



THE 1590 TRUST HEALTH AND SAFETY POLICY

Date: June 2023

Policy Review Cycle: Annually

Review Assigned to: Trust Board

Introduction

The Trust places a high priority on all aspects of Health and Safety. Along with staff they will strive to continuously update and improve measures as far as is reasonably practicable.

Policy

The policy aims to:

- promote a healthy environment and a high level of safety.
- ensure that Health and Safety considerations are always an integral part of working practices for all staff and visitors.
- ensure that all staff and visiting workers conduct written or dynamic risk assessments before they start their activities.
- ensure that all reasonable efforts are made to eliminate or reduce risks to acceptable levels once they have been identified.
- ensure that activities cease if risks cannot be reduced to acceptable levels.
- ensure that working practices are monitored, that all accidents and dangerous occurrences are properly reported and fully investigated.
- ensure that statutory requirements placed on the school are satisfied in as reasonable and as practicable a manner as possible.
- within the constraints of the budget provide adequate resources to ensure that policy and detailed arrangements within various Health and Safety guidance notes and documents are adhered to.

Responsibilities

All members of the school community have a corporate responsibility for the Health and Safety of students and staff in line with statutory requirements. Every Trustee, Governor, member of staff and visiting worker should have a personal commitment to ensure that working practices lead to both a safe and a healthy site. This commitment extends to all extracurricular and off- site activities of whatever kind. A positive attitude to Health and Safety should always be part of any learning process.

All staff have specific responsibilities under Health and Safety legislation (HASAWA 1974). These are:

- To take reasonable care of their own health and safety and of anyone who may be affected by their actions;
- To co-operate with the Headteacher, the School Health and Safety Co-ordinator or any other colleagues to ensure that this policy is carried out thereby meeting the obligations of Health and Safety legislation;
- not to interfere with or misuse equipment provided for their safety and that of others.

Team Leaders (both pastoral and curriculum), staff in charge of curriculum areas, staff teaching in specialist areas and those organising or involved in field trips, ski trips etc or other out of school activities, have additional responsibilities.

- All staff must be pro-active in their approach to Risk Assessments, COSHH Assessments and Fire Risk Assessments.

- These must always be conducted before activities are undertaken in order to ensure that all risks are recognised and then minimised.
- References to Risk/COSHH Assessments must be included in all schemes of work and all teaching staff using these are properly briefed on the content.
- Glass panels in doors should not be obscured by notices, posters, etc.
- Staff should ensure that students do not leave bags as tripping hazards in classrooms and corridors and ensure fire exits are kept free of hazards
- Provide appropriate protective clothing and safety equipment as necessary and ensure that these are used as required
- Routine maintenance such as loose electrical sockets, wiring, broken windows etc. should be reported immediately to the Site team / Facilities Manager
- All staff should refrain from bringing in and using personal electronic devices on school premises.

All health and safety notices will, upon receipt be displayed on the Health and Safety noticeboard in the Main Staffroom of each school. All specialist advice/guidance notes will be issued directly to the schools, departments/curriculum areas concerned. Health and Safety Regulations are constantly being updated and improved. Hence the effectiveness of our policies and procedures, along with the condition of the school fabric/equipment need to be monitored. Inspections of the school site take place on a regular basis.

If any member of staff has a health and safety concern they should bring it to the attention of the Headteacher and /or the School Health and Safety Coordinator. Copies of all the current Health and Safety documentation are available on line including the school policy, first aid policy, emergency evacuation procedure documents etc. Information is also disseminated via the Health and Safety Noticeboard.

Health and Safety will be a standing agenda item for all secondary departmental meetings in the following curriculum areas: - PE, Technology and Science. All departments must keep Health and Safety constantly under review and conduct appropriate risk assessments before undertaking extracurricular activities, out of school visits, fieldwork, etc.

All reportable accidents or near misses in school or occurring during school activities should be recorded in the accident record book and actioned as appropriate. The school will monitor any trends presented by these records and make recommendations to the Headteacher if they consider remedial measures should be taken.

The Trust recognises the complexity of Health and Safety legislation and the need to keep staff well trained and up to date with such matters. They undertake to fund training of staff in Health and Safety matters that are relevant to their role/s in school e.g. courses in risk assessment, first aid, basic electrical safety, manual handling skills etc. The Trustees, Governors, Headteachers and the School Health and Safety Coordinators will continue to seek and act upon advice given by a variety of agencies including those listed above.

The Trust will ensure its health and safety arrangements are checked and validated by an external third party on an annual basis. This is Stockton Council Health and Safety Unit, who will provide an annual inspection and report. It will also ensure that professional advice is made available to each school to ensure safe working practice and procedures are in place.

The effectiveness of the policies and procedures outlined in this document will be monitored by

- The various agencies who conduct inspections of the school.
- The Headteacher, School Health and Safety Coordinator and Executive Team.
- The Governing body for each school
- The School Health and Safety Committee (Conyers).

How it will be monitored

Various inspections of premises.

Trends in Accident Reports.

Regular inspections and observation

By Whom:

A Stockton Health and Safety Unit

B School Health & Safety Committee

C Head Teachers

Review Date

A Annually

B Site inspections C

Every 5 years

Review Assigned to

Agenda Item School Health & Safety Committee

Conyers Local Governing Body's Care, Support and Guidance Committee on behalf of the Trust.

Conyers School ANNEXE 1: MEDICAL POLICY

Last update: July 2023

Origin: Mrs C Pack – Trust SENDCo

Introduction:

The aim of the school first aid service is to provide emergency treatment, preventative medicine and medical advice for the whole school community, all within a caring and accessible framework which will as far as possible respect the patient's wish for confidentiality.

POLICY

1. Support for Children with Medical Needs

Parents/carers have the prime responsibility for their child's health and should provide school with information about any medical conditions. Parents, and the student if appropriate, should obtain details from their General Practitioner [GP] or paediatrician, if needed. Parents should provide the school with full information about their child's medical needs, including details on any required medications.

2. Provision

Although basic treatment will be provided by trained staff during school hours for incidents that arise at school, it is expected that for routine medical matters the student's home GP will be consulted by the parents/carers. A programme of preventative medical screening and immunisations for students is organised on a regular basis, subject to parental consent.

3. Practice

All incidents to students on the school site are recorded in the school's electronic incident log. When incidents occur in school, a qualified First Aider may give first aid if appropriate.

ACCIDENTS – SERIOUS INCIDENT

In the event of an emergency, staff must immediately contact reception who will seek assistance from the rota of qualified first aiders and a list of other staff who are trained first aiders.

An emergency can be defined as an injury or illness with high risk of significant harm to a person, which could include:

- A cut or knock to the head (all head injuries should be taken seriously)
- Facial damage
- Dental damage
- Eye trauma (of any type)
- Suspect sprain or break of the major bones
- Trauma to the back, neck or pelvis
- Severe cut or haemorrhage resulting in heavy and sustained blood loss
- Major ligament or tendon damage
- Stings: bees/wasps/insects (due to the possibility of allergic reaction)
- Anaphylactic shock

- Fits and faints
- Asthma attacks and breathing difficulty

For serious injuries staff should act as follows:

- Summon help from their nearest colleague/student;
- Contact Reception
- Reception will seek the assistance of a First Aider;
- Do not attempt to administer first aid unless you are competent to do so;
- Ensure the incident is recorded in the electronic incident log and that an incident report is completed.

IN THE EVENT OF ILLNESS

Parents should keep any child at home when they are acutely unwell in order to reduce the spread of infection. This is to protect other students with medical conditions such as asthma and diabetes, for whom illness can produce added complications.

General awareness and information:

- staff must acquaint themselves with the medical conditions of students for whom they have responsibility.
- information on students' chronic medical conditions is available in Arbor
- the Nominated Lead Person for Child Protection.

Emergency Procedures

In the event of an emergency, every effort will be made to contact a parent/carer so that they may accompany their child to hospital. If a parent/carer is unable to get to school, a member of staff will accompany a student taken to hospital by ambulance, and will stay until the parent/carer arrives. Parents are expected to take over care of the student at the hospital as soon as is practicable. Health professionals are responsible for any decisions on medical treatment when parents are not available.

MEDICATION

General

No student under 16 can be given medicines without their carer/parent's consent. School require completion of a consent form by parent / carer.

Only staff who have been authorised to administer medicines by the Policy Lead should do so. Each school will have designated persons for administering medication.

Students may not carry 'over the counter' non-prescribed medicines with them in school. Staff are not permitted to provide or allow students to use non-prescribed medicines e.g. paracetamol.

Prescribed Medicines:

These should only be brought into school when essential; that is where it would be detrimental to a student's health if the medicine were not administered during the school day. School can only accept medicines that have been prescribed by a doctor, dentist, nurse's prescriber or

pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

The only prescribed medications that can be carried by students themselves are epipens, insulin and inhalers. A spare, complete with the name of the student, should be kept in the Medical Room for emergency use.

All other medications must be stored, administered, and recorded in the Medical Room. The provision of medication to students will be recorded in a medication issue log by the designated medication leads .

Disposal of Medicines

Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date- expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all the medicines, then they will be taken to a local pharmacy for safe disposal by the staff with responsibility for Prescribed Medication.

MEDICAL CONFIDENTIALITY

Students over the age of 16 are entitled to full medical confidentiality. Below that age a student may wish for a matter to be treated confidentially; medical staff will respect that wish if they feel that the student is competent to make judgements for himself/herself and fully understand the nature of the situation, and if the confidentiality does not put him/herself or (in the case of infectious disease, for example) others at risk.

On occasions the medical staff may share information about students of any age with the Headteacher and Safeguarding Leads, where it is necessary for them to discharge their duty of care over the whole school community or where it is judged to be in the student's better interests.

Notification of parents

~~With the student's consent,~~ any non-routine visit to the Medical Room by a student under 16 will be reported to parents/carers if deemed appropriate.

ANNEXE 2: FIRST AID PROCEDURE - CONYERS

Date: July 2023 Origin: Director of Finance & Operations

Section 1: Arrangements for First Aid

The school will provide materials, equipment and facilities as set out in the DfE's 'Guidance on First Aid for schools'. The Education (School Premises) Regulations 1996 require every school to have a suitable room that can be used for medical treatment when required and for the care of students during school hours. The area must contain a washbasin and be reasonably near to a WC. At Conyers School, this room is in the Learning Support area and will be referred to as the Medical Room.

The 1590 Trust does not have a resident Nurse but has designated First Aiders who are responsible for administering First Aid.

A First Aider is someone who has been trained to the appropriate level as identified by the school. All First Aiders are certificated and a list of all current First Aiders will be held by the School Administrator (primaries) or HR officer (Conyers).

Duties

The main duties of a First Aider are to:

- Give an assessment of the injury or illness prior to treatment.
- Give immediate first-aid and treatment to casualties with less serious injuries or illnesses.
- Give immediate and sustained first-aid (until the arrival of the emergency services) to casualties with more serious injuries or illnesses.
- When necessary, ensure that an ambulance is called.
- First Aid staff will not administer any medication unless it is specifically prescribed for that person and is in its original labelled/marked container.
- Ensure that the electronic incident log is completed, either the Incident Report Form for a serious incident (on the intranet) or the First Aid Incident Form for minor incidents (shared with Learning Support staff)

All staff will be informed of the First Aid arrangements through this policy, and training as appropriate. This should include the location of equipment, facilities and First Aid personnel, and the procedures for monitoring and reviewing the school's First Aid requirements.

Section 2: Procedures for First Aid

Serious incidents

In the event of major injury or illness or where the person is immobilised or a person has a known specific illness, a designated First Aider should be sent for immediately. An informed assessment will be carried out and the appropriate treatment given or the Emergency Services will be called.

A serious injury or illness can be any one of a number of things but will include.

- A cut or serious knock to the head (all head injuries should be taken seriously)
- Facial damage
- Dental damage

- Eye trauma (of any type)
- Suspect sprain, dislocation or break of the major bones
- Trauma to the back, neck or pelvis
- Severe cut or haemorrhage resulting in heavy and sustained blood loss
- Major ligament or tendon damage
- Stings: bees/wasps/insects (due to the possibility of allergic reaction)
- Anaphylactic shock
- Fits and faints
- Asthma attacks and breathing difficulty

In addition, a designated First Aider must be contacted to treat students who are known to have a specific illness e.g. diabetics; chronic asthma, students known to have allergic reactions, students with epipens in school irrespective of the type of illness or injury sustained.

On no account must these students be left or sent to self-administer their own treatment.

Students with specific needs have a personal care plan to ensure their safety. This should always be consulted.

Any injury to the head, a wound that bleeds or suspected minor breaks/sprains must be taken to the designated Medical Room, if safe to do so, for further assessment and any action deemed necessary by the First Aider. Parents / next of kin should be informed and advised to monitor the well being of the student and seek further medical assessment. A head injury may not immediately manifest therefore the need for monitoring and further medical check.

For all instances where a student has suffered an injury or illness other than minor bumps, cuts, grazes, feeling sick/unwell etc the school will inform the parents / next of kin. At Conyers Student Support must be notified of an incident and they can make the decision to make either an informative call or courtesy call to the student's parent/ carer.

For potential breaks to the major bones or more serious injuries (back, neck etc.) the First Aid staff must be called immediately and will treat the casualty where they are. The casualty must not be moved (unless in danger of further harm) until an assessment has been made by a qualified medical person (Doctor, Paramedic, Ambulance Staff).

Should the injury/illness require external medical assistance (e.g. ambulance, hospital visit), an ambulance (999) should be called without delay. The receptionist will liaise with the emergency services; the school / Student Support will liaise with the parent/carers.

Any injury that results in treatment at a hospital must be referred to the Facilities Manager or Director of Finance and Operations or Headteacher to consider whether a RIDDOR notification is required. Advice will be sought from the independent Health and Safety Unit.

Minor Injuries/Illness

Incidents of minor injury or illness that occur during the day should be treated as follows:

Lesson times: A First Aider needs to be notified and the injured party may be sent to the Medical Room for treatment.

Break-times/Lunchtimes: A First Aider needs to be notified and the injured party may be sent to the Medical Room for treatment.

If a student needs to be sent home or sent to a doctor or hospital, due to an injury that occurred in school, the Head or pastoral team must be informed, ultimately however it is a qualified first aider who should make the decision on further treatment beyond school first aid.

In the event of minor injury, the student can be returned to class after treatment.

Reporting and recording

For all incidents staff must ensure that the electronic incident log is completed, either the Incident Report Form for a serious incident (on the intranet) or the First Aid Incident Form for minor incidents. This record will not be disposed of without permission of the Director of Finance and Operations.

Details include:

- Date of incident
- Time of incident
- Student's name
- Student's registration class
- How the injury happened
- What happened
- Any treatment
- Call made to Student Support or Parent/carer
- Signature of person administering First Aid

If hospital treatment was administered and/or a staff member was absent for seven or more consecutive days this may be a RIDDOR incident.

The Director of Finance & Operations, along with Facilities Manager or the Headteacher must be made aware of any RIDDOR incidents as soon as possible. They will determine whether to report this, having sought professional advice from the Health and Safety Unit at Stockton Council.

How it will be monitored:

Completed google forms for incidents reported

By Whom:

Director of Finance & Operations

Headteacher of each school Local

Governing Bodies

Review Date:

Annually Review Assigned to:

Trust School Local Governing Bodies

ANNEXE 2: FIRST AID PROCEDURE - Primary Schools

Date: July 2023 Origin: Director of Finance & Operations

Section 1: Arrangements for First Aid

The school will provide materials, equipment and facilities as set out in the DfE's 'Guidance on First Aid for schools'. The Education (School Premises) Regulations 1996 require every school to have a suitable room that can be used for medical treatment when required and for the care of students during school hours. The area must contain a washbasin and be reasonably near to a WC.

The 1590 Trust does not have a resident Nurse but has designated First Aiders who are responsible for administering First Aid.

A First Aider is someone who has been trained to the appropriate level as identified by the school. All First Aiders are certificated and a list of all current First Aiders will be held by the School Administrator (primaries) or HR officer (Conyers).

Duties

The main duties of a First Aider are to:

- Give an assessment of the injury or illness prior to treatment.
- Give immediate first-aid and treatment to casualties with less serious injuries or illnesses.
- Give immediate and sustained first-aid (until the arrival of the emergency services) to casualties with more serious injuries or illnesses.
- When necessary, ensure that an ambulance is called.
- First Aid staff will not administer any medication unless it is specifically prescribed for that person and is in its original labelled/marked container.
- Ensure that the incident is logged appropriately

All staff will be informed of the First Aid arrangements through this policy, and training as appropriate. This should include the location of equipment, facilities and First Aid personnel, and the procedures for monitoring and reviewing the school's First Aid requirements.

Section 2: Procedures for First Aid

Serious incidents

In the event of major injury or illness or where the person is immobilised or a person has a known specific illness, a designated First Aider should be sent for immediately. An informed assessment will be carried out and the appropriate treatment given or the Emergency Services will be called.

A serious injury or illness can be any one of a number of things but will include.

- A cut or serious knock to the head (all head injuries should be taken seriously)
- Facial damage
- Dental damage

- Eye trauma (of any type)
- Suspect sprain, dislocation or break of the major bones
- Trauma to the back, neck or pelvis
- Severe cut or haemorrhage resulting in heavy and sustained blood loss
- Major ligament or tendon damage
- Stings: bees/wasps/insects (due to the possibility of allergic reaction)
- Anaphylactic shock
- Fits and faints
- Asthma attacks and breathing difficulty

In addition, a designated First Aider must be contacted to treat students who are known to have a specific illness e.g. diabetics; chronic asthma, students known to have allergic reactions, students with epipens in school irrespective of the type of illness or injury sustained.

On no account must these students be left or sent to self-administer their own treatment.

Students with specific needs have a personal care plan to ensure their safety. This should always be consulted.

Any injury to the head, a wound that bleeds or suspected minor breaks/sprains must be taken to the designated Medical Room, if safe to do so, for further assessment and any action deemed necessary by the First Aider. Parents / next of kin should be informed and advised to monitor the well being of the student and seek further medical assessment. A head injury may not immediately manifest therefore the need for monitoring and further medical check.

For all instances where a student has suffered an injury or illness other than minor bumps, cuts, grazes, feeling sick/unwell etc the school will inform the parents / next of kin. The Headteacher must be notified of an incident and they can make the decision to make either an informative call or courtesy call to the student's parent/ carer.

For potential breaks to the major bones or more serious injuries (back, neck etc.) the First Aid staff must be called immediately and will treat the casualty where they are. The casualty must not be moved (unless in danger of further harm) until an assessment has been made by a qualified medical person (Doctor, Paramedic, Ambulance Staff).

Should the injury/illness require external medical assistance (e.g. ambulance, hospital visit), an ambulance (999) should be called without delay. The receptionist will liaise with the emergency services; the school will liaise with the parent/carer.

Any injury that results in treatment at a hospital must be referred to the Facilities Manager or Director of Finance and Operations or Headteacher to consider whether a RIDDOR notification is required. Advice will be sought from the independent Health and Safety Unit.

Minor Injuries/Illness

Incidents of minor injury or illness that occur during the day should be treated as follows:

Lesson times: A First Aider needs to be notified and the injured party may be sent to the Medical Room for treatment.

Break-times/Lunchtimes: A First Aider needs to be notified and the injured party may be sent to the Medical Room for treatment.

If a student needs to be sent home or sent to a doctor or hospital, due to an injury that occurred in school, the Headteacher must be informed, ultimately however it is a qualified first aider who should make the decision on further treatment beyond school first aid.

In the event of minor injury, the student can be returned to class after treatment.

Reporting and recording

For all incidents staff must ensure that the appropriate incident log is completed.

This record will not be disposed of without permission of the Director of Finance and Operations.

Details include:

- Date of incident
- Time of incident
- Student's name
- Student's registration class
- How the injury happened
- What happened
- Any treatment
- Call made to Student Support or Parent/carer
- Signature of person administering First Aid

If hospital treatment was administered and/or a staff member was absent for seven or more consecutive days this may be a RIDDOR incident.

The Director of Finance & Operations, along with Facilities Manager or the Headteacher must be made aware of any RIDDOR incidents as soon as possible. They will determine whether to report this, having sought professional advice from the Health and Safety Unit at Stockton Council.

How it will be monitored:

Completed records for incidents reported

By Whom:

Director of Finance & Operations

Headteacher of each school Local

Governing Bodies

Review Date:

Annually Review Assigned to:

Trust School Local Governing Bodies

ANNEXE 3: MEDICATION PROCEDURE

Updated: July 2023

Origin: Director of Finance and Operations/ Trust SENDCo

Introduction:

This policy has been drawn up as part of our care for the welfare of students, and staff for taking and administering prescribed medication in school. Guidelines and advice issued by the North East Consortium of LAs and Stockton Council have been adapted for the use of the Trust. In particular Stockton Guidance 2015 Supporting Pupils at School with Medical Conditions.

Long-Term Medical Needs

School needs to know about any particular needs before a student is admitted, or when a student first develops a medical need. For students who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such students, involving the parents/carers and relevant health professionals.

This can include:

- details of a student's condition;
- special requirements e.g. dietary needs, pre-activity precautions;
- and any side effects of the medicines;
- what constitutes an emergency;
- what action to take in an emergency;
- what not to do in the event of an emergency;
- who to contact in an emergency;
- the role the staff can play.

The main purpose of an individual health care plan for a student with medical needs is to identify the level of support that is needed. Not all students who have medical needs will require an individual plan. A short written agreement with parents/carers may be all that is necessary.

Coordinating Information

Co-ordinating and sharing information on an individual student with medical needs, particularly in secondary schools, can be difficult. The persons designated with responsibility for Prescribed Medication should be a first contact for parents/carers and staff, and will liaise with external agencies as required. [Conyers–SEND Lead for Medical, Physical and Emotional Health]

A Medical Register is available via ARBOR with details of name, year group, medical conditions and actions required for all students with a medical condition if applicable unless permission is withheld.

Medicines in school

Non Prescribed Medicines: Students may not carry or use ‘over the counter’ non prescribed medicines with them in school. Staff are not permitted to give or allow students to take non prescribed medication e.g. paracetamol.

Prescribed Medicines: These should only be brought into school when essential; that is where it would be detrimental to a child’s health if the medicine were not administered during the school day. The persons with responsibility for Prescribed Medication will meet with the parent and agree on the circumstances of when this medication can be administered to the student.

School can only accept medicines that have been prescribed by a doctor, dentist, nurse’s prescriber or pharmacist prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber’s instructions for administration and dosage. Medication should be brought into school by the parent/ carer. Parent/ carer consent should be completed for the school to hold the medication and administer, if necessary an individual health care plan is written.

School cannot accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are requested to ask the prescriber about this. It is to be noted that some medicines that need to be taken three times per day could be taken in the morning, after school and at bedtime.

The only prescribed medications that can be carried by students themselves are epipens, insulin and inhalers. A spare, complete with the name of the student, should be kept in the Medical Room for emergency use.

All other medications must be stored, administered, and recorded in the Medical Room.

Administering Medicines

Only staff who have been authorised to administer medicines by the Policy Lead should do so.

No student under 16 can be given medicines without their carer/parent’s consent.

Authorised staff giving medicines to a child will check:

- the student’s name
- the prescribed dose
- the expiry date
- written instructions provided by the prescriber on the label or container.

If in doubt about any procedure staff will not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular student, the issue will be discussed with the parent/carer, if appropriate, or with a health professional attached to the school or setting.

Refusing Medicines

If a student refuses to take medicine, staff will not force them to do so. Parents/carers should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed. In the case of epipens, the individual student's health care plan will be followed.

Record Keeping

Parents/carers should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- name of student
- name of medicine
- dose
- method of administration
- time/frequency of administration
- any side effects
- expiry date

Disposal of Medicines

Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date- expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all the medicines, then they will be taken to a local pharmacy for safe disposal by the persons with responsibility for Prescribed Medication.

Managing Medical Conditions

Asthma

Students with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicine. It is good practice to support students with asthma to take charge of and use their inhaler from an early age.

Diabetes

Students with diabetes will be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Students with diabetes should bring an "emergency snack box" containing glucose tablets or a sugary drink to school. This can be kept in the Medical Room.

Anaphylaxis

The decision on how many adrenaline devices the school should hold, and where to store them, has to be decided on an individual basis between the Headteacher, the student's parents/carers and medical staff involved.

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the student's parents/carers, the school and the treating doctor.

Epilepsy

Students with Epilepsy require a care plan to identify the severity and frequency of seizures. All staff are familiar with the protocol should a seizure occur.

Management of medical needs on Trips and Visits

Students with medical needs will be encouraged to participate in trips and visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular student. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be made aware of any medical needs and relevant emergency procedures by the parent on the consent form. A copy of any individual health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a student's safety or the safety of other students on a visit, advice will be sought from parents/carers and/or health professionals.

For a student with medical needs, the Headteacher will need to agree with the parents/carers exactly what support can be provided.

Resources and Expenditure

A lockable metal drugs cabinet securely fixed to a wall.

Prescribed medication register.

Refrigerator for liquid medications.

How it will be monitored:

Entries in prescribed medication register.

Students' taking medication in a controlled environment.

By Whom:

School Health and Safety Committee

Review Date:

Annually **Review Assigned to:**

Agenda Item School Health & Safety Committee.

Trust School Local Governing Bodies

Annex D Key Contacts for each individual School

School

Designated First Aiders

Designated First aid or medical room

Designated Medication officer

Safeguarding lead

Reception

Head teacher

Trust

Trust Facilities Manager

Adam Wood awood@1590trust.org.uk

Director of Finance and Operations

Katy Riley kriley@conyers.org.uk

Trust SENDCO

Claire Pack cpack@conyers.org.uk

Health and Safety Unit contact:

Hatti