

**SEBERT WOOD PRIMARY SCHOOL - HEALTH & SAFETY, FIRST AID AND MEDICINES POLICY
(INCLUDING SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS)**



Date reviewed: March 2017

Date to be reviewed: Spring 2019 (or when DFE guidance is updated)

Approval by whole governing body

Signature of Chair of Governors:

Statement of Health, Safety and Welfare Policy

- We aim to provide a safe, secure environment where everyone enjoys a wide range of educational experiences and opportunities
- We aim to provide a rapid response when serious risks are identified and put right problems quickly
- We ensure that pupils with medical conditions receive appropriate care and support and access a full time curriculum or as much as their medical condition allows
- The school will carefully consider statutory guidance and take account of it in all aspects of school life
- We place a clear emphasis on meeting the needs of pupils with SEN and Disabilities, including those pupils with medical conditions

This policy should be read in conjunction with:

1. Model process for developing individual healthcare plans
2. Parental agreement to administer medicine form
3. Record of medicine administered to children form
4. Staff training records
5. DfE guidance - *Supporting Pupils at School with Medical Conditions* - December 2015 - statutory duty section 100 of the Children and Families Act 2014

Key roles and responsibilities

Suffolk County Council has prime responsibility for health and safety and the governing body and Headteacher have specific responsibilities to manage health and safety at school level. The Headteacher has a principal duty to ensure local implementation of guidance and codes of practice. This duty extends to ensuring that working conditions and environment, substances, equipment and working methods do not impair the well-being of any employee, or any other person including clients, contractors, visitors, volunteers and any member of the public who may be affected by the conduct of its work.

The Headteacher has the responsibility in the school for day to day management of health, safety and medical issues. All staff should have regard to their own health and safety and that of others. They should communicate any concerns to the appropriate person (see table below) or via the school office, so that any potential hazards can be quickly rectified.

This Policy applies to all staff. Every member of staff has personal responsibility to ensure they comply with this document, in order to comply with Health & Safety legislation, including the Health & Safety Executive/COSHH regulations which can be found: <http://www.hse.gov.uk/pubns/waste27.pdf>.

Everyone in school should assist in maintaining a safe and healthy environment. Any concerns or incidents should be reported to the school office. Children should be encouraged to report issues to their teacher, a teaching assistant or to midday supervisory assistants, and be vigilant on behalf of others, especially those younger than themselves.

Incidents and accidents are reported using an incident report form. Records of minor accidents are kept in the first aid areas. More serious incidents are recorded on incident report forms. Head injury letters are sent to parents. On occasion a parent/guardian may be called to the school to inspect the injury, although if the parent/guardian is unavailable the school will make the next step decision.

The Head will scrutinise records, and take action on reports, with the advice of Governors. The school office will arrange for minor building repairs. These are usually recorded in the caretaker's book and should not be made directly to him without prior agreement with the office, *unless they are a matter of immediate danger, in which case if the caretaker is on site the repairs can be made straight away.*

Individual members of staff are responsible for the following aspects.

Task	Name of person responsible
H&S Policy review	Headteacher / Health & Safety Governor
Communication and Information management	Headteacher
First Aid (training and equipment) and supporting pupils with medical needs	Medical Coordinator
Critical Incident Management	Headteacher
H&S Induction Training	Deputy Headteacher
Routine updating training	Headteacher
Personal safety procedures (also Schoolsafe/Behavioursafe)	Deputy Headteacher
Regular H & S walkabout	Caretaker/ Health & Safety Governor
Health & Safety Induction training	Deputy Headteacher
Planned checks (procedures)	Caretaker/ Health & Safety Governor
Planned checks (equipment)	Caretaker
Planned checks (premises)	Caretaker
Incident reporting / investigation	Headteacher
Coordination of risk assessment work	Headteacher
Fire procedures	Headteacher
Building repairs and alterations - contractors on site - School day	Office Manager
Contractors on site – outside school day / school holidays	Caretaker
PE and Sport	PE Subject Leader and team
Technology and Food Safety in School	DT Subject Leader
Science	Science Subject Leader
Vehicle control, cycle and pedestrian safety	Headteacher
Educational visits coordinator (EVC)	Headteacher
Well-Being Co-ordinator	Deputy Headteacher
Premises Security	Caretaker
Outside lettings	Administrative Assistant

Safeguarding

Our school recognises the contribution it can make to protect children from harm and support and promote the welfare of all children who are registered at our school. The elements are prevention, protection and support. As part of Health & Safety at Sebert Wood, staff are aware of their roles and responsibilities in safeguarding pupils and that this policy has an important part to play in keeping all children safe.

Communication and Information Management

The Headteacher presents a report in the recommended format for health and safety to the whole governing body. Relevant health and safety information is passed on to all staff as necessary. The Headteacher reminds all staff regularly at staff briefings of the need for vigilance to prevent accidents and of the reporting procedures for incidents and broken equipment. Staff are made aware of the following:

- The schools health and safety policy
- A copy of the "Health and Safety Law – What you should know" leaflet (which should be issued to all staff)
- A copy of the DfE document *Supporting Pupils at School With Medical Conditions* - December 2015, is available for reference
- Notes from the school's premises committee (health and safety) meetings
- Individual risk management for specific risks
- The staff handbook (health and safety extract attached in appendix 4)
- Lone Working Policy
- Fire Risk Assessment

Security and Personal Safety Procedures

- Senior Teaching Staff are key holders along with the Caretaker and Office Staff. Each key holder has a personal alarm code that must be used when they access the school out of hours. All key holders must undertake to follow procedures for school security. Lone workers (especially on dark evenings) are encouraged to ensure they consider their personal safety at all times by having access to a telephone and keeping outside door locked. The school uses an external contractor for safety audits at intervals of every 3 years
- Visitors and people entering the building are monitored. The main point of entrance is through the front door. All visitors must sign in and wear a badge at all times
- The school has security locks on doors and gates around the site. These protect staff and pupils and the school property. The Caretaker locks gates when the school is closed and children should not be in the grounds at this time. An assistant locks gates soon after the start of school. Outside doors are kept closed when lessons are in progress. Teaching staff are responsible for ensuring that doors are kept closed. Doors are also kept closed while lettings are in progress. The main entrance and the side entrance have door codes and should only be left propped open (e.g. for a delivery) when a member of staff is in attendance
- The school has a written procedure advising how staff should deal with an incident where an adult has displayed aggressive behaviour or any kind of assault (including verbal abuse)
- There is a clear policy on reporting and investigating such incidents and the LA Incident Report form is used where the incident would lead to an updated risk assessment
- Relevant staff have been trained to the Schoolsafe/Behavioursafe standard
- Walkie Talkies are used to communicate at lunchtimes and in emergencies

Risk Assessments

Risk assessments are made whenever the need arises. Risk assessments may be required under many circumstances, but in general they will only need to be completed in schools when published guidance or recommended practice is not followed, is not completely relevant to the activity considered, or does not exist. Risk assessments consider safeguarding implications of events/activities. These risk assessments are stored on the T drive for updating. These are photocopied and shared with appropriate staff and signed off by the Headteacher/Educational Visits Co-ordinator. In addition, individual pupil and staff risk assessments are completed where specific needs/risk/circumstances are identified.

Health and Safety Induction Training

The Deputy Head delivers induction training, which may include training matched to specific work and responsibilities.

Staff receive regular training in:

First Aid	3 years
Fire Safety	3 years – <u>with regular updates throughout the year</u>
General Safeguarding	2 years – <u>with regular updates throughout the year</u>
Designated safeguarding Lead	2 years
Named Governor Safeguarding	2 years

First aid training and equipment

- The Medical Coordinator oversees the majority of first aid and medical needs within the school
- The Office Manager oversees the training programme for basic first aid training and first aid delivery within the MDSA team
- Records are kept of who is trained, and when their certificates expire
- The Office Manager oversees the organisation of external training
- First aid bases are set up at playtimes (higher risk times) and all first aid equipment is appropriately located
- Portable emergency first aid kits are available to be taken to the furthest area of the school grounds
- Adequate portable first aid kits are taken when leaving the school premises
- The school has procedures for disposal of clinical waste, sharps, incontinence and sanitary waste
- Records are kept of all injuries in the first aid area in each year group base. Incident forms are completed for more serious injuries

- Relevant staff have access to health centre / GP telephone numbers. Clear procedures are in place for calling ambulance / local GP surgery, when necessary
- First aid arrangements for visits and trips are part of the risk assessment and planning of every school trip
- Life threatening medicines are administered and checked by designated and emergency first aid trained staff
- An automated defibrillator machine is kept on site, outside the main front entrance

Contractors on Site

Contractors report to reception and sign in. They are then issued with a visitor's badge. They are issued with a contractor's pack which includes the relevant policies and risk assessments. All contractors are required to show the original current cleared DBS or hard evidence of disclosure numbers and relevant information. All contractors are expected to provide a method statement prior to the start of their work and to have suitable public liability insurance. School and Pre-School staff are informed of the contractor's presence.

Vehicles and Pedestrian Safety

Staff and official visitors use the school car park which is secured by gates. Parents must not use the staff car park and they are encouraged to use local council car parks and not to park on local streets. During the school day delivery vehicles enter the car park. Children are restricted to the gated playground areas and bollards and fencing protect a section identified as a more vulnerable area, to prevent cars parking or reversing onto paved areas.

Lifting and storage

The school receives delivery of many bulky items including paper, sand and clay. Trolleys are provided for the safe handling of these items and staff should ensure that these are used and loads are split to create safe handling conditions for moving heavy resources. Chairs are stored in stacks in the hall – these present a particular hazard when being stacked and care should be taken to ensure that stacks are kept low in areas where children are circulating (max. 6). Chair trolleys should always be used to move stacks of chairs.

The school has a stepladder for access to the loft areas for long term storage of resources, records etc. Only staff trained in 'working at height' are to access the loft space. A physical check and ladder inspection sheet is to be completed before ladders are used. Ladders are only to be used in conjunction with the risk assessment. Loads should be split to ensure safe lifting into and out of lofts and children must not be present in areas when the lofts are being accessed. Only a minimum of items should be stored in loft areas and items not likely to be used in the future should be discarded or sold. A minimum of 2 members of staff should always be present when entering the loft areas. Caretaker to attend manual handling and working at height courses every two years.

Confined Space Register / Asbestos Register

The confined space register identifies all confined spaces e.g. the loft, boiler houses etc. Copies of the register are located in the main school office. Staff/contractors to sign this document before entering these areas. Gas masks from World War 2 may contain asbestos. The Health and Safety Executive advice is that it does not think it appropriate for children or teachers to wear or handle a gas mask unless it can be clearly demonstrated that the particular mask does not contain asbestos. Please seek health and safety advice should you have any concerns on this issue.

Swimming Pool Supervision

- The school has guidelines for safe coach travel by children including visits to the swimming pool. These are issued to families at the start of each school year.
- The school hires the pool through the Suffolk School's Swimming Scheme and complies with all SCC procedures.
- Staff who teach at the pool are required to take the Shallow Water Certificate.

Fire Procedures

- The school has a clear evacuation procedure, which is practised at varying times of the school day
- These drills are carried out every 6 months as a minimum
- This is recorded in the Fire Drill Log Book held in the school office
- There is a weekly fire alarm test by staff and quarterly testing by T & P Electrical.

- Fire extinguishers are tested during annual inspection and the fire hydrant is checked annually by Suffolk County Council.
- Two places of safety and assembly in the event of an evacuation have been identified - Moreton Hall Community Centre and Christ Church, Moreton Hall. In the event that access to this side is not possible then alternative exit to Raedwald Drive to be used and assemble on horseshoe grass area in Raedwald drive vicinity.

Outside Lettings

The school has a Lettings Policy, which includes sections on evacuation, child protection, supervision of children and accidents and safety. All groups hiring school premises sign these terms of hire.

Education Visits Coordinator (EVC)

The named Education Visits Co-ordinator is the Headteacher. He approves visits, checks arrangements and risk assessments, ensures the current county council advice is followed, via the EVOLVE system and reports to Governors.

Well Being Co-ordinator

The school's Well Being Co-ordinator is the Deputy Head. She encourages staff to monitor their own well being and ensures they have access to in-school and external professional support, should they feel they would like it.

SUPPORTING A CHILD WITH A MEDICAL CONDITION

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend upon working co-operatively with other agencies and with parents. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils is critical.

Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

The Governing Body of Sebert Wood Primary School is responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions
- Ensuring this policy is developed collaboratively, clearly identifies roles and responsibilities, is implemented effectively and does not discriminate on any grounds including, but not limited to, protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff have access to information, resources and materials
- Ensuring written records are kept of, any and all, medicines administered to pupils.
- Ensuring the policy sets out procedures for emergency situations
- Ensuring the level of insurance in place reflects the level of risk
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.

The Headteacher has overall responsibility but may delegate some of the following to the appropriate staff:

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- The day-to-day implementation and management of supporting pupils with medical conditions
- Liaising with healthcare professionals regarding the training required for staff.
- Identifying staff who need to be aware of a child's medical condition and ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs

- If necessary, facilitating the recruitment of staff for the purpose of delivering this policy. Ensuring more than one staff member is identified, to cover holidays/absences and emergencies
- Ensuring the correct level of insurance is in place
- Liaison with school nurses in the case of any child who has or develops an identified medical condition
- Ensuring confidentiality and data protection
- Assigning appropriate accommodation for medical treatment/care

Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. *A First aid certificate does not constitute appropriate training in supporting children with medical conditions.*
- Knowing where controlled drugs are stored and where keys are held
- Taking account of the needs of pupils with medical conditions in lessons
- Working with staff to develop IHPs
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.
- Should a child be struggling to keep up with their education due to a medical condition, staff should refer these children to the SENDCo.

School nurses are responsible for:

- Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career. Preferably as early as possible – before the child starts school if condition already known.
- Supporting staff to implement an IHP and participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Participating in the development and regular reviews of their child's IHP.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

Where appropriate to their age and if judged competent to do so by a healthcare professional and agreed by parents, pupils may:

- Provide information on how their medical condition affects them and contribute to their IHP
- Comply with the IHP and self-manage their medication or needs, including carrying medicines or devices, self administered blood tests.

Training of staff

- Newly appointed teachers, supply or agency staff and support staff will receive training based on this policy within one month of appointment
- The clinical lead for each training area/session will be named on each IHP
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

Medicines and medical conditions - general

- Unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours. In exceptional circumstances the school may administer medicine that has been prescribed for more than this, where parents have completed and signed a consent to administer medicine form, prior to staff administering it.
- In exceptional circumstances the school may administer pain killers, such as Calpol, where parents have completed and signed a consent to administer medicine form.
- Staff are only allowed to administer medicines prescribed by a doctor, dentist, nurse or pharmacist. No child will be given any prescription or non-prescription medicines without written parental consent except in an emergency i.e. by a paramedic
- Medicines MUST be in date, labelled and in the original container (except in the case of insulin which may come in a pen or pump) as dispensed by a pharmacist and include the prescriber's instructions. We are unable to accept medicines that have been taken out of their original container or make changes to dosages. Medicines which do not meet these criteria will not be administered
- Teaching Assistants may accept medicines from parents at each year group area external door in the morning and issue the relevant permission/consent forms. Medicines may also be delivered to the school office by the parent or carer.
- All medicines are stored safely and securely in accordance with product instructions and clearly labelled with the child's name; (paying particular attention to temperature) and only specific staff have access. Controlled drugs should be easily accessible in an emergency. Medicines will normally be kept in the school office or refrigerated where necessary and should not be kept in classrooms with the exception of inhalers. Asthma inhalers and adrenalin pens, should be readily available to children and kept in an agreed place in the school. Children may carry their own inhalers, when appropriate.
- Schools admissions forms request information on pre-existing medical conditions. Parents must have an easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
- A medical conditions list/register should be kept, updated and reviewed regularly by the nominated member of staff. Each class teacher should have an overview of the list for the pupils in their care, which is readily accessible, whilst ensuring that sensitive information such as this is confidential. Written records will be kept of any medication administered to children.
- Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
- For pupils on the medical conditions list, key stage transition meetings should take place in advance of transfer, to enable parents, school and health professionals to prepare the IHP and train staff if appropriate.
- Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. They should collect medicines at the end of the agreed administration time period.
- An emergency Salbutamol inhaler and spacer kit is kept voluntarily by the school.
- General posters about medical conditions (diabetes, asthma, epilepsy etc) are visible in the staff room.
- Sebert Wood School cannot be held responsible for side effects that occur when medication is taken correctly.
- If a child refuses to take medicines, staff should not force them to do so, but should note this in the records and inform parents immediately or as soon as is reasonably possible.
- Staff are aware of pupils who have been advised to take precautions during an activity and the potential triggers of a medical condition when exercising and how to avoid these.
- Staff are aware of potential social problems that pupils with medical conditions may experience and help to prevent/deal with any issues arising.
- Pupils will not be penalised pupils for their attendance if their absence relates to a medical condition.
- Where possible, children at the school are shown what to do in a medical emergency.
- At the time of administering medicines, the member of staff must complete the medicines record sheet. No medication should be given unless it has been checked by a second adult. Staff should check that written details include:
 - name of child

- type/name of medicine, times/frequency of administration and expiry date
- dose and method of administration
- any side effects

Injections/Blood and bodily fluid

- All staff who administer injections or carry out finger prick tests for testing blood sugar levels are covered by Suffolk County Council's insurance if they voluntarily agree to carry out these procedures, have been annually trained by a Healthcare professional and received the consent of the parent/guardian. A First aid certificate does not constitute appropriate training in supporting children with medical conditions. (*DfE guidance 2015 - <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>*).
- Following advice from the school nursing team, trained staff may be cascade training to other staff members as the child moves up through the school.
- This policy is to be read in conjunction with the sharps policy for disposal of items. Any blood/sick/bodily fluid spillages are to be cleaned up using the Sani-Dri product then by disposing of the blood/bodily fluid contaminated products securely in the non recyclable outside bin, double wrapped in plastic bags. An apron and gloves must be worn at all times when cleaning and disposing of such items. For small blood soaked gauze/plasters etc., these are to be safely disposed of in the designated first aid bin. Gloves are to be worn at all times. Hand washing facilities with hot water and soap are available to all staff within the three main buildings.

Individual Healthcare Plans (IHPs)

- All children who have a serious medical need have an individual care plan (IHP) which are developed in collaboration with the School Medical Coordinator (Suzanne Dalton Brockwell), the School Nursing team (and/or other medical professionals), parents/carers, the pupil and if appropriate, the SENDCO.
- IHPs should be easily accessible to all relevant staff, including supply staff, whilst preserving confidentiality - A more discreet location such a restricted computer file may be appropriate *but in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.*
- With the consent of parents, a photo and instructions may be displayed.
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

Education Health Needs (EHN) referrals

All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils. In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

Emergencies

Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms. Pupils will be informed in general terms of what to do in an emergency such as telling a teacher. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Day trips, residential visits and sporting activities

- The school is committed to providing a physical environment accessible to all pupils (including those with medical conditions) to ensure accessibility within school and for out of school activities. Staff will make relevant adjustments to physical activities to ensure sessions are accessible to all. Pupils will not however be forced to take part in activities should they be unwell.
- Children with medical needs are given the same opportunities as other children. Staff may need to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children. Arrangements for taking any medicines on trips must be made. A copy of any health care plans should be taken on visits.

- To comply with best practice, risk assessments should be undertaken in line with H&S executive guidance in order to plan for pupils with medical conditions. Risk assessments will usually be provided by the venue but these may be added to where appropriate. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.
- The school will ensure a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit (including overnight stays).
- Appropriate medication/food/equipment will be taken with the pupil during physical activity.

Definitions

- ‘Parent(s)’ is a wide reference not only to a pupil’s birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- ‘Medical condition’ for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. *Being ‘unwell’ and common childhood diseases are not covered.*
- ‘Medication’ is defined as any prescribed or over the counter treatment.
- ‘Prescription medication’ is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A ‘staff member’ is defined as any member of staff employed at Sebert Wood Primary School.

Unacceptable practice

DO NOT:

- assume that pupils with the same condition require the same treatment
- ignore the views of the pupil and/or their parents, or medical evidence or opinion
- send pupils home frequently or prevent them from taking part in activities at school
- send pupils to the medical room or office alone or with an unsuitable escort if they become ill
- refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition
- prevent children from easily accessing their inhalers and medication (medication must be administered when and where necessary)

Planned Safety Checks

The school has a system for planned safety checks/periodic inspections, maintained by the Office Manager. The building Monitoring and Maintenance Schedule is updated regularly for the maintenance cycle of all school building and equipment.

Periodic Inspections

The following formal inspections will take place:

Fire Extinguisher Inspection	Annual	Contractor
Burglar Alarm Inspection	Annual	Contractor
Fire Alarm Test	Half termly	Caretaker
Fire Alarm Inspection	Quarterly	Contractor
P.E. Equipment Inspection	Annual	Contractor
Electrical, Visual Equipment Inspection	Termly	Caretaker
Water testing	Termly	Caretaker & 6 monthly contractor
Electrical testing	As required	Contractor
	by regulations	

The Catering Contractor (Vertas) maintains kitchen equipment.

Risks are recorded in the Risk Management Log and action taken is recorded and dated.

Regular Inspections

Frequent inspections are made as follows:

Visual Inspection of PE Apparatus before use		All staff
Inspection of Outdoor Climbing Area	Daily	Caretaker
Inspection of Playground Areas and Paths	Daily	Caretaker
Inspection of All Outdoor seating and timber	Daily	Caretaker
Inspection of Field	Daily	Caretaker

SPECIFIC SAFETY GUIDANCE - THE SCHOOL HAS ADOPTED ALL SCC SAFETY GUIDELINES.

Certain items of equipment used by staff can present a considerable risk to children if they come into contact with them. The following items must not be left in reach of pupils: staple guns, craft knives, bradawls and medication.

Technology (See SCC guidance booklet in each base)

Glue guns may only be used at Key Stage 2 with supervision. Tasks should be appropriate with adequate working space. Cookers should only be used with direct supervision by staff.

Hot Drinks

Teachers should take extra care when handling, carrying or storing hot drinks in the presence of children. Hot drinks should be transported on trays and care must be taken to ensure areas are clear. They may be taken into 'base' areas if consumed away from children. Care should be taken when drinking hot drinks on the playground. These should be sufficiently cooled or travel mugs with lids on should be used and should be closely guarded at all times. Black coffee/tea must be sufficiently cooled before being taken outside. No glass containers for cold drinks are allowed on the playground.

P.E.

Always check the safety and security of apparatus before allowing children to use it. Children must be taught to set up apparatus safely and must not carry excessive weights.

Safe Handling of sharp items

A sharps injury is defined as an injury where a needle or other sharp object, contaminated with blood or other body fluid, penetrates the skin. This also includes human bites and scratches that break the skin. The vast majority of sharps injuries are avoidable, and occur when sharps are handled or disposed of in an unsafe manner. Staff should follow this guidance in order to minimise the likelihood of sharps injuries occurring. The Head teacher delegates the responsibility to the Medical Coordinator to ensure they provide staff with an adequate supply of suitably sized sharps disposal bins, protective clothing and gloves to enable them to comply with this policy. When the sharps box is no more than $\frac{3}{4}$ full, a label of pupil's name and address to be fixed to the outside, sealed and taken directly to the local Doctors for secure disposal. For essential use of sharps, care is required in handling and disposal. Gloves are to be worn at all times when in contact with pupil's blood//bodily fluids.

Sharps must always be handled carefully, in accordance with the following principles;

- Do not re-sheath used needles
- In **exceptional** circumstances, if re-sheathing **CANNOT** be avoided, use a specific needle re-sheathing/removing device
- Always get help when using sharps with a confused or agitated patient
- Never pass sharps from person to person by hand – use a receptacle or 'clear field' to place them in
- Never walk around with sharps in your hand
- Never leave sharps lying around – dispose of them yourself
- Dispose of sharps at the point of use – take a sharps bin with you
- Dispose of syringes and needles as a single unit – do not remove the needle first

Use of Sharps Bins

Sharps must only be disposed of in designated sharps bins that meet the requirements of the British Standard: BS 7320 (1990).

- Always assemble sharps bins correctly
- Ensure the lid is on properly
- Label completed
- Placed in suitable, safe location
- Ensure sharps bins are of an appropriate size for the clinical activity – do not select excessively large sharps bins, or those that are too small for the size needle/syringes you use
- Sharps bins should be available at the point of use of the sharp
- Sharps bins must be located at approximately waist height, and never placed on the floor, on top of high surfaces, or where children can tamper with them

- Between uses use the temporary closure device on the bin to prevent accidental spillage of sharps if the bin is knocked over
- Always carry a sharps bin by the handle, or using the carry tray provided for smaller bins – never place it against your body
- Never overfill a sharps bin – replace it when filled to the line marked
- Ensure sharps bins are closed and locked before disposal, and complete the label on the bin
- Used sharps bins must be taken to a doctor’s surgery by designated staff for disposal

Actions in the event of a sharps injury

If a sharps injury does occur, the following action must be taken **IMMEDIATELY**:

Bleed it

Encourage bleeding – but do not massage the site

Wash it

Wash the injury under running water (hot where possible)

Report it

Inform your line manager and complete an incident form