St Bonaventure's Catholic Primary School
Egerton Road,
Bishopston
Bristol, BS7 8HP

Policy and Procedures for Supporting Pupils at Schools with Medical Conditions, (formerly known as Administration of Medicines) First Aid and Dealing with Bereavement

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This policy is available at
http://www.st-bonaventures.bristol.sch.uk/

Foreword

This document (Document 1 of 2) has been prepared to provide guidance on the policy and procedures for Supporting Pupils at Schools with Medical Conditions, (formerly known as Administration of Medicines) First Aid and Dealing with Bereavement in Education Establishments. The requirements for statutory provision of Supporting Pupils at Schools with Medical Conditions, First Aid and Dealing with Bereavement have been taken into account. It flows from section 3.1.2 of the DS General H&S Policy under 'Arrangements'.

It is the first of two documents. Document 2 expands on these policy statements and responsibilities - giving more detailed information about first aid, administering treatment, emergency procedures and dealing with bereavement.

Authority For Issue

This document is issued under the guidance of the RM & R Director of Delegated Services.

Revision

Risk assessments for first aid and the management of medical needs will be reviewed and updated towards the end of each academic year and at the start of the next academic year. This will enable the previous year's experience to be assimilated and information about new starters, adults and children, to be obtained.

If a sudden change in plans for an activity occurs, an on-the-spot re-assessment can be done. This is sometimes called a dynamic risk assessment.

Policy and Procedures for Supporting Pupils at Schools with Medical Conditions, First Aid and Dealing with Bereavement

1. Introduction

1.1. This Statement of Policy has been approved by the governors of St Bonaventure's Catholic Primary School. It should be read in conjunction with the DfE Statutory Guidance "Supporting Pupils at Schools with Medical Conditions' 2014, "Guidance for First Aid for Schools" 2014 and the "Statutory Framework for the Early Years Foundation Stage" 2014.

1.2. This DfE document includes a duty to make arrangements to support pupils with medical conditions. These functions can be conferred on a governor, a headteacher, a committee or other member of staff as appropriate. Help and cooperation can also be enlisted from other appropriate persons. However, the governing body, proprietor or management committee remains legally responsible and accountable for fulfilling their statutory duty.

1.3. Education Establishments, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. 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 arranged by the local authority. The local authority must secure that the plan provides for the child or young person to be educated in a maintained nursery school, mainstream school or mainstream post-16 institution, unless that is incompatible with:

- the wishes of the child's parent or the young person; or,
- the provision of efficient education for others.

1.4. Under Workplace Reform teachers' conditions of employment do not include in giving medication or supervising a pupil taking it. However, education establishments cannot refuse to take responsibility for supporting pupils at schools with medical conditions. It should be an integral part of the School's approach to safeguarding pupils. They must strive to be an inclusive institution and appeal for volunteers from the staff as a whole to come forward. If not, the School must manage change to include in appropriate jobs/recruit as necessary.

1.5. The Health and Safety (First Aid) Regulations (updated 2013) require employers to provide trained persons, equipment etc., to deal with First Aid emergencies and ill-health occurring at work.

1.6. First Aid is provided to:

- Preserve life;
- Limit the effects of the condition;
- Promote recovery.

1.7. The purpose of the Bereavement content is to assist everyone involved at a time when there maybe shock, upset and confusion ensuring that there is as little disruption as possible, effective communication takes place and each member of the School is supported to help them through a very difficult period of time.

2. Policy

2.1. This policy applies to all **employees**, **pupils**, **visitors** and **service users** of the education establishment. It is explicit about what practise is and is not acceptable.

2.2. The **governing body /management team** will put arrangements in place to support pupils with ongoing chronic medical conditions.

2.3. This policy will be readily accessible for **parents/carers** and School staff.

2.4. The governing body delegate the overall responsibility for policy implementation to the **Headteacher/Manager.**

2.5. The **governing body** require that Individual Healthcare Plans are implemented for all children with specific healthcare needs/ food allergies/ requiring medicine in school and reviewed appropriately, with a designated person responsible for their collation/ acquisition/ updating from relevant medical professionals.

2.6. Supporting Pupils at Schools with Medical Conditions is primarily a **parent/carer** responsibility. Pupils should take medication at home where possible. The vast majority of **antibiotics** don't need to be taken at school as they can be taken before and after school and again at bed time. Where 4 doses are required the parent/carer may either come into school to administer the dose or appoint a representative to do so; or may ask a school volunteer to give their child their medication. For the volunteer to give the medication we must have a signed 'Antibiotic' Admin of Meds Form and select which timeslot they need their child to have their medication (end of break time, start of lunchtime or the end of the school day). In addition, the child must have had the medication before or have taken the medication for 48 hours to ensure that the child does not have an allergic reaction to the medication before the volunteer takes over administration during the day. It is the parent's responsibility to deliver and collect medication between office hours (8am and 4.30pm). If after that time medication will have to remain in school until the next working day. Healthcare Plans are not required for antibiotics when it is an acute illness (e.g. a short-lived illness that a child will recover from quickly i.e. tonsillitis, chest infection). However, if antibiotics are needed because of a chronic condition (e.g. eczema, low immunity issues) then we will require a Healthcare Plan in place. However, children on antibiotics should not return to school if they have an active fever that requires medication to enable them to be in school or if they have an infectious illness (in line with Public Health recommendations).

2.7. If the child is acutely unwell, **parents/carers** should keep them at home for an appropriate period, e.g. sickness and/or diarrhoea for 24 hours (though if over-eating has been known to have taken place or a child has food intolerances, flexibility can be applied). This may increase to 48 hours if a child has been frequently unwell or if there have been many outbreaks of sickness/diarrhoea in school or we have been notified by Delegated Services of risk of norovirus. Parents/carers would be notified of this change of time period by email or in the school newsletter and website. More information on exclusion periods following infectious diseases is available from (what is currently known as) Public Health England.

2.8. We can hold medication for pupils who have been diagnosed with a condition by the GP and they have advised that they take it. Examples of this is:

- Hayfever – antihistamine (either a liquid medicine or tablets, not a whole range of different products that are available in shops.)

- Febrile convulsions – paracetamol or ibuprofen;

- Chronic pain (e.g. menstrual pain, juvenile arthritis, Osgood Schlatter Disease) – paracetamol or ibuprofen.

Before we accept this medication for pupils, parents must sign that they have had it before and have not experienced an allergic reaction to it.

All other non-prescribed medication or vitamins must not be brought into the education establishment, whether self administered or given by **staff/volunteers**.

2.9. When attending a school residential camp the school will provide:

- Paracetamol
- Antihistamine
- E45 cream

If parents would like their child to be administered any of these medicines if they experience pain, fever, skin condition or allergic reaction they must sign the camp form in agreement and confirm that their child has never experienced an allergic reaction to these medicines before.

2.10. If attending Forests Schools a bottle of antihistamine will be taken in the first aid kit and parents will again need to sign a permission letter that their child may be given the medicine if they experience an allergic reaction or bite/sting whilst they are out in the forest.

2.11. **Parents/Carers** are also responsible for informing the School about any major injuries occurring outside of the School, for example, if they return with a plaster cast. This is so that the School can prepare for any additional needs this pupil may then have, and if necessary, risk assess. Externally occurring injuries also need to be reported to the **designated member of staff for child protection** immediately.

2.12. **Parents/Carers** must provide, in written form, comprehensive and up to-date information on condition of pupils and changes for better or worse and the medication used. This must be signed, dated and must expressly authorise staff to administer that medication. **Parents/Carers** must notify staff of all changes in circumstances and/or any other relevant information.

2.13. If medication is missed/refused, **parents/carers** should be alerted and parents/carers may be asked to collect the pupil from the premises.

2.14. There must be a written and signed-off plan for each pupil that is likely to require medication during an off-site visit.

2.15. First Aid should be provided where a person will need further medical treatment until such help arrives, and for the treatment of minor injuries. First aiders must do what is appropriate to relieve extreme distress or prevent further and otherwise irreparable harm, e.g. use of an adrenaline pen while keeping themselves safe.

2.16. **Headteachers/Managers** can use recruitment as an opportunity to secure a sufficient number of staff with responsibilities for the supporting pupils at schools with medical conditions and first aid, where no volunteers come forward. It would then be incorporated into the employment contract.

2.17. Trained individuals must be available at all times of the School day (e.g. SMSAs).

2.18. Following any staff reorganisations it is important to check that appropriate numbers of trained individuals are still available.

2.19. Only suitably trained individuals can administer medicines to pupils. *Please note that attendance at a first aid course does not constitute 'supporting pupils at schools with medical conditions' training.*

2.20. **Headteachers/Managers** will take advice from GPs, hospital doctors, occupational health advisors, school nurses, other medical staff and medical charities or other suitable sources as needed.

2.21. Arrangements must be in place to make first aid supplies and pupil's prescribed medication available for After School Club and Breakfast Club use.

2.22. Some children with medical conditions may also be disabled. For children with SEND this policy must be also read in conjunction with the SEND code of practice.

2.23. Bereavements within the School must be handled sensitively and appropriately, with a **trained lead** to co-ordinate this. If a child or member of staff dies during the school day, all pupils must know before they leave for the day and details circulated to all involved to avoid speculation which may be hurtful to the parents and pupils.

2.24. Once the family know, a plan must be in place with regards to dealing with the media following a bereavement – usually a designated member of staff to act as Press Officer, or a PR support organisation.

3. Responsibility

3.1. The Governing body is responsible for selecting the appropriate **Headteacher/Manager** to keep risk assessments/care plans for those with significant medical needs up to date and for ensuring that appropriately detailed arrangements are implemented. The risk assessment/care plans will be supported by the information requested from **Parents/Carers** at the start of each year. In addition **staff** and **volunteers** will be asked for any relevant information they may wish to give on their own health.

3.2. **Headteachers/Managers** must establish the First Aid need by risk assessment and identify suitable employees who are willing to undertake First Aid training and supporting pupils at schools with medical conditions training (see Appendix E). If there are pupils under 5 years old there must be suitable numbers of paediatric first aiders. There must be adequate cover to cater for periods of staff sickness or leave. A register must record the members of staff who have received first aid and / or supporting pupils at schools with medical conditions training. This must be reviewed regularly and always at the start of each academic year. Sufficient numbers of staff must be trained in the use of an Adrenaline pen if there are identified Adrenaline pen users.

3.3. **Employees and Site Managers** must be informed of the location of the First Aid personnel and equipment available to them in their working environment. This will be in the form of a standard notice which will be displayed on the Health and Safety notice board at minimum.

3.4. **Headteachers/Managers** must maintain a register which records their pupils' medical conditions and allergies e.g. asthma, epilepsy and anaphylaxis. Pupils with severe allergies and requiring adrenaline pens have a Healthcare Plan and Administration of Medicines Form completed. This information must be disseminated amongst all appropriate **staff/volunteers** involved in the supervision of pupils.

3.5. Key information such as 'severe allergy' or 'emergency medicine needed' will be easily accessible in the medical room. Files containing individual healthcare plans must be available in the medical room but not on public display. [In relation to school dinners, food allergies are managed by the School's external food providers (Chartwells)].

3.6. School **staff** should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of School **staff** should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.7. Facilities must be provided to ensure that First Aid is rendered to employees, visitors, service users (including students), volunteers, agency staff etc, if they become ill or are injured at work or under the jurisdiction of the School, on or off site. **Headteachers/Managers** must put systems in place to ensure that all medicines, medical equipment, first aid rooms/changing areas/tables etc are correctly and safely stored and regularly cleaned after use and maintained.

3.8. In administrating medication/treatments and deciding emergency courses of action, **Headteachers/Managers** must have due regard for the following implications and equality issues:

- Diverse cultural values
- Specific medical conditions encountered in particular ethnic groups
- The practices and ethical values of particular faith groups

3.9. The need for appropriate privacy of pupils while at the same time ensuring issues such as potential accusations of child abuse, especially where intimate procedures are involved or addressed.

3.10. Due care should be exercised where English is not the first language of the pupil or parent/carer. Translation services must be sought if parents have difficulty understanding or supporting their child's medical condition themselves.

3.11. **Headteachers/Managers** must urgently notify Delegated Services should there be an outbreak of a notifiable disease such as Norovirus and the postholder will deal with RIDDOR or other reporting requirements. The local Consultant in Communicable Disease Control (CCDC) can advise on the circumstances in which pupils with infectious diseases should be sent home, and the action to be taken following an outbreak of an infectious disease. Or Public Health Services at Bristol City Council at PO Box 595, Brunel House, St George's Road Bristol, BS1 5UY, Tel: 0117 922 2500, Email: health.safety@bristol.gov.uk

3.12. **Headteachers/Managers** must check that the Education Establishment Public Liability Insurance arrangements will provide an indemnity to employees in respect of claims for personal injury. This indemnity extends to volunteers who have been asked to undertake such duties. The indemnity is subject to the following conditions:

- That training has been received and regularly updated.
- That all appropriate Personal Protective Equipment has been issued, maintained, updated and used where necessary and
- That the **employee/volunteer** has acted within the limitations of their training and has observed all protocols. The **employee/volunteer** must also be aware of possible side effects of the medication and what to do if they occur. NB: This indemnity will not apply where claims relate to a criminal offence, a malicious act or an instance of wilful misconduct. See above.

3.13. The **Headteacher** must decide annually who will be the **bereavement lead** and this person must receive suitable training. In the event of a bereavement, they must provide the necessary support for those affected. Siblings may have very intense needs which may appear later. The **Management Team** needs to monitor the emotional well-being of pupils and staff most affected by the incident over time.

4. Treatment

4.1. All medicines are kept in the medical room. Assistance in the administration of prescribed medication can only be made at the request of the pupil, or at the written request of the pupil's healthcare practitioner or parent/carer. Where pupils are competent to discern whether they require medication, the role of the staff could well be simply to assist with the administration of that medication e.g. asthma inhalers.

4.2. Even if all pupils can 'self administer' this does not take away the need for staff to attend training, particularly in the light of recent cases where children died after having untreated asthma attacks. It is vital that staff understand that a child experiencing an asthma attack or severe difficulty breathing will be unable to administer their own medicines successfully and, therefore, staff will need to have the training to know how to do it. Where a school holds a spare inhaler, all staff must know where it is located and it must not be locked away in a manner that makes it inaccessible to them.

4.3. Direct administration by staff is permitted where pupils are not competent due to age, learning difficulties etc.

4.4. Unless the procedure is incredibly basic (see section C of Appendix A), or is emergency treatment such as issuing an inhaler, no member of staff should administer medication unless they have received the appropriate training. Medication directly administered by staff should always be recorded, together with details of the dose, frequency, date, time, name of pupil and main symptom(s) identified, which would prompt a course of action.

4.5. Members of staff should read and comply with the instructions on the container supplied or with the packaging. Expiry dates must be checked.

4.6. Failure to obtain relief from the prevailing symptom(s) and any other concerns, following administration of prescribed medication, must result in the Parents/Carers

being informed. The pupil concerned must be referred as necessary to an appropriate medical practitioner. In the event of anaphylactic attack it is important to administer an adrenaline pen as soon as possible and then call 999 for an ambulance, stating your postcode.

4.7. Pupils with prescribed medication who are being transported, their parents/carers must sign consent forms detailing that medication is appropriate for their child's use and highlighting any known substances to which that the child has an adverse reaction. Staff carrying out off site visits must carry out risk assessments and must be fully appraised of pupils who may require such medication.

4.8. There must always be an individual present who is trained in paediatric first aid if under 5's are attending the trip. If a pupil intends to go on the excursion without his/her medicine or adrenaline pen, he/she will not be permitted to attend.

4.9. In an emergency situation or a practice of an emergency situation, such as fire drill or school evacuation, pupil's medication would not be taken off site. If a child required their medication urgently before access to the school and the child's medication was prohibited, then the emergency services 999 would be called so that they could deal with the child's needs appropriately.

4.10. Sadly, first aid / supporting pupils with medical conditions will not always work and there might be a death in the school. Dial 999, have the postcode ready, and ask for immediate police attendance. Preserve the scene in case the police wish to investigate.

4.11. Remove all staff and pupils present to another room and keep them there, with clear instructions to not spread any news via email or social media. The intention is to limit the opportunity for rumours to start and to ensure the parents / close relatives hear from the correct source.

5. Reporting of accidents and incidents of occupational ill-health

5.1. First aid and medical support staff will record incidents in the child's individual records in their year group file stored in the medical room or on the School accident form or other appropriate record. All administration of medicine must also be recorded. Any serious incident must be reported to the Headteacher immediately. First aid data will be analysed and on a termly basis and reported to the safety committee.

5.2. Notification for injuries/head bumps will be reported to parents/carers in the following stages:

- Stickers for minor head bumps/grazes where a pupil does not display signs of concussion and is not distressed.
- Stickers + letter home and/or telephone call for more serious head bumps and any other more serious injury.

5.3. Any significant incident should be discussed with the Headteacher and will normally be reported to parents/carers by telephone straight away.

5.4. Notification will be made by the Headteacher to:

- Health and Safety Executive (through Delegated Services) as required under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

- OFSTED if it is a serious incident and there are safeguarding issues.

- The LA if it is a serious incident and there are safeguarding issues.

- If there is a serious disease the appropriate GP or Public Health England at https://www.gov.uk/phe or through Bill Crocker at Delegated Services if an agreement for service is in place.

6. Dealing with Medicines Safely

6.1. Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. In line with COSHH (Control of Substances Hazardous to Health) Regulations, there must be a system of checks in place to ensure that all medicines are issued to the correct pupil.

6.2. Headteachers/Managers should make adequate provision for the safe and appropriate storage of medication. This will normally be a locked cupboard / fridge. Medicines must be supplied, clearly labelled with person name and dose and stored in the original containers. However, certain emergency medicines such as adrenaline pens must not be locked away in a manner that makes them inaccessible to staff. Case-by-case risk assessments will be needed to identify the safest and most appropriate way to store these.

6.3. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers. The only exception to this is certain medications for diabetes. The headteacher /headteacher delegate is responsible for making sure that medicines are stored safely. Pupils should know where their medication is stored.

6.4. Some medicines need to be refrigerated and must be kept in a refrigerator solely for this purpose for first aiders to administer.

6.5. Two prescribed adrenaline pen will be stored for each child at risk of anaphylaxis. Adrenaline pens will be stored in the medical room with easy access in a plastic wallet that contains the name of the child and a copy of his/her healthcare plan.

6.6. School staff should not dispose of medicines. Parents/carers should collect medicines held at the school when they expire and/or the end of the school year. If parents/carers do not collect all medicines they should be taken to a local pharmacy for safe disposal at the end of each academic year.

6.7. Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents/carers on prescription from the child's healthcare practitioner. A waste contractor must collect and dispose of the boxes.

6.8. All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves, aprons and masks as necessary and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. This is clinical waste

and has to be disposed of by a suitable contractor. If PPE (Personal Protective Equipment) is required for the administration of a medication, all the necessary PPE should be alongside e.g. gloves to encourage use.

6.9. As part of general risk management processes all schools should have arrangements in place for dealing with emergency situations. A member of staff should always accompany a pupil taken to hospital by ambulance if a parent has not arrived by the time the ambulance is ready to leave School. That member of staff should stay with the pupil until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when the parent/carer is not available.

6.10. Individual health care plans should include instructions as to how to manage a pupil in an emergency. All members of staff, including SMSAs, need to be briefed on what to do, or who to contact in the event of an emergency. There may be pupils who have a "do not resuscitate" instruction, and this information should be sensitively communicated to all staff members involved.

Appendix A- Guidance in Carrying Out Medical Techniques

1. The following is given as guidance on the appropriate persons to carry out various medical techniques. Please note these are only guidance, staff have the right to refuse to administer any medication, unless it constitutes part of their terms of employment.

2. **PART A -** To be carried out by Doctor, Nurse or other qualified practitioner or by a member of staff who has volunteered/had a duty(s) identified in their job description, received appropriate training and had written consent from the parent/carers only:

   - Injections (apart from Adrenaline pens)
   - Inserting or removing catheters
   - Setting up of new oxygen cylinders
   - Routine insertion of suppositories
   - Enemas
   - Operating home dialysis machinery and
   - Changing complex dressings covering major conditions/wounds.

3. **PART B -** The following may be carried out by an employee who has received appropriate Information, Instruction and Training.

4. **Techniques**
   - Washing out urinary catheters
   - Setting up and/or fitting inhalers and nebulisers
   - Routine tracheotomy tube cleaning
   - Changing urinary catheter bags
   - Changing colostomy bags
   - Replacement of oxygen cylinders not involving any changes to the current set up
   - Applying oxygen by giving a face mask and turning on a cylinder
   - Changing simple dressings, covering minor conditions/wounds only
   - Emergency tracheotomy tube suction/emergency suction (oropharynx)
   - Emergency change/reinsertion of tracheostomy tube and
   - Tube feeding

5. Medication
   - External application of prescribed ointments and skin patches
   - Application of ear, eye and nose drops
   - Physically assisting service users to take medication by mouth
   - Emergency administration of Diazepam (e.g. Valium or Stesolid) by rectal infusion or suppository, but only in the case of epilepsy
   - Emergency administration of Midazolam into the buccal cavity (cheek), but only in the case of epilepsy
   - Emergency administration of prescribed adrenalin in cases of anaphylactic shock - i.e. as with an Epipen
   - Assistance with administration of inhalers and nebulisers and Administration of medication as indicated by section.

6. **PART C -** Procedures that can be carried out by other persons:
   - Collecting prescriptions if authorised
   - Fetching and opening bottles, containers or press through tablet sheets to enable pupils to self-administer.

Appendix B- Hygiene Procedures

1. Blood and body fluids from any person may contain viruses or bacteria capable of causing disease.

2. The following precautions must be adhered to when dealing with body fluid:

    - Hand washing - a thorough hand washing technique using soap and hot water (Liquid soap is preferable to bar soap). Disposable hand towels are recommended. Handwashing should take place even if gloves were worn.

    - Skin - any cuts or abrasions must be adequately covered with a water proof dressing.

    2.2. Items of Personal Protective Equipment /Clothing, e.g.

        - Gloves - single use gloves should be worn when contamination of the hands is anticipated (this does not remove the need for hand washing).

        - Masks - advice should be sought if unclear about the appropriate type for the task in hand.

        - Containers - advice should be sought if unclear about the appropriate type for the task in hand.

        - Safety Spectacles - should be available and worn in circumstances where body fluids might possibly contaminate the eyes.

        - Aprons - single use plastic aprons are advised if any contamination of the body area is possible.

    2.3. Spillage - all blood and vomit spills should be covered with disposable paper towels then treated with a solution, such as Sanitaire, as advised by an Infection Control Nurse. Such solutions can be an irritant to the skin. For this reason, a proper risk assessment on the use of them must be carried out and clear instructions on its use available for staff. Gloves and aprons should be worn whilst it is being used.

    2.4. Spills of urine and faeces should be cleaned up promptly. Use disposable paper towels to soak up the majority of the spill and then wash the area with a fresh solution of detergent and water. Again gloves and aprons should be worn.

    2.5. Fouled laundry - fouled and infected laundry should be securely bagged (whilst wearing gloves) and given directly to the parent.

    2.6. Waste - small quantities of waste contaminated with body fluids comparable to those encountered in normal domestic use should be flushed away or bagged and disposed of in the normal fashion. Significant quantities of waste must be disposed of by a recognised contractor.

    2.7. Schools should have an adequate system of disposal of clinical waste matter. There are various categories of waste and legislation that governs disposal. If assistance is required on these matters contact the safety advisors or the client unit.

Appendix C - Sample forms

Administration of Medicines Permission Form

Name of Child: _____ School Class : _____

Condition requiring prescribed medication: _____

Name of Medication: _____

Dose of Medication (must concur with prescription label): _____

Doctors Instructions of how to take medication, how often it can be given and emergency procedures: _____

Expiry Date of Medication: _____

(Please note it is the parent's responsibility to take note of this date and arrange for a replacement to be brought into school – children's who's medication has expired will not be permitted to leave school premises on residential trips/excursions)

Details of possible side effects: _____

I give permission for the trained staff at St Bonaventure's Catholic Primary School to administer the above medication as stated on this sheet. I understand that it is my responsibility to inform the school office if my child has had medication in the morning before coming to school and therefore a possible overdose of medication possible. I accept that the School cannot be held liable for any overdose if additional medication has been given at home and the school not informed. I also confirm that my child has had this medication before in my care and that they have not experienced an allergic reaction to this medication.

I understand that if my child requires their medication they will inform their classteacher/adult on duty who will send them to the medical room in order for that medication to be administered and accept that the school is not responsible for if a child forgets a dosage of their medication.

Parents / carers should note that they will be contacted if their child shows any adverse reaction to medicines given in school. If their child vomits or spits out medicines then the dose will not be repeated, and parents / carers will be informed.

Signed: _____ parent/carer

Print Name: _____ Date: _____

Administration of Medicines Permission Form for Antibiotics

Name of Child: _____ School Class : _____

Condition requiring prescribed medication: _____

Name of Medication: _____

Dose of Medication (must concur with prescription label): _____

Any further Doctors Instructions of how to take medication: _____

How to store medication: _____

Medication can be given at one of the following time slots (please circle a time):
10.45pm (end of break time), 12.15pm (start of lunchtime), 3.15pm (end of school day – if child is doing After School Club).

Expiry Date of Medication: _____

Details of possible side effects: _____

I give permission for staff at St Bonaventure's Catholic Primary School to administer the above medication as stated on this sheet.

I confirm that my child has had this medication before (either on a different occasion or for at least 48 hours) and that they have not experienced an allergic reaction to this medication.

Parents/carers will be informed if their child shows any adverse reaction to medicines, if their child vomits/spits out or refuses medication or if a dosage has been missed. Staff administer medicine on a voluntary basis and do not accept liability for missed doses.

Medication may be dropped off/collected between the hours of 8am and 4.30pm. If outside of those times medication cannot be delivered or will have to remain in school until the next working day.

Signed: _____ parent/carer

Print Name: _____ Date: _____

Office:	No Healthcare Plans are required for antibiotics for acute illnesses. Admin of Meds form to be kept with medication and filed in the Antibiotics file in the medical room to be archived at the end of each year.

FIRST AID CHILD'S NAME: ……

DATE	TIME	INJURY/FIRST AID GIVEN	FIRST AIDER

MEDICATION CHILD'S NAME: ……...

DATE	TIME	MEDICATION & DOSE GIVEN	FIRST AIDER

Appendix D - Safeguarding and child protection

1. If a member of staff is treating a pupil and there is evidence of or disclosure of anything relating to child protection the relevant child protection leads should be contacted.

2. Information and photographs of children with medical support needs will be circulated so that no staff or visiting professionals or volunteers are unaware of any critical issues. The information and photographs will be treated with care respecting the rights of the children and their families.

3. In some circumstances such as building maintenance it will be appropriate to remove or cover information temporarily if confidentiality cannot be guaranteed.

Appendix E - Identification of Suitable Employees for First Aid Training

1. Headteachers/Managers must ensure that candidates for First Aid training are physically and educationally suited and are willing to undergo training and act as a qualified First Aider.

2. Headteachers/Managers must ensure that candidates are fully briefed on the role and requirements of being a First Aider. They must understand the health risks associated with rendering First Aid and be prepared to receive appropriate health and immunisation advice.

3. Headteachers/Managers must designate a lead individual with responsibility for the first aid kits (both fixed and mobile).

4. A completed application form for a place on a training course must be signed by the Headteacher/Manager in order to confirm that the candidate has been fully briefed.

Appendix F - Role and Responsibilities of First Aiders and Appointed Persons

1. The First Aider's and Appointed Person's role includes:

    - administration of First Aid, up to but not exceeding the level of their training
    - ensuring that any incident and any treatment given is recorded in a suitable local register
    - accident reporting
    - ensuring that all spillages of body fluids are cleaned up promptly
    - maintaining stocks within the First Aid kit/box (see Appendix M) and ensuring, in liaison with management, that appropriate documentation is completed and that reportable accidents are reported to the line Manager as soon as possible after dealing with the immediate effects.

2. The First Aider's and Appointed Person's, (or other title) responsibilities include reporting any illnesses or injuries which would preclude their abilities to administer First Aid, to local management to arrange alternative cover.

3. First Aiders must ensure their qualifications are kept up to date.

Appendix G - Responsibilities of the Training Provider

1. Any First Aid training must be carried out by registered and approved providers (Training Approval Service Consortium certificate holders).

2. Delegated Services will provide advice on a number of training providers available.

3. The role of the training provider:

    - provide advice and information relating to First Aid at Work, including any changes in regulations or employer requirements

    - provide First Aid training in line with the Health and Safety (First Aid) Regulations 1981 (updated 2013)

    - provide refresher training and

    - assess and certify students as competent to approved standards.

Appendix H - Payment for First Aiders

1. We recommend an allowance will be paid to all First Aiders who have a valid current First Aid at Work Certificate. This payment acknowledges the individual's training and commitment and acts as an incentive.

2. This payment will be stopped if the First Aider:

    2.1. chooses not to continue as a First Aider, or

    2.2. does not attend the 12 monthly refresher courses, or

    2.3. on attendance at the refresher course is found not to be competent, or

    2.4. allows their certificate to lapse, or

    2.5. relocates to a unit/establishment which already has sufficient First Aiders, or

    2.6. leaves the organisation.

3. At the Headteacher's or local Manager's discretion, the allowance may be stopped or suspended if the First Aider is likely to be away from the work base for a considerable period of time, e.g. long term sickness, home working, unpaid leave etc.

4. Appointed Persons, (or other title) do not receive an allowance.

Appendix I - Example outline first aid risk assessment.

What are the hazards?	Who is mainly affected?	When are they more likely to be affected?	Control measures: First aid and medical assistance	Remaining risk level
On school property: Typical childhood activity hazards such as falling over, bumping into another person, football bruises.	Children of all ages.	0830-1900 hours approx	Staff trained in adult and paediatric first aid on duty. All staff and children given basic first aid training as life skills	Low
Likely if uncommon incidents such as choking on food, allergic reactions.	Children of all ages. Some adults.	0830-1900hours approx.	Staff trained in adult and paediatric first aid on duty. Staff trained in emergency first aid for certain circumstances such as lunch times. Epi-pen® trained. Identification of vulnerable children by photo, bracelet etc.	Low
Vehicle related collisions in the car park or near the School.	Children mainly due to lack of awareness and small size.	Start and finish of the day.	Vehicle and parking management, supervision, enforcement. Plus first aid as above. Vehicle movements restricted to reduce conflict e.g. main entrance gates closed at peak times, signage etc.	Medium
Accidents whilst on school trips.	Children and adults	Anytime.	Risk assessment done as part of trip planning.	Low
Illness or accident whilst playing sport on or off site.	Mainly children. Some adults.	During the sporting activity.	Risk assessment done as part of the planning for the lesson or activity.	Low
Medical need occurrence or crisis	Mainly children. Some adults	0830-1900 hours approx	Staff trained in administering medicine or related support. First aid as above.	Low

What are the hazards?	Who is mainly affected?	When are they more likely to be affected?	Control measures: First aid and medical assistance	Remaining risk level
Unexpected illness or accident near to the School (or to an school party on an off-site activity)	A member of the community of any age.	0830-1900 hours approx	First aid as above. This may include community facilities such as a defibrillator.	Low
Well-being issues.	Staff, pupils	Any time.	Address work-load issues, use HSE Stress guidance, support such as mindfulness training	Medium

Appendix J - Human resources for first aid

Human resources for managing first aid and medical support in an example mainstream school of 480 to 840 pupils.

Resource	Recommended ratio	Actual number to cover the day, trips and staff holidays.
First Aiders on the staff qualified to give help to adults as "First Aid at Work".	1:50 staff	3 (Included in the '8' below)
First Aiders with Adult and Paediatric training on the staff to give help to adults and young children.	1:50 staff and pupils.	8
Adult staff trained in emergency first aid.	No ratio.	Aspiration: All staff eventually through a rolling programme over 3 years.
Parent/carers or other relatives, volunteer helpers, Church staff etc. with basic life-saving skills.	No ratio	Aspiration: All eventually through a rolling programme over three years.
Staff trained to give medicine and help with medical support.	1:50	8
Parent/carers or other relatives, volunteer helpers, Church staff etc.	No ratio	Not specified at this time.
Pupils trained in First Aid as a life-skill.	No ratio	Aspiration: All eventually with skills developing over their academic career.
Pupils trained in medical support issues as a life-skill.	No ratio	All eventually with skills developing over their academic career.

PLEASE NOTE: The HSE is no longer involved in assessing first aid providers but gives a useful first aid assessment tool at http://www.hse.gov.uk/firstaid/assessmenttool.htm

Appendix K - Human resources for managing first aid only. The Health and Safety Executive published the following draft guidelines as a case study for consultation in April 2013 over new first aid training:

1. This is a mainstream primary school of 320 pupils which also includes an attached preschool that takes children from the age of three. Across the site there are 26 staff on duty at any one time. While the majority of hazards in this setting are considered low there is, for example, a higher-hazard area in the on-site kitchen. The school is aware that four pupils have asthma and two hold Adrenaline pens.

2. The first-aid needs assessment indicates that the minimum requirements are:

3. Information to all employees about what they need to do in case of an emergency.

First-aid personnel	**Required Yes/no**	**Number needed**
First-aider with a first aid at work (FAW) certificate	No	N/A
First-aider with an emergency first aid at work (EFAW) certificate	Yes	At least 1 on duty at all times while people are at work
First-aider with additional training (specify)	Yes	First-aiders should have training in major illness, paediatric first aid and anaphylaxis. Training can either be provided to existing EFAW qualified staff or alternatively additional staff can be trained in paediatric first aid
Appointed person	No	N/A
First-aid equipment and facilities	Required Yes/no	Number needed
First-aid container	At least 2	1 in the pre-school area and 1 in a central location easily accessible to the rest of the school
Automated external defibrillator AED)	Highly recommended	One, accessible to after-school activities as well.
Travelling first-aid kit	N/A	N/A
First-aid room	Yes	1

Appendix L - Physical resources needed to support first aid and SP with MC

Resource	Number and location
First aid and medical room (FA&M room)	One room, properly equipped will be available on the main school site.
The Principal First Aider will manage stocking and maintenance in conjunction with the team.	
First aid equipment boxes, bags etc.	
Contents based on commercially available items using BS 8599 supplemented if necessary	A first aid box will be provided at Reception and in two other locations to give ready access quickly.
Lunchtime/playtime staff will have portable first aid kits for minor injuries.	
Trips and sporting events first aid	Additional equipment in bags to go with trips.
Trips and sporting events medical support e.g. for asthma, heart conditions etc.	Personal medical equipment taken by the individual if necessary for critical incidents. Other items can be put in a suitable pack with staff member.
Depending on the requirements additional bags or boxes including cool boxes if needed will be provided for trips.	
Medicines cabinet	A secure medicines cabinet and fridge will be available in the medical room or nearby.
Records forms and identification of people needing medical support along with contact details for further advice.	
Personal medicines and equipment: non-critical	A secure cabinet will be available for items that may be needed but do not have to be carried on the person.
Personal medicines and equipment: critical	These will be carried by the individual. Care Plan will be drafted and used.
Adrenaline injectors	Located at suitable places to cover site depending on who needs them.
Defibrillator (subject to discussion)	Located in Reception.

Appendix M: Contents of main first aid boxes

1. There is no mandatory list of items for a first-aid container. However, the HSE recommend that, where there is no special risk identified, a minimum provision of first-aid items would be:

    - 20 individually wrapped sterile adhesive dressings (assorted sizes)
    - 2 sterile eye pads
    - 4 individually wrapped triangular bandages (preferably sterile)
    - 6 safety pins
    - 6 medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings
    - 2 large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings, and
    - 1 pair of disposable gloves.

2. Equivalent or additional items are acceptable.

3. Before undertaking any off-site activities, the headteacher should assess what level of first-aid provision is needed. The HSE recommend that, where there is no special risk identified, a minimum stock of first-aid items for travelling first-aid containers is:

    - 6 individually wrapped sterile adhesive dressings
    - 1 large sterile unmedicated wound dressing approximately 18cm x 18cm
    - 2 triangular bandages
    - 2 safety pins
    - individually wrapped moist cleansing wipes and
    - 1 pair of disposable gloves.

4. Equivalent or additional items are acceptable.

5. Additional items may be necessary for specialised activities.

6. Transport Regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have on-board a first aid container with the following items:

    - 10 antiseptic wipes, foil packaged
    - 1 conforming disposable bandage (not less than 7.5 cms wide)
    - 2 triangular bandages
    - 1 packet of 24 assorted adhesive dressings
    - 3 large sterile unmedicated ambulance dressings (not less than 15 cm x 20 cm)
    - 2 sterile eye pads, with attachments
    - 12 assorted safety pins and
    - 1 pair of rustless blunt-ended scissors.

7. This first-aid container shall be:

    - maintained in a good condition
    - suitable for the purpose of keeping the items referred to above in good condition
    - readily available for use and
    - prominently marked as a first-aid container.

Appendix N: Anaphylaxis guidance document

1. Introduction

1.1. Anaphylaxis is a serious reaction to some foods and some other substances such as bee stings. In some cases it can be life threatening.

1.2. It is not clear why some people have a serious reaction to everyday foods or relatively mild insect stings. Until they have a reaction the person concerned may not be aware that they are sensitive in this way.

1.3. Sometimes the sensitivity can begin when previously there was no effect.

1.4. Not all reactions to food or other materials are "anaphylaxis". Some people may have food intolerance, a mild allergy or a personal emotional reaction to food or other substances. The significant aspect of anaphylaxis is the extreme level of reaction and the possible risk to life.

1.5. A national organisation which gives helpful guidance is: www.anaphylaxis.org.uk.

2. Parental duties for their children

2.1. Once parents are aware that their children are very sensitive to certain substances they should have been in contact with their GP and other medical advisors. All the information they have needs to be provided to the School in written form and discussed between the School, parents and the child.

2.2. The presumption is that full inclusion in the life of the School community is the objective. The child needs to be aware of their condition and involved in the decisions on managing it. They will grow up with it and will need to manage it themselves as adults.

2.3. Parents are naturally anxious about what will happen to their child at the School or on off site visits. Support for the pupil and the School is essential. The parents can encourage their child to be confident in dealing with their condition. Parental partnership with the School in reviewing the management of the condition is very helpful.

3. School duties towards pupils and students

3.1. Anyone with a serious allergy which might cause anaphylaxis provides challenges in a number of school activities:

- Catering on and off site
- Food and snacks during the School day or roundabout
- Curriculum lessons and trips
- Casual contact with substance(s) to which the person reacts

3.2. It is impossible to reduce the risk of exposure to a common substance to zero. Risk reduction to an acceptable level is possible. The person concerned in discussion with their parent/carers, medical advisors and the School must decide on what is an acceptable level.

3.3. Even with the best controls over contact with a food for example to which the person is very sensitive there may be accidental exposure. The care plan must, therefore, include what to do if there is contact followed by a serious reaction.

4. **Catering on-site**

4.1. The Catering Manager will be involved in the Care Plan at an early stage. A suitable approach to meals and drinks can be worked out that is practical and achievable. Parent/Carers may wish to see the canteen and other food areas.

4.2. It may be appropriate to avoid using certain foods. The needs of all the pupils and staff should be considered as well as those who cannot eat certain foods. St Bonaventure's is a 'nut free' school.

5. **Catering off-site in the UK**

5.1. The School approach for the pupil when using the canteen can be used as the basis for catering at other sites. A note can be forwarded to the School or other venue. If the venue being visited cannot confirm that appropriate catering can be done then alternatives need to be provided. This may mean a packed lunch.

5.2. Plan the catering requirements in advance with advice from the Catering Manager if needed. Make sure everyone knows what is OK and what needs to be kept away from the relevant people. Pack expedition bags appropriately.

5.3. Make sure the emergency procedures are in place.

6. Catering off-site abroad

6.1. Early confirmation that venues can meet the requirements is needed and negotiation over alternatives when may be necessary.

6.2. It is not possible to reduce the risk to zero that pupils will bring in and share food at the School or on the way to and from the School.

6.3. Parents and pupils involved in Care Plans will need to discuss "informal food and drink" and agree what the child will do. Ideally the child will actively manage their own condition and tell their friends which food they cannot eat.

6.4. With the agreement of the parents and children the School can share information with other pupils and make most people aware of the issues.

7. **Curriculum lessons - with food or related substances**

7.1. The approach agreed with the Catering Manager can form the basis of the Care Plan application in teaching areas.

7.2. There may less control over foods and processes than in the School catering area and so more vigilance is required by teaching staff as well as by the relevant pupils.

7.3. Banning the use of some foodstuffs may be appropriate although it is better in the terms of life skills for the relevant pupil to learn how to function when unsuitable foodstuffs are around.

7.4. Information supplied by the makers of an adrenaline pen called Epipen® - http://www.epipen.co.uk/patient/what-is-epipen/

8. If the school choses to purchase a spare adrenaline pen, the following conditions would apply:

    8.1. The emergency adrenaline pen should only be used by children, for whom written parental consent for use of the emergency adrenaline pen has been given, who have a severe allergy that can cause anaphylaxis. It has been suggested that a register of those pupils suffering from such allergies is kept with the emergency adrenaline pen. Record of parental consent to use an emergency adrenaline pen must be on the register too, updated annually.

    8.2. The adrenaline pen can be used if the pupil's prescribed adrenaline pen is not available (for example, because it is broken, or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an adrenaline pen - this is a discretionary power enabling schools to do this if they wish.

    8.3. School will establish a protocol for the use of the emergency adrenaline pen.

    8.4. All staff should know where the emergency adrenaline pen is kept and it should be kept out of reach and sight of children and not locked away in a manner that makes it inaccessible.

    8.5. The emergency adrenaline pen may be either an epipen or emerade.

Appendix O - Spare inhalers in Education Establishments

1. Asthma is the most common long term condition in children affecting over a million children in the UK, the equivalent to two children in every classroom, so should be considered a priority. An education establishment should have in place policies and procedures to deal with students with asthma.

2. The Human Medicines (Amendment) (No. 2) Regulations October 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

3. The following will apply:

    3.1. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. It has been suggested that a register of those pupils suffering from asthma is kept with the emergency inhaler. Record of parental consent to use an emergency inhaler must be on the register too, updated annually.

    3.2. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler - this is a discretionary power enabling schools to do this if they wish.

    3.3. School will establish a protocol for the use of the emergency inhaler.

    3.4. All staff should know where the spare inhaler is kept and it should be kept out of reach and sight of children and not locked away in a manner that makes it inaccessible.

    3.5. The inhaler is usually used with a spacer. After each use of the emergency inhaler, the spacer must be disposed of, and the inhaler cleaned. If the spacer is not used, the inhaler must be disposed of in the correct means, and a new one must be bought.

    3.6. A child may use a medicine other than salbutamol. However, the salbutamol inhaler should still be used in an emergency if their own inhaler is not accessible as it will still relieve their asthma.

    3.7. Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

    3.8. For this reason the emergency inhaler should only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed a reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.

Appendix P - Automatic External Defibrillator machines

1. AEDs are small machines that can have a big impact. Easy to use and portable, if used in the crucial minutes before an ambulance arrives they double the chances of someone surviving after their heart stops.

2. Sudden cardiac arrest can happen to anyone who may or may not be diagnosed with a cardiac condition. A defibrillator is a life-saving machine that gives the heart an electric shock and can make a difference between life and death.

Why should you have a defibrillator?

3. Immediate defibrillation can be the difference between a life lost and a life saved.

4. Around 30,000 people have a cardiac arrest each year outside the confines of a hospital

5. The chance of survival after the heart stops falls by around 10% for every minute that passes without defibrillation

6. It can take the emergency services several minutes (and sometimes longer) to arrive.

7. Defibrillators, like the one used on the footballer Fabrice Muamba when he collapsed on the pitch in March 2012, do not require training and can be used by anyone to shock someone's heart back into normal rhythm if they suffer a sudden cardiac arrest. Time and again, AEDs have proven to be the difference between life and death. Yet, access to AEDs remains out of reach for most victims who have sudden cardiac arrest in public spaces.

You can't make it worse by using an AED

8. Modern AEDs talk users through the exact steps to take in a first aid emergency, and are very reliable. You can't do any harm with an AED, as they read the casualty's electrical system and will only give a shock if their heart has stopped.

Anyone can use an AED

9. You don't need training to use an AED as they give audible instructions. However, we recommend that people who might need to use them, such as workplace first aiders, are trained to reduce possible anxiety during an emergency.

The importance of AEDs in schools

10. Sudden Arrhythmic Death Syndrome (SADS) affects children as well as adults. AEDs have saved numerous young people in schools across the country, yet deaths can happen if this life saving equipment isn't in reach, and many schools don't have one.

11. The American Heart Association claims an 80-100 % survival rate for children who have cardiac arrest when an AED is used within the first few minutes of the incident.

12. Schools are often located at the centre of communities, with sports fields and facilities used outside school hours. Locating public-access AEDs on school grounds puts the equipment in reach of the whole community. Other well-accessed locations are care homes, commercial premises and work places.

Appendix Q - Dealing with Bereavement

1. However unfortunate, it is a fact that some headteachers, during the course of their professional career, will have to deal with the circumstances that follow the death of a pupil and/or a member of staff.

2. Certain procedures MUST be followed in the event of a sudden death at the School but, in general terms, procedures will vary dependent upon where the death occurs and the age of the victim. The aim of this document is to set down those procedures and so this guidance has a number of sections.

    2.1. Coping with the sudden death of a pupil/ student at school
    2.2. Coping with the sudden death of a member of staff at school
    2.3. Working with the police
    2.4. Telling pupils/ students
    2.5. Telling teachers and other staff
    2.6. Telling parents and carers
    2.7. Dealing with the media
    2.8. Helping the School recover
    2.9. Planning for business continuity
    2.10. Help and assistance
    2.11. Useful links

3. **Coping with the sudden death of a pupil/ student at the School**

    3.1. Unless it is plainly apparent, do not assume death. Dial 999 and seek immediate medical help. Whilst waiting, administer first aid and life support. When paramedics arrive, allow them to take over and let them decide on action needed or whether death has occurred.

    3.2. If death is obvious, dial 999 and ask for immediate police attendance. Preserve the scene in case the police wish to investigate.

    3.3. In either case, remove all pupils present to another room and keep them there; your intention is to limit the opportunity for rumours to start and to actively control the developing situation. If pupils need a lavatory, they must be accompanied so any opportunity for them to talk to others is limited and controlled. Do not allow anyone to use a mobile phone or any other equipment to communicate with anyone outside the School.

    3.4. Arrange for additional staff to be present to support any pupils who witnessed the event. Remember that staff will need support in due course too (see below).

    3.5. Instruct staff who normally receive incoming telephone calls not to answer any questions about the death. Tell them to say that a statement will be made in due course after further advice is taken, or (if appropriate) after police investigation.

    3.6. If the death occurs immediately outside your premises and your first aider(s) is (are) involved, it is probable the victim will be unknown to you. In this case, assume the person is under 18 years, unless it is plainly obvious they're not! The reason for this, is that procedures differ for children (those under 18 years).

4. Coping with the sudden death of a member of staff at the School

4.1. The procedure is similar for dealing with the sudden death of a pupil. It is repeated here as it is recognised that there will be occasions when urgent reference is made to this document and time will not allow reader to seek information from several parts of it.

4.2. As previously stated, unless it is self-evident, do not assume death. Dial 999 and seek immediate medical help. Whilst waiting, administer first aid and life support. When paramedics arrive, allow them to take over and let them decide on action needed or whether death has occurred.

4.3. If death is obvious, dial 999 and ask for immediate police attendance. Preserve the scene in case the police wish to investigate.

4.4. In either case, remove all pupils present to another room and keep them there; your intention is to limit the opportunity for rumours to start and to actively control the developing situation. If pupils need a lavatory, they must be accompanied so any opportunity for them to talk to others is limited and controlled. Do not allow anyone to use a mobile phone or any other equipment to communicate with anyone outside the School.

4.5. Arrange for additional staff to be present to support any pupils who witnessed the event. Remember that staff will need support in due course too (see below).

4.6. Instruct staff who normally receive incoming telephone calls not to answer any questions about the death. Tell them to say that a statement will be made in due course after further advice is taken, or (if appropriate) after police investigation.

5. Working with the Police

5.1. The police will normally investigate every case of sudden death, although procedures will vary according to the circumstances.

5.2. As previously indicated, take steps to preserve the scene and evidence it may contain.

5.3. Be prepared to provide a room, or a space in which the police can work, if requested.

5.4. Normally, the Police will inform the child's parents/carers, or the member of staff's next of kin of the death. In some cases, particularly in the case of staff death, the headteacher may want to inform the next of kin him/herself. Only do so if you are sure that you want to because you will have to cope with a very difficult and traumatic situation. Seek the advice of the police and consider it very carefully before proceeding. Remember, most constabularies will have specially trained offers who regularly delivery this type of news and who will be less affected by this task, than others who knew the deceased well or worked with them. In a few cases, it's likely that the police will insist on delivering the news themselves.

5.5. The police will want to talk with the person(s) who discovered the body. This will be a difficult and traumatic (to varying degrees depending on the person(s) concerned) and it is most likely that they will need someone with them, and will probably have to stay at the School.

5.6. The Police will almost certainly tell you that you must not speculate on the cause of death. But remember that the media are under no such restriction.

6. Telling Pupils

6.1. You actions will be dependent upon the circumstances.

6.2. In the unlikely event of a pupil or member of staff collapsing at the School when other pupils are present, is rushed to hospital and subsequently dies, those pupils will need to know what's happened before they leave at the end of the School day. If the death occurs off site or at the pupil's home the pupils/members of staff should be told first thing the next morning.

6.3. It is important to agree with the police the timing and content of the information given to pupils and staff to meet their needs whilst not impeding any police investigation (if any is to take place).

6.4. Are there any siblings, close relatives, or boy/ girl friend who needs to know first? If so, you should advise them first, but make arrangements to support them when they are told; have parent/carers ready to collect them from the School straight away. In some cases, the parent/ carer will wish to break the news to them, themselves; respect that decision.

6.5. Timing is everything. Gather the whole year group together about 20 minutes before the final bell. You will find that pupils will listen intently until you tell them that the pupil has died. Then, normally, they stop hearing. If the pupil has died as the result of an accident, ask them not to speculate about the cause of the accident and ask them not to spread rumours. Staff in special schools will need to tailor the approach to their circumstances but even the pupils with the most profound needs have been shown to take the news on board at some level, usually on a basic emotional level (noticing the change in people's mood etc).

6.6. Getting them to hear and comprehend everything you want to tell them will be difficult. Allow pupils ten minutes or so, to just be together as a year group. The gathering will be highly emotional and most will need to cry; some will need counselling.

6.7. Be prepared for some pupils to contact local media. It is best to repeat, in different forms if necessary, what can be said (e.g. expressions of sympathy) and let them know what cannot be talked about (due to it being speculative or confidential). Advise pupils and staff to avoid answering supplementary questions or talking about it on social media.

7. Telling Staff

7.1. Recognise that this may be after key pupils have been told, but tell staff as soon as practicable thereafter.

7.2. Tell staff who were nearest to what happened first. Depending on who that staff member is, they will probably need someone with them or to support them.

7.3. If you decide that staff members should tell other pupils, have a statement ready for them to read out before you advise them. Advise staff members to avoid answering supplementary questions or making comment if they are asked to do so when leaving the School site.

8. Telling Parents

8.1. Normally, the police will tell the parents/carers of the child who has died (unless death has occurred in hospital, in which case staff there will deal with the situation).

8.2. If you can do so, send a letter home to parents/carers of all pupils the same day as the death. If time doesn't allow it that day, do so the following day. The letter, on the School's headed paper, should express sympathy and give factual information about the death. This will reduce the likelihood of rumour, which could be intensely hurtful to the bereaved, other pupils, parents/carers and staff members.

8.3. Send (or hand deliver) a letter to the parents carers of the pupil/ student (or the next of kin, if a staff member) who died the following day. You are best placed to decide on the content, but remember to express sympathy. Ask to be kept informed of the funeral arrangements so the School can be represented. However, if the parents/carers do not tell you of the funeral, carefully consider whether you ought to attend (much will depend on the circumstances).

8.4. If there is a sibling on roll, send them a card to demonstrate you recognise their loss too. The form teacher may wish to send a separate card to that sent by the School.

8.5. In the event of a pupil's death and after a short interval, write to the parents/ carers and ask if they would like any of the pupil's work. Be prepared for a delayed reply, but in the meantime, store that work in a safe place.

9. Dealing with the Media

9.1. VA schools, Academies, Trust and Free Schools may also want to seek advice from the appropriate Diocese, Federation, etc.

9.2. Some schools may already have a member of staff nominated as press officer. If not, decide whether you need to designate a colleague as press officer or hire an external PR organisation. Remember that your designated press officer may be required for some considerable time and (if a member of school staff) may not be able to undertake duties that cannot be immediately delayed, if media enquiries arise.

9.3. In all cases, your Business Continuity/ Critical Incident Recovery Plan, needs to set down local procedure. (When time allows and after the incident, you might want to review the local procedure in the light of experience gained.)

9.4. Be aware that the media may contact the parents/carers and might speculate about the cause of death. This may be very difficult to deal with, especially if distraught parents/carers are seen on TV. Pupils, if they see it, may find it difficult too; psychological support is available if it is needed.

9.5. If the media broadcasts any such report, you may be approached for comment; this could be with little or no warning and you may have no time to prepare. If you are faced with this situation, keep expressing sympathy for the parent/carers so that editors will find it hard to cut this part of your statement.

9.6. If there is a post mortem, this may happen very quickly and almost certainly within 48 hours. Ask the police to tell you the results as soon as possible.

9.7. The best way to stop media speculation is with the use of facts.

10. Helping the School Recover

10.1. Accept that recovery will take some time. In most cases, holding a memorial service or special assembly will help. Celebrate the person's life and achievements and the difference they made to the School's daily routine. Consider whether psychological support needs to be provided.

10.2. Recognise that the pupils and staff who receive counselling may not necessarily be those who need it most. In the case of a pupil's death, any sibling at the School may have intense needs that appear later.

10.3. Before the sibling returns, prepare his/ her classmates. Tell the class not to ask questions, but wait for the pupil to talk about their loss. Some will want to talk about their loss and others won't; both are normal, but be prepared for either. Generally a pupil will decide when they feel comfortable to talk and will choose the person(s) most trusted.

10.4. The class teacher should ask the pupil during the first day how they are coping and ask if anything specific might be needed. The teacher should then keep a careful watch in a supportive way rather than an intense one. Books dealing with such matters are available and should be used if you feel they will help the pupil concerned or their peers.

10.5. Ensure the pupil and his/ her parents/carers know they can talk to the class teacher, the Headteacher, or other supportive person at any time if they would like to do so. Provide support for as long as the family needs it.

10.6. Seek advice if you need it as it is very difficult for the School to know when to stop making allowances.

11. Educational Visits

11.1. No-one in the group should speak to the media. Do not give names of anyone involved in the incident as this could cause distress to their parents/ carers and/or other relatives/ friends.

12. Coping with an expected death

12.1. Schools value pastoral care highly. Quite correctly, there is concern not only for the academic and intellectual development of pupils, but also for their social, emotional, physical and spiritual needs.

12.2. Stating the obvious, schools which consider, and/or develop local policies and procedures for dealing with death will be better prepared and probably more supportive to pupils if tragedy strikes. Such policies and procedural documents will also specify responsibilities allocated to specified members of staff which then allows discussion and preparation for a difficult task.

12.3. Depending on the age/ maturity of pupils, Headteachers may make death an integral part of the teaching programme; this allows consideration of the matter in a less emotional environment than would be present with an unexpected death.

12.4. Consider dealing with the subject in whole school and/or class assemblies, as well as in RE lessons. Acknowledge that it's natural for feelings and emotions to run high and that they may be difficult to control. Emphasise the supportive nature of the School's ethos and that the School will be supportive towards the bereaved pupil.

12.5. Bereaved parents/carers (and grandparents) will appreciate the School's thoughtfulness, planning and effort that goes into the care of their children, especially at times of great distress for all in their family.

13. Useful links and further information

13.1. From the Department for Education website;

13.2. Child death review process. An overview of the child death review process and access to legislation and resources (February 2011).

13.3. The child death review - A guide for parents and carers. This leaflet is for parents and carers of a child under 18 who has died. It outlines what happens in the child death review, although local practices may vary a little (March 2010)