

First Aid Policy

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**Aims of Policy**

The aims of our first aid policy are to:

* Ensure the health and safety of all staff, pupils and visitors
* Ensure that staff and governors are aware of their responsibilities with regards to health and safety
* Provide a framework for responding to an incident and recording and reporting the outcomes

**Legislation and guidance**

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/596629/EYFS_STATUTORY_FRAMEWORK_2017.pdf), advice from the Department for Education on [first aid in schools](https://www.gov.uk/government/publications/first-aid-in-schools) and [health and safety in schools](https://www.gov.uk/government/publications/health-and-safety-advice-for-schools), and the following legislation:

* [The Health and Safety (First Aid) Regulations 1981](http://www.legislation.gov.uk/uksi/1981/917/regulation/3/made), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
* [The Management of Health and Safety at Work Regulations 1992](http://www.legislation.gov.uk/uksi/1992/2051/regulation/3/made), which require employers to make an assessment of the risks to the health and safety of their employees
* [The Management of Health and Safety at Work Regulations 1999](http://www.legislation.gov.uk/uksi/1999/3242/contents/made), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
* [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013](http://www.legislation.gov.uk/uksi/2013/1471/schedule/1/paragraph/1/made), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
* [Social Security (Claims and Payments) Regulations 1979](http://www.legislation.gov.uk/uksi/1979/628), which set out rules on the retention of accident records
* [The School Premises (England) Regulations 2012](http://www.legislation.gov.uk/uksi/2012/1943/regulation/5/made), which require that suitable space is provided to cater for the medical and therapy needs of pupils

Roles and Responsibilities

First Aider

Kimberley Preston is the appointed first aider at Willow Park School, and is responsible for:

* Taking charge when someone is injured or becomes ill
* Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
* Ensuring that an ambulance or other professional medical help is summoned when appropriate
* Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
* Sending pupils home to recover, where necessary
* Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
* Keeping their contact details up to date

First aiders at Willow Park school are trained in Paediatric First Aid and First Aid at Work.

Directors Responsibility

* Ensuring that an appropriate number of trained first aid personnel are present in the school at all times
* Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
* Ensuring all staff are aware of first aid procedures
* Ensuring appropriate risk assessments are completed and appropriate measures are put in place
* Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
* Ensuring that adequate space is available for catering to the medical needs of pupils
* Reporting specified incidents to the HSE when necessary.

Staff Responsibility

School staff are responsible for:

* Ensuring they follow first aid procedures
* Ensuring they know who the first aiders in school are
* Completing accident reports for all incidents they attend to where a first aider is not called
* Informing the Headteacher or their manager of any specific health conditions or first aid needs

**First Aid procedures**

**In-school procedures**

In the event of an accident resulting in injury:

* The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
* The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
* The first aider will also decide whether the injured person should be moved or placed in a recovery position
* If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
* If emergency services are called, the directors will contact parents immediately
* The relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

**Off-site procedures**

When taking pupils off the school premises, staff will ensure they always have the following:

* A mobile phone
* A portable first aid kit
* Information about the specific medical needs of pupils
* Access to parents’ contact details

Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

There will always be at least one first aider on school trips and visits in Key Stage 1 and 2

**First Aid Equipment**

A typical first aid kit in our school will include the following:

* A leaflet with general first aid advice
* Regular and large bandages
* Eye pad bandages
* Triangular bandages
* Adhesive tape
* Disposable gloves
* Antiseptic wipes
* Plasters of assorted sizes
* Scissors
* Cold compresses
* Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

The school Office

**Record-keeping and reporting**

 **First aid and accident record book**

* A minor accident form is completed if the injury needs only very minor first aid- a wipe, cold compress, plaster or ice pack for a short time. For children at willow Park School a note will be sent home to parents.
* A major accident form will be completed by the relevant member of staff on the same day or as soon as possible after a major incident resulting in an injury.
* As much detail as possible should be supplied when reporting an accident.
* A copy of the accident report form will also be added to the pupil’s educational record by the school administrative team.
* Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, a major accident form will be kept until the child is 21 years old.

**Reporting to the HSE**

The directors will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The directors will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

* Death
* Specified injuries, which are:
	+ Fractures, other than to fingers, thumbs and toes
	+ Amputations
	+ Any injury likely to lead to permanent loss of sight or reduction in sight
	+ Any crush injury to the head or torso causing damage to the brain or internal organs
	+ Serious burns (including scalding)
	+ Any scalping requiring hospital treatment
	+ Any loss of consciousness caused by head injury or asphyxia
	+ Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
* Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
* Where an accident leads to someone being taken to hospital
* Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
	+ The collapse or failure of load-bearing parts of lifts and lifting equipment
	+ The accidental release of a biological agent likely to cause severe human illness
	+ The accidental release or escape of any substance that may cause a serious injury or damage to health
	+ An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)
http://www.hse.gov.uk/riddor/report.htm

**Notifying parents**

The class teacher or teaching assistant will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

**Reporting to Ofsted and child protection agencies**

The directors will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school’s care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The directors will also notify local authority child protection agencies (MASH team) of any serious accident or injury to, or the death of, a pupil while in the school’s care.

**Training**

All school staff can undertake first aid training if they would like to.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until.

Staff are encouraged to renew their first aid training when it is no longer valid.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

**Intimate Care**

Willow Park School is committed to ensuring that all staff responsible for intimate care of children and young people will always undertake their duties in a professional manner. This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. We recognise our duties and responsibilities in relation to the Equality Act 2010 which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against. We recognise that there is a need for children and young people to be treated with respect when intimate care is given. No child shall be attended to in a way that causes distress, embarrassment or pain. Staff will work in close partnership with parents and carers to share information and provide continuity of care.

Definition

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do. Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

Our approach to best practice:

* The management of all children with intimate care needs will be carefully planned.
* Staff who provide intimate care are trained to do so (including Child Protection, and Moving and Handling where appropriate) and fully aware of best practice.
* Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.
* There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences.
* Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.
* Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities
* Individual care plans will be drawn up for any pupil requiring regular intimate care
* Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible one pupil will be cared for by one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented.
* Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan
* The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation
* Where a care plan is not in place and a child has needed help with intimate care (in the case of a toilet ‘accident’) then parents/carers will be informed the same day. This information should be treated as confidential and communicated in person, via telephone or by sealed letter.

**Child Protection:**

The directors and staff of Willow Park School recognise that disabled children are particularly vulnerable to all forms of abuse. Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times. If a member of staff has any concerns about physical changes in a child’s presentation (unexplained marks, bruises or soreness for example) s/he will immediately report concerns to the Designated Person for Child Protection.

If a child becomes distressed or unhappy about being cared for a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from agencies when necessary.

If a child makes an allegation about a member of staff this will be investigated in accordance with procedures within our safeguarding policy.

Medical Needs

**What are we aiming to achieve**

This policy aims to fulfil the duty on the Governing Board under Section 100 of the **Children and Families Act 2014**to make arrangements for supporting students at Willow Park School with medical conditions.

The key points of this duty are:

1. Students at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
2. All staff must ensure that arrangements are in place in schools to support pupils at school with medical conditions.

At Willow Park School we will appoint a named person(s) who is responsible for supporting the child with medical needs. This will include the following:

* Ensure the right support is in place when the child starts. This may require consultation with parents, often several weeks beforehand, and any medical evidence available if the condition is unclear.
* If a child leaves our school, arrangements are in place before the child starts the new setting
* Ensuring that health care plans or EHCs have been completed/updated
* State who is authorised, contracted, named and trained to administer medicines to the child concerned.
* Clarify whether any appropriate training is available and how health professionals will support this
* State how information will be provided from and to parents
* State how parental consent will be recorded
* State arrangements for safe storage of medicines, including controlled substances and emergency access arrangements
* State arrangements for children’s health care plan
* State where records and plans are kept
* Review the policy and arrangements regularly with the child/young person and parent/carer

**Supporting Children with Medication**

We are committed to reducing the barriers to access learning for all its pupils. This policy sets out the steps which the school will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

1. Managing prescription medicines which need to be taken during the school day.

1.1 Parents should provide full information about their child’s medical needs and complete the appropriate paperwork.

1.2 Short-term prescription requirements should only be brought to school if it is detrimental to the child’s health not to have the medicine during the school day.

1.3 The school/setting will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.

1.4 The school will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

1.5 Some medicines prescribed for children (e.g methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff may administer a controlled drug, in accordance with the prescriber’s instructions. The school will keep controlled drugs in a locked container, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence, and will be dealt with under the school’s behaviour code.

1.6 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber’s instructions for administration. In all cases this should include:

• Name of child

• Name of medicine

• Dose

• Method of administration

• Time/frequency of administration

• Any side effects

• Expiry date

1.7 The school will refer to the DfE guidance document when dealing with any other particular issues relating to managing medicines.

2. Procedures for managing prescription medicines on trips and outings and during sporting activities

2.1 The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children.

2.2 If staff are concerned about how they can best provide for a child’s safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child’s GP. Please refer to the DfE guidance on planning educational visits.

2.3 The school will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child’s ability to participate in PE should be recorded on their Health Care Plan.

2.4 Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.

2.5 The school will co-operate with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice regarding a child’s medical needs.

3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines

3.1 Close co-operation between schools, settings, parents, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

3.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.

3.3 The school will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines. The School has a medical folder and medical box with the relevant medical information about the pupils. This is accessible to temporary staff.

3.4 The school will always designate a minimum of two people to be responsible for the administering of medicine to a child.

3.5 Staff should usually not give a non-prescribed medicine to a child.

3.6 Any controlled drugs which have been prescribed for a child must be kept in safe custody.

3.7 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and parents will be informed of the refusal on the same day, by phone. If refusal results in an emergency, the school/setting’s normal emergency procedures will be followed.

4. Parental responsibilities in respect of their child’s medical needs

4.1 It is the parents’ responsibility to provide staff with sufficient information about their child’s medical needs if treatment or special care is needed.

4.2 Parents are expected to work with the school to reach an agreement on the school’s role in supporting their child’s medical needs, in accordance with the school’s policy.

4.3 Staff should have parental agreement before passing on information about their child’s health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child.

4.4 If parents have difficulty understanding or supporting their child’s medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.

4.5 It is the parents’ responsibility to keep their children at home when they are acutely unwell.

4.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school or setting has day-to-day contact.

4.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child. Forms are available from the school office.

5. Assisting children with long-term or complex medical needs Where there are long-term medical needs for a child, a Health Care Plan should be completed, involving both parents and relevant health professionals.

5.1 A Health Care Plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child’s GP or paediatrician.

5.2 The school will agree with parents how often they should jointly review the Health Care Plan. It is sensible to do this at least once a year, but much depends on the nature of the child’s particular needs; some would need reviewing more frequently.

5.3 The school will judge each child’s needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a pupil’s age and need to take personal responsibility.

5.4 Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.

5.5 In addition to input from the school health service, the child’s GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:

• Headteacher or head of setting

• Parent or carer

• Child (if appropriate)

• Class Teacher

• Care assistant or support staff

• Staff who are trained to administer medicines

• Staff who are trained in emergency procedures

5.6 The school/setting will consult with the Health Directory when dealing with the needs of children with the following common conditions:

• Asthma

• Epilepsy

• Diabetes

• Anaphylaxis

6. Policy on children carrying and taking their prescribed medicines themselves An example of this would be a child with asthma using an inhaler.

6.1 It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines.

6.2 There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil.

6.3 Where pupils have been prescribed controlled drugs, these must be kept in safe custody, such as the school medical box in the office. Pupils could access them for self-medication if it was agreed that this was appropriate.

7. Staff support and training in dealing with medical needs

7.1 The school will ensure that staff receive proper support and training where necessary, in line with the contractual duty of Headteacher to ensure that their staff receive the training. The Headteacher will agree when and how such training takes place. The Headteacher will make sure that all staff and parents are aware of the policy and procedures for dealing with medical needs.

7.2 Staff who have a child with medical needs in their class or group will be informed about the nature of the condition.

7.3 The child’s parents and health professionals should provide the information specified above.

7.4 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

7.5 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.

7.6 At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with training and advice.

7.7 The school/setting will ensure that there are sufficient members of support staff who manage medicines as part of their duties. This includes the specification of such duties in their job description and participation in appropriate training.

7.8 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.

7.9 Teachers’ conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.

8. Record keeping

8.1 Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However the school will make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.

8.2 The school will use the Administration of Medication Form to record short-term administration of medication. Consent forms should be completed personally by the consenting parent/carer, and they are available from the school office.

8.3 The school will use the Administration of Medication Form to record long-term administration of medication. Consent forms should be completed personally by the consenting parent/carer, and they are available from the school office.

8.4 It is the parent/carer’s responsibility to monitor when further supplies of medication are needed in the school/setting. It is not the school’s /setting’s responsibility.

8.5 The consent forms from parents should be used to confirm that a pupil will administer medicine to themselves, or that they need assistance from a voluntary adult.

8.6 All early years settings must keep written records of all medicines administered to children.

8.7 Although there is no similar legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures.

9. Safe storage of medicines

9.1 The school will only store, supervise and administer medicine that has been prescribed for an individual child.

9.2 Medicines will be stored strictly in accordance with product instructions – paying particular note to temperature and in the original container in which dispensed.

9.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

9.4 Where a child needs two or more prescribed medicines, each will be in a separate container.

9.5 School staff will never transfer medicines from their original containers received from parents.

9.6 Children will be informed where their own medicines are stored.

9.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children.

9.8 Schools may allow children to carry their own inhalers.

9.9 Other non-emergency medicines will be kept in a secure place not accessible to children.

9.10 A few medicines need to be refrigerated. They will be kept in a refrigerator containing food but will be in an airtight container and clearly labelled. There is a lockable container in the refrigerator for medicines.

9.11 Access to Medicines – Children need to have immediate access to their medicines when required. The school will make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed.

10. Disposal of Medicines

10.1 The school will not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

10.2 Parents should also collect medicines held at the end of each academic year. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

10.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority.

11. Hygiene and Infection Control

11.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures

11.2 Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.

12. Access to the school/setting’s emergency procedures

12.1 Other children should know what to do in the event of an emergency, such as telling a member of staff.

12.2 All staff should know how to call the emergency services.

12.3 All staff should also know who is responsible for carrying out emergency procedures in the event of need.

12.4 A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.

12.5 Health professionals are responsible for any decisions on medical treatment when parents are not available.

12.6 Staff should never take children to hospital in their own car; it is safer to call an ambulance.

12.7 In remote areas a school might wish to make arrangements with a local health professional for emergency cover.

12.8 Individual Health Care Plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency. Those with responsibility at different times of day (e.g. lunchtime supervisor) will need to be very clear of their role.

13. Risk assessment and management procedures This policy will operate within the context of the school/setting’s Health and Safety Policy.

13.1 The school will ensure that risks to the health of others are properly controlled.

13.2 The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.

13.3 The school/setting will be aware of the health and safety issues relating to dangerous substances and infection.

14. Emergency Asthma Medication

14.1 The school has a list of children whom have been diagnosed with Asthma, and details of whether or not they have medication available in school. Their inhalers are stored in the office.

15. Emergency Medication for Supporting Pupils with Diabetes

15.1 Pupils with diabetes will have a bespoke Heath Care Plan written for them which will be supported by parents.

15.2 In order to support pupils with the management of their diabetes, staff will undertake appropriate training before supporting the pupil.

15.3 The school will continue to follow current guidance - Supporting Pupils with Medication Needs from the DfE.

16. Supporting pupils with allergies

16.1 All parents are required to let the Headteacher know of any allergies their child has or develops. This information will be shared with staff.

16.2 If a pupil requires emergency medicine or action following an allergic reaction, school must be provided with a Heath Care Plan written by an appropriate medical professional.

16.3 Heath Care Plans – with photos of the pupil attached – are shared with all staff to ensure they are all aware of the allergy. This includes the admin team who check dinner selections to ensure the pupils have made safe dinner choices.

16.4 We are a nut-free school; no staff, volunteers, parents or pupils are allowed to bring nuts onto the school site.

17. Responsibilities with administration of medication Issued jointly by the Department of Health, Social Services and Public Safety and the Department of Education, the guidance indicates that a child's medical needs are the parent’s prime responsibility. It also states that while school staff can volunteer to carry out the administration of medication there is absolutely no legal obligation on them to do so. Teachers and teaching assistants are therefore not obliged to assist and many of them feel reluctant or uncomfortable about volunteering. The Guidance indicates that some non-teaching staff may be on contracts within which this role is included. If they, or any other staff, do volunteer to undertake such duties the guidance indicates that they should be supported, given full training and reassured about their legal liability.

**Monitoring and review**

This policy will be reviewed by the directors in conjunction with the Health & Safety procedures every 2 years.