

## FIRST AID & INTIMATE CARE POLICY

|  |                            |
|--|----------------------------|
| <b>SCOPE:</b>                                  | Academy Policy             |
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**Outstanding Achievement for All**

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# First Aid, Medical & Intimate Care Policy

This policy outlines LeAF Studio's responsibility to provide adequate and appropriate first aid to pupils, staff, parents/carers and visitors and the procedures in place to meet that responsibility.

This policy applies to all young people in the School.

## Aims

- To identify the first aid needs in line with the Management of Health and Safety at Work Regulations 1992 and 1999.
- To ensure that first aid provision is always available while pupils and staff are on School premises, and also off the School premises whilst on School visits.

We aim to ensure that our policy is in line with the DFE Guidance on First Aid for Schools.

## Objectives:

- To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the Trust.
- To provide relevant training and ensure monitoring of the training needs.
- To provide sufficient and appropriate resources and facilities.
- To make the School's first-aid arrangements available for staff and parents/carers on request.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.
- All relevant staff will be made aware of the young person's condition.
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable will be completed prior to the event.
- Monitor individual risk assessments.
- Parents/Carers are requested to inform the School should any aspects of the student's risk assessment requires change. Whilst the School wishes to support your child effectively, there may be occasions The School are unable to, consultations with Parents/Carers and/or any relevant agencies will be available.

## Provision

The School is a low-risk environment but will consider the needs of all staff and students at all times, within different places in the School and during different activities in deciding on the appropriate provision. In particular they should consider:

- Off-site Performing Arts
- Off-site Physical Educational
- School trips
- Science laboratories
- Out-of-hours provision, for example clubs/events

Arrangements will be made to ensure that the required level of cover of both first aiders and appointed persons is available at all times when people are on School premises

## First aiders

The recommended number of certified first-aiders is one per 100 young people/staff. There are first aiders based in the reception, MSC and in additional areas across the School as needed.

## **Qualifications and Training**

First aiders hold a valid certificate of competence, issued by an organisation approved by the Health and Safety at Work Executive (HSE). These are either 3 year 'First aid at work' qualifications, or 1-day Emergency First Aid qualifications. First Aiders undertake appropriate refresher training.

## **First Aid Materials, Equipment and Facilities**

The lead person must ensure that the appropriate number of first-aid containers according to the risk assessment of the site is available. All first aid containers must be marked with a white cross on a green background and are generally kept near to hand-washing facilities. If a first aid box is running low on stock the first aiders who use this box will inform the lead first aider as soon as possible so it can be re-stocked. Responsibility for checking and re-stocking the first-aid containers is that of the Lead First-aider.

Sports coaches at the MSC have the availability of two Sport First Aid kits. One is to be kept at the MSC for home games. It is the responsibility of the coach using it to advise the Lead First Aider immediately by email if any contents require replenishing. The second kit will be kept in the Medical Room for away events and returned once back at school.

The school mini-buses must carry a first-aid container and these first aid containers must accompany teachers off-site with young people. Spare stock is kept in school.

There are specific First Aid packs stored in the Medical Room cabinet for use on off-site trips apart from Sporting events. These are to be booked out as and when required.

## **Automated External Defibrillator (AED) – Storage and Use**

An AED is a machine that can be used to give an electric shock to a person to restore their normal heart rhythm. The school has 1 Automated External Defibrillator (AED) located in the main school reception area and is clearly identified using the UK standardised sign. The regular maintenance of the equipment is the responsibility of Health and Safety Lead/Site Manager.

Whilst it is highly desirable that those who may be called upon to use an AED should be trained in their use, circumstances can dictate that no trained operator (or a trained operator whose certificate of training has expired) is present at the site of an emergency. Defibrillators can be used by anyone. People with no previous training can use AEDs safely. Under these circumstances no inhibitions should be placed on any person willing to use an AED.

Each defibrillator contains instructions on use and provide audible instructions. They are designed in a way that it is impossible to deliver a shock to a casualty if it is not required.

All current qualified First Aiders are fully trained in their use.

## **First aid containers are found at the following locations:**

- Reception
- Staffroom
- MSC
- Pastoral Room
- Medical Room
- Canteen

## **Identification and Treatment of pupils with medical conditions**

Students with long term medical needs entering the school from other schools will usually be identified through discussions with the relevant Lead from previous school through the School Transition process. Such information will be checked with the parent/carers by the Pastoral Lead, to ensure appropriate records are kept and appropriate provision can be made.

Parents/carers are requested to approach the School with any information that they feel the School will need to care for individual students. The parent will be required to complete a Medical Statement form to identify any medical needs where medication is required during the school day. This may require endorsement from the student's General Practitioner / Consultant. Where appropriate a written risk assessment will be devised, involving parents and relevant healthcare professionals.

Parents/carers are responsible for informing the School of medical issues that arise during the student's time in the School. The School would like to have any relevant healthcare information if possible before the start of any term or at the earliest time possible; this will ensure a smooth transition into the School.

The School requires the following healthcare information:

- The medical condition, its triggers, signs, symptoms and treatments; Including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social, and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons.
- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be handed into reception and clearly stated with appropriate arrangements for monitoring.
- Written permission from Parents/Carers for medication to be administered by a member of staff or self-administered by the pupil during school hours. In the case of Paracetamol or Ibuprofen these are to be provided by the Parent/Carer as School does not hold a supply of these but will store and administer them to students when needed and if permission is given.
- What to do in an emergency, including whom to contact, and contingency arrangements.

### **Medicines in the School**

The students Tutor, Reception and Pastoral Lead should be informed of any medication brought into the School at any time. At this point Parents/Carers are asked to complete a medical declaration for the self-administering of medication form (see appendix 2). These are kept in a file at Reception.

Information regarding any prescribed medication should be made available to the student's Tutor and reception, a copy of medical declaration for the administering of medication form (see appendix 2) will be made available to the staff, if applicable. In the event of any special form of administration of medication being required, the parent/carer must contact the School so that arrangements can be made for this to occur.

No students under the age of 16 will be given medicine without their parents/carers written consent, a copy of medical declaration for the administering of medication form (see appendix 2) will be made available to the staff, if applicable.

When administering medicines staff should check the student's name, prescribed dose, expiry date and any further instructions. If in doubt, staff will not administer the medicines. If staff have any concerns, they will raise them with the Principal or Vice Principal who in turn will bring them to the attention of the parent/carer and/or health professional attached to the school.

If a student refuses their medicine staff will not force them, but will inform parents/carers immediately, and note this in the records. Parents/carers may be requested to attend the School to give the medicine. If refusal to take the medicine results in an emergency the School will put emergency procedures into practice.

The trained First Aider will liaise regularly with the SENDCo to discuss any short/long term medical needs of children, and to assess any training needs which may be required. The First Aider will cascade this information to appropriate staff.

### Storage of medicines

Any regular medicines are named and kept in a locked first-aid cabinet within the reception area, with the exception of antibiotics which are stored in the fridge in the main administration office. Medicines dispensed are logged on a separate, independent record sheet kept with the medicine. For young people with asthma, inhalers/spare inhalers are kept in the reception cabinet, with easy access in the case of an emergency.

In severe cases of asthma or allergies, inhalers and auto-injectable devices should be kept in the locked first-aid cabinet in the reception area and on the students' person. Inhalers will be sent home to be cleaned (responsibility of the parent/carer) when appropriate.

### Maintaining Medical / Accident records

Statutory accident records: The Principal or designated lead must ensure that readily accessible accident records, written and/or electronic, are kept **for a minimum of three years**. The designated person must ensure that a record is kept of any first aid treatment given by first-aiders or appointed persons. This should include:

- The date, time, and place of accident / incident.
- The name, year, and school of the injured or ill person.
- Details of their injury/illness and what first aid was given.
- What happened to the person immediately afterwards.
- Name of the first aider or person dealing with the incident.

Paper records are not a necessity if electronic records are to be registered immediately but are recommended to aid memory should there be a delay in recording online. These are to be stored in the designated folder in the locked cupboard within the Medical Room.

The designated person must have in place procedures for ensuring that parents/carers are informed of significant incidents.

### Monitoring

Accident records can be used to help the Principal/designated person and SENDCo identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes.

The Principal/designated person should establish a regular review and analysis of accident records.

### Medical records

Any sick young people will be seen in the first instance by a qualified First Aider for assessment. If they feel it is necessary to send a young person home the parent or primary carer will be contacted, with communication logged in SIMS, and the young person collected by a responsible person. In ALL instances, a log will be added to the SIMS register against the young person's attendance record.

It is the School policy that when a young person has either been physically sick or had diarrhoea, he or she must be kept at home for 24 hours from the last incident.

Written permission will be obtained for each and every medicine to be given to our young people. Parents/carers will be informed of every incident/accident and of any first aid applied, either via a phone call or text message.

## **Illness in the School**

If a student becomes ill in a lesson and the teacher feels that medical treatment is required, the teacher will alert the first aider via the on-call system. The teacher will continue to monitor the student until the arrival of the first aider to ensure they are responsive and comfortable. Should there be no arrival after 10 minutes, the teacher will send a student to reception to seek assistance.

The School has a strict policy that no medication will be given orally or externally unless permission has been given by the parent/carer. Parents/Carers will be contacted depending upon the nature of the medical problem with communication logged on SIMS.

First Aid should be administered, as appropriate. If it is thought that follow-up treatment is required, the parent/carer will be contacted. In all instances of general first aid parents/carers are informed and made aware of what first aid support has been administered.

A First Aiders role is:

- To help someone who is injured or ill, to keep them safe and to cause no further harm.

First Aid is classified as:

- To preserve life
- To prevent escalation of illness or injury
- To promote recovery
- To provide pain relief
- To protect the unconscious

In more serious cases, where hospital attention is deemed necessary, the School will contact parents/carers, who will be expected to take their child to hospital.

If the School deem the student an emergency, an ambulance will be called, and the parent/carer contacted by the School. In the absence of a parent, a member of staff will accompany the student to the hospital and remain there until the parent/carer arrives.

If a parent/carer cannot be contacted, the School will act in loco parentis and give permission for any emergency treatment.

## **Hygiene/Infection Control**

Basic hygiene procedures must be followed by staff. Single-use disposable gloves must be worn when treatment involves blood or other body fluids. Care should be taken when disposing of dressings or equipment. ALL items with body fluids on them for example gloves, aprons, wipes, tissues, etc. are to be disposed of appropriately in the yellow bin provided. Never put them in a wastepaper basket.

In relation to hygiene procedures for spillage of body fluids, the Lead First Aider has access to a bio-hazard pack for the disposal of body fluids. These are stored in the locked cabinet in the Medical Room.

The Lead First Aider, in PPE, will take responsibility for clearing the area, notifying the Site team as required and ensuring the area is blocked off until thoroughly cleaned.

## **Risk Assessment**

A risk assessment (see appendix 3) is completed when a student arrives in school with a broken limb that is in plaster/sling, or the student is using crutches. Strategies are put in place for example, students using crutches or with other medical needs can have access to the School lift if it is felt appropriate and where necessary no physical activity for example Dance/ Physical Education should be undertaken. Staff are made aware of these planned controls and the action plan. The student is also informed of what to do and where to go in the event of the fire alarm being activated.

## Off-premises visits

The School believes that all students are entitled to participate fully in activities associated with the School and will attempt at all times to accommodate students with medical needs. However, consideration must be given to the level of responsibility that staff can be expected to accept, a risk assessment will be completed prior to any event.

## Policy on specific medical issues

The School welcomes all students and encourages them to participate fully in all activities.

The School will advise staff on the practical aspects of management of:

- Asthma attacks
- Diabetes
- Epilepsy
- An Anaphylactic Reaction
- Fainting/hyperventilation episodes
- Any additional Healthcare information will be shared if the School feel appropriate.

The School will keep a record of students who may require such treatment.

The School expects all parents/carers whose children may require such treatment to ensure that appropriate medication has been logged with the School together with clear guidance on the usage of the medication, failure to follow procedures or have the correct signed forms may result in the child being unable to receive the required medication.

## Reporting Accidents

Statutory requirements: under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some extreme accidents must be reported to the HSE. The Health and Safety officer must keep a record of any reportable injury, disease, or dangerous occurrence. This must include: the date and method of reporting; the date, time, and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records. If deemed necessary by the first-aider, parents/carers will be informed of an accident either by telephone or text message.

The following accidents must be reported to the HSE:

Involving employees or self-employed people working on the premises:

- Accidents resulting in death or major injury (including as a result of physical violence).
- Accidents which prevent the injured person from doing their normal work for more than three days.

For definitions, see HSC/E guidance on RIDDOR 1995, and information on Reporting School Accidents Involving pupils and visitors:

- Accidents resulting in the person being killed or being taken from the site of the accident to hospital **and** the accident arises out of or in connection with work. i.e. if it relates to
  - Any School activity, both on and off the premises
  - The way the School activity has been organised and managed
  - Equipment, machinery, or substances
  - The design or condition of the premises

HSE must be notified of fatal and major injuries and dangerous occurrences without delay by telephone and be followed up in writing within 10 days on HSE form 2508. The Principal is responsible for ensuring this happens. The Principal or designated person must complete the RIDDOR Form attached to this policy



and email/fax it. It can also be completed on-line. The e-mail address is riddor@natbrit.com. To report an incident over the telephone, call 0845 300 99 23 (Monday to Friday 8.30am to 5.00pm).

### **Re-assessment of first aid provision**

As part of the School's monitoring and evaluation procedures:

- The School shall review the first-aid needs following any changes to staff, building/site, activities, off-site facilities, etc.
- The lead first-aider monitors the number of trained first aiders, alerts them to the need for refresher courses and organises their training sessions.
- The lead first-aider checks the contents of the first-aid boxes monthly and re-stocks as appropriate for that department.

### **Intimate Care Principles**

LeAF Studio is committed to ensuring that all staff responsible for the intimate care of students will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

All students at LeAF Studio have the right to be safe and be treated with dignity, respect, and privacy at all times so as to enable them to access all aspects of the LeAF Studio.

This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. It should be considered in line with our Safeguarding Policy, Health and Safety Policies and Administering of Medicines policy.

This policy supports the safeguarding and welfare requirements of the Disability Discrimination Act 2005: LeAF Studio will ensure that:

- No student's physical, mental, or sensory impairment will have an adverse effect on their ability to take part in day-to-day activities.
- No student with a named condition that affects personal development will be discriminated against.
- No student who is delayed in achieving continence will be refused admission.
- No student will be sent home or have to wait for their parents/carer due to incontinence
- Adjustments will be made for any student who has delayed incontinence.

### **Definition**

Intimate care can be defined as an activity which meets the personal care needs of a student. Intimate personal care includes hands-on physical care in personal hygiene, and physical presence or observation during such activities. Intimate personal care tasks can include:

- Body bathing other than to arms, face, and legs below the knee.
- Toileting, wiping and care in the genital and anal areas.
- Dressing and undressing.
- Application of medical treatment, other than to arms, face, and legs below the knee
- Supporting with the changing of sanitary protection

### **Intimate Care Tasks**

This refers to any tasks that involve the dressing and undressing, washing including intimate parts, helping someone use the toilet, changing pads or carrying out a procedure that requires direct or indirect contact to an intimate personal area.

## Partnership with Parents/Carers

Staff/ Student's significant member of staff at LeAF Studio works in partnership with parents/carers to provide care appropriate to the needs of the individual student and together will produce a care plan. The care plan will set out:

- What care is required.
- Number of staff needed to carry out the task (if more than one person is required, reason will be documented).
- Additional equipment required.
- Student's preferred means of communication (e.g. visual, verbal) and agree terminology for parts of the body and bodily functions.
- Student's level of ability i.e. what tasks they are able to do by themselves.
- Acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care.
- Be regularly monitored and reviewed in accordance with the student's development.

Parents/Carers are asked to supply the following as appropriate:

- Spare pad
- Wipes, creams, etc.
- Spare Clothes.
- Spare underwear.

## Best Practice

When intimate care is given, the member of staff explains fully each task that is carried out and the reason for it. Staff encourage student to do as much independently as they can, lots of praise and encouragement will be given to the student when they achieve this.

All staff in the School must follow the procedures and advice outlined when carrying out intimate care of students.

1. Ensure they are aware of the Safeguarding Policy and Procedures in place within the School. If concerned about a student's actions or comments whilst carrying out intimate care, this should be discussed with the School's designated lead person for safeguarding.
2. Use the nature of the incident / care required, and knowledge of the student to make a judgement on how many adults should be involved in intimate care. In some cases, it may be advisable to have two adults in attendance, particularly depending on the gender of the student. This could also be in cases where the student is vulnerable or where knowledge of the student or family indicates there could be difficulties / allegations made.
3. If possible, a student should be assisted / supervised in a disabled toilet to allow for privacy / supervision.
4. Students should always be encouraged to carry out intimate care as independently as possible.
5. Consider the dignity of the student and allow them to decide on how they would like to be assisted. Ask the following if relevant:
  - Would you like some help?
  - Would you like me to help you?
  - What would you like me to help you with?
  - Would you like me to come with you and wait outside the door in case you need any help?
6. If the student requires assistance with intimate care regularly, a care plan should be in place which is agreed and signed by their parent/carer. Two or three members of staff should be identified who will carry out this care. They should be the same gender as the student requiring assistance and

they should ensure that this care is shared so that the student is not always assisted by the same person.

7. When unplanned intimate care is required, a second member of staff (e.g. class teacher or teaching assistant) should be informed of what is happening and, if necessary, assist.
8. All equipment needed for use during unplanned intimate care will be kept in the Medical room. This will contain gloves, wipes, bags for putting soiled clothing in and sanitary pads. If any of these items are used or are at risk of expiration it is the responsibility of the Lead First Aider to replenish these resources. Spare underwear (provided by parent/carer) and clothing will also be available. The supplies will be monitored and replenished as needed.
9. If it is suspected that the student has soiled themselves and it is denied by the student, the matter should be referred to the parent/carer for advice. They should either come into the School to assist the student or take them home and return them to school once the student has been able to change.
10. If a student has been assisted with intimate care which is not planned, a parent/carer must be contacted as soon as possible to inform them of what has happened and how the student was assisted. This should be recorded on SIMs system by the member of staff carrying out the care.
11. Routine intimate care will be outlined and evidenced in the care plan.
12. Confidentiality should be maintained at all times between student, the School and parent/carer.

### **Safeguarding**

Staff are trained on the signs and symptom of abuse and neglect which are in line with the DfE Statutory Guidance "Keeping Children Safe in Education" (KCSIE) and will follow the guidance given. If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc. they will inform the School's designated person for safeguarding immediately. The Safeguarding Policy will then be implemented.

Should a student become unhappy about being cared for by a particular member of staff, the School's designated person for safeguarding will look into the situation and record any findings. These will be discussed with the student's parents/carers in order to resolve the problem. If necessary, the School's designated person for safeguarding will seek advice from other agencies. If a student makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed.

### **Dealing with body fluids**

Urine, faeces, blood, and vomit will be cleaned up immediately and disposed of safely by use of our Medical waste bin and disposed of by PHS Clinical Waste Company. When dealing with body fluids, site staff wear protective clothing (disposal plastic gloves and aprons) wash themselves thoroughly afterward. Soiled student's clothing will be bagged to go home or placed in our Medical waste bin and disposed of by PHS Clinical Waste Company – staff will not rinse it. Students will be kept away from the affected area until the incident has been completely dealt with. Biohazard packs are stored in the locked cupboard in the Medical Room.

All staff maintain high standards of personal hygiene and will take all practicable steps to prevent and control the spread of infection.

This policy aims to manage risks associated with toileting and intimate care needs and ensures that employees do not work outside the remit of their responsibilities set out in this policy.

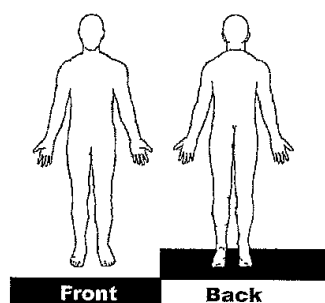
### **Policy Review**

This policy will be reviewed triennially by the Lead First Aider and the LeAF Studio Leadership team as part of the School annual review process.

This policy will be actively promoted and implemented throughout the School.

## Appendix 1: Incident Form

|                         |                  |
|-------------------------|------------------|
| Name:                   | Year             |
| Date:                   | Time:            |
| Location of Incident:   |                  |
| Type of Injury/Illness: | Treatment Given: |



- A Abrasion
- B Burn
- W Wound
- D Dislocation
- P Pain
- S Swelling
- # Open Fracture
- (#) Closed Fracture

Advised to see PG/Nurse Yes/No  
 Advised to go to Hospital A&E Dept Yes/No  
 Sent Home Yes/No

PARENTS MUST BE CONTACTED FOR ALL INJURY RELATED INCIDENTS

Name of Parent/Carer: ..... Time of call: .....

Contact Number:.....

|                              |
|------------------------------|
| Any additional advice given: |
|------------------------------|

First Aider Signature: ..... Date: .....

## Appendix 2: Self-Administer Medication Permission Form

Student: \_\_\_\_\_ Date: \_\_\_\_\_

This letter confirms that the above-named student is a current patient and is being treated for (i.e., health condition): \_\_\_\_\_  
\_\_\_\_\_

I agree that the student is responsible and capable of self-administration of the following medications at school (please check those that apply):

*\*\*The medications must remain in their original container(s) with the prescribing information intact.*

I, the parent/guardian of \_\_\_\_\_ agree that my child is responsible and capable of self-administration of the above medication(s). I accept full responsibility and liability for my child carrying and self-administering this medication(s).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (student) agree that I am being given permission by my healthcare provider, my parent(s)/guardian, and my school to carry and take my own above-named medication(s) as needed. I will keep the permitted medication in the pastoral support centre. I will not share with or give my medication to anyone. I will not take my medication for any reason except as prescribed. I understand that my parent(s) and I accept full responsibility for taking my own medication as prescribed above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastoral Lead Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Appendix 3 – Risk Assessment Form

|               |  |       |  |
|---------------|--|-------|--|
| Student Name: |  | DOB:  |  |
| Assessor:     |  | Date: |  |

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Home / school action for following up a medical incident in school

Plan developed with / when

Staff training needed/undertaken – who, what, when

| Activity | Identify the hazards | Who/what may be harmed | Risk   |             |              | Existing control measures | Recommendations/further action required | Risk after control measures |
|----------|----------------------|------------------------|--------|-------------|--------------|---------------------------|---|-----------------------------|
|          |                      |                        | Hazard | Probability | Overall risk |                           |   |                             |
|          |                      |                        |        |             |              |                           |   |                             |
|          |                      |                        |        |             |              |                           |   |                             |
|          |                      |                        |        |             |              |                           |   |                             |
|          |                      |                        |        |             |              |                           |   |                             |
|          |                      |                        |        |             |              |                           |   |                             |
|          |                      |                        |        |             |              |                           |   |                             |
|          |                      |                        |        |             |              |                           |   |                             |



# APPENDIX

## GUIDANCE NOTES ON SOME CHARACTERISTICS ASSOCIATED WITH CATEGORIES

**Matrix: Hazard x Probability= Level of Risk**

| <b><u>HAZARD</u></b><br><b>Level Of Harm Presented</b>   | <b><u>PROBABILITY</u></b>   | <b><u>LEVEL OF RISK</u></b><br><b>(Hazard x Probability)</b>  |
|--|---|---|
| <b><u>LOW=1</u></b> <ul style="list-style-type: none"> <li>Causes occasional and minor disruption.</li> <li>Little or no additional staff deployed.</li> <li>Causes some offence with some staff, e.g. swears as walking away/mutters under breath.</li> <li>No harm to self or others.</li> </ul>   | <b><u>LOW=1</u></b> <ul style="list-style-type: none"> <li>Could happen in occasional circumstances e.g. when confronted insensitively or by adults not known to the pupil. Taking part in a highly structured activity.</li> <li>Triggered by specific well known factors that can be planned for.</li> </ul>  | <b><u>LOW: 1 – 4</u></b> <ul style="list-style-type: none"> <li>Acceptable range of behaviour <u>given</u> age, maturity, emotional difficulty and personal circumstances.</li> <li>Occasional incidents of non-compliance/challenge associated with mood swings.</li> <li>Potential health and safety risk to other staff and pupils.</li> </ul>   |
| <b><u>MODERATE=2</u></b> <ul style="list-style-type: none"> <li>Occasional harm to others/or damage to property.</li> <li>Distress caused is more widespread. Offends with language, but still biddable.</li> <li>Extra resources/staff can often stabilise situation.</li> <li>Mild harm to self which usually does not warrant medical attention.</li> </ul>   | <b><u>MODERATE=2</u></b> <ul style="list-style-type: none"> <li>May happen with some regularity with known triggers.</li> <li>Documented patterns of antecedent and behaviours emerging.</li> <li>Will respond to staff at higher levels of authority or key worker.</li> </ul>   | <b><u>MODERATE: 5 – 8</u></b> <ul style="list-style-type: none"> <li>Commonplace incidents of non-compliance/challenge including dangerous behaviour associated with impulsiveness, a lack of anticipation and acceptance of consequentiality.</li> <li>Absenting or absconding.</li> <li>Ignoring adult advice and guidance.</li> <li>Student will usually respond to Positive Handling Strategies. Behaviour goes into remission quickly.</li> <li>Regular incidents of non-compliance/ challenge including aggressive confrontations with others.</li> <li>Will avoid adult supervision if possible. Reduce hazards where possible.</li> <li>Pupil considered for appropriateness of certain lessons/locations.</li> </ul>   |
| <b><u>SUBSTANTIAL=3</u></b> <ul style="list-style-type: none"> <li>Frequent damage with necessary costs of replacement.</li> <li>Personal health and safety of student/others is compromised.</li> <li>Needing supervision and special arrangements.</li> <li>Implications for people/property beyond school grounds.</li> <li>Offensive and disruptive to a wide section of the community.</li> </ul> | <b><u>SUBSTANTIAL =3 (Very likely to happen)</u></b> <ul style="list-style-type: none"> <li>Child does not show acceptance of authority hierarchy.</li> <li>Pupil may have become disaffected and disenfranchised.</li> <li>Most adults are unable to affect a positive intervention.</li> <li>Control measures against medical needs are often ineffective.</li> </ul> | <b><u>SUBSTANTIAL: 9 – 12</u></b> <ul style="list-style-type: none"> <li>Numerous incidents of non-compliance and severe challenge, including violence and aggression associated with a loss of emotional control.</li> <li>Regular absenting from class necessitating monitoring.</li> <li>Undermining of adult authority to present challenge to the security of the structured environment, sustained over time.</li> <li>Will react negatively to Positive Handling Strategies but remission is forthcoming.</li> <li>Careful staff allocation needed to reduce likelihood and effects of behaviour. Work routines of student and peers needs careful planning.</li> <li>Substantial health and safety risk to staff and pupils, pupil considered for appropriateness of certain lessons / locations</li> </ul> |

# APPENDIX

## GUIDANCE NOTES ON SOME CHARACTERISTICS ASSOCIATED WITH CATEGORIES

Matrix: Hazard x Probability= Level of Risk

| <b><u>HAZARD</u></b><br>Level Of Harm Presented  | <b><u>PROBABILITY</u></b>  | <b><u>LEVEL OF RISK</u></b><br>(Hazard x Probability)   |
|--|--|---|
| <b><u>HIGH=4</u></b> <ul style="list-style-type: none"> <li>Significant injury to others/self.</li> <li>Traumatic effect on peers/adults.</li> <li>Damage levels and replacement costs in excess of £250.00</li> </ul> | <b><u>HIGH=4 (Established pattern of very regular occurrence)</u></b> <ul style="list-style-type: none"> <li>Expert management by groups of staff usually fail to remediate the situation.</li> <li>Pupil self control is virtually non-existent.</li> <li>Volatile and over-sensitised to school environment such that triggers are frequent and globally located around the establishment.</li> <li>Control measures against medical needs are usually ineffective.</li> </ul> | <b><u>HIGH: 16</u></b> <ul style="list-style-type: none"> <li>Numerous incidents of non-compliance and severe challenge including dangerous, violent and aggressive behaviour.</li> <li>Characterised by bullying and/or assault with premeditation.</li> <li>Undermining adult authority to the detriment of the security of the structured environment and the safety and welfare of other students/adults.</li> <li>Reacts badly to RPI strategies.</li> <li>Police need to be notified frequently or parental attendance as soon as possible.</li> <li>Immediate continuing action needed. Specialist plans being carried out by designated staff on a daily basis. Further advice needed. Outside support agencies available at short notice.</li> </ul> |

## References

Supporting Pupils with Medical Needs: a good practice guide. Department for Education, (2014)  
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

SEND code of practice: 0 to 25 years. Department for Education, (2014)

DfEE Circular 14/96 "Supporting Pupils with Medical Needs in School"

## **Related Documents**

DfES unpriced documents can be ordered from DfES Publications. Tel: 0845 6022260. Email: [dfes@prolog.uk.com](mailto:dfes@prolog.uk.com). Please quote the publication reference when ordering.

*Code of Practice for Schools – Disability Discrimination Act 1995: Part 4* (Disability Rights Commission, 2002). Ref: COPSH. <http://www.drc-gb.org/thelaw/practice.asp>

Order: Disability Rights Commission Tel: 08457 622 633.

*Drugs: Guidance for Schools* (DfES, 2004) Ref: DfES/0092/2004 <http://www.teachernet.gov.uk/drugs/>

*Guidance on First Aid for Schools: a good practice guide* (DfES, 1998)  
Ref: GFAS98. <http://www.teachernet.gov.uk/firstaid>

*Health and Safety: Responsibilities and Powers* (DfES, 2001)  
Ref: DfES/0803/2001  
<http://www.teachernet.gov.uk/responsibilities/>

*Health and Safety of Pupils on Education Visits: a good practice guide* (DfES, 1998) Ref: HSPV. <http://www.teachernet.gov.uk/visits/>. Also three part supplement: *Part 1 - Standards for LEAs in Overseeing Educational Visits* (DfES, 2002) REF: DfES/0564/2002; *Part 2 - Standards for Adventure* (DfES, 2002) REF: DfES/0565/2002; *Part 3 - Handbook for Group Leaders* (DfES, 2002) REF: DfES /0566/2002.

*Home to school travel for pupils requiring special arrangements* (DfES, 2004)  
Ref: LEA/0261/2004  
<http://www.teachernet.gov.uk/wholeschool/sen/sentransport/>

*Improving Attendance and Behaviour: Guidance on Exclusion from Schools and Pupil Referral Units* (DfES, 2004) Ref: DfES/0354/2004  
<http://www.teachernet.gov.uk/exclusion>

*Insurance – A guide for schools* (DfES, 2003) Ref: DfES/0256/2003  
<http://www.teachernet.gov.uk/management/atoz/i/insurance/index.cfm?code=keyd>

*School Admissions Code of Practice* (DfES, 2003) Ref: DfES/0256/2003  
<http://www.dfes.gov.uk/sacode/>

*Special Educational Needs Code of Practice* (DfES, 2001) Ref: DfES/0581/2001  
<http://www.teachernet.gov.uk/teachinginengland/detail.cfm?id=390>

*Standards for School Premises* (DfEE, 2000) Ref: DFEE/0029/2000  
<http://www.teachernet.gov.uk/sbregulatoryinformation>

*Work Related Learning and the Law* (DfES, 2004) Ref: DfES/0475/2004  
<http://www.dfes.gov.uk/qualifications/document.cfm?sID=2>

### **Department of Health (including joint publications)**

*Guidance on infection control in schools and nurseries* (Department of Health/Department for Education and Employment/Public Health Laboratory Service, 1999) Download only from: Wired for Health website <http://www.wiredforhealth.gov.uk/doc.php?docid=7199>

*National Service Framework for Children, Young People and Maternity Services: Medicines for Children and Young People*  
Website: <http://www.dh.gov.uk/healthtopics> (click on 'Children's services').  
Order: DH Publications Tel: 08701 555 455.

### **Ofsted**

*Inspecting schools – Handbook for inspecting nursery and primary schools* Ref: HMI 1359; *Inspecting schools – Handbook for inspecting secondary schools* Ref: HMI 1360; *Inspecting schools – Handbook for inspecting special schools and pupil referral units* Ref: HMI 1361. All Ofsted 2003. Priced documents. Order: The Stationery Office, tel: 0870 600 5522. Or view online at <http://www.ofsted.gov.uk/schools>

*LEA Framework 2004 - Support for health and safety, welfare and child protection* (Ofsted, 2004) Website only:  
<http://www.ofsted.gov.uk/lea/index.cfm?fuseaction=inspectionGuidance>