

St Alban's Catholic High School



Health and Safety Policy

Including Policy on:

Medicines

Medical Conditions

Drugs

Asthma

Smoking

Intimate Care

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Section 1 Introduction

1.1 The school recognises its responsibility in providing a workplace and working environment that is safe and free from risks to the health of all staff, students and visitors. This policy also takes regard to the statutory guidance “*Supporting pupils at school with medical conditions*” DfE April 2014.

1.2 The Principal and Governors have a duty under the provisions of the Health & Safety at Work Etc. Act 1974 to ensure that the school as far as is reasonably practical, will take such action as is necessary to meet this responsibility, paying particular attention to the provision and maintenance of:

- A safe place of work and safe access to and egress from it;
- Plant, equipment and systems of work that are safe;
- Safe arrangements for the use, handling, storage and transport of articles and substances;
- Sufficient information, instruction, training and supervision to enable staff and students to avoid hazards and contribute positively to their own health and safety at work;
- A healthy working environment.

1.3 Overall responsibility of Health & Safety lies with the Principal and Governors. The school is insured against liability and the Risk Protection Agreement policy stipulates “*The insured will comply with all regulations imposed by any competent authority and take all reasonable precautions to prevent or minimise accident, injury, loss or damage. In addition, the insured will comply with makers recommendations made in respect of plant and machinery wherever reasonably practicable*”. The school’s complaints process will deal with instances of relevant complaint.

1.4 The Health & Safety Officer has the prime responsibility in the premises on a day-to-day basis to ensure that a satisfactory safety performance is achieved. In his absence the Principal (or member of staff deputising) will assume responsibility for the period of the absence.

Further to this all employees should have regard for their own health and safety and that of others including clients and colleagues and should communicate any concerns to the appropriate person(s) (see below) so that any potential hazards can be quickly rectified.

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

- First Aid: Named First Aider – Appointed Staff
General First Aid Treatment – Appointed Staff
Equipment – Appointed Staff
- Planned safety Checks: Premises Staff
(organised, routine updating, minibuses)
- Admin of H&S and medical training: Health & Safety Officer
- Incident reporting/investigation: Health & Safety Officer
- Building Safety: Premises Staff
- Monitoring Equipment & Maintenance: Premises Staff and Head of Department
Technicians of appropriate areas
- Liaison with Contractors: H&S Officer
Premises Manager
Business manager
- Updating H & S Policy: Health & Safety Officer
Principal
Governors

- Fire Precautions/evacuation: Health & Safety Officer
Premises Staff
- Testing of fire alarm: Premises Staff
- Co-ordination of risk assessment: Health & Safety Officer
- Annual review: Governors
- Communication & information management: Health & Safety Officer
Premises Manager
- Induction training: Health & Safety Officer
- Outside Lettings: Premises Manager
- Premises Security: Premises Staff
- Wellbeing Co-ordinator: Appointed Teacher
- Supporting pupils with medical needs: Head of Learning Support
- Education Visits Co-ordinator: Appointed SLT member
- Vehicle control and pedestrian safety: Premises Manager
- Critical Incident management: Head Teacher
School Emergency Management Team
- Trips and Visits Educational Visit Coordinator

Staff can be asked can be asked to provide support with medical conditions, but cannot be required to do so. There is a duty of care for school staff to help pupils should the need arise in an emergency.

Section 2 Duties of the Health & Safety Officer

- To maintain and update the Health and Safety procedures;
- To pass on all guidance notes from the authority to the relevant personnel;
- Advise the Principal on review work activities and to seek to devise safe systems of work in respect of the various operations carried out by the school;
- To advise and prepare for the education of pupils with medical conditions, both permanent and temporary, and to liaise with the Learning Support Manager in that planning;
- To issue safety instructions as and when necessary (both temporary and permanent);
- To investigate reported accidents and hazards to determine whether a need exists for improved safeguards or training and to monitor the progress of any remedial action until satisfied that a hazard has been eliminated;
- To liaise with the Premises Manager for the co-ordination of the school's programme of maintenance and checking of equipment and safety procedures;
- To maintain records of procedures that have been adopted relating to hazard reporting, accident reporting, fire drills, bomb alert drills, introduction of new equipment and substances and advise the Principal on the issue of safety advice and equipment in order that those affected by the procedure are informed as soon as is practicable;
- To ensure maintenance safety records for the school including:
 - copies of all safety checks carried out;
 - copies of all accident forms;

- hazard report forms submitted and details of action taken;
 - information relating to particular hazards in various areas of the school;
 - safety training undertaken (including first aid and emergency treatment);
 - safety instructions and rules issued;
 - an up-to-date list of safety representatives and their designated areas of operation.
- To supervise and co-ordinate the general administration arising from health and safety matters;
 - To liaise with the Premises Manager regarding contact with the appropriate member of the Property Service's Dept and/or contractors' representative the arrangements to be adopted for work carried out or controlled by the contractor, to ensure safe conditions for all personnel;
 - To liaise with the Premises Staff to ensure by regular inspection that fire exits are properly signed and free from obstruction and can be opened instantly in an emergency;
 - To liaise with the Premises Manager to ensure that fire fighting equipment is maintained and tested in accordance with the County Council's current procedures;

Section 3 Department Policies

Each department should have a Health and Safety Policy Statement and a representative whose responsibilities, along with the Head of Department are:

- To ensure that all staff and students, under their control, are fully aware of hazards involved in their work and take appropriate temporary action to safeguard personnel against a hazard, if necessary, until a more permanent solution can be implemented;
- To give all under their control necessary safety information about substances, plant, machinery and equipment, which they may use or come into contact with;
- To ensure, by adequate supervision and appropriate advice and training where necessary, that safe working practices are adopted, particularly in the case of the students, and to ensure so far as is reasonably practicable, the maximum safety of all personnel under their control;
- To ensure, so far as is reasonably practicable, that all plant, machinery/equipment is in safe working order, that safety rules and statutory requirements are observed and that safety equipment/clothing is worn when required. Additionally to ensure that all plant/machinery is maintained in accordance with the manufacturers or other improved instructions. A record of such checks should be kept and copy given to the Health and Safety Officer;
- To report hazards in writing to the person responsible for arranging equipment repairs or building maintenance;
- To ensure that accidents in their departments are properly recorded in the official accident book held in the office;
- To conduct regular safety inspections of work operations under their control and to report any findings to the Health Safety Officer;
- To maintain first aid equipment and visibility of safety notices within their areas and to ensure that all personnel are aware of the location of these facilities, fire precautions and emergency procedures.

Section 4 Access Control

- 4.1 All school staff need to be vigilant in the access allowed to persons who are not on general school business. Staff should not allow unsolicited people to follow them through the reception electronic doors. If someone does follow them through, they must ensure they are introduced to reception in person to be greeted. Should staff feel someone is on site and should not be, because they walk through unlocked gates, a challenge is advisable.
- 4.2 Sixth Form students gaining access with by their ID cards and lanyards should also not allow unsolicited people to follow them through the reception electronic doors.
- 4.3 When Premises staff are working on the school premises after pupils have gone home they should be in a secure building. External doors should be locked.

- 4.4 For evening events, the front entrance is to be used. A member of staff should be available to allow entry to those entitled to attend and to maintain and monitor on those on the site.
- 4.5 Monitoring visitors to the school is done through the “Visitors Signing In” book available at reception. All visitors to the school should sign in and out. A badge is available for visitors to wear while they are on school premises. An electronic lock helps secure access. Visitors can ring the bell but will not be given access until permitted. Visitors without badges will be challenged if seen on the school property as it can be assumed they have not been signed in.

Section 5 General Safety Arrangements:

- 5.1 An outline of procedures that are in place to ensure that there is a safe environment for all
- The governors Infrastructure committee is the primary vehicle for monitoring and steering the school’s work;
 - Health and safety information is passed on to everyone who requires it through daily staff briefings, meetings, staff handbook and the notice board which is in the staff room;
 - The Health & Safety Officer is responsible for keeping the Health and Safety processes up to date;
 - Duty rotas of supervisory/teaching staff are produced each year to monitor/supervise pupil behaviour during break times, lunchtimes and before/after school.
- 5.2 First Aid:
- The first aid equipment is located in the main reception area and around school. In all Technology rooms, in the Science block, A block, and on the first and second floors.
 - Clinical waste is disposed of in the general bin. However for large amounts of bodily fluid the clinical bins in visitors’ toilet may be used. This includes the plastic gloves to be worn by any member of staff dealing with an injury;
 - Trained first aiders are named on posters around school;
 - The accident book is located in the school office;
 - All injuries must be entered by the person responsible for the pupil at the time of the accident;
 - All injuries received by staff must also be entered;
 - The accident book will be audited at the Health & Safety review;
 - Minor injuries and illnesses are recorded in the accident book by the office staff;
 - To avoid delay emergency services may be contacted any member of staff-usually, but not necessarily, in consultation with a first aider. The parents of the pupil should be contacted.
- 5.3 Fire Safety and procedures:
- Fire extinguishers are allocated around the corridors and in classrooms where the risk is high. These are serviced annually;
 - Fire alarm, emergency lighting is maintained and checked quarterly;
 - Fire alarm is checked on a weekly basis by the Premises Staff;
 - Escape routes and access are kept free at all times and checked by the Premises Staff/Health & Safety Officer;
 - Fire Drills and evacuation are held on a termly basis.
- 5.4 Advice and Consultancy:
- Advice is sought through SafetyBoss;
 - The school has an allocated nurse who has a drop in centre on a weekly basis and is available at other times if required;
 - Police Education Partnership, the Community Drugs team and the school’s Community Police Officer are used to seek advice.

- 5.5 Training:
Effective medical intervention will be supported by:
- First Aid training is provided by St John Ambulance on a 2 yearly cycle for appointed persons;
 - First Aid training is on a 5 year cycle for qualified First Aiders;
 - General Health & Safety training is given as appropriate;
 - Specific Health & Safety training is given within appropriate departments as needed.
- 5.6 Contractors and Visitors:
- All visitors have to sign in the visitors book and wear an identification label;
 - Some parking is available for visitors and care must be taken when crossing the parking area;
 - When contractors are on site access to the working area is restricted. All of the community is made aware of this as the need arises.
- 5.7 Safe systems:
- Location of asbestos is on a plan which is available in the Premises Manager's office;
 - Training in asbestos management has been received by Premises Manager;
 - The school will abide by the working practices of the confined space working protocols.
- 5.8 Maintenance:
- List of approved companies with contact numbers is available to reinforce good working practice.
- 5.9 Electrics:
- Testing on small appliances is done on an annual basis through Portable Appliance Testing (PAT) through a contacted company.
- 5.10 Machinery:
- Rules for use of machinery are posted around walls in the relevant subject areas
 - Checks and maintenance on machinery is completed and checked for completion by the Health and Safety Officer.
- 5.11 Educational visits and trips:
- Policy and guidelines (as per county guidelines) are available;
 - A Business Continuity policy is available;
 - The Educational Visits Co-ordinator monitors visits, and requires planning to be submitted by the Evolve+ online system, including risk assessments;
 - Pupils with medical conditions will be supported to attend through planning and reasonable adjustments.
- 5.12 Wellbeing:
- A Co-ordinator is appointed;
 - The school is part of the Wellbeing programme and also Worklife support. This is available to all staff members.
- 5.13 Spread of infectious disease:
- All notifications to staff of disease which may be contagious must come through the Health and Safety officer. This official channel ensures accuracy and appropriate tone of information dissemination. Advice will be sought from Occupational Health, School Nurse service or recognised health care professional to ensure quality control of these notifications. This is particularly important when the school has been made aware that an employee is pregnant. The Health & Safety officer would perform a risk assessment in this situation.
- 5.14 Vermin and infestation:
- If staff are concerned there is an infestation in school they should contact the Premises Manager in the first instance. The Premises Manager will investigate the concern and if necessary will contact Pest Control experts and Environmental Health Officer at Ipswich Borough Council.

Section 6 Drugs and Misuse of Substances

6.1 The school does not condone the misuse of drugs, solvents, alcohol or any substances, which may be harmful to health. This includes anything that fits with the definition of 'legal highs'. Nor does it condone the possession of or illegal supply of such substances.

6.2 The school is committed to the health and safety of its members and will take action to safeguard their well being.

6.3 The school acknowledges the importance of its pastoral role in the welfare of all its members, and through the general and Catholic Christian ethos and values of the community, will seek to persuade pupils/parents/carers/staff in need of support to come forward.

6.4 The definition of a drug:

A substance people take to change the way they feel, think or behave, including:

- All illegal drugs (those controlled by the Misuse of Drugs Act 1971);
- All legal drugs, including alcohol, tobacco, volatile substances (those giving off gas or vapour which can be inhaled), ketamine, khat and alkyl nitrates known as poppers;
- All over the counter and prescription medicines.

6.5 The school community is committed to the following drug educational aims:

- Enabling pupils to make healthy, informed choices by increasing knowledge, challenging attitudes and developing and practising skills;
- Providing access to accurate information about substances e.g. short and long term effects and risks, rules and laws relating to drugs, the impact of drugs on individuals, families and communities, the prevalence and acceptability of drug use among peers and the complex moral, social, emotional and political issues surrounding drugs;
- Developing skills to make informed decisions and keep themselves safe and healthy, including assessing, avoiding and managing risk, communicating effectively, resisting pressures, finding information, help and advice, devising problem-solving and coping strategies and developing self-awareness and self-esteem;
- Enabling members to explore their own and other people's attitudes towards drugs, drug use and drug users including challenging stereotypes, and exploring media and social influences
- Widening understanding about related health and social issues e.g. sex and sexuality, crime, H.I.V. and AIDS;
- Enabling members of the wider school community to identify sources of appropriate personal support and encouraging their use.

6.6 The school will aim to reach these through the application of the school's Mission Statement,

"St Alban's Catholic High School strives to provide an excellent education for our students within a caring Christian community where all are respected, valued and supported to achieve their potential. We aim to inspire everyone with the strength and purpose to begin the journey of learning for life and to prepare our students to lead by their example in the modern world."

Delivery in the taught curriculum and the informal curriculum occurs but other opportunities to reinforce learning may occur in other areas of the teaching programme e.g. performing in assembly.

'Planning for Your Future' (PYF) lessons are delivered throughout the year. The programme includes a variety of teaching methods and strategies that cater for the range of attainment levels and diverse needs. Teachers are expected to be sensitive to the fact that pupils may have varying attitudes towards drugs that are influenced by their religious and cultural backgrounds. The Police Education Partnership Officer is also used to help deliver the programme. Liaison has been made with our feeder schools to establish a programme in Year 7 that will complement work completed in Year 6.

In planning the programme for vulnerable pupils and those with SEN, teachers will need to consider whether particular aspects of the programme need to be emphasised/expanded or given more/less time and pupils be given opportunities to revisit knowledge and skills.

Pupils' views are taken into account through evaluation and questionnaires and the student council. Parents and carers are made aware of the school's approach and rationale for drug education through the school prospectus.

6.7 School Principles on Substance Misuse: In instances involving substance misuse or supply/possession on the premises, journeys in school time, work experience, residential trips and journeys to and from school and students who are on an alternative curriculum the following procedures will take place:

- Parents will be informed by the school at the earliest opportunity;
- The school would wish to work with parents to support the young person involved;
- If a young person admits to a staff member to using or supplying substances, then that member of staff must inform the Head of Key Stage, Student Support Manager, or one of the Senior Leadership team. Teachers cannot, and should, not promise total confidentiality;
- The Principal will be informed at the earliest opportunity;
- The Governing Body will be involved in the same manner as any other matter concerning the school;
- The school will consider each substance incident individually and recognise that a variety of responses may be necessary to deal with incidents. This may include permanent exclusion;
- The school will consider very carefully the implications of any action it may take;
- If the school considers a pupil's welfare is affected by circumstances inside/outside of school, related to substance misuse, we will involve the appropriate child protection agencies;
- The Deputy Headteacher will take responsibility for liaison with the media;

6.8 The Role Of The Other Agencies: The school actively co-operates with other agencies such as the Community Police, Social Services, Children's Services: Healthy Schools Programme, and PSHEE Advisory services and Health and Drug Agencies to deliver its commitment to Drugs Education and to deal with incidents of substance use and misuse.

6.9 Guidance For Staff

If a pupil discloses substance misuse on the premises or it is found, staff must inform a member of the senior leadership team. The information will have to be verified. If the school is told of a possible misuse outside of school hours, parents will be given this information. If a pupil's welfare is affected, the school will have to involve the appropriate safe guarding services.

If a teacher suspects an adult member/pupil of being under the influence of any alcohol, substance or solvents, a member of the SLT must be informed. The school will seek medical advice and an assessment will be made as to whether there is a problem or whether it is a one off.

Staff are expected to actively encourage the policy by setting an example and not using substances, alcohol or smoking on the school premises or while on school trips. The school is a non-smoking school and this is made known to all that work, visit or hire the premises.

If staff discovers evidence of substance misuse or substance related items, they should:

- (a) Ideally, remove the evidence from where it was discovered in the presence of a witness, using the tongs, gloves and box located in the school office. Do not leave the evidence there while you go to enlist the support of a colleague as a witness.
- (b) Receive or retrieve evidence from a pupil, if possible in the presence of a witness. In the absence of a witness, do not put off receiving evidence, or within the bounds of professional discretion, removing the suspicious evidence from a pupil's possession. If a pupil refuses to hand over the evidence, they must remain under supervision until the police arrive.
- (c) Parents will be informed of any incident in accordance with the Drug and Substance Abuse Policy.

6.10 The following guidelines should be observed at all times

- Remove the evidence and record the time, place and circumstance when it came into your possession. Forms can be found in the folder in the school office
- Do not investigate the nature of the evidence, but do record its approximate size and appearance.
- When possible, have the recordings countersigned by a witness.
- Take the evidence immediately to the named person/s in this policy who will take it to the Principal. Do not keep it on your person or in a place of safekeeping; to do so may place you at risk.

- Place the evidence in a suitable sealed container. The package should be signed and dated by you, any other witness and one of the named persons above. An official report should be completed, recording the time, date and the circumstances of the findings.
- The Principal will arrange for the Police to remove the evidence from the premises or may choose to dispose of it in an appropriate way.
- In the event of any equipment associated with substance use, especially needles and syringes, pupils should not be allowed to handle such items. Adults with utmost care must handle all equipment. It is recommended that suitably protective rubber gloves, tongs and container be used. The Principal must ensure that materials are placed in a secure and rigid container to await collection by the appropriate service. The Principal must notify the Suffolk Police Drug Squad by use of the Forces Hotline on 01473 613500.
- If a school member is on a residential trip and breaches the school rules on illegal drugs and is sent home parents/carers will need to meet the cost of these arrangements
- When dealing with parents/carers under the influence of drugs on school premises staff should attempt to maintain a calm atmosphere. If a teacher has concerns about discharging a pupil into the care of a parent/carers discuss with them if alternative arrangements can be made to accompany the child home. Where the parents/carers behaviour places the child at risk safe guarding procedures and/or the involvement of the police should be sought

6.12 Medical Emergencies: A medical emergency arises when a person is:

- Unconscious;
- Is having trouble breathing;
- Is seriously confused or disorientated;
- Has taken a harmful, toxic substance;
- Is otherwise at immediate risk and harm.

The procedures for an emergency apply when a child or young person or others are at immediate risk of harm. Where there is any doubt that medical help is needed in any incident involving drugs, get help. The school's first aid procedures can be found in the main office.

Before assistance arrives:

Ensure that the area surrounding the person is assessed for risk

If the person is conscious -

- Ask the person what happened and to identify the substance used;
- Collect any substance and any vomit for analysis;
- Do not induce vomiting;
- Keep the person under observation warm and quiet.

If the person is unconscious -

- Ensure that the person can breathe and place in the recovery position;
- Do not move the person if they have fallen, as a fall may have led to spinal or other serious injury, which may not be obvious;
- Do not give anything by mouth;
- Do not attempt to make the person sit or stand;
- Do not leave the person unattended or in charge of another pupil.

For needle stick (sharps) injuries

- Do not suck. Wash with soap and water using gloves. Dry and apply waterproof dressing;
- If used/dirty needle seek advice from the doctor.

When medical help arrives -

- Pass on available information and any vomit and drug samples. This could help treatment and may save a life.
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6.13 Assessment of needs:

After immediate medical needs have been addressed, the nature and circumstances of any incident should be established and an assessment made of the needs of the pupils involved. Any child or young person who uses drugs to cope with personal anxiety or problems may be in need of help from outside agencies. Any assessment should always be systematic and could begin by referring to the information held in SIMS..

Factors to consider when assessing needs:

- Consider each factor carefully in order to build a whole picture:
- Motive;
- Medical requirements;
- Personal needs;
- Reliability of evidence;
- The nature of the drug;
- The attitude of the pupil to the discovery.

When all the circumstances and factors have been thoroughly explored, then the spectrum of possible responses can be considered and discussed. The Behaviour Policy will also be taken into consideration.

6.14 Possible responses:

- In school pastoral services;
- Specialist consultation groups;
- Pastoral support programmes;
- Counselling referrals;
- Case conferences;
- Fixed term exclusion;
- Permanent exclusion.

6.15 Emphasis on learning:

In the event of a drug related problem, the school will try to ensure that everyone involved, whether directly or indirectly, learns from each incident. The drug education content may need to be reviewed and strengthened, but individual attention may be more effective in reinforcing pupils' understanding of safety issues, rules, the law and expected standards of behaviour.

6.16 Contingency plan for disasters: In the event of a drug incident or any other crisis involving serious injury or deaths, staff need to be able to act quickly without wasting time making decisions.

Section 7 Supporting Medical Conditions in School

7.1 Principles: Pupils attend school to learn. The school wishes to provide an environment where pupils are properly supported to play a full and active role in school life and achieve their potential. The school acknowledges that each medical case is different and some may be more obvious than others. Individual approaches will be adopted and the school will adhere to its policy on school admissions and to appropriate codes of practice.

The school is an educational establishment and resident medical expertise is limited to the provision of basic first aid only. The school will assume that parents are in agreement with the provision of basic first aid unless written confirmation to the contrary is received.

Some pupils live in chronic conditions some of which require medication to be immediately to hand for administration otherwise severe deterioration in health may ensue. The school will endeavour to ensure inclusion for these pupils across the curriculum. Pupils should not be in general possession of drugs/medication whilst on the school premises to minimise the risk of pupils accessing drugs (albeit for medicinal purposes) whilst in the care of the school. Exceptions to this may include Epi-pens and Asthma inhalers. It is important that the school receives and fully considers advice from healthcare professionals and value views of parents. Equally, any medical conditions need to be considered within the context of Education, Health and Care (EHC) plans and the 2014 SEN Code of Practice.

7.2 Ill Health: Parents are strongly recommended to keep at home any child who complains of not feeling well at the beginning of the day. If a child suffers an accident or is taken ill during the school day, the parents will be informed and asked to come to school to take over care for the pupil. This may involve taking the child home, arranging to see a doctor or going to A & E.

7.3 After absence: The return to school can be stressful and this may impact on their ability to reintegrate back with peers. This situation needs to be managed and appropriate support put in place. It may be appropriate to consider a part time return to school in negotiate with parents and healthcare providers. Employees returning to school after an absence attend a well-being meeting on their first day back at school.

7.4 The responsibilities of the school are:

- The school will supervise, temporarily, the child while awaiting the parent or guardian;
- The school will seek further advice from the school nurse or doctor regarding the protocol for the care of pupils with chronic health conditions;
- The school will act *in loco parentis* if no emergency contact can be made;
- The school will listen to and consider each individual case on its own merits and again seek advice if necessary;
- The school will ensure that parents/pupils know how to access the school nurse;
- The school cannot undertake to personally transport pupils home or to the hospital, however it is appropriate to accompany a pupil to hospital in 'loco parentis';
- The school cannot, on an ad-hoc basis, undertake to administer medication;
- In the case of emergency an ambulance will be called and the pupil will be accompanied by a responsible adult;
- To not lock away medication to prevent lack of access to vital medication in an emergency.

7.5 Prescribed medicines:

- Staffing – managing medicines is not part of a teacher's duty. Staff may volunteer to take on such a role but must receive appropriate training and it cannot be something which the school insists if staff do not feel comfortable;
- Administration – medicines must only be administered in accordance with the prescriber's instructions, as displayed on the container/package;
- Self-management – pupils will be allowed to carry essential medicines such as asthma inhalers. Other medicines such as Ritalin that have been prescribed should be handed to the office and collected from there as and when required;
- Storage-medicines must be stored in a secure container or fridge and include the original instruction label;
- Record keeping – an accurate record log of when medicines are given or when a child has refused their medication is kept by reception staff. In the case of refusal parents should be informed. A list of when medicines become out of date will also be held and parents/carers should be informed.
- Medicines should only be administered in school where it would be detrimental to health to not do so and written consent for use should be obtained when medicines are held in school.
- Any needles should be disposed of in a 'sharps box'.

7.6 Responsibilities of the Parent/Carer:

- To keep children who are ill at home. To ring the school before 08:50 to explain the reason for their child's absence. If this is not done the school will contact the parent on the first day of absence;
- To ensure the school is fully informed of their child's health needs;
- To ensure that the school has correct contact telephone numbers to be used in case of an emergency;
- To, where possible, request antibiotics which can be administered 3 times daily which removes any need for pupils at school to be given a dose during the school day;
- Where pupils have conditions such as asthma, epilepsy, diabetes, anaphylaxis, ADHD, cystic fibrosis, when medication needs to be available immediately, that the school is consulted and an Individual Health Care Plan agreed and completed- this will define what to do in an emergency;
- To ensure that all medicines held at school on their behalf are within date.

7.7 Non-prescription medication such as Paracetamol may be administered with parental permission and recorded as such in the log;

7.8 Implementing support and training. This support will be implemented through appropriate training, commitment from all staff, ability to cover for absence, information for supply staff, appropriate risk assessments and monitoring of Individual Health Care plans. Sometimes the 'evidence available' is all the school can go on to provide the support- this will normally include medical diagnosis. Pupils with a particular and specific conditions may need a common understanding across the staff and training can be arranged as a whole staff activity led by a specialist. Training needs are assessed on the advice of medical professionals and implemented as advised- usually through the Head of Learning support. Key attitudes of this training need to be *'an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures'* (Supporting pupils with medical conditions: April 2014)

7.9 Transition for pupils with medical conditions. The school works to ensure that all information is understood and that practical implications for the school are understood. This is done through established transition activities. Mid-year transfers may at times take longer to respond to needs.

7.10 Individual Health Care plans. These will provide clarity about what needs to be done by whom and when. These are helpful when emergency intervention is either likely or anticipated. These may be initiated by either the school or health professional in consultation with the parent. The aim is to provide steps to overcome potential barriers to education.

7.11 Pupils at times may manage their own medication. Typically this is for asthma, but managing can also mean not putting themselves at risk of anaphylactic reaction-such as making staff aware of this reaction if asked conduct particular activities in Science or Food Technology for example. On occasion managing medication may mean devices such as epi-pens and doses of anti-histamine. The quick administration of these medications can prevent a serious situation and so it is appropriate for pupil to carry them.

7.12 The person administering any medication to pupils must log this in the written record.

7.13 The school owns its own defibrillator. This equipment is kept in the school reception and it is accessible for anyone to use, including lettings that use the school out of normal hours.

7.14 April 2014 DfE guidance quotes: *"It is not acceptable to*
-prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
-assume that every child with the same condition requires the same treatment;
-ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
-send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
-if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
-penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
-prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
-require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
-prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child".

Section 8 Asthma, Epilepsy, Allergy and Diabetes

8.1 **Asthma.** This is a condition that particularly affects children, and which causes the airways in the lungs to narrow, making it difficult to breathe. Children needing medication for the relief of asthma symptoms. Delay in taking a reliever medication when needed, even for a few minutes can lead to a severe attack. Staff should not delay by locking up or keeping an inhaler in a room away from the child. It is school policy that:

- All Asthma sufferers/ epi pen carriers are allowed to keep their medication with them at all times and their access to them will never be restricted;
- In the event of a severe asthma attack, relievers can be given in higher doses using a metered dose aerosol inhaler.
- Staff and parents should ensure that children's relief inhalers are always taken on school trips.

8.3 Children requiring regular preventative treatment: Preventative medication makes airways less sensitive to asthma triggers, and when taken in sufficient dosage, makes more than the occasional use of medication unnecessary. Preventer inhalers usually come in brown and sometimes white canisters. Most children with asthma take regular twice-daily preventative treatments at home, which are continued even when the child is completely well. Some children with a more severe asthma may have a self-management plan allowing them to decrease or increase the dose of preventer, depending on their symptoms and peak and flow recordings. Staff should be alert to pupils over using an inhaler and report accordingly.

Occasionally children need to take extra doses of their preventative inhaler during the day, for instance during prolonged school outings, or when asthma has become troublesome, and in this situation, staff who work with these children should be aware of the type and correct dosage of preventative medication to be taken, and the correct technique for using the inhaler device.

8.4 Children who have asthma symptoms during or after exercise: Exercise can trigger asthma symptoms even when asthma is otherwise well controlled. It should be possible for virtually all children to take part in sports, but many will need to take a dose of their relief inhaler before starting and possibly again, during and after exercise. It is school policy that:

- Staff will ensure that those children who need to do so take their appropriate inhaler before exercise;
- Children are not made to exercise if they feel unwell.

8.5 Dealing with an asthma attack: Most children experiencing deterioration in their asthma control show warning signs such as increased symptoms of breathlessness, cough or wheeze, or a requirement for increased relief medication. Staff who become aware of any of these warning signs should inform the child's parents. Wheeze maybe absent and coughing the only symptom

Check that if the child is known to have asthma and that there is no history of allergy/anaphylaxis, e.g. allergy to peanuts, bee stings, etc

The emergency procedure is as follows:

- i) Ensure that the child takes his/her usual dose of relief (blue) inhaler;
- ii) Let the child choose the easiest position for breathing; try to ensure that the room temperature does not vary too much;
- iii) Ask for help of other members of staff and dial 999 for an ambulance, saying that the child is having a severe asthma attack requiring immediate attention;
- iv) Ensure a member of staff stays with the child;
- v) Ensure that the child takes a second dose of the normal reliever inhaler OR If the child has a metered dose aerosol reliever inhaler, ensure that they receive up to 10 sequential puffs (inhale and hold breath for up to 20 seconds, wait 30 seconds between puffs) of their inhaler, giving the individual puffs one at a time until relief is obtained (see blue emergency instruction card). At present, the school only stores inhaler for students where these have been provided by parents/carers.
- vi) Contact the child's parents/carers to inform them of the situation and the action being taken. If staff are concerned about their ability to help the child while waiting for the ambulance to arrive, they should contact the nearest GP and request immediate assistance.

8.7 **Staff Training:** Ideally all staff should have some knowledge of asthma and its treatments as they may become involved with the problem at any time. It is recommended that in larger schools such as ourselves several members of the school community should receive information on the management of asthma. The knowledge gained will be passed onto other staff through normal channels of information exchange e.g. staff meetings and daily briefing sheet.

8.8 **Allergens and irritants in the school or classroom:** Children with asthma may develop symptoms when they come into contact with a variety of triggers. These include domestic dust, pollen, moulds and other fungal spores, chemicals (such as solvents, adhesives, felt tip pens, aerosols, perfume, paint fumes) furry animals, nuts and many others. Tobacco smoke is particularly bad.

8.9 **Epilepsy:** Definition from 'Epilepsy Action': *"Electrical activity is happening in our brain all the time. A seizure happens when there is a sudden burst of intense electrical activity. This is often referred to as epileptic activity. This intense electrical activity causes a temporary disruption to the way the brain normally works, meaning that the brain's messages become mixed up. The result is an epileptic seizure"*.

First aid for the pupil's seizure type will be included on their IHP. The following procedure is for giving basic first aid:

1. Stay Calm
2. If the child is convulsing then put something soft under their head.
3. Protect the child from injury (remove harmful objects from nearby)
4. NEVER try and put anything in their mouth or between teeth.
5. Try and time how long the seizure lasts – if it lasts longer than usual for that pupil or continues for more than 5 minutes then call medical assistance.
6. When the child finishes their seizure stay with them and reassure them.
7. Do not give them food or drink until they have fully recovered from the seizure.

Sometimes a child may become incontinent during their seizure. If this happens, try and put a blanket around them when their seizure is finished to avoid potential embarrassment.

8.10 **Allergy:** An allergic reaction occurs when the body's immune system over-reacts on contact with normally harmless substances. An allergic person's immune system treats certain substances as threats and releases a substance called histamine to defend the body against them.

The release of histamine can cause the body to produce a range of mild to severe symptoms. An allergic response can develop after touching, swallowing, tasting, eating or breathing in a particular substance. Examples include nuts (especially peanuts), fish & shellfish, milk and eggs. Reactions can also occur with insect stings and natural rubber latex.

Symptoms made include: Itchy tingling or burning sensation in the mouth, rapid development of rash, hives or wheals, intense itching, swelling-particularly the face, feeling hot or very chilled, rising anxiety, feeling flushed, nausea and or vomiting, abdominal pain, mild wheeziness.

Treatment if a reaction occurs may include adrenaline injections using a device preloaded with the correct dose. This should be stored in an accessible place (or in fact carried by pupils themselves) with the student's name on it and checked regularly for shelf life (usually one year).

8.11 **Diabetes:** Diabetes is a condition where the amount of glucose in the blood is too high because the body cannot use it properly.

Diabetes develops when glucose can't enter the body's cells to be used as fuel. This happens when either:

There is no insulin to unlock the cells (Type 1)

There is not enough insulin or the insulin is there but not working properly (Type 2).

In school children with diabetes will have a management plan where they are medicated to a greater or lesser extent. In some cases, pupils are managed by an electrical device attached to them. In the majority of cases these processes work well and staff may never notice any symptoms of diabetes.

However, should a child become dizzy, disorientated, sweaty or losing focus then it is most likely their blood sugar level has dropped and they need to eat or drink something sugary. It is common for people with diabetes to carry an item with them at all times.

Hypoglycaemia (hypo)

Hypoglycaemia means 'low blood glucose levels'. This is too low to provide enough energy for your body's activities. Symptoms

Hypos can come on quickly and everyone has different symptoms, but common ones are: feeling shaky, sweating, hunger, tiredness, blurred vision, lack of concentration, headaches, feeling tearful, stroppy or moody, going pale. In these cases, a sugar item is needed.

Hyperglycaemia (hyper)

At the other end of the scale is hyperglycaemia or hypers. This happens when the blood glucose levels are too high. There are several reasons why this may happen. It may be that they:

Have missed a dose of their medication, have eaten more carbohydrate than your body and/or medication can cope with, are stressed, are unwell from an infection, or from over-treating a hypo.

In these cases, medical intervention will be needed, possibly insulin dose.

Section 9 Smoking Policy

9.1 Smoking is the single most preventable cause of premature death and ill health in our society. The weight of scientific evidence leads the school to believe that smoking could be injurious to the health of not only those who smoke but also to others through passive smoking. Additionally, smoking represents a fire hazard to the school and its occupants. With this in mind the school aims to promote the health, safety and welfare of its students, staff and visitors and to raise environmental standards.

9.2 The school aims:

- To demonstrate the school's commitment to promoting the health and safety of pupils and staff;
- The school accepts that they have a role to play in working towards non-smoking being seen as the norm in society;
- The children will receive consistent messages through the Anti-tobacco education in the curriculum and will observe non-smoking role models within the school;
- To protect non-smokers from the adverse health effects of environmental tobacco smoke in the workplace;
- To provide information and advice for those who wish to stop smoking.

9.3 It is the intention of the governors of St Alban's High School that it will be a smoke free environment for all who use the premises. Smoking (including the use of e-cigarettes) is not allowed on the school premises - building and around the site;

9.4 Visitors: The smoking policy applies to all visitors to the school - for example, parents, suppliers, supply or temporary staff, and repair people. The following arrangements have been made for informing visitors of the policy's existence

- Clearly worded signs will be sited to announce the policy;
- A paragraph in the lettings policy in the lettings agreement;
- Staff members will inform visitors of the policy when necessary.

Section 10 Intimate Care

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

10.2 The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance. Staff

who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.

10.3 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of pupils will not usually be involved with the delivery of sex education to the pupils in their care as an additional safeguard to both staff and pupils involved.

10.4 The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

10.5 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible, one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented. Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers. Wherever possible staff should only care intimately for an individual of the same sex. However in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence.

10.6 Intimate care arrangements will be discussed with parents or carers on a regular basis and recorded on the child's Individual Care Plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

10.7 Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. they will immediately report concerns to the designated safeguarding lead.

10.8 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary. If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Inter-agency Child Protection Procedures for details).

Signed by J McCall, Chair of Governors:

Date:

Appendix

At the time of writing (November 2019)

Nominated Staff:

Headteacher	Mr M Baker
Deputy Headteacher	Mr S Corless
Health & Safety Officer	Mr N Berry (temporary)
Premises Staff	Mr R Denny (Premises Manager) Mr M Clarke (Premises Worker) Mr K Chapman (Premises Worker) Mr M Southgate (Assistant Caretaker)
Wellbeing Co-ordinator	Mrs K Hind
Head of Learning Support SENCO	Mrs J Boosey Mrs C Pickard
Education Visits Co-ordinator	Mr N Berry
Business Continuity inc. Critical Incident Management	Richard Smy (Finance Manager) – from Jan 2020
Named First Aider	Mr M Clarke – Mon, Tue Mr M Pattinson – Wed to Fri
General First Aider/Charge of equipment	Lisa Gittins
General First Aiders – Office based	Lisa Gittins, Angela Reeve, Pat Swann, Angela Westgate, Vicky White
Additional First Aiders	Mrs D. Bentley Mrs K. Jones, Mrs C O'Donoghue, Mrs A. Keating-Fedders, Mr M Sims
Governors Appointed Representative for H&S	Mr P Dance