



Elmlea Schools' Trust

- **Guidance and Procedures for Supporting Pupils at School with Medical Needs**
- **First Aid including recording of playground accidents and incidents**
- **Control of Infections Guidance**
- **Please see separate document for (Non-Minor) Accident and Incident Reporting and Investigation Procedure**

Document History Record of recent Policy changes

Date	Author/Owner	Change	Origin of Change e.g. TU request, change in legislation
April 2018	Clare Sanders	Incorporate DfE guidance on supporting pupils with medical conditions (2014) and incorporate Control of Infections Policy	Judicium Policies incorporated into one guidance document.
August 2020	Clare Sanders		Adapt EJS/Judicium Policy to EST Policy including update of forms . Separate policy for Accident and Incident reporting and Investigation Procedure
December 2020	CS		Further personalisation to provide consistency to both EJS and EIS procedures

Trustees 'Committee	Operations Committee - Health and Safety Sub Committee
Statutory/Non Statutory	Statutory
Policy Adopted	January 2021
Review cycle	Annually
Review date	January 2022

Legal Background

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of schools to make arrangements for supporting pupils at the school with medical conditions.

Generally, the Health and Safety at Work etc. Act 1974, and associated legislation, requires that organisations ensure the health and safety of persons at work and persons affected by their work. Pupils attending schools fall under this general legal requirement as they are affected by the work at the school whilst staff act in loco parentis, so are expected to do what a reasonable parent would do in given situations.

Additionally, the Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. There is specific non-statutory advice 'the Equality Act 2010 and Schools' produced by the Department for Education to help schools understand how the Equality Act affects them and how to fulfil their duties under the Act.

Statement

The Trustees and Executive Headteacher believe that ensuring the health and welfare of staff, pupils and visitors is essential to the success of the school. The trust will ensure that arrangements are in place, and are committed to:

- Providing adequate provision for first aid for pupils, staff and visitors.
- Ensuring that pupils with medical conditions are fully supported at school to enable them to access and enjoy the same opportunities at school as any other pupil.

The focus will be on the needs of each individual pupil and how their medical condition impacts on their school life.

This policy aims to provide clear guidance and procedures to staff and parents.

The trust and schools will work together with parents, pupils and other health professionals. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision.

No pupil with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We retain the right not to accept a pupil at school at times where it would be detrimental to the health of that pupils or to other pupils or staff. We will ensure all staff are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

Guidance and Procedures for Supporting Pupils at School with Medical Needs

Short Term Medical Needs - Administering Medicines in School

Many pupils will need to take medication (or be given it) at school at certain times. Mostly, this will be for a short period only, to finish a course of antibiotics or apply a lotion. To support pupils with this will undoubtedly minimise the time they need to be off school. Medication should only be taken in school when absolutely necessary.

It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside of school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

Pupils with Special Medical Needs – Individual Healthcare Plans

Some pupils have medical conditions that, if not properly managed, could limit their access to education.

These children may be:

Epileptic

Asthmatic

Have severe allergies, which may result in anaphylactic shock

Diabetic

ADHD

Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

The Trust schools will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that pupils with medical conditions are included.

The Schools will not send pupils with medical needs home frequently or create unnecessary barriers to pupils participating in any aspect of school life.

However, trust staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

An individual health care plan can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. The Trust appreciates that pupils with the same medical condition do not necessarily require the same treatment.

Parents/guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupil if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The School Nursing Team based at Southmead House, 256 Greystoke Avenue, Bristol BS10 6BQ can be contacted for support as required.

Procedures

For children with asthma, epilepsy, diabetes, complex heart conditions, and other more complex conditions the following procedures will be followed when the School is first notified of a pupil's medical condition

1. When the school identifies through the admissions form, or is notified of a child's medical conditions, the school will send a 'Developing an Individual Healthcare Plan letter to the parent/carer'.
FORM 1 : Developing an Individual Healthcare Plan for your child
2. The First Aid Lead co-ordinator arranges a meeting to discuss the pupil's medical support needs, and identifies the member of staff who will provide support to the pupil.
3. A meeting will be held to discuss and agree on the needs as stated on the individual health care plan (IHCP) form that the parent will have completed.
FORM 2 : Individual Healthcare Plan and Administration of Medication Form
The meeting will include the key school staff, parent, and if necessary the pupil, relevant health care professional and other medical/healthcare clinician (or to consider written evidence provided by them).
4. Some pupils may have special educational needs and may have an Individual Educational Plan (IEP) which brings together health and social care needs, as well as their special educational provision. Where this is the case the IHCP should be linked to or become part of that IEP.
5. Where a pupil has Special Educational Needs, but does not have an IEP their special educational needs should be mentioned in their individual healthcare plan.
6. Staff training needs will be identified by the Director of Finance and Operations in consultation with the main first aiders in the school, with a sufficient number of staff trained to ensure cover for sickness periods, or staff turnover.
7. Healthcare professional commissions or delivers appropriate training and staff are signed off as competent. A review date for training will be agreed.
8. The IHCP will be implemented and circulated to all relevant staff. Supply staff will be informed that an IHCP is in place.
9. The IHCP will be monitored and reviewed annually or when the medical condition changes. The parent or healthcare professional may initiate the review.
10. For pupils starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or pupils moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

INDIVIDUAL HEALTHCARE PLANS

All pupils with any medical need will require an IHCP completed by the parents. (Form 2)

The following will be considered when deciding what information will be recorded on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatment;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments;
- Specific support for the pupil's educational, social and emotional needs;
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency, and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the pupil's condition and the support required;
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of normal school timetable that will ensure the pupil can participate e.g. risk assessments;
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition; and
- What constitutes an emergency and what to do, including whom to contact, and contingency arrangements. Some pupils may have an emergency healthcare plan prepared by their lead clinician.

ROLES AND RESPONSIBILITIES

Board of Trustees

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions is developed and implemented.
- Ensure that sufficient staff have received suitable training and are competent before they can take on responsibility to support pupils with medical needs.

Executive Headteacher

- Ensure that the trust's policy for supporting pupils with medical needs is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensure that all staff who need to know (including first aiders, supply teachers, lunch break staff) are aware of the pupil's condition.
- Ensure sufficient number of trained staff are available to implement and deliver all required IHCPs.
- Have overall responsibility for the development of IHCPs, including contingency and emergency arrangements.
- Ensure that school staff are appropriately insured and are aware they are insured to support pupils in this way.

Trust/School Staff

- The staff identified as co-ordinator(s) for monitoring the provision of support to pupils with medical conditions is the Executive Headteacher in consultation with the Special Educational Needs and Disability leads in the individual schools.
- Any member of staff **may be asked** to provide support to pupils with medical conditions, including administering of medicines. Staff do not have to agree to the administering of medicines.
- Before supporting pupils with medication conditions and/or administering medication, staff should receive suitable and sufficient training and achieve the necessary level of competency before they take on responsibility to support pupils with medical conditions.
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Healthcare professionals (GPs/Schools Nursing Team etc.)

- May support staff on implementing IHCPs, providing advice and training.
- At the schools' request, the lead clinicians locally on support for the pupil and associated staff training needs.
- The school is aware that the specialist local health teams may be able to provide support in schools for pupils with particular conditions (e.g. asthma, diabetes, epilepsy) and will actively seek advice where necessary.

Pupils

- May be fully involved in discussions about their medical support needs and contribute to, and comply with, the development of their IHCP.
- Other pupils to be encouraged to be sensitive to the needs of those with medical conditions.

Parents

- Provide the school with sufficient and up to date information about their child's medical needs.
- Will be expected to complete the relevant forms in a timely manner.
- As key partners, should be involved in the development and review of their child's IHCP and will be involved in its drafting.
- Carry out any action they have agreed to as part of the IHCP implementation (this will include ensuring equipment/medications are taken in to school).

Local Authorities

Local Authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Pupils Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of pupils with regard to their physical and mental health, and their education, training and recreation.

As such they should:

- Provide support, advice and guidance, including suitable training for school staff, to ensure that the support identified in the IHCP can be delivered effectively.
- Make other arrangements where a Pupil would not receive a suitable education in a mainstream school because of their health needs.

STAFF TRAINING AND SUPPORT

1. Any member of staff providing support to a pupil with medical needs should have received suitable training. Where staff already have some knowledge of specific support needed by a pupil extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.
2. The lead First Aider in the individual school will normally lead on identifying the type and level of training required, and how this can be achieved.
3. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in IHCPs. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
4. Staff **MUST NOT** give prescription medicines under healthcare procedures without appropriate training (updated to reflect any IHCPs). In all cases the appropriate form must be completed.
5. All staff to receive awareness training of the school's guidelines and procedures for supporting pupils with medical conditions and their role in implementing that policy. This will also form part of staff induction training.

Prescribed medicines may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Most prescribed medicines can be taken outside of normal school hours, e.g. antibiotics will generally only be administered by the school if four doses per day are required.

PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

1. Where a pupil is deemed competent to manage their own health needs and medicines, this should be encouraged and this should be reflected within IHCPs. The pupil will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

2. Wherever possible, pupils should be allowed to carry their own medicines and relevant devices (e.g. asthma inhalers) or should be able to access their medicines for self-medication quickly and easily, but with an appropriate level of supervision.
3. If a pupil refuses to take their medication or carry out necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHCP. Parents should be informed so that alternative options can be considered.

MANAGING MEDICINES ON SCHOOL PREMISES

1. Pupils' medication e.g. pain relief/antibiotics/anti histamine/buccal midazolam/medication for ADHD is stored in the School Office. This may be in the fridge, the medicines cupboard or the locked medicines cabinet as necessary. If a child requires an auto adrenaline injector (AAI) and spares are available to be kept in school, one is stored in the School Office and one in the child's classroom. These are not locked away so they can be accessed by everyone easily in an emergency.
If the child only has 2 AAIs they are bought in and out of school daily. It is the parents responsibility to ensure they are bought into school and taken home.
If a child has an asthma inhaler they keep it in an agreed place e.g. classroom/pe bag/school bag
Spare generic Ventolin inhalers and x2 AAIs are available at all times in the Junior School Office in case of emergencies. These are not locked away so they can be accessed by everyone easily in an emergency.
 2. When going off site the Trip Lead Teacher is in charge of medication and who/how /where it is kept.
3. Medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
4. No pupil at Elmlea Schools' Trust will be given prescription or non-prescription medicines without their parent's written consent.
5. No pupil at Elmlea Schools' Trust will be given medicine containing aspirin unless prescribed by a doctor.
6. Where clinically possible medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
7. The school will only accept prescribed medicines that are in-date, labelled with the pupil's name, provided in the original container as dispensed by a pharmacist and include instruction for administration, dosage and storage. The exception to this is insulin which may be in a pen or pump but it must still be in date.
8. In this school controlled drugs that have been prescribed will be securely stored. A record will be kept of any doses used and the amount of the controlled drug held in school.
9. School staff may administer a controlled drug to a pupil for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.
10. The school will keep a record of all medicines administered to individual pupils stating what, how and how much was administered, when and by whom. Any side effects should also be recorded.
11. It is the responsibility of the School to return medicines that are no longer required, to the parent for safe disposal.
12. When no longer required, medicines should be returned to parents to arrange for safe disposal. Medicines should not be returned to parents during holiday periods unless the child is leaving.
13. When a pupil has taken their inhaler during a school day the following procedure is used to notify parents that their son/daughter has used their inhaler.

Elmlea Infant School - stick a yellow slip into the children's reading record book with the date, time and dose given.

Elmlea Junior School – document the use of an inhaler on a record in Junior School Office. The school does not routinely inform parents if inhaler only taken once during the day. If the inhaler is taken more than once the school phone parents as it may identify that the child's asthma is not under control and may need a medical review.

EMERGENCY PROCEDURES

1. Each IHCP will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures and where appropriate that other pupils know what to do if they think help is needed.
2. If a pupil is taken to hospital, a member of school staff will stay with the pupil until the parent arrives.

USE OF EMERGENCY ASTHMA INHALERS AND Auto Adrenaline Injection AAI's

Schools have been allowed to obtain, emergency salbutamol asthma inhalers and AAI's without a prescription, for use in emergencies.

Schools are not required to hold an inhaler or AAI's – this is a discretionary power enabling schools to do this if they wish.

Both Elmlea Infant and Elmlea Junior School hold a stock of emergency inhalers and AAI's which are located in various locations in the school. These are emergency use, as per the Department of Health's protocol.

DEFIBRILLATORS

Defibrillators are a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest.

Both schools have one defibrillator which are located in the Junior and Infant School office.

Members of staff who receive first aid training are also trained to use the defibrillator. However, the defibrillators are provided to the schools as a community tool and can therefore, in an emergency be used by any member of staff or public. Detailed instructions are provided with the defibrillator.

EDUCATION VISITS including Day and Residential Visits and Sporting Activities

1. The school will actively support pupils with medical conditions to enable them to participate in school trips and visits or in sporting activities, and not prevent them from doing so.
2. The school will consider what reasonable adjustments they might make to enable pupils with medical needs to participate fully and safety on school trips and visits. It is best practice to include this as part of the activity risk assessment to ensure that pupils with medical conditions are included.

UNACCEPTABLE PRACTICE

The following is regarded by the school as unacceptable practice:

- Preventing pupils from easily accessing their inhalers and medication and administering when necessary;
- Assuming that every pupil with the same condition requires the same treatment;
- Ignoring the views of the pupil, their parents, medical evidence or opinion;
- Sending pupils with medical condition home frequently or preventing them from staying for normal school activities;
- Penalising pupils for their attendance record if their absences are related to their medical condition;

- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need in order to manage their medical condition effectively;
- Requiring parents to attend school to administer medication or provide medical support to their child. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Preventing pupils from participating, or create unnecessary barriers to pupils participating, in any aspect of school life, including school trips, e.g. by requiring parents to accompany the pupil.

First Aid including recording of playground incidents and accidents

First Aid and Administration of Medication trained staff

Members of staff in the school who are currently trained in First Aid are recorded on a list available in the school offices and on the Health and Safety noticeboard.

All first aiders have the responsibility to ensure that any first aid is administered and reported in accordance with the school and Health and Safety Executive regulations.

Definition of First Aid as per Health and Safety (First Aid) Regulations 1981:

(a) cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and

(b) treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse.

First Aid is provided to:

- Preserve life
- Limit the effects of the condition and
- Promote recovery

First Aid should be provided where a person will need further medical treatment until such help arrives, and for the treatment of minor injuries. It should be noted that the treatment of minor illnesses, by the administration of tablets or medicines, falls outside the definition of First Aid.

Definitions of First Aiders

First Aider is a person who has attended, successfully completed and has a valid certificate for the “First Aid at Work” training.

Appointed Person/Emergency First Aider means a person who has attended, successfully completed and has a valid certificate for the ‘Appointed Persons’ or other First Aid Training e.g. one day first aid course.

Definitions relating to accident/incident management

An **incident** is an unplanned or uncontrolled event or sequence of events that has the potential to cause injury, ill health or death.

An **accident** is an unplanned, uncontrolled event, which may cause major or minor injury, disease, illness, death, damage or other loss.

Role and Responsibilities of First Aiders and Appointed Persons/Emergency First Aider

The First Aiders and Appointed Persons role includes:

- ✓ administration of First Aid, up to but not exceeding the level of your training
- ✓ ensuring that any incident and any treatment given is recorded on the school report forms, reporting immediately to the Business Director or in their absence the Business Manager, all incidents requiring the attendance of a pupil, member of staff or any person at hospital.
- ✓ ensuring that all spillages of body fluids are cleaned up promptly
- ✓ maintaining stocks within the First Aid kit/box
- ✓ ensuring, in liaison with the Business Director, that appropriate documentation is completed and that reportable accidents are reported to the Headteacher and class teacher as soon as possible after dealing with the immediate effects
- ✓ reporting any illnesses or injuries which would exclude their abilities to administer First Aid, to the Director of Finance and Operations and School Administrator responsible for First Aid.

First Aid Treatment

First aiders, or any person administering emergency first aid, should take basic hygiene precautions as a standard procedure to reduce the risk of transmitting infectious diseases. Particular care is needed when there is a likely contact with another person's blood. In such cases disposable plastic gloves and apron should always be used. Standard precautions are: -

- ✓ Anybody administering first aid should always wash their hands before and after applying dressings.
- ✓ If in the event of treatment blood has to be cleaned from the casualty, first aiders should wear disposable plastic gloves and an apron, and should use paper towels.
- ✓ The cleaning of clothing soiled by blood or body fluids and worn by first aiders treating a casualty shall be the responsibility of the employer.
- ✓ Anybody who suffers a cut or puncture wound when treating a casualty should wash thoroughly afterwards and then seek medical advice.
- ✓ Record what treatment you have given on the accident /incident report schedule.

In the case of a pupil accident/incident, the procedures are as follows:

- In the event of illness, a pupil will be sent to the school office where necessary they will be accompanied by another pupil or staff member.
- At break or lunchtime - the member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first aid post and calls for a first aider.
- During lesson time – the pupil will be sent to the school office or where deemed necessary be accompanied by an adult.
- The first aider administers first aid and records details in our treatment book.
- If the child has had a bump on the head, they must be given a “bump on the head” sticker.
- If the child has to be taken to hospital or the injury is ‘work’ related then the accident is reported to the Board of Trustees.
- If the incident is reportable under RIDDOR (*Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013*), the Director of Finance and Operations will complete this in line with the Trust Accident and Incident Reporting and Investigation Procedure.

First Aid Boxes

The first aid posts are located in:

Junior School

We have various first aid boxes around the school e.g. in the hall, staffroom, Lodge, Studio, Food Tech room.

Every class has basic first aid bag due to Covid as children not visiting school office for treatment.

There is a Fridge in the school office to store meds/antibiotics that specifically require storage in a fridge.

Infant School

We have 6 first aid boxes around the school in the hall, staffroom, year 2 building, year 1 cloakroom, in oak classroom and willow classroom. We also have a box with every day supplies in the year 1 cloakroom and the reception area and now every first aider, outside on duty has a small first aid kit.

First Aid Equipment

All first-aid containers must be marked with a white cross on a green background.

All trained first aiders and appointed persons will have received further information during the training courses they have attended.

The schools identified main first aider and designated assistant, is responsible for examining the contents of first-aid containers. These should be checked termly and prior to the start of the new academic year and restocked as soon as

possible after use, if any first aider notices that any items are missing, please report this to the school office immediately.

- Where there is no special risk identified, the HSE recommend that a **minimum** provision of first-aid items is:
- Contents list and general guidance card on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads, with attachments
- 4 individually wrapped triangular bandages
- 6 safety pins
- 6 medium sized individually wrapped sterile non-medicated wound dressings (approx. 12cm x 12cm)
- 2 large sized individually wrapped sterile non-medicated wound dressings (approx. 18cm x 18cm)
- 3 extra-large sized individually wrapped sterile non-medicated wound dressings (approx. 28cm x 17.5cm)
- 3 x 300 ml of sterile water or sterile normal saline solution (0.9%) in sealed disposable containers (where mains water is not readily available for eye irrigation)
- Individually wrapped moist cleansing wipes (where soap and water are not available)
- One pair of disposable surgical gloves
- Extra items for special hazards may also be kept in first aid boxes but only where the first aider has been trained in their use.

No tablets or medicines are to be kept in first aid kits or dispensed by staff unless specifically qualified to do so.

Portable First Aid Equipment

Before undertaking any off-site activities, the visit leader should assess what level of first-aid provision is needed.

In the case of **day visits** a trained First Aider will carry a First Aid travel kit in case of need.

The HSE recommend that where there is no special risk identified, a **minimum** stock of first-aid items for portable first-aid containers is:

Contents list and general guidance card on first aid;
6 individually wrapped sterile adhesive dressings;
1 large sized individually wrapped sterile non-medicated dressing;
2 triangular individually wrapped bandages;
2 safety pins;
individually wrapped moist cleansing wipes;
one pair of disposable gloves

School Visits

In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

Recording and reporting Accidents and Incidents

Reporting of accidents and incidents plays an important part in improving health and safety of our trust. It provides a successful way in which to monitor trends and identifies issues so that agreed measures can be implemented and the likelihood of incidents reduced.

If any pupils, staff or visitors have an accident at work, while on the premises or on an off-site activity then it must be recorded. It is a legal requirement to keep records of accidents/incidents, dangerous occurrences and ill health.

There are certain accident/incidents, generally known as RIDDOR Reportable, which must be reported to the Health and Safety Executive within set timescales.

The Health and Safety Executive have produced guidance specifically for schools – “Incident reporting in schools (accident, diseases and dangerous occurrences). It provides information on the category of incidents which must be

reported; they include specified injuries, occupational diseases, dangerous occurrence, when to report for a member of staff, a pupil and other people of our school site.

Elmlea Schools' Trust have a separate policy "Accident and Incident Reporting and Investigation Procedures" which should be read in conjunction with this policy.

Playground Incidents

Incidents due to collisions, slips, trips and falls are not normally reportable unless they happen because of the condition of the premises, equipment or inadequate supervision. However, there is still a need to record such incidents.

These accidents and incidents are recorded using the Playground Incident Reporting Book with a copy of the document given to the child to take home. Where deemed necessary, parents are contacted by phone.

(See appendix 6 for sample of Playground Incident Report Book/Form)

Accident/incident Reporting

Elmlea Schools' Trust adopts the following mechanisms to record accidents.

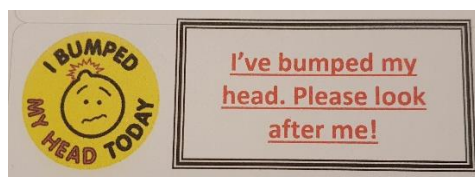
1. MINOR BUMPS/SLIPS/TRIPS – PUPILS

All minor bumps/slips that occur with frequency when children are playing should be recorded on the pupil incident booklet (Green Book).

The incident booklet has been designed to record information and should be completed as soon as possible after the event. Ensure that the injured person has received treatment. The form enables appropriate action to be taken to prevent possible recurrences, monitoring to be conducted and trends identified. It meets the requirements of the law, including data protection.

Recorded in Green Playground Incident Book (See appendix 6 for sample of Playground Incident Report Book/Form)

As well as providing the pupil with a copy of the incident report form, where a child bumps their head, they are given a bumped head sticker.



- 2. Accidents/incidents involving staff, visitors, contractors** should be recorded in the [HSE Accident Book](#) which is retained in the [Junior Office](#) and the [Infants Deputy Heads Office](#) which needs to conform to the latest requirements of data protection.

(See appendix Form Ref: 7 for sample page of accident report book)

- 3. Reporting of accidents /incidents under RIDDOR – please refer to the Accident and Incident Reporting and Investigation Procedure.**

All serious accidents/incidents reportable under RIDDOR, the enforcing authority (Health & Safety Executive) must be notified within ten days of the date of the accident. Major injuries, fatalities and specified dangerous occurrences, it is therefore important that the incident report form is completed and returned to the Director of Finance and Operations within 24 hours of the incident/accident.

Serious accidents/incidents include:

- any fatal accident to employees or other people in an accident connected with our business or premises;
- any major injury to employees or other people in an accident connected with our business or premises; or
- any specified dangerous occurrence;
- any other injury to an employee, including an act of physical violence, which results in an absence from work, or the employee being unable to do their normal work for more than three days. Days which the employee would not normally be working i.e. weekends and bank holidays need to be included but the day of the accident is excluded;

If you have any concerns over an incident/accident and you feel uncomfortable with the circumstances, or there is parental concern over the cause of the accident, please report the accident via the reporting form.

Please refer to the separate trust policy “Accident and Incident Reporting and Investigation Procedure”

4. All incidents of violent, physical, verbal abuse, aggressive or threatening behaviour also need to be reported regardless of whether any injury was sustained. The Violent/Aggressive or Threatening Behaviour should be reported in the Accident Book Director of Finance and Operations for signing and completing any investigations.

5. Accidents/Illnesses requiring Hospital Treatment

If a child has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the pupil until the parent arrives, or accompany a child taken to hospital by ambulance if required.

Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

If a child goes to hospital both schools log the details on CPOMS.

6. When a pupil is sent to hospital or a Doctor following an incident/accident the students parent/carer should be given a report follow up form to enable us to have professional information on the injury sustained. This is to be followed up by an email to the parents, the response to be filed with the incident report form. At both schools an email update is sent to relevant staff. This is also be added onto CPOMS.

Investigation of the accident/incident

The main reason for the investigation is to find the cause of the accident/incident and reduce the risk of it happening again. Accidents/incidents are usually caused by failures in control and often have several causes both direct and indirect, it is important to identify all causes. Although the direct cause may be human or technical failure the indirect cause may be down to organisational failings or oversight that managers are responsible for.

Should the accident/incident be of a serious nature, it will be necessary to undertake an accident/incident investigation. This will be carried out by the Director of Finance and Operations, who will follow the procedures set out in the separate Accident and Incident Reporting and Investigation Procedure.

Additional information

Dangerous Occurrences – the HSE has a schedule which explains the type of dangerous occurrences which are reported. They include such incidents as explosions, collapse of scaffolding, overhead electrical lines etc.

Reportable Diseases – there are certain occupational diseases which are reportable when a written diagnosis from a doctor has been received. They include carpal tunnel syndrome, severe cramp of the hand or forearm, occupational

dermatitis, e.g. from work involving strong acids or alkalis, including domestic bleach; hand-arm vibration syndrome; occupational asthma, e.g. from wood dust and soldering using rosin flux;

Analysis of Accidents/Incidents

Analysis of accidents and incidents are undertaken on a regular basis by first aid staff, and reported to the Trustees by the Director of Finance and Operations on a termly basis (6 times a year). By analysing the type and location of accidents, this can lead to reducing the risk of further accidents occurring.

Analysis of the accident/incident forms to be undertaken on a regular basis, with termly reporting provided to the Director of Finance and Operations. Any areas of concerns to be highlighted to the Director of Finance and Operations. These figures are reported to the Trustees Health and Safety Committee on a regular basis.

Analysis form: Appendix 8 – copy of excel report format for analysis of accidents/incidents.

Control of Infections Guidance

The Trust is committed to safeguarding the health, safety and welfare of staff, pupils and visitors so far as is reasonably practicable. Communicable disease can constitute a health and safety hazard to anyone entering the School and this guidance aims to ensure that such risks are reduced wherever possible.

It is important that staff are aware of this policy and of statutory reporting procedures and of the outside agencies involved in dealing with outbreaks of disease.

Staff should also be particularly aware of the practical procedures to control the spread of communicable diseases.

ORGANISATION AND RESPONSIBILITIES

1.0 Executive Head Teacher's Responsibilities

The Executive Headteacher shall ensure the following:-

- a. that staff are informed of any risk to their health from a communicable disease that might arise as a result of their work or working environment and advise them on the means of avoiding either becoming infected or infecting others,
- b. that infection control issues are considered when doing workplace assessments,
- c. that staff are instructed, monitored and up-dated in correct infection control procedures,
- d. that records are maintained of staff' Hepatitis B vaccination history in areas where a risk of the disease has been identified.
- e. that sharps injuries are reported and that staff follow the correct procedures.
- f. That appropriate quantities of Personal Protective Equipment (PPE) – suitable vinyl, protective gloves, aprons and resuscitation face masks are available at all times.

1.1 All Teaching staff

Individual staff are responsible for ensuring that they are familiar with and follow the infection control procedures for their own area.

If any member of staff is unwell with diarrhoea and or vomiting he/she should not return to school until clear of symptoms for 48 hours.

1.2 First Aiders

First aiders should ensure they are familiar with this policy. Individuals may be exposed to infectious substances such as blood and other bodily fluids and should take the following precautions to reduce the risk of infection wherever practicable:

- Cover any cuts or grazes on their skin with a waterproof dressing
- Wear suitable disposable gloves when dealing with blood or any bodily fluids
- Use suitable eye protection and a disposable plastic apron where splashing is possible
- Use resuscitation face masks if you have to give mouth to mouth resuscitation
- Wash your hands after each procedure.

1.3 Site manager

The site manager is responsible for ensuring that good standards of cleaning are maintained at all times.

In the event of an outbreak of infection the site manager will arrange for relevant areas to be deep cleaned.

1.4 Kitchen Manager and all catering staff

The two main pieces of legislation which address issues of infection control on the area of food preparation are **The Food Safety Act 1990 and The Food Hygiene (England) Regulations 2006.**

- All those with the responsibility for food preparation should be aware of their duties under this legislation and have received training applicable to their level of responsibility in the food preparation area. The School requires that the minimum training for all kitchen staff' must be the Basic Food Hygiene Certificate. If the new staff do not hold this certificate when they join the School, arrangements should be made within a month for them to attend a course. New catering staff must be made aware of food hygiene arrangements.

- Any member of the catering staff who reports that they are suffering from diarrhoea and/or vomiting should be excluded from food preparation or serving until they are symptom free for 48 hours.
- Food handlers with skin problems especially on the hands and forearms should be excluded from food preparation until the skin is healed.
- Food handlers suffering from colds and coughs should not be working while still at the acute stage of the illness.
- All food handlers who consult their doctors about any infectious disease should make sure their doctor is aware of the work they do
- Food handlers who smoke should be reminded to wash their hands after smoking and before resuming their food preparation tasks.

1.6 Pregnant staff/visitors

- Pregnant staff will need to be given special advice of certain infectious diseases such as German Measles (Rubella) and Chicken Pox (Varicella-Zosta). As staff might not be aware that they are pregnant everyone should be informed if there are cases of German Measles or Chicken Pox in the School.
- Staff should be advised to ask their doctor for a test to establish their immunity to German Measles if they are planning to become pregnant. Previous vaccination in childhood does not guarantee immunity.

1.7 Pupils and parents

Pupils are expected to comply with any request from staff to leave the area if someone is unwell. They should also report any concerns they may have to a member of staff.

Any pupil who is unwell with diarrhoea and or vomiting should stay away from the School until they have been symptom free for 48 hours. Parents are asked to ensure that this happens.

ARRANGEMENTS

2.1 Risk Assessment

- A general risk assessment of the Trust/School premises should consider the hazards that might be posed by infectious disease. In some areas there will be little or no risk identified over and above that which is encountered in everyday life. In some areas, however, where there exists a pupil or employee with known or probable health problems, further analysis will have to be made.
- The care plans of individual pupils with special needs should indicate if they are suffering from an infectious disease that requires special precautions to be taken, especially if they require personal care. This would also apply to pupils who are unpredictable and violent. However, the confidentiality of the pupil's medical condition should be protected whenever possible.
- Immunisation advice to staff will cover some aspects of risk, as will training in sound hygiene practices such as washing and universal precautions (*see 2.2-2.3*).

2.2 Basic Hygiene Measures

- In all areas of the School it is important to observe good basic hygiene procedures. **Universal Infection Control Precautions** is an approach to infection control that assumes anybody might be infectious, even if they do not fall into an obvious risk group. Therefore, when dealing with any fluids, it is necessary to employ infection control measures.

2.3 Hand-washing

Effective hand washing is an important method of controlling the spread of infections, especially those causing diarrhoea and vomiting type illness. Therefore, always wash hands after using the toilet and before eating or handling food using the following technique:

- a. Use warm running water and a mild, preferably liquid, soap. If tablets of soap are used it is important that they are kept on a clean soap dish when not being used.
- b. Rub hands vigorously together until soapy lather develops and continue for at least 15 seconds ensuring that all surfaces of the hand are covered.

- c. Rinse hands under running water and dry hands with either a hand dryer or paper towels. Do not use cloth towels as they can harbour micro-organisms which can then be transferred from one person to person.
- d. Discard paper towels into a bin (pedal bins are preferable).
- e. It is important to ensure that hand basins are kept clean.

2.4 Disposal of Sharps

- Sharps are rarely found discarded on School premises. Sharps include needles or syringes, scalpel blades, and razor blades etc. Used sharps will inevitably have traces of blood on them. Therefore, it is important that they are not allowed to cut or penetrate the skin of another person after they have been used.
- If required, a sharps' box should be purchase and available in both schools and should be used to dispose of used needles, razor blades etc. A sharps' box will need to be available in all areas where there is a chance of discarded needles being discovered.

2.5 Cleaning-up body fluid spills

- a. Disposable gloves must be available and should be worn. These should be vinyl gloves not latex which is known to cause allergic reactions in some people. Plastic aprons should also be available and used where necessary.
- b. Any cuts on the hands or arms should be covered with waterproof plasters.
- c. Clean the pupil (or staff member) and remove them from the immediate area.
- d. Isolate the area with signs, chairs, cones etc.
- e. The spillage should be covered with granules.
- f. Follow the instructions enclosed with proprietary brand.
- g. Clean up spillage.
- h. This can be disposed of either by flushing down the toilet or by using a blood disposal bin.
- i. The area should then be cleaned thoroughly with detergent and hot water using disposable cloths, and then wiped over using standard hypochlorite solution (bleach, Milton) following the manufacturer's instructions.
- j. Then remove and dispose of PPE (gloves, apron) and wash hands thoroughly (*as described in 2.3 above*)

2.6 Accidental Contamination with Body Fluids

- Blood borne viruses do not invade the body through intact skin; they can however penetrate through open wounds, mucous membrane (mouth), conjunctivae (eyes) and puncture wounds (so-called "sharp issues" injuries).
- In the event of an accident with body fluids that results in possible contamination the following procedures should be followed:

IMMEDIATE ACTION by the person involved, first aider and manager:

- a. make the wound bleed for a few seconds, but do not suck the wound.
- b. wash the wound with soap and warm running water, do not scrub
- c. cover the wound
- d. conjunctivae (eyes), mucous membrane (mouth) should be washed well under running water.
- e. Report the incident to the Business Manager and ask them to complete, with your help, an accident form as soon as possible. The accident form should note: whether the injury is deep, if there was visible blood on the device causing the injury, or if there is known HIV related illness.

AS SOON AS POSSIBLE (WITHIN THE HOUR)

- a. Report the matter to your GP or the local A&E department.
- b. Take the accident form with you to the GP.
- c. If you have had Hepatitis B vaccination in the past you should remind your GP of the fact.

- d. However, if you have not had a vaccine within the last six months the doctor will probably decide to give a booster.
- e. Blood should be taken and tested for Hepatitis B.
- f. The Consultant for Communicable Disease Control (CCDC) should be informed of the incident by the Business Director. If the person whose bodily fluids are involved is known, their details should be given to the CCDC.
- g. The Business Director should also report the occurrence to the HSE under RIDDOR (Form 2508A) and ensure that the above actions are carried out by the person involved in the accident.

2.7 The Consultant in Communicable Disease Control (CCDC)

- The CCDC is responsible for dealing with outbreaks of communicable disease. The CCDC should be contacted (by phone initially) by the School when there is an outbreak of a serious infectious disease in their establishment. The level of reporting is when two or more individuals are reported with the same infectious disease. The CCDC will advise on all management aspects of the situation. This will include information to parents, pupils and staff, vaccination arrangements (if indicated), possible collection of samples for microbiological analysis and statements to the press.
- For the list of reportable diseases see Appendix Form 9

2.8 Training

- Training should be delivered to staff where there is an identified risk.
- Appropriate training will need to be identified for the different categories of infection risk that staff encounter in their particular jobs. Staff working entirely in the Academy office are unlikely to require training. Cleaners, facilities staff and staff supporting pupils with special needs will require specific instruction in this area.
- Food handlers must attain the appropriate Food Hygiene Certificates as soon as possible after they are employed if they do not already hold these qualifications.

2.9 First Aid

- First Aid is an area that might expose individuals to infectious substances such as blood and other bodily fluids. Within the training for an Occupational First Aider there is an element of infection control based on Universal Infection Control Precautions.
- Staff responsible for purchasing first aid materials should supply first aiders with suitable vinyl protective gloves, aprons and resuscitation face masks in addition to the basic requirements of the first aid box (see ***Universal Infection Control Procedures*** for further details).

2.10 Immunisation

- Specific immunisation is not necessary for all staff in the context of their work. However, school staff have been identified as being at risk of specific infections, such as, Tuberculosis (TB), Rubella, Polio and Tetanus. Staff should be issued with advice when sent their pre-employment medical questionnaire.
- It is recommended that the Premises manager and all trained first aiders should have up to date tetanus vaccinations and also be offered Hepatitis B vaccinations.
- It is not considered necessary for the Hepatitis B or HIV/AIDS status of staff to be declared. If the Infection Control Procedures are set out in these Guidelines are followed there will be no risk to either pupils or other staff.

2.11 Contact with Animals

- Farm visits pose a potential risk of infection to pupils and adults. Generally, farms that are open for visits are plentifully supplied with wash hand basins. Pupils should be instructed to wash their hands thoroughly after touching animals, especially before eating.
- Pond Dipping and Canoeing are activities that might bring pupils into contact with leptospirosis (Weil's Disease). This is a disease caused by contact with the urine of infected rats. The organism can penetrate skin, especially broken skin. Therefore, cover any abrasion with waterproof plasters and wash thoroughly after contact with pond or river water. Symptoms develop about ten days after contact and can include severe headache, severe muscle aches and tenderness, redness of the eyes, loss of appetite, vomiting and sometimes a skin rash. Anyone who has been in contact with pond or river water and subsequently develops any of these symptoms in the time period should mention the contact to their doctor. Early treatment with antibiotics is usually effective. Symptoms can seem similar to influenza illness.

Basic good hygiene practice is the key to infection control in Schools and in areas of food preparation.

The inclusion of infection control issues in risk assessment, as well as training staff on induction and at suitable intervals thereafter will reduce the likelihood of infections being spread unnecessarily.

LIABILITY AND INDEMNITY

The school is insured through the Department for Education, Risk Protection Arrangement.

The risk protection arrangement (RPA) is an alternative to commercial insurance for academy trusts. Under RPA, the UK government covers the losses instead of commercial insurance.

Link : <https://www.gov.uk/guidance/academies-risk-protection-arrangement-rpa>

SPECIAL DIET ALLERGY FORMS

When a child has a special diet or allergy to particular types of food, our catering companies require parents to complete Form 10 (Special Diets/Allergy Form).

COMPLAINTS

If parents or pupils are dissatisfied with the support provided by the school to pupils with medical conditions, they should discuss their concerns directly with the class teacher, if the issue remains unresolved, they should follow the procedures as set out in the school's complaint procedure.

Elmlea Schools' Trust

- [Guidance and Procedures for Supporting Pupils at School with Medical Needs](#)
 - [First Aid including recording of playground accidents and incidents](#)
 - [Control of Infections Guidance](#)
 - [Please see separate document for \(Non-Minor\) Accident and Incident Reporting and Investigation Procedure](#)
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Appendices –

Form 1:	Model Letter inviting parents to contribute to Individual Healthcare Plan Development
Form 2	Individual Health Care Plan and Administration of Medication Form
Form 3:	Parent Form - Administration of Temporary Medication Form
Form 4:	Controlled Medication Administration Form
Form 5:	Non- Controlled Medication Administration Form
Form 6:	Sample page of the Playground Incident Reporting Book
Form 7:	Sample page of the HSE Accident Report Book
Form 8:	Analysis – Playground Incident/Accident Excel document
Form 9:	<i>List of Reportable Diseases</i>
Form 10	Catering Contractors – Special Diets/Allergies Form 10a – Aspens (Elmlea Junior School) 10b – Chartwells (Elmlea Infant School)