CROMPTON HOUSE CHURCH OF ENGLAND SCHOOL

Loving God - Caring for Each Other - Achieving Excellence

Supporting pupils at school with Asthma, other medical conditions & how we manage Medicines

Key points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported. (DFE Apr 2014) updated DFE Dec 2015

All further references to a parent or parents also includes a carer or carers

Introduction

As of September 2014, a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions.

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well.

Others pupils require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils' feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition, and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. Long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health.

Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy) also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or
Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

For children with SEN, support can also be found within the SEN code of practice.

The Named person who is responsible for day to day policy implementation is Matron / First Aiders / DHT D Dunkley
EHCP: Educational and health care plans based around the SEN code of practice remain the responsibility of the SENCO, however it is noted that those students may overlap with school IHCP* plans and as such collaborative multi-agency working is essential. Students with EHC plans will be recorded on the inclusion register and staff will be able to access these via SharePoint and IMS.

Individual Health Care Plans (IHCP)*

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents and child, the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents, the school or as required.

Appendix 1 outlines the pro-forma used.

Staff Training, Support & Liability
Any member of school staff providing support to a pupil with medical needs should have received suitable training. This should be noted in the IHC plan.
It is important that the school policy sets out the details of the school's insurance arrangements, which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Managing medicines on school premises

- Medicines should only be administered at school when it would become detrimental to a child's health or school attendance not to do so. Ideally parents would be asked to administer the medicines out of school hours.

- For those students who need to take medicine on site, a list of students will be kept up to date by Matron. This list, stored on IMS (SIMS) can be accessed by responsible staff members in the absence of Matron and be used to ensure students are identified and reminded about the taking of their medication.

- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

- In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

- Non-prescription medicines may be administered.

- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

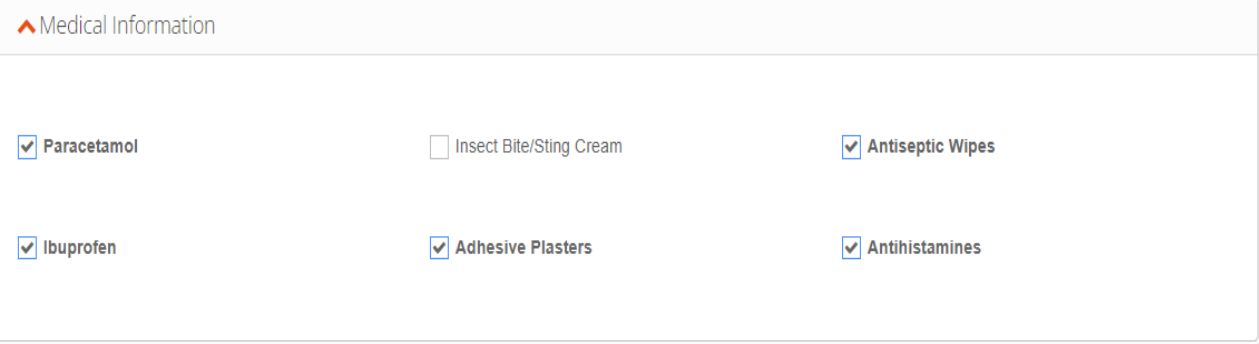
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed when a double dose has been administered in the school day, this will be via txt. This is particularly important in the light of paracetamol.

- Only Matron or the designated first aiders can administer Paracetamol.

Providing Ibuprofen for additional analgesia

During the school day pupils experience discomfort, be it a sports injury or menstrual cramps. By introducing Ibuprofen as a second line approach to pain management this could help pupils manage the day and continue with their education.
Consent for Ibuprofen is obtained from parents as they start their school life at Crompton house. The written consent is uploaded to the school IMS. The information is also clearly documented under the health section on IMS as shown on the example below.

IMS: Information management system



Matron can then look at medical information also to check there are no contraindications to giving this medication.
Contraindications

- Asthma
- Stomach problems
- Crohn's disease
- Lupus
- Blood clotting disorder
- Kidney or Liver problems

If a pupil had any of these contraindications it would be highlighted under medical conditions. This would be checked by Matron before any ibuprofen is given to a pupil.

Pupils will not be able to carry any medication with the exception of inhalers for asthma control, or **care plan specified medication**.
This is in line with children being competent and being encouraged to take responsibility for managing their own medicines and procedures. *This should be reflected within individual healthcare plans.*

No pupil is allowed to have any non-prescription drugs in school; unless supported by the school Matron, this is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication. (Appendix 2)

Pupils with a prescription inhaler for asthma should carry it with them at all times if moving around school.

Appendix 2 states the procedures for managing prescription medicines

Emergency Situations:

As part of general risk management processes, all schools have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital:
Staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

School Visits

When preparing risk assessments, staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Staff must refer to the child's IHCP, and liaise with the staff and parents.

Additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of the IHCP should be taken on trips and visits in the event of information being needed in an emergency.

***Parental Responsibilities in Respect of their Child's Medical Needs*:**
Crompton House School understands that multi-agency working is most effective in terms of supporting young people with medical issues. Working with parents is upmost and we include them in all planning. Equally we expect all parents to inform the school of any medical interventions and liaise closely with the school to ensure positive educational outcomes for the child.
Parents **must** give prior written consent for administration of medicines.

Roles and Responsibility

The ultimate responsibility for the management of this policy in school is with the Headteacher and Governing Body.

Appendix 3: Outlines what is Unacceptable Practice when dealing with medical conditions in school or in out of school activities.

The Matron / First Aiders / DHT D Dunkley will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

Other Support

Outside agencies such as:

- School Nurse Service
- Medical specialists relating to pupil
- CAMHS / HYM
- Social Services
- SEN Advisory Team/ QEST
- Specialist Support Groups
- Oldham Parent Partnership: (Point)
- SEN Assessment Team
- Educational Psychology Team
- Child Protection Team
- Hospital Teachers

Asthma Policy & Guidelines

This policy is based on clinical guidance from Oldham Community Health Service (Document No. CG/SHA/11/09.)

It is circulated to all staff following annual training for teaching and support staff.

All children and adults will be treated without prejudice.

1. Background

A child's years in education are the greatest opportunities we have for investment in the next generation. For years, schools and teachers have worked to ensure all children have an equal opportunity in their educational environment. Many issues remain within the sole remit of education. However, key areas which impact on a child's ability to get the most from school, such as health lie outside the remit of education.

The impact of many medical conditions on a child in the classroom can be significant. Some conditions can be severe and are rare such as epilepsy and diabetes. Others, particularly asthma are common. Asthma UK (2009) states that asthma is the most common long-term childhood medical condition, affecting 1.1 million children in the UK. One in 10 children has asthma. The decision to administer medicines by teachers remains voluntary. This document is designed to support, educate and train school staff to enable them to take on this role if they wish, with appropriate input from the local National Health Services (NHS) and Community Health Service (O.C.H.S). This policy is designed to run alongside the risk assessments developed in school.

2. Asthma in the Classroom

Asthma is a common condition, but its severity varies considerably. People can be affected to greater and lesser degrees. For any one individual, the occurrence of the condition can be episodic. This means that children can be well for long periods of time and then have sudden acute and at times severe relapses (Asthma U.K. 2009).

The major principle underlying this policy is immediate access for all children to reliever medication.

Therefore, every asthmatic child should carry their own inhaler, wherever possible, in school, Physical Education (PE) and on school trips. In the event of an inhaler being lost, parents/carers are asked to bring in a spare with the child's name clearly marked on it.

3. Asthma Symptoms

Asthma is caused by a reversible narrowing of the airways to the lungs. It restricts the passage of air both in and out as the person breathes. The symptoms of asthma occur when the muscles around the airways tighten and the lining of the airway

becomes inflamed and starts to swell; this leads to a narrowing of the airways. The usual symptoms of asthma are:

- Coughing.
- Shortness of breath.
- Wheezing.
- Tightness in the chest.
- Being unusually quiet.
- Difficulty speaking in full sentences.
- Sometimes younger children will express the feeling of tightness in the chest as a tummy ache.

The symptoms however are rapidly reversible with appropriate medication. Only when symptoms fail to be reversed should medical attention must be sought (See Section 7 - Management of an acute asthma attack).

3.1 Types of Treatment

There are two types of treatment for asthma:

a) 'Relievers'

Every child with asthma should have access to a reliever in school. The reliever inhaler is commonly blue, but may come in different colours, shapes and sizes. It is the parents/carers' responsibility to provide the correct reliever inhaler. These treatments give immediate relief and are called bronchodilators because they cause the narrowed air passages to open up by relaxing the airway muscle. They do not however reduce the inflammation.

b) 'Preventers'

Preventers are a group of treatments that are designed to prevent the narrowing and inflammation of the airway passages. The ultimate objective is to reduce asthma attacks of any kind. These medicines should be taken regularly usually morning and evening. There is therefore no reason for them to come to school with the child under normal circumstances. Even if they are taken during an attack, they will not have an immediate effect.

THIS POLICY REFERS ONLY TO RELIEVERS

3.2 The best way for people to take their asthma medication is to inhale them directly into the lungs. There are a variety of devices available and the asthma medication needs to be breathed in steadily and deeply.

3.3 For young children and those with co-ordination problems, other devices are sometimes used. These devices are breath activated so that the device fires automatically when the child is breathing in.

3.4 Some younger children use a spacer device to deliver their aerosol inhaler; this may be a Volumatic or Aerochamber. The aerosol is pressed into the spacer

and the child breathes slowly and steadily for approximately 10 seconds. If the child is using an Aerochamber and it whistles, they are inhaling too quickly. Spacers are very useful for those who have difficulty co-ordinating their breathing and inhaler.

The spacer device is also very useful in the case of an acute asthmatic attack. (See section 7 - Managing an acute asthmatic attack').

Staff are made aware that there is an Aerochamber available for use in the Hub, the Main reception and Medical room

Irrespective of the type of device, the medicine being delivered is a reliever.

3.5 All children who need their relievers will carry their own inhaler in school and on school activities so that they are readily available at all times.

3.6 The administration of the reliever to children should be on their own perception of whether or not they need it.

3.7 Parents/carers should read and sign the letter/consent form so that they are fully informed of the school policy on the management of asthma in the classroom for their child. (See Appendix 1). They should also send in a spare reliever inhaler supplied by the General Practitioner (GP) (See section 7 - Managing an acute asthmatic attack).

It remains the responsibility of the parent/carer to seek medical attention and to liaise with the school on the frequency with which inhalers are taken.

4 The Physical Environment

Many environmental aspects can have a profound effect on a child's symptoms at any time. The four key points for schools are:

a) Materials

The school will, as far as possible avoid the use of art and science materials that are potential triggers for asthma.

b) Animal Fur and Hair

Some children can have marked acute and chronic symptoms if they are exposed to animals including, mice, rabbits, rats, guinea pigs, hamsters, gerbils, chinchillas and birds. Consideration will be given to the placement of animals in the classroom, and special vigilance will be needed on trips to places such as farms and zoos, where children handle animals.

c) Grass Pollen

Grass pollens are common triggers in provoking an exacerbation of asthma. Consideration should be given to grass being cut in school time. Children may require extra vigilance.

d) Sport

Children with asthma should be encouraged to participate in sports, however teachers need to be mindful that exercise may trigger asthma. Children should effectively warm up before exercise and cool down following exercise. Reliever inhalers should be taken in to P.E. lessons and when the children are playing sports, the P.E teacher should keep possession of them.

Consideration should be given to others when using aerosols, including deodorant sprays, as these can trigger an attack. If an alternative is unavailable, they should only be used sparingly and in appropriate areas such as PE changing rooms.

5 Access to Reliever Medication

1 Asthmatic children must have immediate access to reliever inhalers at all times. Staff are made aware that spares are held in the Hub, Main Reception & Medical room.

2 Children should all carry their own devices and self-administer their reliever medication. (See section 8 - Special concerns)

3 At the start of each school year, a child should bring in a new reliever device and spacer (if required) clearly labelled with his/her name. This device remains the property of the school for the school year. Parents/carers must check the expiry date of the medication to ensure that it remains in date throughout the academic year. It can be returned to the child on the last day of the summer term on request. School Matron does checks on this at the start of the year. As inhaler near date of expiration an email will be sent home to request in date medication

4 In addition to the reliever device held by the school, every child should have his/her own reliever that they keep with them, preferably in their blazer pocket.

6 WHAT TO DO IF A CHILD HAS AN ASTHMA ATTACK

If an asthmatic pupil in your class becomes breathless or wheezy or starts to cough:

1 Keep calm, it’s treatable. If the treatment is given at an early stage the symptoms can be completely and immediately reversible.

2 Let the child sit in a position they find most comfortable. Many children find it most comfortable to sit forwards with their arms crossed on the table.

3 Do not take the child to Matron but send someone else to **Hub** with information about whether that child suffering the attack has an inhaler or not, so that Matron can be contacted and come to you prepared.

4 Ensure the child has 2 puffs of their usual reliever.

If the pupil has forgotten his/her reliever inhaler or his/her device is out of date or empty, then:

i) Give 2 puffs of the school reliever inhaler provided by the parents/carers, via their spacer or aero chamber (if required) - an aero chamber is available from the Hub, Main reception & Medical room

ii) STAY WITH THE CHILD. The reliever should work in 5 minutes.

iii) If the symptoms disappear, the pupil can return to the lesson as normal.

iv) If symptoms have improved but not disappeared then:

Give 1 puff of the reliever inhaler every minute for 5 minutes.
Stay with the child.

IF THE CHILD HAS WORSENED OR FAILS TO IMPROVE - SEE SECTION 7.

7 Management of a severe asthma attack

How to recognise a severe attack:

-The reliever has no effect after 5-10 minutes.
-The child is either distressed or unable to talk.
-The child is getting exhausted.
-You have any doubts about the child's condition.

STAY WITH THE CHILD

1) Send someone else to call an ambulance immediately - Inform them the child is having a SEVERE ASTHMA ATTACK- RED ALERT

2) Using the child's reliever and spacer device (if required), give one puff of the reliever. Allow the child to breathe the medicine. If an aero chamber is used and it whistles, ask the child to breathe more slowly and gently. After one minute, give another puff and allow the child to breathe the medicine. Repeat at no more than one-minute intervals until the ambulance arrives.

3) Contact the parents/carers and inform them of what has happened.

4) If you are concerned and need updated advice ring the Accident and Emergency department at The Royal Oldham Hospital on *0161 627 8933*

8 Special Areas for Concern

1 Many teachers are concerned that an unsupervised child with an inhaler may result in the medication being taken by members of their peer group. This does not pose a danger to the health of other children.

2 Many teachers are concerned that using the device of another child will leave them vulnerable to legal action or criticism. Teachers are reminded they have a duty of care to the children in school. Taking no action, or not using another device could be interpreted in a failure of that care.

3 Reliever inhalers and spacer devices should always be taken to swimming lessons, sports, cross country, team games and educational visits out of schools, and used according to need. Children with known exercise induced asthma will need to take their reliever immediately prior to exercise.

4 Self administration of the reliever is the usual and best practice. Any concerns about inappropriate use or abuse of the devices should be reported to the Head Teacher or the parents/guardian.

5 In an event of an uncertainty about a child's symptoms being due to asthma, TREAT FOR ASTHMA. This will not cause harm even if the final diagnosis turns out to be different. **(If the child has undiagnosed Asthma or has not been diagnosed with Asthma, then they will not have an inhaler- follow see pt. 2 above)**

9 Information to parents and guardians and carers

All parents/carers will be contacted and, in collaboration via an IHCP, made aware of how the school will manage a child who has symptoms due to their asthma whilst they are in school. The school will hold a metered dose inhaler reliever and spacer (if required) prescribed by the child's GP to be kept in school. All parents/carers of children entering the school will receive a routine letter and questionnaire asking about medical conditions. If a child is identified from this as having asthma, then parents/carers will be asked to complete and sign an IHCP to advise on treatment and what constitutes an emergency. This will outline the remedial course of action needed, whilst maintaining a duty of care. (See Appendix 1).

10 Pupils with special educational needs

Children who are statemented under Part III of the Education Act 1996 or in receipt of an EHC (Education & Health Care Plan). Any of these children who have asthma will have special requirements in place to ensure that they take their asthma medication appropriately and that they are appropriately treated in the event of an acute attack. This will be made explicit by the medical team responsible for giving the medical advice input into the statement, it will also be listed in the IHCP.

11 Care of the Spacer Devices

After use they will be washed in warm soapy water and allowed to dry naturally in the air. The spacer device, once dry will be stored carefully in the Hub/ medical room & Main reception

12 Training

Training to support the policy will be provided and will require commitment from the Health Authority, Local Hospital Trust and Education Authority. Training will be disseminated at all levels within the school. All staff receive training annually.

13 Indemnity

The Local Authority offers full indemnity to its staff against claims for late negligence, providing they are acting within the scope of their employment and have received adequate training and are following appropriate guidelines.

14 Audit

This policy will be reviewed by the Pupil Admissions & Support sub-committee of the Governing body each year.

Document APS-SPAMC&MM2021/March 2022 adopted by Admissions & Pupil Support committee

Date 2nd March 2021

Signed (Chair)……J Swift…….

Print Name ……Jonathan Swift……...

Date of next review…….March 2022…….

Links to other policies: SEND, Safeguarding, Trips

Reviewed: June 2022 D Dunkley: Deputy Headteacher

CROMPTON HOUSE CHURCH OF ENGLAND SCHOOL

Child's name: _____

Details of child's conditions:
What constitutes an emergency in relation to your child's condition?
What action to take in an emergency?
What **not** to do in the event of an emergency?
Who to contact in the event of an emergency:
The role of staff – training required?
Special requirements, e.g. dietary needs, pre-activity precautions
Side effects of medication:
Administration of medicines (plan):
Input from school nurse/other health professionals
OFFICE USE ONLY ☐ cc student record ☐ uploaded to SIMS ☐ HOY/Teachers/school nurse informed ☐ medical information/professional letters uploaded to student record ☐ review date noted Signed _____ date _____

Appendix 2

Managing Medicines

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence.

Monitoring arrangements may be necessary.

Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access.

Controlled drugs should be easily accessible in an emergency.

A record should be kept of any doses used and the amount of the controlled drug held • school staff may administer a controlled drug to the child for whom it has been prescribed.

Staff administering medicines should do so in accordance with the prescriber's instructions.

Schools should keep a record SIMS /MIS of all medicines administered to individual children, stating what, how and how much was administered, when and by whom.

Any side effects of the medication to be administered at school should be noted in school

Appendix 3

Unacceptable practice

Section 25. Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

• prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

• assume that every child with the same condition requires the same treatment; • ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);

• send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;

• if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

• penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;

• prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively; (Staff will know which students this applies to via a medical card)

• require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or

• prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.Ref: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3#history

Triage Procedures **Appendix 4**

1) Student attends the treatment room
2) Staff check existing information via SIMS
3) Assess injury,
4) If any doubt call parents

Patient Acuity Category Scale			
Category (Priority Level)	**Category Name**	**Description**	**Example**
P1	Critically ill and requires resuscitation	State of cardiovascular collapse or in imminent danger of collapse and require immediate medical attention.	Multiple major trauma, head injury with loss of consciousness, shortness of breath, unconsciousness from any cause
P2	Major emergency	unable to walk and are in some form of distress, appear stable on initial examination, and are not in imminent danger of collapse, requires very early attention	Chest pain, major limb fractures, major joint dislocations, spinal cord injury, trunk injury with stable vital signs
P3	Minor emergency	able to walk, have mild to moderate symptoms and require early treatment	All sprains, mild constant abdominal pain, fever with cough for several days, insect stings or animal bites (not in severe distress), superficial injuries with or without mild bleeding, minor head injury (alert, no vomiting), foreign object in ear, nose, or throat, urinary tract infections, headaches.
P4	Nonemergency	Old injury or condition that has been present for a long time.	Chronic lower back pain, high cholesterol, acne.

- Complete accident / Attendance Logbook
- Complete Accident form – add to Minor Incident Spreadsheet
- Logged on SIMS-> Accident Form filled in--. Parental contact-> minor & major injury to T Hart

Accident Reporting Procedures Appendix 4a

From the H&S Policy:

ACCIDENT REPORTING PROCEDURES

Accidents to employees:
Employees must report all accidents, violent incidents and near misses.
Employee accident / incident forms are to be retained for a minimum of 3 years.

Accidents to pupils and other non-employees (members of public / visitors to site etc.):
A local accident book in Matron's office is used to record all minor incidents to non-employees, more significant incidents as detailed below must also reported to The Trust Estates Manager and Oldham Council Health & Safety Team.
· Major injuries.
· Accidents where significant first aid treatment has been provided.
· Accidents which result in the injured person being taken from the scene of the accident directly to hospital.
· Accidents arising from premises / equipment defects.
Parents / carers will be notified immediately of all major injuries.
Pupil / student accident forms are to be retained for a minimum of 3 years after their 18th Birthday.

All Accidents
All major incidents will be reported to the Headteacher, Chief Executive Officer and the Local Governing Body/ Health and Safety Governor.
Accidents will be monitored for trends and a report made to the Governing Body as necessary.
The Headteacher, or their nominee, will investigate accidents and take remedial steps to avoid similar instances recurring. Faulty equipment, systems of work etc. must be reported and attended to as soon as possible. Any relevant learning points will be communicated to relevant staff and pupils / students.

Reporting to the Health and Safety Executive (HSE)
The Headteacher is responsible for ensuring all RIDDOR reportable incidents are reported.
Incidents involving a fatality or major injury will be reported immediately to the Oldham Council Health & Safety Team on 0161 770 3165.
Incidents resulting in the following outcomes must be reported to Oldham Council Health & Safety Team.
· A pupil or other non-employee being taken directly to hospital for treatment and the accident arising as the result of the condition of the premises / equipment,

Reporting Accidents:

Based on Oldham LA training:

How we manage, report and investigate accidents

Pupil Accidents

ALL accidents/incidents should be recorded internally within school.

However, they only need to be reported to the Health & Safety Team at Oldham Council in the following circumstances:

- Fatal or major injuries on school premises, or in controlled activities off the school site.

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How we manage, report and investigate accidents

Pupil Accidents Cont.

- Where the injury is such that the pupil is taken directly to hospital from the site of the accident AND the accident was caused by:
  - The condition of the premises (e.g. defective or slippery floors); and/or
  - The condition of the equipment (defective) on school premises; and/or
  - A failure in the way the work activity was organised (e.g. inadequate supervision of a field trip) and/or
  - The way in which the equipment or substances were used (e.g. lifts, machinery, experiments etc.)

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How we manage, report and investigate accidents

Pupil Accidents Cont.

NB, all pupils involved in an accidents have up to 3 years from their 18th birthday to make a CIVIL claim.

Therefore records must be kept in school of all accidents until the injured pupil reaches the age of 21.