mother: Mobile: Work: Father: Mobile: Work:
Alternative emergency contact details:	Name: Home: Mobile: Work:

Medical professionals details	
NHS Number:	
GP:	Name: Address: Telephone:
Consultant:	Hospital: Name: Address: Telephone:

Description of clinical condition

Description of daily care needs to include as appropriate: equipment, continence care, medication, allergies, and behavioural needs etc

Description of what constitutes an emergency (signs, symptoms etc) and the action to be taken:

Additional notes:

Trained staff:

Healthcare Plan completed by: Date:
Signature:

Healthcare plan agreed by:
Name:
Designation:
Signature: Date:

Permission for Emergency Medication

☐ I agree that I/my child can be administered my/their medication by a member of staff in an emergency.

☐ I agree that my child **cannot** keep their medication with them in school and that the school will make the necessary arrangements for storage of medication.

Signed by parents:
Mother…… Date……..
Father…… Date……..
Childs signature ……

Appendix 4–Personal and Intimate Care Planning – Assessment , Plan, Safe Working

INDIVIDUAL ASSESSMENT PERSONAL AND INTIMATE CARE PLAN

Name		**Male**	☐	**Female**	☐
D.O.B		**Condition**			
School / setting					
Child or young person's preferred method of communication?					
Does the child or young person have any allergies or sensitivity? (Refer to health care plan)					
Does the child or young person require assistance with mobility or transfers (refer to manual handling assessment and subsequent safe systems of work)					
Does the child or young person have any religious or cultural needs?					

PROCEDURE			**Named / trained staff** e.g. 1:1 / departmental staff
Eating and drinking	Assistance required at mealtimes	☐	
	Supervised at meal times	☐	
	Nasal gastric tube feed	☐	
	Gastronomy feed	☐	
	Continuous pump feed	☐	
	Periodic pump feed	☐	
	Manual feed	☐	
	Other specialist feed	☐	
Airways / suction	Oral	☐	
	Tracheotomy	☐	
Medication: Emergency and / or routine	Epipen	☐	
	Oral	☐	
	Rectal e.g. diazepam, ACE procedure	☐	
	Suppository	☐	
	Supervised medication	☐	
	Administered	☐	
	Supervised	☐	
	Dressings	☐	
Toileting	Rectal procedure e.g. enema	☐	
	Catheterisation	☐	
	Supervised catheterisation	☐	
	Pad change(day and/or night)	☐	
	Menstruation	☐	
	Assistance with toileting	☐	
	Supervised toileting	☐	
Personal care	Washing	☐	
	Showering	☐	
	Dressing	☐	
	Cleaning e.g. gastronomy site	☐	
	Teeth	☐	
	Shaving	☐	
	Hair / styling	☐	
	Lotions / creams	☐	
Behavioural	Social/emotional	☐	
	Sexual awareness	☐	

Intimate Care and Health Plan

Name of School / Setting:	
Child's / young person's name:	
Date of Birth:	
Class Name / Tutor Group:	
Child's Address:	
SEN Primary Need if applicable	
Medical Diagnosis or Condition:	
Date:	
Review Date (at least every 12 months):	

Contact Information

Contact 1		**Contact 2**	
Name		Name	
Relationship to Child		Relationship to Child:	
Phone No.		Phone No.	
Alternative Phone No.		Alternative Phone No.	
Clinic / Hospital Contact		**GP**	
Name		Name	
Phone No.		Phone No.	

Arrangements

Describe medical needs and give details of child's symptoms:
Daily care requirements (e.g. before sport / at lunchtime):
Describe what constitutes an emergency for the child, and the action to take if this occurs:
Follow up care:
Who is responsible in an emergency (state if there is different for off-site activities):

SAFE SYSTEM OF WORK			
IT IS ASSUMED THAT THE NAMED STAFF FOLLOWING THESE SYSTEMS OF WORK HAVE BEEN TRAINED TO CARRY OUT ALL TECHNIQUES DOCUMENTED			
PROCEDURE:			
Pupil's level of ability:			
Independent	☐	Fully assisted 1 carer	☐
Independent / supervised	☐	Fully assisted 2 carers	☐
Partially assisted 1 carer	☐	Fully assisted more than 2 carers	☐
Environment required: e.g. adapted bathroom, medical room, bedroom, dining room			
Equipment required: e.g. gloves, toiletries, special crockery / cutlery			
Detailed description of procedure:			

Date assessed:	
Assessor's signature:	
Child or young person's signature:	
Parent / Guardian's signature:	
Proposed review dates:	

Appendix 5 HPA Infection Control Advice

Guidance on infection control in schools and other childcare settings

HSC Public Health Agency

March 2017

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency **Health Protection Duty Room (Duty Room) on 0300 555 0119** or visit www.publichealth.hscni.net or www.gov.uk/government/organisations/Public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* **denotes a notifiable disease.** It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

Good hygiene practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste. Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps, eg needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites

If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

Animals

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms. For more information see https://www.hseni.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

Female staff* – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

*The above advice also applies to pregnant students.

Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice and current schedule visit www.publichealth.hscni.net or the school health service can advise on the latest national immunisation schedule.

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib	One injection
	Pneumococcal infection	One injection
	Rotavirus	Orally
	Meningococcal B infection	One injection
3 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Rotavirus	Orally
4 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Pneumococcal infection	One injection
	Meningococcal B infection	One injection
Just after the first birthday	Measles, mumps and rubella	One injection
	Pneumococcal infection	One injection
	Hib and meningococcal C infection	One injection
	Meningococcal B infection	One injection
Every year from 2 years old up to P7	Influenza	Nasal spray or injection
3 years and 4 months old	Diphtheria, tetanus, pertussis and polio	One injection
	Measles, mumps and rubella	One injection
Girls 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11	Two injections over six months
14 to 18 years old	Tetanus, diphtheria and polio	One injection
	Meningococcal infection ACWY	One injection

This is the Immunisation Schedule as of July 2016. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book

From October 2017 children will receive hepatitis B vaccine at 2, 3, and 4 months of age in combination with the diphtheria, tetanus, pertussis, polio and Hib vaccine.

Staff immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

Original material was produced by the Health Protection Agency and this version adapted by the Public Health Agency,
12-22 Linenhall Street, Belfast, BT2 8BS.
Tel: 0300 555 0114.
www.publichealth.hscni.net
Information produced with the assistance of the Royal College of Paediatrics and Child Health and Public Health England.

RECORD OF POSITIVE HANDLING RESTRAINT

Pupil Name: Date of incident:

D.o.B: Time of incident:

Member(s) of staff involved:

Adult witnesses to restraint:

Pupil witnesses to restraint:

Outline of event leading to restraint – including other strategies tried and reasons for using Positive Handling rather than another strategy:

Outline of incident of restraint (including restraint method used):

Outcome of restraint:

Description of any injury(ies) sustained by injured pupil and any subsequent treatment:

Date parent/carer informed of incident: Time:

By whom informed:

Outline of parent/carer response:

Signature (s) of staff completing report: Date:

Signature of Head: Date:

Brief description of any subsequent inquiry/complaint or action:

Operations/Work Activities covered by this assessment:			
Site Address/Location:		Department/Service/Team:	
Note: A person specific assessment must be carried out for young persons, pregnant women and nursing mothers			

Hazards Considered *Step 1 (Clause 3.1)*	Who might be harmed and how *Step 2 (Clause 3.2)*	Existing Control Measures: *Step 3 (Clause 3.3)*	Risk Rating			Further action *Step 3* *Consider hierarchy of controls i.e. elimination, substitution, engineering controls, signage/warning and/or administrative controls, (PPE as a last resort)*	Actions Step 4 (Clause 3.4)			Risk Rating		
			Likelihood	Severity	Risk Rating		who *(Name)*	when *(Date)*	complete *(Date)*	Likelihood	Severity	Risk Rating
Consider if any additional hazards are created and control measures are required if this activity is undertaken in non-routine or emergency conditions							Review Date (*Step 5*) :					

Assessors Signature:	Date:	Authorised By:	Date:

Appendix 6 –pro-forma risk assessment for behaviour from Mappa

Physical Intervention Risk Assessment

ACTIVITY:	START DATE:
ESTABLISHMENT/SCHOOL :	DRAFT NUMBER: LAST UPDATED:

Hazards	Initial Risk Rating		Existing Controls	In place ? (y/n)	If no, state action to be taken	Residual Risk Rating	
	likelihood	Severity				likelihood	Severity

ASSESSED BY (Print name)	SIGNED	DATE
LINE MANAGER	SIGNED	REVIEW DATE

A. Guidelines for the Administration of EpiPen by School Staff

An EpiPen is a preloaded pen device, which contains a single measured does of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An EpiPen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the care plan.

An EpiPen can only be administered by school staff that have volunteered and have been designated as appropriate by the Head Teacher and has received the appropriate training.

- There should be an Intimate Care and Health Plan and consent form in place for each child or young person – these should be readily available.
- Ensure that the EpiPen is in date. The EpiPen should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
- The EpiPen should be readily accessible for use in an emergency and where children or young people are of an appropriate age; the EpiPen can be carried on their person.
- Expiry dates and discolouration of contents should be checked daily.
- The use of the EpiPen must be recorded on the child's or young person's care plan with; time, date and full signature of the person who administered the EpiPen.
- Once the EpiPen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the EpiPen. The used EpiPen must be given to the ambulance personnel. It is the parent / carers' responsibility to renew the EpiPen before the child returns to school.
- If the child or young person leaves the school site e.g. school trips, the EpiPen must be readily available.

B. Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if an inhaler was taken inadvertently it is unlikely there would be any adverse effects,

- If school staff are assisting children or young people with their inhalers a consent form from the parent / carer must be in place. Individual care plans need only be in place if children have severe asthma which may result in a medical emergency.
- Inhalers **must** be readily available when children or young people need them. Children and young people should be encouraged to carry their own inhalers. If the child or young person is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom. Individual circumstances need to be considered e.g. in small school inhalers may be kept in the school office.
- It would be considered helpful if the parent / carer could supply a spare inhaler for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidently left at home of the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
- All inhalers should be labelled with the child's / young person's name.
    - Some children or young people, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
    - School staff should take appropriate disciplinary action if the owner or other children and young people misuse inhalers.
    - The parent / carer should be responsible for renewing out of date and empty inhalers.
    - The parent / carer should be informed if a child or young person is using the inhaler excessively.
    - Physical activities will benefit children and young peoples with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **must** be available during PE and games. If children and young people are unwell, they should not be forced to participate.
    - If children and young people are going on off-site visits, inhalers **must** still be accessible.
    - It is good practice for school staff to have a clear out of any inhalers annually (as a minimum). Out of date inhalers, and inhalers no longer needed must be returned to the parent / carer.
    - Asthma can be triggered by substances found in school e.g. animal fur, glues, and hazardous substances. Care should be taken to ensure that any children and young people who reacts to these are advised not have contact with these.

C. Guidelines for Managing Hypo Glycaemia (Hypo's or Low Blood Sugar) in children and young people who have Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In most children or young people, the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. Staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. Staff who have volunteered and have been designated as appropriate by the Head Teacher will administer treatment for hypoglycaemic episodes.

It is important to be aware that children and young people with diabetes can also become unwell as a result of raised blood sugars (hyperglycaemia) therefore staff should refer to the child's intimate care and health plan and may need to check blood sugar levels prior to initiating any treatment. Signs and symptoms of hyperglycaemia can include thirst and frequent urination, blurred vision, nausea and vomiting and shortness of breath.

To prevent "hypo's":

- There should be an Intimate Care and Health Plan and consent form in place. It will be completed at the training sessions in conjunction with staff and parent / carer. Staff should be familiar with children and young people's individual symptoms of a "hypo". This will be recorded in the care plan.
- Children and young people must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular activities at lunchtimes of detention sessions. Off-site activities e.g. visits, overnight stays, will require additional planning and liaison with the parent / carer.

To treat "hypo's":

- If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the child or young person may experience a "hypo". Symptoms may include sweating, pale skin, confusion, and slurred speech.
- Treatment for a "hypo" might be different for each child or young person, but will be either dextrose tablets, or sugary drink, chocolate bar or hypo-stop (dextrose gel), as per the Intimate Care and Health Plan. Whichever treatment is used, it should be readily available and not locked away. Many children and young people will carry the treatment with them. Expiry dates must be checked each term.
- It is the responsibility of the parent / carer to ensure appropriate treatment is available. Once the child or young person has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious, or fitting, a 999 call must be made, and the child or young person put in the recovery position. Do not attempt oral treatment. The parent / carer should be informed of "hypo's" where staff have issued treatment in accordance with the health and care plan.

If Hypostop has been provided:

The care plan should be available. Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's Intimate Care and Health Plan with the time, date and full signature of the person who administered it. It is the responsibility of the parent / carer to renew the Hypostop when it has been used.

Do not use Hypostop if the child is unconscious

D. Guidelines for Managing Cancer

Children and young people with cancer aged 0-18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that considers:

- The type of cancer they have
- Its stage (such as how big the tumour is or how far it has spread)
- Their general health

The three main ways to treat cancer are:

- Chemotherapy
- Surgery
- Radiotherapy

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital a fair amount. It depends on the type of cancer, their treatment and how their body reacts to the treatment.

Some can attend school while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer returns after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with other children and young peoples. They may have spent more time in adult company, having more adult-like conversations than usual, gaining new life experiences, and maturing beyond their peers.

Treatment for cancer can last a short or long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) and other unplanned (for example, due to acquired infections).

When they return to school the child or young person may have physical differences due to treatment side effects. These can include:

- Hair loss
- Weight gain/loss
- Increased tiredness

There may also be longer term effects such ad being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery. Teachers may need to adjust their expectations of academic performance because of the child's or young person's gaps in knowledge, reduced energy, confidence, or changes in ability. Staff may need to explicitly teach the child or young person strategies to help with concentration and memory, and they may initially need longer to process new concepts.

Wherever possible the child or young person should be enabled to start in the same ability sets as before, unless they specifically want to change groups. Regularly revise the child's or young people's timetable and school day as necessary.

Having a Key Person at school

It is helpful to have one "key" adult that the child or young person can go to if they are upset or finding school difficult, plus a "plan B" person for times when the usual person is not available.

Physical Activity

Plan for the child or young person to move around the school easily e.g. allow them to leave lessons five minutes early to avoid the rush. Arrange for the child or young person to have a buddy to carry their bags and for them to have access to lifts.

Some children and young people may not want to be left out during PE despite tiredness or other physical limitations. Include the child or young person as far as possible e.g. allow them to take part for 20 minutes rather than the full session or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on the doing PE due to medical devices or vulnerability.

Briefing Staff

Ensure that all staff, including lunchtime supervisors have been briefed on key information. Circulate letters about infection risks when requested by the child's or young person's family or health professionals. Inform other school staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

If staff are concerned about the child or young person, it is important that they phone the parent / carer to discuss the significance of signs or symptoms. The parent / carer can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child or young person) call 999 for an ambulance and ensure that the crew are aware that the child or young person is on, or has recently finished cancer treatment.