



SUPPORTING PUPILS AT SCHOOL AND RESIDENTIAL WITH MEDICAL CONDITIONS

Written by	Reviewed by	Ratified by	Ratified on	To be reviewed	Status
Stacey Sawicki Sally Woods	Lesley Ellison	Full Governing Body	January 2024	January 2025	Statutory

Policy Statement

This document was written in line with DFE Supporting pupils at school with medical conditions - Statutory guidance. Updated 16 August 2017.

Those Hebden Green School employees who assist with any form of medical procedure are acting within the scope of their employment and are indemnified by Hebden Green School against any legal action and an allegation of negligence, provided they act responsibly and to the best of their ability.

It is essential that staff that care for pupils by administering medicines, either in an emergency or on a regular basis, have received appropriate training and re-training when necessary.

Medical information must, of course, be treated as confidential. Records will remain confidential and stored in line with school policy and related CQC guidance.

Wherever possible pupils should be enabled to administer their own medication.

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1. SUPPORTING PUPILS AT SCHOOL AND RESIDENTIAL WITH MEDICAL CONDITIONS POLICY

Policy Aims

This policy is written to:

- Broadly assign statutory roles and responsibilities for all stakeholders within the school;
- Give a broad overview of intent when supporting pupils in school and residential with medical conditions

Long -Term Medical Needs:

The governing body and Head Teacher will do all they reasonably can to assist pupils with long term medical conditions. The majority of medical needs are supported by health care professionals.

Hebden Green School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" under a statutory duty from section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014 and was revised in December 2015.

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities, also including those pupils with medical conditions.

Key roles and responsibilities

The Local Authority (LA) is responsible for

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

The Governing Body is responsible for

- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.

- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- Ensure that where medication is identified as being difficult to administer or high risk e.g. access to appropriate equipment, then an ambulance will be called and a member of SLT will attend. Parents will work directly with SLT in these cases.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- Ensuring written records are kept of, any and all, medicines administered to pupils.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.

The Head teacher is responsible for

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Identifying staff that need to be aware of a child's medical condition.
- Ensuring a sufficient number of trained members of staff are available to implement the policy in normal, contingency and emergency situations.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Continuous two-way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection
- Assigning appropriate accommodation for medical treatment/ care
- Assessing individual risk linked to method of delivery of medication, and where needed, allocating a member of the Senior Leadership team to attend a trip or visit where further support is needed. In these instances the Head teacher/member of the Senior Leadership team is to liaise with parents/carers to review medication and administration of medication.

Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.
- Taking account of the needs of pupils with medical conditions in lessons and other activities.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

School nurses are responsible for:

- Collaborating on developing procedures/ training in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Liaising locally with lead clinicians on appropriate support.
- Assisting the Head teacher in identifying training needs and providers of training.

Parents and carers are responsible for:

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

Pupils are responsible for (where appropriate)

- Providing information on how their medical condition affects them.
- Contributing to their IHP
- Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

Training of staff

- Newly appointed teachers and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.
- External training (Management of Medications in Schools and Early Years Settings) will be provided to support the administration of medication for Senior Residential Care staff for between the hours of 6pm and 7.30am. Senior Residential Care staff will also receive First Aid at Work Training.

Medical conditions register /list

Schools admissions forms request information on pre-existing medical conditions. Parents have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed either directly through the nurses or through the home-school communication book.

Each class teacher or pastoral teacher should have an overview of the list for the pupils in their care, within easy access through online systems.

Supply staff and support staff should similarly have access on a need to know basis; parents should be assured GDPR principles are adhered to.

Education Health Needs (EHN) referrals

All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.

In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

Medicines

Please see part 2: **Safe Storage, Handling and Administration of Medicines Policy.**

Avoiding unacceptable practice

Each case will be judged individually but in general the following behaviour is considered unacceptable:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assuming that pupils with the same condition require the same treatment;
- Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion;
- Sending pupils home frequently or preventing them from taking part in activities at school;
- Sending the pupil to the nurses room or school office alone or with an unsuitable escort if they become ill;
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition;
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues unless there is a clear reason as agreed by the Head teacher;
- Creating barriers to children participating in school life, including school trips;
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Insurance

Please see part 2: **Safe Storage, Handling and Administration of Medicines Policy.**

Complaints

All complaints should be raised with the school in the first instance. The details of how to make a formal complaint can be found in the School Complaints Policy.

2. SAFE STORAGE, HANDLING AND ADMINISTRATION OF MEDICINES POLICY

Policy Aims

The policy is written to:

- Give clear guidelines of systems linked to the administration of medication within the school
- Review exceptions in practice
- Clarify school indemnity
- Give an overview of emergency provision and systems around medication error reporting

Long -Term Medical Needs:

The governing body and Head Teacher will do all they reasonably can to assist pupils with long term medical needs. The majority of medical needs are supported by health care professionals and the nursing team are on site between 07.45 and 18.00.

Records:

Each pupil requiring regular medication in school will have a Medication Administration Record (MAR) to indicate what medication is required during school and/or during overnight stays in residential.

Each pupil will have a Paracetamol Authorisation form signed by parents at the beginning of each academic year. This will indicate if parents wish for education staff or the nursing team to administer paracetamol if a pupil requires it during school hours.

NHS England has provided information regarding patient groups that are exceptions to the non-prescribing of over the counter medications. These groups include those with specialist treatments or conditions, those with special dietary requirements and supplements. Those with long term conditions and those considered vulnerable. They also include those where access to treatment will prevent further complications, those with multiple conditions or require monitoring for specific reasons.

As these exception groups apply to a large proportion of the pupils at our school, nursing and education staff will not be able to administer any medication that is not prescribed.

Examples of preparations that do not require a prescription and which parents can give permission to administer include:

- Paracetamol (as above)
- Moisturising / soothing preparations for minor skin conditions, such as nappy creams
- Sunscreen for routine protection while playing / learning outside.

To help determine whether a child is well enough to attend school, or an Early Years Provider setting, parents can be advised to review the NHS Choices website.

The nursing team hold a record of medications to be kept in school and incoming and out-going medication received daily, these records along with the medications are stored securely in the nurses clinical room.

Medicine Administration:

In order to administer any medication, the pharmacy technician or nurse must reconcile the medication according to the CCICP Medicines Reconciliation in Special Schools policy. The Pharmacy Technician or Nurses will need to check at least two of the following sources of information to reconcile medications.

- Most recent Consultant/Specialist letters from Emis web or parents
- Recent Discharge Letters
- Emis web GP medication records or recent GP Summary care record (SCR) for out of area pupils
- Recent repeat medication order form from GP
- Dispensing label on the medication
- Verbal communication from parent/ carer

Some children may be primarily supported by a Specialist other than their GP. In these circumstances the Nurse or Pharmacy Technician should contact the Specialist service and request written verification of the child's medications.

The school nurse or pharmacy technician who has achieved the Transcribing Competency Assessment must then transcribe the prescribed medication required during school clearly on the MAR.

In most circumstances between the hours of 07.45 and 18.00 medicines will be administered by the nursing team.

Exceptions to this are:

- Educational Visits
- Evenings and overnight between 18.00 and 07.45 (please see section 3))

In exceptional cases members of education staff nominated by the Head teacher can be responsible for the administration of medication and relevant training will be given by the Nursing team including where there is a 1:1 in place for medical reasons.

In all cases the MAR charts will be handed over to education staff with the medications to ensure safe administration.

Transportation of Medicines from Home to School

It is the parents responsibility to ensure the safe transportation of medicines from home to school and vice versa.

It is not safe to place medicines in a child's school bag; medication should be given to the taxi escort or the pupils 1:1. The medication must be clearly labelled with the child's name and instructions for administration by pharmacy. Taxi escorts should deliver medicines to the nominated member of education staff who will deliver them to the nurses. At the end of the school day the nurses will take the medications to the taxis, the taxi escorts will then go to the nurses and collect the medication for the pupils going home on their taxi.

Controlled Drugs (Controlled by the Misuse of Drugs Act)

At Hebden Green controlled drugs are kept securely in the controlled drug cupboard in the nurses clinical room. During residential stays, controlled drugs for those staying on their allocated night are stored in the controlled drug cupboard in the residential office. Only named staff personnel have access to the cupboards. All controlled drugs are recorded in the controlled drug register and on the pupils MAR chart.

Refusal of medication

A pupil has the right to refuse to take medication. When this happens, parents should be informed and alternatives discussed.

Disposal of Medicines

All Medicines, including controlled drugs, should be returned to the parent, when no longer required or out of date, for them to arrange for safe disposal.

Medication Error Reporting

The school nursing team follow NHS guidelines when reporting medicines errors. As part of the process all NHS staff dispensing and administering medication on site will report any medication errors including missed or near missed medication to the Head teacher/member of the Senior Leadership team.

For medicine errors in Residential between 18.00 and 07.45 refer to part 3.

Emergency Procedures

Between the hours of 07.45 and 18.00 nurses will be on site to attend to any medical emergencies and administer any emergency medications to pupils that may need it.

Between the hours of 18.00 – 07.45 the senior member of staff in residential will lead any emergency procedures (see parts 5 and 6)

As part of the First Aid procedure, the school has a number of trained First Aiders, Pediatric First Aiders and Emergency Aiders to deal with any incidents. Details of these are displayed throughout the school.

Educational Visits/ overnight stays:

During an Educational Visit including a residential or overnight stay (when a parent is unlikely to be available to administer medication to their child) the child's regular medication and paracetamol (if

required) may be administered by education staff as long as the parent has completed the consent form and returned it to the nurses.

In all cases the MAR charts will be handed over to education staff with the medications to ensure safe administration.

See School Visits policy for prescribed medicines.

General:

The governing body recognizes that many pupils will need to take medication at school. While parents retain responsibility for their child's medication, the school has a duty of care to the pupils while at school, and the governing body wishes to do all that is reasonably practicable to safeguard and promote children's welfare.

Responsibilities:

The governing body takes responsibility for the administration of medicines during school time in accordance with the government's LA and CCICP Trust guidelines.

The Head will implement this policy and report as required to the governing body.

Medication will normally be administered by the nurses and in exceptional circumstances by care staff/ education staff who will have received specialized training from the nurses.

All staff are expected to maintain professional standards of care, but have no contractual duty to administer medication. The governing body does not require staff to administer medication. (Circular 14/96 supporting pupils with medical needs).

However, some staff that volunteer their services, will be given training to administer medication to pupils.

Staff Indemnity:

The LA (governing body) fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following governing body guidelines.

The indemnity covers situations where an incorrect dose is administered or where any other mistake in the procedure is made. The LA/governing body will meet any claims in these circumstances.

Guidance

All medication must be in a suitable container as dispensed by the pharmacy, with the pupil's name and directions for administration printed clearly on the label.

The school will not deal with any requests to renew the supply of the medication. This is entirely a matter for the parents/carers.

The nurse will inform the pupil about what has to be done before administering any medication or carrying out any other health checks.

Signed on behalf of the Governing Body:

3. Administration of Medication in Residential: Evening and Overnight Procedure

At Hebden Green school, in the absence of a nurse, prescribed medication will be administered by the Head of Care or Senior Care Associate on duty. Once the nurses have finished their shift at 18.00 the administration of any routine or emergency medication for pupils in residential then becomes the responsibility of the head of care or senior care associate on duty.

When the nurses have finished administering medication at around 17.00, they will hand over the medication trolley, Medication Administration Record (MAR) charts and care plans for those pupils staying in residential that night to the head of care or senior care associate. The medication trolley is tethered to the wall in the residential office. All medication in the trolley is checked and signed for and the keys to the trolley are stored securely in the designated key safe in the residential office. Any controlled drugs are to be moved from the trolley and stored in the controlled drug cupboard in the residential office. The nurses will continue to administer any required medication until 18.00 when their shift finishes.

Between the hours of 18.00 and 07.45 medications, including emergency medication can be given by the Head of Care or Senior Care Associate or Night Care Attendant if they are happy to do so and have received appropriate training from a nurse, who has then signed them off as competent. It is then their duty to ensure that they receive refreshers from a nurse as they see fit in order to safely administer medication or clinical procedures.

The following morning the nurses will administer any medication required from 08.00. The medication in the trolley will be checked and signed for by the Head of Care or Senior Care Associate and a nurse, the trolley will then be taken back to the nurses clinical room. Any additional information recorded in the residential diary will also be handed over to the nurses.

Administering medication to pupils

- Using the keys unlock the medication trolley
- Locate the required medication and check the medication and the MAR chart, confirming:
 - Name of the pupil
 - Name of medication to be administered
 - Dose to be given
 - Time to be given
 - Route to be given (ORAL, PEG)
 - Check expiry date on the medication

- Lock the trolley back up. **You should only have medication out for one individual pupil at a time.**
- Confirm all of these details on the MAR chart and check with another member of staff wherever possible
- Ensure that all instructions are clear, if not do not proceed with the administration of medication. Contact the on call manager for further advice.
- Prepare/ Measure the medication.
- Administer medication using either a spoon or syringe as pupil preference.
- Remain with the pupil until the medication has been swallowed, inhaled etc.
- **Immediately** complete the MAR chart by signing for the medication that has been administered
- Lock the individual pupil medication back in the trolley.
- Repeat this procedure for any other pupil as appropriate.
- Ensure that the medication trolley remains locked and secured in the residential office.

If emergency medication needs to be administered follow all of the above procedures, residential staff will follow the individual care plans and inform parents.

The Head of Care and Senior Care Associate can administer paracetamol to individual pupils. Paracetamol cannot be administered without the consent of parents. This is recorded in the MAR chart. If paracetamol has been given, this is to be recorded on the MAR chart and signed by the administrator. Any paracetamol given as required or any notes about the pupils that have stayed in residential (e.g. Emergency medication given) must be recorded in the residential hand over diary so nurses are aware the following day.

Please refer to medication plan for information on individual pupil medication.

Signed on behalf of the Governing Body:

Date:

4. Medication Errors, Procedure and Monitoring

In Hebden Green School, the reporting of Medicine Errors follows guidelines created by the NHS alongside MHRA. These are managed by the school based nursing team. Where there has been a medication error during an educational visit or in the exceptional circumstances where a member of the school based team is supporting medicine administration, these same guidelines will be followed.

In the Residential team, between the hours of 18.00 and 7.45 where the administration of medication is the responsibility of the Head of Care and Senior Care associate, the following procedure will be followed:

Procedure for monitoring and reporting medication errors

Medication errors can either be an error of commission (wrong medication or wrong dose) or an error of omission (omitted doses or failure to monitor).

Monitoring Medication

Medication is monitored through the handover between the nursing team and Shift Lead. (See part 3)

The administration of medication is monitored through:

The signatures are checked by the nursing team (MAR charts). As professionals our signatures are evidence that the correct medication and strength has been administered.

A separate recording sheet for individuals who have been administered medication is signed for during their stay in residential. A double signature on the recording sheet indicates medication administered is double checked. This provides clear evidence.

The above file is audited half termly by the head teacher and school improvement partner routinely and is kept in the residential office.

In the case of a near miss:

1. As soon as practicable, the shift lead will notify the person/child that an incident has occurred
2. As soon as practicable, the shift lead will notify the person who has parental responsibility for the pupil involved
3. As soon as practicable, the shift lead will notify the Head teacher and Chair of Governors
4. As soon as practicable, the shift lead will record this, and any ongoing actions on CPOMs in the Residential tab sub heading medication error/Near Miss
5. A debrief will happen in the morning handover with the nursing team

In the case of a medication error:

- 1 As soon as practicable, the shift lead will notify the person/child that an incident has occurred
- 2 As soon as practicable, the shift lead will notify the person who has parental responsibility for the pupil involved
- 3 As soon as practicable, the shift lead will notify the Head teacher and Chair of Governors
- 4 As soon as practicable, the shift lead will record this, and any ongoing actions on CPOMs in the 'Medication' tab Residential tab sub heading medication error/near miss
- 5 A debriefing will take place alongside NHS staff to review systems around the dispensing, storage and administration of medication, including training

Where a medication error results in a severe medicines-related problem e.g. extreme illness, the Critical Incidents Management Plan will be followed (Part 7)

5. CARE OF BOARDERS WHO ARE UNWELL AND MEDICAL EMERGENCIES IN RESIDENTIAL POLICY

Policy Aims

The policy is written to:

- Give a brief overview of the rationale behind emergency planning within Residential
- To briefly identify the roles and responsibilities of key members of the school team

Aims and objectives

The aim of this policy is to manage the effects of any emergency that might occur within the whole school, including the residential department, so that every reasonable step is taken to:

- prevent or minimise the loss of life and injury to pupils and staff
- alert relevant parties, for example, the emergency services, the local authority, parents and carers and school governors
- take control at the scene until the emergency services arrive
- minimise disruption to the normal daily routine of staff and pupils
- minimise disruption to the normal evening and night routine of staff and residential pupils
- support staff, pupils and parents in the aftermath of an incident

1.2 We recognise that planning is essential if emergencies are to be managed effectively. We cannot plan in detail for every possible scenario, but our generic plan ensures that those involved in the initial stages have a firm basis from which to develop their response.

2 The basic emergency plan

2.1 The school maintains an up-to-date contact directory (including out-of-hours information) which can be found online and can be accessed by the school leadership team, school business manager and senior care team.

2.2 The fire alarm will be sounded in the case of any emergency that requires the evacuation of the school premises. Procedures and evacuation routes are displayed in each room within the school.

2.3 The head teacher, or next senior teacher in their absence, is responsible for managing information exchange between staff, pupils, governors, parents, carers and the local authority.

2.5 All new staff joining the school are made aware of the plan, and those with key roles take part in regular training and exercises to test its effectiveness.

Please see Part 6 and Part 7 for a breakdown of Residential Emergency Procedures and Critical Incident Management

6. RESIDENTIAL EMERGENCY PROCEDURES

FIRE PROCEDURES: EVENING / NIGHT

- **Waking night staff** on hearing the fire alarm to identify where the fire is located
- **Waking night staff** to contact sleep in staff by phone.
- **Sleep in staff** to make a backup call 999
- **Waking night staff** to remain in lounge with pupils as they are evacuated from their bedrooms.
- **Sleep in staff** and **waking night staff** to work in pairs to ready pupils for evacuation.
- When evacuation is in process the fire list must be taken by the Sleep-in staff.
- If the fire is in the Junior or Secondary zones (2 & 4) pupils are to be moved to the lime lounge ready for evacuation.
- If the fire is in an area within residential the senior member of staff on duty will evaluate the situation and determine the safest means of evacuation.
- Sleep in staff to contact on call staff.
- Staff to inform the fire brigade if there are oxygen cylinders in any of the bedroom.

Electrical Failure Overnight

In case of the electrical failure overnight the emergency lighting will come on

- **Waking night staff** to phone sleep in Staff
- **Sleep in staff** to phone Helpline for emergency assistance (01244 567604)
- **Sleep in staff** to open front gates
- **Sleep in staff** to wait for Electrical Engineer
- Contact person on call

Emergency Procedure when pupil needs to go to hospital during the night

- **Waking night staff*** stay with pupil.
- **Waking night staff *** phones 999
- **Waking night staff** phones sleep in staff who open front doors and de-activate the alarm
- **Sleep in staff** opens the front gates then waits at entrance and escorts ambulance crew to Residential Department
- **Sleep in staff*** speaks to parents. NB would need to tell parents they would be contacted again to let them know if pupil was being admitted to hospital and which hospital it would be
- **Sleep in staff** contacts Leadership member on duty
- **Sleep in staff** informs parents of ambulance crews decision
- **Sleep in staff** collects necessary information – pupil information form
- **Waking night staff** accompanies pupil to hospital

Emergency Procedures when member of night staff is unwell on duty

Waking Night Staff	Waking night staff phones sleep in staff Sleep in staff provides cover Sleep in staff contacts on-call staff member for back-up if necessary
Sleep in Staff	Sleep in staff phones on-call staff member On-call staff member informs Waking night staff

Emergency procedures overnight for suspected death of young person

If night staff suspect a young person has died the following procedure should be followed:

- **Waking night staff** starts CPR procedure
- **Waking night staff** calls 999
- **Waking night staff** contacts sleep in staff
- **Sleep in staff** open front door and de-activate alarm
- **Sleep in staff** phones parents•
- **Waking night staff** assists other pupil(s) to move to another room, if the pupil is sharing the room
- **Waking night staff** checks other pupils
- **Sleep in staff** waits at entrance for ambulance crew
- **Sleep in staff** contacts on call staff
- **Sleep in staff** rings parents*
- **Sleep in staff** accompanies pupil to hospital`

SCRIPT TO FOLLOW

• "...has become very unwell. We have called an ambulance. We will phone you back as soon as possible with more information"

* "The ambulance has arrived. X is very unwell. Please come to school as soon as possible"

OR

"The ambulance has arrived. X has been taken to Y hospital. A member of staff has gone with him/her"

Emergency Procedure in event of intruder alarm sounding

- When alarm sounds, sleep in staff will be alerted by the alarm or from Waking night staff
- Identify area from board
- Staff shift lead to phone 999
- Inform emergency services that you require the police, that there may be an intruder on site with residential special school pupils on a large, poorly lit site. Advise them that you do not respond to intruder alarm
- Night staff to check exits are secure and door to school
- Wait for emergency responders and follow their instructions
- Inform on call staff (SLT)

7. CRITICAL INCIDENTS MANAGEMENT PLAN

Policy Aims

The policy is written to:

- Ensure that swift and appropriate action is taken the moment that the school is made aware of a critical incident
- If a critical incident occurs during the evening the SCCA or HC on duty in residential will as soon as safe to do so make contact by phone with the Head Teacher or any member of the SLT.
- Always maintain, as far as possible, the normal routines of school life so as to offer a secure framework and to provide continuity to pupils and staff

Incidents and Reporting

There are many incidents which may arise during a school day/residential evening and require immediate action and reporting. For example:

- A danger (loose tiles on the roof)
- A suspicious stranger on the site

Procedure should always be to stay calm, move away and to report to a senior member of staff. However, we need to be prepared in the event of a critical incident.

What is a Critical Incident?

An incident may be designated as critical where the result is likely to be serious disruption to the running of the school, or to have a major impact on students and staff or where there is likely to be significant public and/ or media attention on the school. For example:

- A serious accident to a child or adult within school or out of school
- The death of a student or member of staff through natural causes
- Violence or assault within school
- A school fire or explosion
- Abduction of a student
- An illness such as meningitis or flu pandemic in the local community
- Injury or death on a school journey or visit
- Civil disturbances outside of school

Critical Incidents Team (CIT)

The role of the CIT is to review and direct the handling of a critical incident and the response and recovery process.

The Critical Incidents Team will comprise the following personnel:

- [Helen Ashley](#) (Head teacher & Safeguarding Officer)
- [Danielle Lamb](#) (Deputy Head & Safeguarding Officer)
- [Stacey Sawicki](#) (Deputy Head teacher & Safeguarding Lead)
- [Lauren Leech](#) (School Business Manager)
- [Lesley Ellison](#) (Head of Care/Senior Care Associate)
- [Nick Hazlehurst/Lee Walker](#) (Facilities Manager)
- [Ashley Roberts](#) (Chair of Governors)

Critical Incident Management Roles & Responsibilities

Name	Role	Responsibilities	Alternative
Helen Ashley	Head teacher	Information gathering, overall coordination, communication with CWAC, written log of events	Stacey Sawicki/Danielle Lamb Deputy Head teacher
Stacey Sawicki/Danielle Lamb	Deputy Head	Deal with other pupils and staff on site, keeping disruption to a minimum	Rebecca Stedman/ Faye Bye Assistant Head teachers
Lauren Leech	School Business Manager	Coordination of Emergency Services	Nick Hazlehurst/Lee Walker Site Manager
Danielle Lamb Stacey Sawicki Lauren Leech	Deputy Head SBM	Communication with parents	Admin
Lesley Ellison – during residential	Head of Care/Senior Associate	Immediate communication with head teacher, coordination of emergency services, supporting staff and pupils	
Ashley Roberts	Governor	Communication with the media	Vice Chair

Procedures

- The Head teacher (or in event of absence) the Deputy Head must be informed of a critical incident as soon as it is reported
- Head teacher will gather all factual information as soon as possible – what has happened, where, who, when, what help is needed
- The CIT will meet in the designated incident room to confirm strategies and procedures
- Inform the Chair of Governors and appropriate Officers at CWAC (See Contacts List)
- The rest of the staff will be informed as soon as possible, preferably at a specially convened staff meeting
- Pupils will be told of incident in small group situations
- Parents notified as required
- The school will try, as far as possible, to keep to the normal routine
- Should the need arise, the building will be evacuated and the children walked pushed to NMC car park in a safe and orderly manner
- If the critical incident happens during the open hours of residential the shift lead will contact the HT or DHT and follow procedures in the plans, PRIORITISING the needs of the pupils first.

Action Plan and Timings

Action	Timescale
Head to obtain all factual information	Within an hour
CIT convene	Within an hour
Contact affected families	Within an hour
Advise County Personnel	Within 2 hours
Staff Meeting to give information	Same day if possible
Inform students in small groups	Same day if possible
Make arrangements for informing other parents	Same day if possible
Debriefing for staff directly	Same day if possible
Debriefing for students directly involved	Same day if possible
Identify high risk pupils and staff following the incident	Following day
Promote discussions in class	Following days and weeks
Identify need for individual or group input	Over following days and weeks
Organise counselling	As required

Managing the Media

Good, clear communication is paramount as rumour and supposition will be treated as fact by the media. The member of the CIT assigned to the media will need to protect the children, parents, staff and Head from the glare of publicity. The Media Officer will contact the CWAC Media Relations Officer (See Contact List) prior to preparing an agreed text.

- DO – tell story quickly and accurately
- DO – respond to what and when questions
- DO – consider the needs of the audience
- DO – prepare and rehearse so that you always give the same story
- DO – choose your own time to speak to the media

- DON'T – reply to how and why questions
- DON'T – speculate, bluff or lie
- DON'T- make 'off the record' comments
- DON'T – make excuses or lay blame
- DON'T – respond to blind quotes
- DON'T – say no comment but explain why you cannot comment
- DON'T – allow words to be put in your mouth

Recovery Management

As far as is possible, the school will return to 'normal' routines quickly to restore a sense of security to the school, staff and pupils. Support systems will be set up for children and staff who wish to share their feelings and thoughts. The school will approach counselling services and specialist treatment for those at the heart of the incident or most affected by it.

CHESHIRE WEST AND CHESTER COUNCIL CONTACT LIST

Name	Role	Office	Mobile	Home
A CRITICAL INCIDENT INVOLVING A PUPIL OR MEMBER OF STAFF SHOULD BE REPORTED TO:				
Duty Officer: Office Hours	Customer Services		01244 977818	
Out of Hours Officers <i>NB. When calling the out of hours number you will need to state key words "School Incident" as this is how Message Pad will be able to identify the query</i>	Customer Services		0300 123 7035	

FOR A PROPERTY RELATED CRITICAL INCIDENT CONTACT: CWAC helpdesk: 0845 1304333

Local Police Contact: 101

Local Hospital Contact: 01270 255141

School Critical Incident Team Emergency Contacts

Name	Role	Contact Details
Helen Ashley	Head/CIRT Coordinator	See School Emergency Contact Sheet See Arbor
Danielle Lamb	Deputy Head	
Stacey Sawicki	Deputy Head	
Lee Walker	Facilities Manager	
Lauren Leech	School Business Manager	
Ashley Roberts	Governor	

Staff Contact Cascade –SCHOOL DAY/TERM TIME

Helen Ashley	Danielle Lamb Stacey Sawicki	XXXXXXXXXXXX	Teachers
		XXXXXXXXXXXX	Health Staff
		XXXXXXXXXXXX	TAs
	Lauren Leech	XXXXXXXXXXXX	MDAs
		XXXXXXXXXXXX	Kitchen staff Admin/Site

Staff Contact Cascade – RESIDENTIAL

Lesley Ellison Lee Walker	Helen Ashley Danielle Lamb	XXXXXXXXXXXX	Teachers
		XXXXXXXXXXXX	Health Staff
		XXXXXXXXXXXX	TAs
		XXXXXXXXXXXX	MDAs
		XXXXXXXXXXXX	Kitchen staff Admin/Site

Staff Contact Cascade – OUT OF SCHOOL HOURS/HOLIDAY TIME

Helen Ashley	Danielle Lamb Stacey Sawicki	Teachers Pupils
	Lauren Leech	Transport

Response within School to being informed of a death of a pupil

Within 1st Day

Head Teacher	Inform Chair of Governors, DHT's, SBM, Lead Physio, Lead Nurse, Lead SaLT
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Head Teacher	<p>Inform all school staff where possible, all together (in the staffroom) at the same time.</p> <p>Inform other groups of staff as they arrive at school: GAs, MDAs, Residential.</p> <p>Follow own plan for who to inform outside of school (See Head teacher response to critical incidence plan).</p> <p>Will write a letter home to inform pupils.</p>
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Lead health staff	Inform their own staff in the way that meets their critical incident procedure.
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SBM	<p>Inform the admin team, site team, cleaning team, taxis and escorts and kitchen.</p> <p>Work with the Head teacher to inform people outside of school (See Head teacher response to critical incidence plan) .</p>
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Teachers	<p>Have 1st lesson as a pastoral lesson. Share facts with their own pastoral group, where appropriate (i.e. will not share information with EYFS and KS1 for pupils in secondary). Give pupils time to talk and ask questions.</p> <p>Take the time each pastoral group needs. Key groups may need longer to talk and process information (i.e. if it is about a pupil in their class or Key stage). If a group does need longer, let the teacher know who will be teaching them that lesson, which they will need to cover the lesson you would have been teaching.</p> <p>Throughout the day pass necessary information between teachers about how pupils are responding.</p> <p>Ensure the letter written by the head teacher to inform parents is sent home.</p>
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<p>If throughout the day:</p> <p>Teachers feel they need some time away from the lesson either see if it can be covered with the TAs in the classroom or if there is not enough staff talk to your DHT who will come and cover your lesson.</p> <p>TAs feel they need some time away from the lesson either see if it can be covered within the classroom or if there is not enough staff talk to your HLTA who will come and cover your lesson / find a member of staff.</p>

Teachers	Debrief with your DHT at the end of the 1 st day.
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Within the 1st week

Follow protocol for Day 1
Follow Head teacher response to critical incidence plan

Head Teacher	<p>Share information about the funeral as and when it is received.</p> <p>Will arrange a counsellor to come into school to meet 1:1 with staff, at staff request.</p> <p>Will arrange for counsellor to come in to talk with key pupils / classes.</p> <p>Will maintain contact with parents.</p> <p>Will maintain contact with the authority and critical incidence team.</p>
Deputy Head Teacher	<p>Inform other agencies involved with the pupil about the bereavement i.e. social service, colleges.</p> <p>Will be available for staff and pupils to talk to as and when needed.</p> <p>Will be available for staff and pupils to let them know if they need some 1:1 counselling (Counselling is also available through Occupational Health which staff can refer themselves to or ask DHT to refer them to).</p>
Teachers	<p>Talk with DHT about how they would like to celebrate the life of the pupil in an assembly.</p> <p>Talk to the pupils in the class and prepare what they are going to present in the celebration of life assembly.</p>

Head Teacher	Invite the parents of the child who has passed away to the celebration of life assembly. Ask the parents if they want anyone else there for support i.e. family member or some other parents.
SBM	Invite the taxi driver and escort of the bus the pupil was on to the celebration of life assembly. Invite the kitchen staff, admin staff and site staff to the celebration of life assembly.
DHT	Invite Health colleagues, TAs and teachers to the Celebration of life assembly with a date and time.

Celebration of life assembly will be held within a week of finding out about the death of a pupil.

Organisation for the funeral

Head teacher and/or Chair of Governors and/or an appropriate member of the SLT will represent the school.

Any member of staff can request to go to the funeral and SLT will try to facilitate as many people as possible to go, using cover within the school. Staff will be expected to use their discretion when requesting attendance at a funeral as it will not be possible to send significant numbers of staff.

A letter will be sent informing pupils and parents of the funeral – at bereaved parents' request.

If the death is of a pupil in P16 other pupils in P16 will be given the option to attend the funeral and transport will be provided by school – if they are not attending with a parent.

- 1. Supporting Pupils at School and in Residential with Medical Conditions Policy**
- 2. Safe Storage, Handling and Administration of Medication Policy**
- 3. Administration of Medication in Residential: Overnight Procedure**
- 4. Medication Errors Procedure and Monitoring**
- 5. Care of Boarders Who are Unwell, and Medical Emergencies in Residential Policy**
- 6. Residential Emergency Procedures**
- 7. Critical Incident Management Plan**

Signed on behalf of the Governing Body: