
THE 1590 TRUST - HEALTH AND SAFETY POLICY

Updated: February 2020

Origin: Director of Finance & Operations

Introduction:

The Trust place a high priority 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 all staff and visiting workers accept that Health and Safety considerations are always an integral part of their working practices.
- 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 extra curricular 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 Governors, 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.
- Provide appropriate protective clothing and safety equipment as necessary and ensure that these are

used as required

- Ensure fire exits are kept free of hazards
- Routine maintenance such as loose electrical sockets, wiring, broken windows etc. should be reported immediately to the Site team / caretaker.

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.

All members of staff are represented on the School Health and Safety Committee. If any member of staff has a health and safety concern they should bring it to the attention of a member of this group. Urgent matters should be referred to the Headteacher and /or the School Health and Safety Co-ordinator. 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 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 extra curricular 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 Health and Safety Committee will monitor any trends presented by these records and make recommendations to the Headteacher if they consider remedial measures should to 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 Co-ordinators 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. 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 Co-ordinator and Executive Team.
- The School Health and Safety Committee.

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| <p>How it will be monitored: Various inspections of premises. Trends in Accident Reports. Regular inspections and observation</p> | <p>By Whom: A Stockton Health and Safety Unit B School Health & Safety Committee C Head Teachers</p> |
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| <p>Review Date: A Annually, February</p> | <p>Review Assigned to: Agenda Item School Health & Safety Committee</p> |
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| B Site inspections C Every 5 years | Conyers Local Governing Body's Care, Support and Guidance Committee on behalf of the Trust. |
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Conyers School ANNEXE 1: MEDICAL POLICY

Last update: February 2020

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

The school Medical Room is organised to provide treatment for all students and staff for injuries that occur during the school day. Although 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 accidents to students on the school site are recorded in the school's Accident Book. When accidents 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 the Student Support Centre on telephone extension number 1059. If no response, please call reception on 1000 who will seek assistance. There is a rota of Teaching Assistant **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 the Student Support Centre by sending a student or via the telephone on **Ext 1059**
 - the Student Support Centre will seek the assistance of a First Aider;
 - do not attempt to administer first aid unless you are competent to do so;
 - ensure the accident is recorded in the accident book and that an accident report is completed.
- Book and forms are kept in the Personnel Office.

First Aid Boxes for staff can be found in the Learning Support, School Kitchen and Sports Area.

Accidents on Sports Fields

First Aid trained staff will be on duty in school whilst games and matches are being played on site from 9.00 a.m. until 9.00 p.m. Monday to Friday and at other times by arrangement. They are first responders to any incident on sports fields.

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 SIMS.net, the medical register located in the Staffroom, the School Administrator's Office or from Mrs Claire Pack, SENCo.
- Mr Paul Plows, Director of Care, Support and Guidance, is the Nominated Person for Child Protection.

If a student becomes ill during a session staff must:

- send that student to the Student Support Centre, accompanied by another student who will return to class.
- telephone the Student Support Centre to explain the situation.
- ensure it is a genuine illness and not a work avoidance strategy presented by the student.

NB: Do not send students directly to the Medical Room, this is not staffed. Student Support Centre will telephone a First Aider as and when required.

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 written consent by letter.

Only staff who have been authorised to administer medicines by the Policy Lead should do so. The designated person for administering medication is **Pat Thomas** (Teaching Assistant) and **Pauline Carter** (Teaching Assistant) in her absence.

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 name of 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 medical log by the lead officer.

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 Teaching Assistant 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, 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. A confidential copy of the medical register is kept securely in the School Administrator's Office.

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.

Conyers School ANNEXE 2: FIRST AID PROCEDURE

Date: February 2020

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 Personnel Officer.

In addition to the standard first-aid equipment (plasters, bandages, cleansing wipes etc.) the school also

have two portable defibrillators. These are positioned in the PE Office on the wall in the male shower area and in the Learning Support Area, on the wall of the Physio Room.

Although you do not have to be trained to use the defibrillators a number of the First Aid team have been trained in the use of portable defibrillators.

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 accident book and medical book are filled in.

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.

Staff must immediately contact the Student Support Centre on telephone extension number 1059. If no response, please call reception on 1000 who will seek assistance. There is a rota of Teaching Assistant **Qualified First Aiders** and a list of other staff who are trained.

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
- 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

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 or a wound that bleeds or suspected minor breaks/sprains must be taken to the Medical Room for further assessment and any action deemed necessary by the First Aider.

For all instances where a student has suffered an injury or illness other than minor bumps, cuts, grazes, feeling sick/unwell etc. Student Support must be notified 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), a member of the Student Support staff and the receptionist should be contacted immediately. In an emergency, an ambulance (999) should be called without delay. The receptionist will liaise with the emergency services; Student Support will liaise with the parent/carers. Any injury that results in treatment at a hospital must be registered under RIDDOR.

Minor Injuries/Illness

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

Lesson times: Students should be directed to the Student Support area for an assessment of the severity of any illness or injury and appropriate action will be taken. A First Aider may be notified or the injured party may be sent to the Medical Room for treatment.

Break-times/Lunchtimes: Students should be directed to the Student Support area for an assessment of the severity of any illness or injury and appropriate action will be taken. A First Aider may be notified or 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 Year Manager (or in their absence, one of the Student Support Team) must be informed.

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

All details of the incident must be recorded in the Medical Room Incident Book. This book / 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/carers
- Signature of person administering First Aid

If the incident is deemed to be serious or the person was sent to hospital for treatment the details **must also be** recorded in the Accident Book (held in the Personnel Office).

If hospital treatment was administered or the student was absent from school for five consecutive days a RIDDOR form must be completed (by the Personnel Officer).

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| <p>How it will be monitored: Medical Records of incidents reported</p> | <p>By Whom: Director of Finance & Operations Headteacher of each school Local Governing Bodies</p> |
| <p>Review Date: Annually, February</p> | <p>Review Assigned to: Local Governing Body's Care, Support & Guidance Committee</p> |

Conyers School ANNEXE 3: MEDICATION PROCEDURE

Updated: February 2020

Origin: J McCann Director of
Finance and Operations
Ms P Thomas Teaching Assistant with
Responsibility for Prescribed Medication

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.

Co-ordinating Information

Co-ordinating and sharing information on an individual student with medical needs, particularly in secondary schools, can be difficult. The Teaching Assistant with Responsibility for Prescribed Medication should be a first contact for parents/carers and staff, and will liaise with external agencies as required.

A Medical Register is kept with details of name, year group, medical conditions and treatment for all students with a medical condition 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 Teaching Assistant with responsibility for Prescribed Medication will meet with the parent and draw up a Care Plan agreeing the circumstances when this medication can be given 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. A written letter of consent by the parent should be sent into school with the medication and a 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 name of 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. The designated person for administering medication is Pat Thomas (Teaching Assistant) and Pauline Carter (Teaching Assistant) in her absence.

No student under 16 can be given medicines without their carer/parent's written consent by letter. 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/carers, 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 in writing. 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 Teaching Assistant 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 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, February

Review Assigned to:

Agenda Item School Health & Safety Committee.
Local Governing Body’s Care, Support and Guidance Committee